SHORE MEDICAL CENTER

MEDICAL STAFF BYLAWS

Approved by the Medical Executive Committee: July 15, 2014
Approved by the Medical Staff: August 19, 2014
Approved by the Board: October 6, 2014

TABLE OF CONTENTS

DEFINITIONS

ADVERSE DECISION means a professional review action (as defined by the federal Health Care Quality Improvement Act) in which the Board or Medical Executive Committee denies, terminates, limits, suspends, or modifies a grant of Privileges or Medical Staff membership for reasons relating to unprofessional conduct or clinical competence.

BOARD means the governing body of the Hospital.

BOARD CERTIFICATION: The designation conferred by one of the affiliated specialties of the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA), the American Board of Oral and Maxillofacial Surgery, or the American Board of Podiatric Surgery (ABPS) as applicable, upon a physician, dentist, or podiatrist who has successfully completed an approved educational training program and an evaluation process, including passing an examination, in the applicant's area of clinical practice.

BYLAWS: The governance documents of the Medical Staff describing the structure of the organization, its chief responsibilities, and its mechanisms for self-governance. The Bylaws include the Medical Staff Corrective Action and Fair Hearing Manual.

CHAIR: The individual responsible for directing the functions and meetings of a Medical Staff Department or committee.

CHIEF EXECUTIVE OFFICER (CEO): The individual appointed by the Board to act on its behalf in the overall administrative management of the Hospital.

CORRECTIVE ACTION: An action taken by the Medical Staff or Board which may result in the restriction, limitation, denial, or termination of the privileges or Medical Staff membership of a Practitioner for reasons of unprofessional conduct or concerns about clinical competence and which entitles the Practitioner to procedural rights as outlined in the Corrective Action and Fair Hearing Manual of these Bylaws. Required evaluations, performance monitoring, formal warnings, and reprimands are not considered Corrective Actions.

DELEGATION OF FUNCTIONS: When a function is to be carried out by a person or committee, the person or the committee through its Chairperson may delegate performance of the function to one or more qualified designees.

EX OFFICIO means service as a member of a body by virtue of an office or position held and, unless otherwise expressly provided, means with voting rights.

HOSPITAL: Shore Medical Center including all of its facilities and all of its personnel and organizational entities, including the Medical Staff.

INVESTIGATION: This is a formal study as described in Article I of the Corrective Action and Fair Hearing Manual and is intended to determine for the MEC whether sufficient evidence has been found to support a recommendation of Corrective Action.

JOINT CONFERENCE: Defined as a meeting between representatives of the Board (appointed by the Board Chair) and representatives of the Medical Staff (appointed by the Medical Staff President).

MEDICAL EXECUTIVE COMMITTEE (MEC): The executive committee of the Medical Staff that has oversight over all Medical Staff Activities and is accountable to the Board of Trustees.

MEDICAL STAFF or STAFF: The formal organization created by the Board of Trustees to carry out delegated functions and is comprised of all Physicians (see definition below) who are appointed to it by the Board.

MEDICAL STAFF YEAR: The period from January 1 to December 31 of each calendar year.

MEMBER: Means a Physician who has been appointed by the Board to the Medical Staff of Shore Medical Center .

MONTHLY: Means each month of the calendar year; however, committees required to meet monthly shall hold at least ten (10) meetings in a calendar year but need not hold 12 meetings.

ORGANIZED HEALTH CARE ARRANGEMENT: A clinically integrated care setting in which individuals typically receive health care from more than one Practitioner and which is defined in 45 C.F.R. §164.501 commonly known as the HIPAA Privacy Regulations.

PEER REVIEW: The review of an individual or individual's performance of clinical professional activities as part of the Medical Staff's quality oversight and performance improvement responsibilities.

PEER REVIEW BODY: Any group of Medical Staff and/or Hospital personnel who are organized under these Bylaws to collaborate to address matters of quality performance and professional conduct on the part of a Medical Staff member or Practitioner with Privileges.

PHYSICIAN: An individual with an M.D., D.O., D.M.D., D.D.S., or D.P.M. degree who is fully licensed to practice in the state of New Jersey.

