

**YUKON-KUSKOKWIM HEALTH CORPORATION
MEDICAL STAFF BYLAWS**

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ARTICLE 1. PURPOSE

The purpose of this organization is to bring the licensed practitioners who practice in the facilities of the Yukon-Kuskokwim Health Corporation together into a cohesive body to promote good patient care. These individual practitioners, known collectively as the “Medical Staff,” are accountable to the Governing Body for the quality of professional services provided by its members and for reviewing the ethical conduct and professional practices of its members. The Medical Staff will accomplish its purposes through a process of self-governance. To this end, among other activities, it will:

- (1) Assist in evaluating applicants for staff membership;
- (2) review the privileges and monitor the performance of members;
- (3) Improve the quality of care delivered by evaluating the clinical and administrative processes involved and coordinating corrective action;
- (4) Provide education and monitor compliance with professional, ethical and administrative standards; and
- (5) Recommend and implement policies and procedures necessary to discharge its responsibilities. The functions of the Medical Staff will be accomplished through the various mechanisms identified in this document.

ARTICLE 2. DEFINITIONS

The following terms shall, for all purposes of these Bylaws, have the following meanings:

2.1. The term "Active Staff" is defined as members of the Medical Staff who meet the requirements of Article 4.1.

2.2. The term "Associate Staff" is defined as members of the Medical Staff who meet the requirements of Article 4.2.

2.3. The term "Advanced Practice Professionals" is defined as a Certified Nurse Midwife (CNM), Certified Registered Nurse Anesthetist (CRNA), Family, Pediatric or Women's Health Nurse Practitioner (FNP, PNP, or WHNP) or Certified Physician Assistant (PA-C).

2.4. The term "Chief of Staff" is defined as the individual hospital-employed member and Active Staff member, appointed by the Vice President for Health Services, and approved by MSEC. He/she is responsible for the overall performance of the Clinical Services Division, and oversees the appropriate, timely, and safe delivery of medical services provided at the Hospital and its sub-regional clinics. The Chief of Staff also has hiring and termination authority for healthcare providers on behalf of YKHC per the Native/Indian preference in hiring under 7B provision of PL 93-638 entitled "Indian Self Determination and Education Act".

2.5. The term "Clinical Service" is defined as the set of medical services and medical practitioners to which a specific Service Chief is assigned to supervise.

2.6. The term "Governing Body" is defined as the individuals appointed by and from the Board of Directors of YKHC who have authority to manage, direct, and supervise the operation of the Hospital. The Governing Body operates routinely through the Chief Executive Officer of the Corporation, the Vice President for Health Services, the Clinical Director, and the other department managers of the Hospital. The Governing Body approves all appointments to the Medical Staff and grants clinical privileges.

2.7. The term "Hospital" is defined as the Yukon Kuskokwim Health Corporation Hospital, its satellite services, outpatient clinics, sub-regional, and village clinics.

2.8. The term "Joint Conference" is defined as a conference between the officers of the Governing Body and the officers of the Medical Staff in accordance with Article 10.4.

2.9. The term "Medical Staff" is defined as that group of health care professionals who have been granted appointment to practice in the Hospital by the Governing Body.

2.10. The term "Medical Staff Executive Committee," or "MSEC," is defined as the executive committee of the Medical Staff, and is organized as set forth in Article 7.

2.11. The term “Member” is defined as any practitioner approved by vote of the MSEC and appointed by the Governing Body to become a member of the Medical Staff, maintaining membership in any category in accordance with these Bylaws.

2.12. The term “Patient” is defined as an individual receiving medical services through the Hospital.

2.13. The term “Policies and Procedures” is defined as the formal approved description of how a governance, management, or clinical care process is defined, organized and performed.

2.14. The term “President” is defined as a physician (M.D. or D.O.) of the Active Staff elected to serve as President of the Medical Staff.

2.15. The term “Vice President for Health Services” is defined as the individual appointed by the Governing Body to act on its behalf in the overall management of the hospital, as the Chief Executive Officer of the Hospital. The Medical Staff may rely upon all actions of the Vice President for Health Services as being the actions of the Governing Body taken pursuant to a proper delegation of authority from the Governing Body.