PRACTITIONER: Any licensed clinician who has been granted or may be granted clinical Privileges by the Board.

PRECAUTIONARY SUSPENSION: A suspension of a Practitioner's Medical Staff membership or some or all of his Privileges undertaken to assure patient safety and well-being. In these documents this term is synonymous with 'summary suspension'.

PRIVILEGE: The permission granted by the Board to a Practitioner to render or exercise specific diagnostic, therapeutic, medical, surgical, or dental services and/or procedures in the Hospital or any of its facilities.

PRONOUN: The use of the male pronoun (he/his/him) throughout these Bylaws is applicable to either male or female individuals.

SPECIAL NOTICE: Written notification sent by hand delivery, or through utilization of a mail delivery service, that tracks the delivery of the written notification.

TIME LIMITS: All time limits referred to in these Bylaws, including the Corrective Action & Fair Hearing Manual and any other Medical Staff policies, are advisory only, and are not mandatory unless a specific provision states that a particular right is waived by failing to take action within a specified time period.

ARTICLE I

PURPOSE

The Medical Staff of Shore Medical Center is established by the Board of Trustees to assist the Hospital in meeting its mission and to carry out duties assigned to it by the Board in order to enhance the quality and safety of care, treatment, and services provided to patients. The Medical Staff is considered part of an Organized Healthcare Arrangement with the Hospital.

ARTICLE II

MEDICAL STAFF MEMBERSHIP

Section 2.1 Eligibility and Qualification for Membership

Membership on the Medical Staff is a privilege granted only to professionally competent physicians, dentists, oral surgeons, and podiatrists (hereafter, "Physicians") who continuously meet the qualifications, standards and requirements set forth in these Bylaws and in Medical Staff and Hospital rules, regulations, and policies.

To be eligible to apply for initial appointment or reappointment to the Medical Staff of Shore Medical Center, applicants must hold a license in the state of New Jersey as a Doctor of Medicine (M.D.), Doctor of Osteopathic Medicine (D.O.), Doctor of Podiatric Medicine (D.P.M.), or Oral Surgeon (DMD). Applicants to the Medical Staff have the burden of documenting to the satisfaction of the Board that they will contribute to meeting the mission of the Hospital and have the ability to do so competently, safely, and collaboratively. Applicants must provide requested information on their:

- background
- clinical experience
- education and training
- clinical judgment
- demonstrated current professional competence
- individual character and ability to work with others collaboratively
- physical and mental capabilities and ability to safely and competently exercise any clinical Privileges requested
- intended practice plans, and
- adherence to the ethics of their profession.

Specifically, Physicians wishing to be on the Medical Staff and/or hold Privileges must:

2.1.1. have a current, unrestricted license to practice medicine, dentistry, podiatry or oral surgery in New Jersey;

2.1.2. where applicable to their practice, have a current, unrestricted DEA registration and New Jersey C.D.S. license;

2.1.3. have current valid professional liability insurance coverage in the amounts of 1 million/3 million dollars or higher if required by the State of New Jersey;

2.1.4. have successfully completed an ACGME or AOA approved residency training program, a DDS or DMD post graduate training program approved by the American Dental Association's Commission on Dental Accreditation, or a residency program approved by the Council on Podiatric Medical Education (CPME);

2.1.5. have an active practice within the geographic service area of the Hospital as defined by the Board, close enough to provide timely and continuous care for their patients;

2.1.6. be eligible to participate in Medicare, Medicaid, or other federal or state payer programs;

2.1.7. have never been convicted of, or entered a plea of guilty or no contest to any felony, or any misdemeanor relating to controlled substances, illegal drugs, or violence;

2.1.8. not be seeking clinical Privileges to treat patients or conditions for which the Hospital lacks necessary equipment, facilities, or other resources or for which there is no need based on the Hospital's strategic or Medical Staff development plans;

2.1.9. be able to demonstrate the ability to work cooperatively with others and to treat patients, staff, and colleagues in a respectful and professional manner at all times;

2.1.10. be able to demonstrate that they have no health issues which would compromise their ability to perform requested Privileges safely;

2.1.11. not be seeking only clinical Privileges that are subject to an exclusive contract at Shore Medical Center unless they are a party to such contract; and

2.1.12. agree to comply with the health screening and physical examination requirements of the Hospital before exercising any Privileges that may be granted by the Board .