ARTICLE 3. MEDICAL STAFF MEMBERSHIP

3.1. Medical Staff Appointment:

Appointment to the Medical Staff of the Hospital is a privilege that shall be extended only to competent professionals who continuously meet the qualifications, standards, and requirements set forth in these Bylaws and outlined in the Credentialing Policies and Procedures of the Medical Staff and Hospital, located in Appendix A of this document.

3.2. Qualifications for Membership: Physicians, dentists, optometrists and Advanced Practice Professionals with appropriate degrees may be considered for appointment to the Medical Staff. These must hold the appropriate license to practice, and document current licensure, relevant training or experience, board certification (per guidelines in the appointment requirements, Appendix A), and demonstrate current competence and ability to perform the privileges requested. They must also have shown their willingness to adhere to the ethics of their profession, and demonstrated the ability to work with others with sufficient adequacy to assure the Medical Staff and the Governing Body that any patient treated by them will be given high quality patient care. No professional may be entitled to membership on the Medical Staff or exercise of particular clinical privileges in the Hospital solely by virtue of a license to practice in this or any other state, or membership in any professional organization, or privileges at another hospital.

3.3 Exceptions for Providers Licensed in Other States: MSEC may recommend exceptions to the licensure requirement for officers of any of the Uniformed Services of the United States, and those licensed in states other than Alaska. Those who are licensed in other states are allowed only to practice within the scope of practice as defined by

the state in which they are licensed. To the extent the MSEC recommends making an exception for those licensed in other states, it will determine whether the scope of practice in that state is narrower than Alaska, and whether it would be beneficial for the provider to obtain an Alaska license in order to allow for a broader scope of practice. When such a determination is made, the MSEC shall recommend a reasonable amount of time for the provider to obtain Alaska licensure, and may limit privileges accordingly.

Other exceptions may only be made by the Governing Body after a Joint Conference.

3.4 Privileges for locums and volunteers. Locums and volunteer health care practitioners who are granted privileges and who agree to provide services to all eligible individuals as a condition of privileges may be considered employees of the Federal Government for purposes of section 1346(b) and chapter 171 of Title 28 (relating to Federal tort claims).

3.5 Nondiscrimination: The Hospital will not discriminate in granting staff appointment and/or clinical privileges on the basis of age, sex, race, creed, color, nationality, sexual, or religious preference.

3.6. All Medical Staff members will abide by all YKHC corporate policies: i.e.: Workers Compensation, Harassment, Workplace Violence, Drug and Alcohol Free Workplace.

3.7. Conditions and Duration of Appointment:

3.7.1. Initial appointments and re-appointments to the Medical Staff shall be made by the Governing Body. The Governing Body, or its delegated committee for this purpose, shall act on appointments and re-appointments only after there has been a recommendation from the MSEC in accordance to the Credentialing Policies and Procedures. These recommendations will include any telemedicine practitioners that meet the criteria in section 3.2.

3.7.2. Appointments to the staff will be for no more than 24 calendar months.

3.7.3. Appointment to the Medical Staff shall confer on the appointee only such clinical privileges as have been granted by the Governing Body.

3.8. Responsibilities of Membership. Each Medical Staff member will:

3.8.1. Provide medical care for his/her patients, either directly, or through the direction of non-credentialed health care providers, to include allied health care professionals (such as laboratory or radiology technicians, physical or respiratory therapists), the nursing staff, or village health aides. This includes timely, accurate, and thorough completion of medical records in accordance with Medical Staff Policies and Procedures.

3.8.2 Assist the Hospital in fulfilling its responsibilities for providing emergency and charitable care.

3.8.3. Assist other members in the care of their patients when requested, if qualified with appropriately granted clinical privileges, and able.

3.8.4. Act in an ethical and professional manner.

3.8.5. Treat employees, patients, visitors, and other members in a dignified and courteous manner at all times, including times of disagreement.

3.8.6. Comply with all policies and procedures of the Medical Staff as adopted by MSEC and as amended from time to time.

ARTICLE 4. CATEGORIES OF THE MEDICAL STAFF

4.1. Active Category.

4.1.1. Qualifications: Appointees to this category must

4.1.1.1. Be involved in a minimum of 25 patient contacts at the Hospital annually.

4.1.2. Prerogatives: Appointees to this category may:

4.1.2.1. Exercise the privileges granted without limitation, except as otherwise provided in the Medical Staff Policies and Procedures, or by specific privilege restriction.

4.1.2.2. Vote on all matters presented at general and special meetings of the Medical Staff, and of the department and committees on which he/she is appointed.

4.1.2.3. Hold office and sit on or chair any committee, unless otherwise specified elsewhere in these Bylaws.

4.1.3. Responsibilities: Appointees to this category must:

4.1.3.1. Contribute to the organizational and administrative affairs of the Medical Staff.

4.1.3.2. Actively participate in recognized functions of staff appointment, including quality improvement and other monitoring activities, in monitoring initial appointees during their provisional

period, and in discharging other staff functions as may be required from time to time.

4.1.3.3. Participate in the emergency care of patients, disaster drills and exercises, and/or other special circumstances as scheduled or as required by the MSEC.

4.2. Associate Category.

4.2.1. Qualifications: Appointees to this category must:

4.2.1.1. Be interested in the clinical affairs of the Hospital.

4.2.1.2. Be involved in the care or treatment of at least six patients during his/her appointment period.

4.2.2. Prerogatives: Appointees to this category may:

4.2.2.1. Exercise privileges granted in the same manner as an Active Medical Staff member.

4.2.2.2. Attend meetings of the staff and service to which he/she are appointed and any Hospital education programs. (This category will not be eligible to vote or to hold office).

4.2.3. Responsibilities: Appointees to this category must:

4.2.3.1. Participate in the emergency care of patients, disaster drills and exercises, and other special circumstances if requested to do so by the MSEC.

4.2.3.2. Participate in recognized functions of staff appointment, including quality improvement and other monitoring activities, monitoring and proctoring initial appointees during their provisional period and in discharging other staff functions as may be required from time to time.

ARTICLE 5. OFFICERS

5.1 Officers of the Medical Staff: The officers of the Medical Staff shall be: (a) President; (b) Immediate Past President; (c) Vice President; (d) Secretary/Treasurer; (e) Advance Practice Professional Representative; (f) Community Health Representative; and (g) Representative to the Governing Body. All officers are members of MSEC.

5.2 Qualifications of Officers: Officers must be members of the Active Medical Staff at the time of nomination and election and must remain in good standing during their

term in office. Officers may not simultaneously hold leadership positions on another hospital medical staff nor may they serve concurrently as the Chief of Staff.

5.2.1. President: The President of the Medical Staff must be a physician (MD or DO).

5.2.2. Immediate Past President: The Immediate Past President will be the most recent past President of the Medical Staff who still holds an active appointment to the Medical Staff.

5.2.3. The Advanced Practice Professional Representative must be a Nurse Practitioner (NP), Certified Nurse Midwife, Certified Registered Nurse Anesthetist (CRNA), or a Certified Physician Assistant (PA-C).

5.2.4. The Community Health Representative must be an active Medical Staff member from the Dental, Behavioral Health, Optometry Services, the Community Health Aide Program (CHAP) or from the Sub-Regional Clinics.

5.3 Election of Officers:

5.3.1. Officers shall be elected at the January annual meeting of the Medical Staff by secret ballot with the highest number of votes determining the winner. If a member cannot attend the annual meeting, an absentee ballot (paper or electronic) can be filed up to one week prior to the election. Only Active Medical Staff members shall be eligible to vote. The Governing Body will confirm the election of all medical staff officers at the first Governing Body meeting immediately following the annual meeting of the Medical Staff.

5.3.2. MSEC shall offer one or more nominees for each office. Nominations must be announced and the names of the nominees distributed to all members of the Active Medical Staff at least thirty (30) days prior to the annual Medical Staff meeting.

5.3.3 Members of the Active Medical Staff may also make nominations. Such nominations must be submitted in writing to the Medical Staff President at least fifteen (15) days prior to the annual Medical Staff meeting.

5.4 Term of Office . All officers of the Medical Staff shall take office on the day of election and serve a term of two (2) years.