In addition, all applicants for appointment to the Medical Staff whose initial appointment date is subsequent to June 1989 must meet the following criteria which applies to their qualifying degree or specialty:

- If an M.D. or D.O., certified by a specialty board approved by the American Board of Medical Specialties (ABMS) or by the American Osteopathic Association (AOA). A physician who is qualified to sit for the certifying examination of a specialty board approved by the American Board of Medical Specialties (ABMS) may be appointed to the medical staff if within five (5) years of completion of residency training and is required to be board certified by an ABMS or AOA specialty within five (5) years of completion of residency training.

- If a podiatrist, certified or qualified to sit for the certifying examination administered by the American Podiatric Medical Specialties Board or the American Board of Podiatric Surgery and must be board certified by one of these boards within five (5) years of completion of residency training.

- If a dental surgeon applying for oral surgery appointment and Privileges, certified or qualified to sit for the certifying examination administered by the American Board of Oral and Maxillofacial Surgery as recognized by the American Dental Association and must be certified within five (5) years of completion of residency training.

All applicants to the Medical Staff not granted a lifetime exemption from recertification pursuant to the requirements of the applicable Board and whose initial appointment date is subsequent to January 1, 2014 shall also maintain certification and be recertified in their specialty consistent with the requirements ofthe applicable Board.

Additional membership and privileging requirements, which are considered associated details, can be found in the Medical Staff Credentials Manual or in the Medical Staff delineation of privileges forms. The qualifications for membership must be documented by applicants with sufficient adequacy to satisfy the Medical Staff and Board that each has enough information to make a fully informed decision regarding appointment and the assignment of Privileges.

No professional may be entitled to membership on the Medical Staff or to the exercise of particular clinical Privileges in the Hospital merely by virtue of licensure to practice in New Jersey or any other state, membership in any professional organization, privileges at another hospital, or the demonstration of clinical competence.

The Board may make exceptions or additions to any of the above qualifications and requirements after consultation with the Medical Staff through a Joint Conference.

Section 2.2 Non-Discrimination

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

Section 2.3 Responsibilities of Membership

Each member of the Medical Staff must continuously comply with the provisions of these Bylaws, Medical Staff and Hospital manuals, rules, regulations, and policies. Members must:

2.3.1. Provide for, as required by Medical Staff and Hospital policies, the continuous and timely care to all patients for whom the Practitioner has responsibility;

2.3.2. Provide, with or without request, new and updated information within ten (10) days of its occurrence to the Hospital, pertinent to any question found on the initial application or reappointment forms and/or which bears upon eligibility and qualifications as described in Section 2.1 of these Bylaws;

2.3.3. Appear for personal interviews (in person or by teleconference) in regard to an application for initial appointment or reappointment as requested by the Medical Staff and/or Hospital;

2.3.4. Refrain from illegal fee splitting or other illegal inducements relating to patient referrals;

2.3.5. Refrain from deceiving patients as to the identify of any individual providing treatment or services;

2.3.6. Seek consultation whenever necessary to assure adequate quality of care;

2.3.7. Complete in a timely manner, as required by Medical Staff and Hospital policies, all medical and other required records, inputting all information required by the Hospital;

2.3.8. Satisfy continuing medical education requirements for licensure and as may be required under policies adopted from time to time by the Medical Staff;

2.3.9. Supervise the work of any non-physician Practitioner under his direction;

2.3.10. Assist other Practitioners in the care of their patients when asked in order to meet an urgent patient need or assure the well-being of a patient;

2.3.11. Treat employees, patients, visitors, and other physicians and professionals in a dignified and courteous manner at all times.