5.4.1 Election of Office: On even years, President, Secretary/Treasurer, and CHSB representative will be elected. On odd Years Vice President, APP and Governing Body Rep will be elected.

5.5 Vacancies in Office . If there is a vacancy in the office of President, the Vice President shall serve as President until the elected President returns. If the Vice President is

not a physician, the Immediate Past President will serve in the interim for the purposes of credentialing, physician discipline, and medical practice governance only. Vacancies in the office of Vice President of less than 180 days may be filled by the President appointing an MSEC member to office. For vacancies of any Medical Staff office exceeding or expected to exceed 180 days, the vacancy shall be filled by an election held at a special meeting of the Medical Staff for that purpose.

5.6 Duties of Officers:

5.6.1. President: The President shall serve as the chief administrative officer of the Medical Staff and will fulfill those duties specified below:

5.6.1.1. Chair the MSEC and preside at and call any special meetings of the MSEC, determine and distribute meeting agendas, and carry out such other duties as are assigned to the President by these Bylaws.

5.6.1.2. Serve as a full or ex-officio member of all Medical Staff committees.

5.6.1.3. Serve as a liaison between the Medical Staff, Chief of Staff, and Vice President for Health Services, and represent the views, policies, needs, and grievances of the Medical Staff to the Chief Of Staff and Vice President for Health Services.

5.6.1.4. Call and preside at meetings of the Medical Staff.

5.6.1.5. Enforce the Medical Staff Bylaws and Medical Staff Policies and Procedures.

5.6.1.6. Appoint all Standing Committee Chairpersons in accordance with Article 7.2.

5.6.1.7. Absence of President (or other elected MSEC physician)

5.6.1.7.1 In the absence of the current President, Past President or other elected medical staff physicians, any voting physician member of MSEC may approve and sign-off on Temporary Privileges with the Chief of Staff.

5.6.1.7.2. In the absence of the current President, Past President or other elected medical staff physicians, any voting physician member of MSEC may serve as the President in Medical Staff Appointment and Privileging Committee meetings.

5.6.2 Vice President: In the absence of the President, the Vice President shall assume all the duties and have authority of the President, except as noted in Paragraph 5.5 above. The Vice President shall chair the Credentials

Committee. He or she shall perform such further duties to assist the President as the President may from time to time request.

5.6.3 Immediate Past President: The Immediate Past President shall be a member of MSEC, advise the President as required, and fulfill the duties as specified in Article 5.5 above.

5.6.4 Secretary/Treasurer: In the absence of both the President and the Vice President, the Secretary/Treasurer will chair meetings of the MSEC or the General Medical Staff. The Secretary/Treasurer will review and ensure accuracy and timely distribution of minutes of the MSEC and the General Medical Staff meetings and ensure that copies of those minutes are available to the Governing Body for their review. The Secretary/Treasurer will arrange for an audit annually of the Medical Staff fund.

5.6.5 Advanced Practice Professional Representative: The Mid-Level Representative represents the physician extenders of the medical staff, specifically, the nurse practitioners, CRNA's, physician assistants, and nurse midwives to include reviewing initial applications for appointment, biennial re-appointment and clinical privileges recommendations.

5.6.6 Community Health Representative: The Community Health Representative is the elected representative for the medical practitioners who do not routinely practice in the hospital, but provide full-time medical services for YKHC in other locations, such as the Community Health Building. Specifically, this includes the Dental, Behavioral Health, Optometry Services, the Sub-Regional Clinics and the practitioners who serve primarily as instructors in the Community Health Aide Program.

5.6.7 Representative to the Governing Body: Attends all the Governing Body meetings as the representative of the medical staff, and appoints an alternate.

5.6.8 Representative from MSEC when unable to attend a meeting. The Governing body representative acts as a liaison between MSEC and the governing body.

5.7. Removal from Office: The officers of the Medical Staff may be removed from office upon written petition for removal, signed by four (4) or more members of the MSEC, and the vote of two-thirds (2/3) in favor at a meeting of the Active Medical Staff. Any member may propose to the President that an officer be considered for removal, including the President. The President must present all proposals to the MSEC. The basis for removal shall be any cause deemed sufficient by the practitioners or the voting majority, including failure to perform duties or to carry out the desires of the Medical Staff, incompetence or incapacity, lack of leadership or member confidence.