Furthermore, each member of the Medical Staff by accepting Medical Staff appointment, agrees:

2.3.12. To abide by these Bylaws and its affiliated Medical Staff manuals, Medical Staff policies, rules and regulations, and Hospital policies and procedures;

2.3.13. That if there is any material misstatement in, or material omission from, an application for appointment or reappointment, the Hospital may stop processing the application (or, if appointment has been granted prior to the discovery of a misstatement or omission, appointment and Privileges may be deemed by the Board to be automatically relinquished). In either situation, there shall be no entitlement to a hearing or appeal;

2.3.14. To participate in and collaborate with the peer review, risk management, performance improvement, and utilization management activities of the Medical Staff and Hospital. These include monitoring and evaluation tasks performed as part of the Medical Staff and Hospital efforts to meet quality standards such as those established by The Joint Commission, the Centers for Medicare and Medicaid Services (CMS), and other governmental agencies and private insurers;

2.3.15. To assist the Hospital in fulfilling its responsibilities for providing emergency and charitable care in accordance with policies passed by the MEC and Board;

2.3.16. To provide patient care and management only within the parameters of his or her professional competence, as reflected in the scope of clinical Privileges granted the Practitioner by the Board;

2.3.17. To undergo any type of mental, behavioral and/or physical evaluation by a designated clinician or program including random or 'for cause' drug and/or alcohol testing as required by the officers of the Medical Staff, Chief Executive Officer (CEO), Chief Medical Officer (CMO), Credentials Committee and/or MEC when it appears necessary to protect the well-being of patients and/or staff, or when requested by the MEC or credentials committee as part of an evaluation of the member's ability to exercise Privileges safely and competently, or as part of a post-treatment monitoring plan consistent with the provisions of any Medical Staff and Hospital policies addressing physician health or impairment;

2.3.18. To participate in any type of competency evaluation when determined necessary by the MEC and/or Board in order to properly delineate that member's clinical Privileges;

2.3.19. To hold harmless and agree to refrain from legal action against any individual, the Medical Staff, or Hospital that shares peer review and performance information with a legitimate health care entity (including, but not limited to hospitals, insurance companies, managed care organizations, and credentialing verification organizations) or a state medical board assessing the credentials of the member;

2.3.20. To abide by any applicable codes of conduct adopted by the Medical Staff and/or Hospital;

2.3.21. To abide by all local, state and federal laws and regulations, Joint Commission standards, and state licensure and professional review regulations and standards, as applicable to the Practitioner's professional practice;

2.3.22. To aid in any Medical Staff approved educational programs for medical students, interns, resident physicians, resident dentists, staff physicians and dentists, nurses, and other personnel; and

2.3.23. To provide patients with a quality of care that meets at all times the professional standards and requirements of the Medical Staff and Hospital.

2.3.24. To abide by the corporate compliance policies and code of ethics established by the Hospital and its Board of Trustees.

2.3.25. To provide continuous and timely patient care and treatment for any of the member's inpatients, including timelines, completeness and accuracy of the medical record. Members of the staff must provide evidence of acceptable continuous clinical coverage capability to the MEC.

ARTICLE III

CATEGORIES OF MEDICAL STAFF MEMBERSHIP

The Medical Staff shall be divided into the following categories: Active, Affiliate, Consulting, Referral, and Honorary. Category status for each member will be recommended by the MEC at appointment or reappointment and ratified by the Board.

Section 3.1 Active Staff

QUALIFICATIONS: Appointees to this category must:

3.1.1. Have been Affiliate members of the Medical Staff for at least one (1) year and be involved in a minimum of twenty-five (25) individual patient contacts at the Hospital over a 24-month period. A patient contact includes any inpatient admission, evaluation and management service, or procedure, in any facility operated by the Hospital. Members may be initially appointed to this category where it is anticipated they will meet this criterion and they have completed at least twenty-five (25) patient contacts in the previous twelve months. Category status will be re-evaluated at each reappointment to the Medical Staff based on contact activity during the previous 24-month period or can be re-evaluated at any time by request of the Medical Staff member.

PREROGATIVES: Appointees to this category may:

(a) Exercise those clinical Privileges granted by the Board.

(b) Vote on all matters presented at general and special meetings of the Medical Staff, and at meetings of Department(s), Division(s) and committees to which he/she is appointed.