ARTICLE 6. SERVICE CHIEFS AND UNIT DIRECTORS

6.1. Clinical Services shall be organized as follows: Hospital, Outpatient, Optometry, and Dental. Each clinical service shall have a Service Chief with overall responsibility for the supervision and satisfactory discharge of assigned functions of the area.

6.2 Qualifications, Selection, and Tenure of Service Chiefs.

6.2.1. Each Service Chief shall be a member of the Active Medical Staff, willing and able to discharge the functions of his or her office, and shall be board certified in his/her medical specialty, if applicable to his/her specialty, at the time of initial appointment and for the duration of his/her tenure.

6.2.2. Service Chiefs shall be appointed by the Chief of Staff and approved by the MSEC.

6.2.3. Service Chiefs may be removed by the Chief of Staff in accordance with Medical Staff Policies and Procedures.

6.3. Assignment to Services. The Chief of Staff will, after consideration of the recommendations of the Service Chiefs of the appropriate clinical services, make assignments for all Medical Staff members in accordance with their qualifications.

6.4. Units are specific clinical service entities under the Hospital or Outpatient Services requiring supervision by a member of the Medical Staff. They include Obstetrics, Inpatient, Emergency Department, Surgery, Anesthesiology, Radiology Outpatient, Behavioral Health, and Sub-Regional Clinics units as examples. Each unit shall have a Unit Director appointed by the Chief of Staff with the approval of the MSEC. A Service Chief may also serve as a Unit Director. The duties of Unit Directors are contained in the Medical Staff Policies and Procedures.

ARTICLE 7. COMMITTEES

7.1 The Medical Staff shall have seven standing committees. The seven standing Committees are:

Medical Staff Executive Committee (MSEC),
Infection Control Committee,
Performance Improvement (PI) Committee,
Credentials Committee
Pharmacy and Therapeutics (P&T) Committee,
Electronic Health Record (EHR) Committee, and
Surgery/ Anesthesia/Obstetrics Committee.

These may be organized as either Hospital Committees or subcommittees of existing Hospital Committees.

7.1.1 MSEC: The MSEC shall include the six elected officers of the Medical Staff, the Immediate Past President of the Medical Staff, the four Service Chiefs, and the Chairs of three of the Standing Committees of the Medical Staff: Performance Improvement, Infection Control and P&T as voting members (fourteen total).

The Vice President for Hospital Services, Corporate Medical Director, Chief of Staff, and Chief Nursing Executive, and Village Operations Manager will be ex officio members without votes, as well as such representatives as deemed necessary by the MSEC to assist in the conduct of its business. Meetings of the MSEC are closed meetings and non-members may not attend without the approval and specific invitation of the members. Duties of the MSEC are as follows:

7.1.1.1. Represent and act on behalf of the Medical Staff

7.1.1.2. Receive and act upon committee reports and create ad hoc committees as needed

7.1.1.3. Implement policies of the Medical Staff as follows, ensuring that the Governing Body approves policies for core functions:

7.1.1.3.1 Reviews the Credentials Report on all applicants for initial or biennial re-appointment to the Medical Staff

7.1.1.3.1.1 Acts as a Credentials Committee to make recommendations to the Governing Body on each of the following:

7.1.1.3.1.2 provides a Fair Hearing and Appellate Review in accordance with the Credentialing and Privileging Policy and Procedure for individual's eligible for and desiring it.

7.1.1.3.1.3 Ensures that recommendations for both initial and renewal appointments to the Medical Staff, and the granting of clinical privileges, are based on initial and ongoing criteria of education, training, licensure, certification, state of health, evidence of current competency, character, and ethical practice, as well as results of peer review activities to include a review of compliance with past and present Medical Staff policies, procedures, requirements, and practice standards.