(c) Hold office and sit on or be the chair of any committee, unless otherwise specified elsewhere in these Bylaws.

RESPONSIBILITIES: Appointees to this category must:

3.1.2. Meet the basic responsibilities of Medical Staff membership as defined in Section 2.3 above and contribute to the organizational and administrative affairs of the Medical Staff.

3.1.3. Actively participate in recognized functions of staff appointment, including performance improvement, peer review, risk and utilization management, the monitoring of initial appointees, credentialing activities, medical records completion, and the discharge of other Medical Staff functions and departmental obligations as may be required from time to time.

3.1.4. Comply with all applicable Hospital, Medical Staff, Departmental and Divisional rules, regulations, manuals, policies and procedures.

3.1.5. Participate in providing Emergency Room call and other coverage arrangements as defined in policies adopted by the MEC and Board.

3.1.6. Serve on committees or ad hoc panels to which they are assigned.

3.1.7. Perform such further duties as may be required under these Bylaws or Medical Staff policies, including any that may result from future changes in these documents.

Section 3.2 Affiliate Staff

QUALIFICATIONS: Appointees to this category must:

3.2.1. Be interested in the clinical affairs of the hospital and hold Privileges to actively manage patient care.

3.2.2. Admit or otherwise be involved in the care or treatment of less than twenty-five (25) patient contacts (as defined in Section 3.1.1 under the Active Category) within a 24-month period or be in their first year on the Medical Staff.

3.2.3. Engage in the active practice of medicine at some location so that the Medical Staff and Board can assess the practitioner's compliance with membership and privileging requirements as stated under these Bylaws and Medical Staff policies. At each reappointment time, the Affiliate Staff member may be asked to provide evidence of clinical performance at other hospitals or health care facilities where the member holds privileges. In addition, especially for those Affiliate Staff members who do not maintain appointment at another hospital, he or she shall provide other information as may be requested by the Medical Staff or Board in order to perform an appropriate evaluation of qualifications. Such information may include, but will not be limited to, data from the individual's office practice, information from managed care organizations in which the individual participates, and/or receipt of confidential evaluations forms completed by referring/referred to physicians.

PREROGATIVES: Appointees to this category may:

3.2.1. Exercise those Privileges granted by the Board.

3.2.2. Attend meetings of the Medical Staff and the Department and divisions to which he is appointed in a non-voting capacity. Appointees may vote in committees to which appointed but may not chair such Committees. Affiliate members may attend all educational programs presented by the Medical Staff and/or Hospital.

3.2.3. Not vote for officers, nor serve as a Medical Staff officer, nor vote on Medical Staff Bylaws or other matters brought before the general Medical Staff, Department or Division.

RESPONSIBILITIES: Appointees to this category must:

3.2.4. Meet the basic responsibilities of Medical Staff membership as defined in Section 2.3 above, and contribute to the organizational and administrative affairs of the Medical Staff.

3.2.5. Actively participate, when asked, in recognized functions of staff appointment, including performance improvement, peer review, risk and utilization management, the monitoring of initial appointees, credentialing activities, medical records completion, and the discharge other Medical Staff functions and departmental/divisional obligations as may be required from time to time.

3.2.6. Comply with all applicable Hospital and Medical Staff rules, regulations, manuals, policies and procedures.

3.2.7. Participate in providing Emergency Room call and other coverage arrangements as defined in policies adopted by the MEC and the Board.

3.2.8. Perform such further duties as may be required under these Bylaws or Medical Staff policies, including any that may result from future changes in these documents.

Section 3.3 Consulting Staff

QUALIFICATIONS: A Consulting Hospital Staff member must:

3.3.1. Meet the qualifications for membership as set forth in Article II, Section 2.1 of these Bylaws.

3.3.2. Be a member in good standing on the medical staff at another hospital with clinical privileges.

3.3.3. Possess specialized or specific expertise in the treatment of particular patients, limited to providing clinical consultation or services in the care of such patients, at the request of the patient's attending physician.

3.3.4. Consult on at least two (2) but not more than sixteen (16) patients per calendar year unless exercising telemedicine only privileges. Except for telemedicine only practitioners, Appointees who consult on more than sixteen (16) patients during a calendar year shall be automatically moved to Affiliate Staff status.

3.3.5. Provide any and all data requested by the Hospital or Medical Staff at the time of initial appointment or reappointment to assist in the assessment of current clinical competence and overall qualifications for appointment and clinical privileges.

PREROGATIVES: A Consulting Hospital Staff member may:

3.3.6. Provide consultation and treatment for patients only in conjunction with another physician on the Active or Affiliate Staff.

3.3.7. Exercise only such specific clinical privileges as are granted to him or her.

3.3.8. Attend meetings of the Hospital Medical Staff and the Departments and divisions of which he or she is a member, but shall have no right to vote at such meetings or hold office on the Hospital Medical Staff.

3.3.9. Vote in committees to which the member is appointed but not chair such committees. Consulting Staff members may attend all educational programs presented by the Medical Staff and/or Hospital.

3.3.10. Not admit patients to the Hospital or serve as the patient's attending physician.

OBJECTIVES : A Consulting Hospital Staff member shall:

3.3.11. Participate in all performance improvement and patient safety activities required of the Hospital Medical Staff.

3.3.12. Continue to fulfill all conditions for membership set forth in these Bylaws.

Section 3.4 Referral Staff

QUALIFICATIONS: Appointees to this category express an interest in the affairs of the Medical Staff. They may not hold Privileges to manage clinical care at Shore Medical Center but are recognized as regular referral sources of patients to the Hospital and its Medical Staff.

PREROGATIVES: Appointees to this category may:

3.4.1. Refer patients to the Hospital and members of its Medical Staff;

3.4.2. Attend meetings of the Medical Staff and the Department and Divisions to which they are appointed in a non-voting capacity. Appointees may vote in committees to which the member is appointed but not chair such committees. Referral staff members may attend all educational programs presented by the Medical Staff and/or Hospital.

3.4.3. Not vote for officers nor serve as a Medical Staff officer, nor vote on Medical Staff Bylaws or other matters brought before the general Medical Staff, Department or Division.

RESPONSIBILITIES: Appointees to this category must:

3.4.4. Meet the basic responsibilities of Medical Staff membership as defined in Section 2.3 above, and contribute to the organizational and administrative affairs of the Medical Staff.

3.4.5. Actively participate, when asked, in recognized functions of staff appointment.

3.4.6. Comply with all applicable Hospital and Medical Staff rules, regulations, manuals, policies and procedures.

3.4.7. Perform such further duties as may be required under these Bylaws or Medical Staff policies, including any that may result from future changes in these documents.

Section 3.5 Honorary Staff

QUALIFICATIONS: Appointees to this category may not hold Privileges at Shore Medical Center and must be recognized by the MEC and Board for distinguished service to the institution. Appointment to this category is discretionary on the part of the Board after receiving input from the MEC. Appointees may be exempted from the qualifications for membership listed in Article II above.

PREROGATIVES: Appointees to this category may attend Medical Staff and Hospital educational functions, access Hospital library facilities, and attend meetings of the Medical Staff. They may not hold Medical Staff office or vote on Medical Staff matters.

RESPONSIBILITIES: Appointees to this category have no specified responsibilities or duties.

Section 3.6 Change in Staff Category

Pursuant to a request by the Medical Staff member and upon a recommendation by the Credentials Committee or pursuant to its own action, the MEC may recommend a change in Medical Staff category of a member consistent with the requirements of these Bylaws. The Board shall approve any such change in category. Determinations regarding the assignment of staff category are not subject to review under the due process provisions of the Corrective Action and Fair Hearing Manual of these Bylaws.

Section 3.7 Limitation of Prerogatives

The prerogatives of Medical Staff membership set forth in these Bylaws are general in nature and may be subject to limitation or restriction by special conditions attached to a Medical Staff member's appointment, reappointment, and/or Privileges, by state or federal law or regulations, by other provisions of these Bylaws, by other Medical Staff or Hospital policies, or by commitment, contracts, or agreements of the Hospital.