7.1.1.3.1.4 Approve all clinical privileging forms, to include determining what privileges will not be offered to practitioners of a given specialty because of lack of facilities, equipment, appropriately trained personnel, or community need

7.1.1.3.2 Ensures that each patient is under the care of a member of the Medical Staff and that the Medical Staff is appropriately available to meet patient needs

7.1.1.3.3 Delineates the requirements for consultation, admission and discharge procedures, emergency care, history and physical, verbal orders, use of restraints, urgent medical evacuation of patients from villages, and emergency medical air transport of patients from the Hospital to higher level facilities.

7.1.1.3.4 Ensures that medical records documentation is thorough, appropriate, and legible, and that sufficient documentation is present in medical records to substantiate proper medical billing and coding, and to ensure good medical care.

7.1.1.4. Provide a liaison between the Medical Staff and the Vice President for Health Services in accordance with Article. 5.6.1.3.

7.1.1.5. Make recommendations to improve both clinical and non-clinical management and administration to the Vice President for Health Services and/or the Governing Body

7.1.1.8. Ensure that the Medical Staff is kept abreast of the Joint Commission on Accreditation of Healthcare Organizations process, the accreditation status of the hospital, and their role and responsibilities in that process

7.1.1.9. Fulfill the Medical Staff organization's accountability to the Governing Body for the medical care of patients in the hospital

7.1.1.10. Make recommendations to the Governing Body regarding clinical services to be provided by new medical modalities.

7.1.1.11. Take reasonable measures to ensure professionally ethical conduct and competent clinical performance for all members with clinical privileges

7.1.1.12. To conduct such other functions as are necessary for the effective operation of the Medical Staff

7.1.1.13. Report at least annually at a meeting of the general Medical Staff

7.1.1.14. Convene an ad hoc Bylaws Committee every three years to conduct a review and propose revisions of the Medical Staff Bylaws

7.1.1.15. Convene an ad hoc Nominating Committee or operate as a Committee of the Whole annually to nominate candidates for elected medical staff offices

7.1.3 Meetings: MSEC shall meet as often as necessary to fulfill its responsibilities, but at least quarterly, and maintain a permanent record of its proceedings and actions. The President of the Medical Staff may call special meetings of the MSEC at any time.

7.2. Other Committees: Members are responsible for participation in other Medical Staff and Hospital committees as defined in the Medical Staff policies and procedures. Each Standing Committee will have a Policy and Procedure for its operation defining its purpose, composition, and responsibilities. The President of the Medical Staff shall appoint all chairpersons of Standing Committees, other than MSEC. Minutes of all Standing Committees will be referred to MSEC for review and approval.

ARTICLE 8. MEDICAL STAFF MEETINGS

8.1. Scheduled General Medical Staff Meetings:

8.1.1. The Medical Staff shall meet as often as necessary to fulfill its responsibilities, but at least quarterly. One of the meetings shall be designated as the annual meeting, which will be held in the month of January.

8.1.2. The MSEC shall provide a minimum of seven (7) days written notice of the annual meetings of the Medical Staff to all Medical Staff members and post notices in prominent locations in the Hospital noting date, time and location.

8.1.3. The primary objective of the annual meetings shall be to report on the activities of the staff, election of new officers, and conduct other business as may be on the agenda. Written minutes of all meetings shall be prepared and recorded to reflect the transactions, conclusions and recommendations.

8.1.4. Actions of the General Medical Staff Meetings:

8.1.4.1. Actions include voting on Bylaws changes, resolutions, election of officers and other issues as they may arise.

8.1.4.2. Affirmative votes require a 50% quorum present and a 2/3 majority for Bylaws, 50% for resolutions and other issues, and the highest number of votes for election of officers.

8.1.4.3. Alternatively, electronic voting is permissible with an 80% affirmative vote required for an action of the General Medical Staff, assuming non-reply constitutes an affirmative vote.

8.2. Special Meetings:

8.2.1. The President may call a special meeting of the Medical Staff at any time. The President shall call a special meeting within twenty-one (21) days after receipt of a written request for such a meeting signed by not less than one-fourth (1/4) of the Active Medical Staff, or upon a resolution by the MSEC. Such request or resolution shall state the purpose of the meeting. The President shall designate the time and place of any special meeting.

8.2.2. Written or printed notice stating the time, place, and purpose(s) of any special meeting of the Medical Staff shall be posted and shall be sent to each member of the Medical Staff at least 7 days before the date of such meeting. The attendance of a member of the Medical Staff at a meeting shall constitute a waiver of notice of such meeting. No business shall be transacted at any special meeting, except that stated in the notice of such meeting.

8.2.3. A special meeting of any committee may be called by or at the request of the chairperson or by the President of the Medical Staff.

8.3. Committee Meetings: Committees shall hold at least annual meetings, arrangements to be determined within the committee.

8.4. Action of Committee:

8.4.1. The action of a majority of its members present at a meeting at which a quorum is present shall be the action of a committee.

8.4.2. Alternately, with non-reply automatically counting as an affirmative vote, an electronic majority of 80% committee members constitutes the action of a committee.

8.5. Quorum:

8.5.1. The quorum requirement for regular meetings of the Medical Staff or MSEC shall be 50% of the voting members.

8.5.2. Special meetings of the MSEC will require a quorum of at least three (3) voting members.

8.5.3. The quorum for all other committee meetings will be at least two (2) voting members.

8.5.4. A quorum is not applicable for electronic voting.

8.6. Attendance Requirements: Members of the Medical Staff are encouraged to attend meetings of the Medical Staff. Meeting attendance will be used by the MSEC/Credentials Committee in evaluating members at the time of reappointment.

8.6.2. Medical Staff Executive Committee Meetings: Members of the MSEC are expected to attend at least fifty percent (50%) of the meetings held.

8.7. The scheduling and conduct of Medical Staff and Medical Staff Committee meetings will be based on Medical Staff Policies and Procedures for each committee and conform to the generally accepted norms of other committees and meetings within the corporation.

8.8. Executive Session: All Medical Staff Committees, including the MSEC may choose to go into Executive Session for the conduct of sensitive business. Non-voting ex-officio members may be asked to leave meetings in Executive Session and actions taken during meetings in Executive Session for peer review purposes are considered protected under Alaska State Law, making them non-discoverable.

8.9. Rights of Ex Officio Members: Except as otherwise provided in these Bylaws, and specifically in Article 8.8 above, persons serving as ex officio members of MSEC or Committees shall have all rights and privileges of regular members thereof, except they shall not vote or be counted in determining the existence of a quorum.

8.10 Minutes of each regular and special meeting of a committee shall be prepared and shall include a record of the attendance of members, transactions, conclusions, recommendations, and the vote taken on each matter. The presiding officer shall sign the minutes, and copies shall be submitted to the MSEC. Minutes of each committee meeting shall be maintained in a file as designated.

ARTICLE 9. MEMBER RIGHTS

9.1. Each member on the Medical Staff has the right to an audience with the MSEC.

In the event a member is unable to resolve a difficulty as it relates to Medical Staff Bylaws and Policies and Procedures with their Service Chief, that member may, upon presentation of a written notice, meet with the MSEC to discuss the issue.

9.2 Any member may initiate the scheduling of a Medical Staff meeting. Upon presentation of a petition signed by twenty-five percent (25%) of the members of the Active Staff, the MSEC will schedule a Medical Staff meeting for the specific purpose addressed by the petitioners. No business other than that in the petition may be transacted.

9.3 Any member may raise a challenge to any policy and procedure established by the MSEC. In the event that a policy and procedure is felt to be inappropriate, any member may submit a petition signed by twenty-five percent (25%) of the members of the Active Staff. When such a petition has been received by the MSEC, it will either (1) provide the petitioners with information clarifying the intent of such policy and procedure and/or (2) schedule a meeting with the petitioners to discuss the issue.

9.4 Any member may request a meeting of their Clinical Service.

9.5. Any member has a right to a hearing/appeal pursuant to the Medical Staff Fair Hearing Plan outlined in the Medical Staff policies and procedures in the event any of the following actions are taken or recommended:

- 9.5.1. Denial of initial staff appointment;
- 9.5.2. Denial of reappointment;
- 9.5.3. Revocation of staff appointment;
- 9.5.4. Denial or restriction of requested clinical privileges;
- 9.5.5. Reduction in clinical privileges;
- 9.5.6. Revocation of clinical privileges;
- 9.5.7. Suspension of staff appointment or clinical privileges

9.6. Any member may attend the MSEC as an observer and may speak if they announce their intention in advance to the chair.

ARTICLE 10. REVIEW, REVISION, ADOPTION, AND AMENDMENT OF THE BYLAWS

10.1. Medical Staff Responsibility: MSEC shall review the Bylaws at least every three years after receiving the recommendations of the Bylaws Committee, and present all proposed revisions to the Medical Staff. The Medical Staff will either approve by a two-thirds (2/3) majority (80% required if done electronically) or request further revision by the MSEC. After the MSEC review of the Bylaws, the Medical Staff shall have the responsibility of adoption, and recommendation to the Governing Body. Medical Staff Bylaws and amendments shall be effective when approved by the Governing Body. Responsibility shall be exercised in good faith and in a reasonable, responsible, and timely manner.

10.2. Methods of Adoption and Amendment

10.2.1. All proposed amendments, whether originated by the MSEC, another standing committee, or by a member of the Active Staff, must be reviewed and discussed by the MSEC prior to an MSEC vote. Such amendments may be recommended to the Governing Body by MSEC after a two-thirds majority vote at a Medical Staff meeting as per 10.1.

10.2.2. All electronic voting (in accordance with Article. 8.4.2) involving Bylaws must be coordinated by either the Clinical Services Operations Manager or the Medical Staff Coordinator.

10.3. Related Protocols and Manuals. The MSEC will adopt and notify the Governing Body of Medical Staff and Credentials Policies and in manual form that will include a Fair Hearing Plan.

10.4. Joint Conference. If the Governing Body has determined not to accept a recommendation submitted to it by the MSEC, the MSEC is entitled to a Joint Conference between the officers of the Governing Body and the officers of the Medical Staff. Such Joint Conference shall be for the purposes of further communicating the Governing Body's

rationale for its contemplated action, and to permit the officers of the Medical Staff to fully articulate the rationale for the MSEC's recommendation. The Medical Staff representatives to the Joint Conference will be the President, Advanced Practice Professional Representative, and Representative to the Governing Body. The Chief of Staff will attend ex-officio. The Vice President for Health Services will schedule a Joint Conference within 2 weeks after receipt of a request for one submitted by the President of MSEC for the next Governing Body meeting. If the Joint Conference is unable to reach agreement, the Governing Body's decision shall prevail.

10.5. Governing Body and Medical Staff Bylaws conflict. In the event that any part of the Medical Staff Bylaws are in conflict with the Governing Body Bylaws the Governing Body Bylaws shall prevail.

11. In cases of a documented need for an urgent amendment to rules and regulations necessary to comply with law or regulation, the medical staff executive committee, if delegated to do so by the voting members of the organized medical staff, may provisionally adopt and the governing body may provisionally approve an urgent amendment without prior notification of the medical staff. In such cases, the medical staff will be immediately notified by the medical staff executive committee. The medical staff has the opportunity for retrospective review of and comment on the provisional amendment. If there is no conflict between the organized medical staff and the medical staff executive committee, the provisional amendment stands. If there is conflict over the provisionnal amendment, the process for resolving conflict between the organized medical staff and the medical staff executive committee is implemented. If necessary, a revised amendment is then submitted to the governing body for actions.

APPROVED by the Medical Staff Executive Committee
on **February 13, 2013**

Chief of Staff

ADOPTED by the Medical Staff
on **February 5, 2013**

President of the YKHC Medical Staff

APPROVED by the Governing Body
on **February 13, 2013**

Chair of the Governing Body

Appendix A.

INDEX OF MEDICAL STAFF POLICIES

1. Fair Hearing Policy
2. Temporary Privileges Policy
3. Initial Application Policy
4. Reappointment Policy
5. Leave of Absence Policy
6. Changes In Privileges Policy
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8. Confidentiality on Credentialing Information Policy
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10. Disaster Privileges Policy
11. Investigation and Corrective Action Policy
12. Clinical Practice Guidelines Policy
13. Student-Resident Rotation Policy
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