ARTICLE IV

MEDICAL STAFF MEMBER RIGHTS

Members appointed to the Medical Staff shall have the following rights, in addition to the procedural due process rights enumerated in the Corrective Action and Fair Hearing Manual of these Bylaws or as limited by Section 4.6 below:

Section 4.1 Right to an audience with the MEC. Each member of the Medical Staff in the Active category has the right to an audience with the MEC on matters relevant to the responsibilities of the MEC, in the event that such member is unable to resolve a matter of concern after discussion with the appropriate Department or committee Chair or other appropriate Medical Staff leader(s) and except as limited by Section 4.6 below. Such member may, upon written request to the President of the Medical Staff describing the matter of concern and intermediate steps to resolve the same at least two weeks in advance of a regular meeting of the MEC, meet with the MEC or a subcommittee of the MEC to discuss the matter of concern. The Chair of the MEC will have discretion regarding the timing and placement of the issue on the MEC or subcommittee agenda.

Section 4.2 Right to initiate a recall vote. Each member in the Active category of the Medical Staff has the right to initiate a recall vote of Medical Staff officers or MEC members in accordance with the recall provisions provided in these Bylaws.

Section 4.3 Right to call a special meeting of the general Medical Staff. Each member of the Medical Staff in the Active category has a right to call a special meeting of the general Medical Staff to discuss a matter relevant to the Medical Staff if he believes the MEC has not acted on the matter satisfactorily. Upon presentation by the member of a petition signed by at least one-third of the members of the Active staff category, the President shall schedule a special meeting of the Medical Staff for the specific purpose(s) stated in the petition. No business other than that detailed in the petition may be transacted at this meeting and by majority vote those in attendance may authorize a vote of the Medical Staff to resolve the issue(s) raised at the meeting. Such vote will be conducted through mail or electronic ballot sent to all members of the Medical Staff in the Active category and a policy or action must receive the affirmative votes of at least fifty (50%) percent of the Active Medical Staff members to prevail. Votes not cast will not be considered.

Section 4.4 Right to Raise a Challenge. Each member of the Medical Staff in the Active category may raise a challenge to any rule, regulation, or policy established by the MEC. If presented by such member with a petition signed by at least one-third of the active members of the Medical Staff, the MEC will do one of the following: Provide the petitioners with information clarifying the intent of such rule, regulation, or policy and the justifications for its adoption; and/or schedule a meeting with the petitioners to discuss the issues raised with regard to the rule, regulation, or policy.

Section 4.5 Right to Call for a Department Meeting. Any member of the Medical Staff in the Active category may call for a Department meeting by presenting a petition signed by at least one-third of the active staff members of the Department. Upon presentation of such a petition, the Department Chair will schedule a Department meeting to discuss the concerns raised by the petitioners. The above sections on Member Rights (4.1 through 4.5) do not pertain to issues involving individual peer review or performance evaluation (including focused and ongoing professional practice evaluation), formal investigations of professional performance or conduct, denial of requests for appointment or privileges, restriction or conditions placed on appointment or privileges, or any other matter relating to individual membership or privileges. Recourse with regard to these matters is described in the Corrective Action and Fair Hearing Manual of these Bylaws. The rights enumerated in 4.1 through 4.5 serve to address conflicts that may arise within the Medical Staff between the MEC and Medical Staff members.

Section 4.6 Indemnify Members of the Medical Staff. Shore Medical Center will indemnify members of the Medical Staff for all legal costs, settlements, and judgments or other monetary penalties resulting from a Medical Staff member's good faith participation in medical staff affairs, including participation in credentialing and peer review activities or carrying out responsibilities as a Medical Staff officer, Department, Division, section or committee Chair, or committee member.

ARTICLE V

CREDENTIALING AND THE DETERMINATION OF PRIVILEGES

Section 5.1 Appointment and Reappointment of Medical Staff Membership

The following steps describe the process for credentialing (appointment and reappointment) of Medical Staff members. Associated details may be found in the Medical Staff Credentials Manual.

5.1.1. Individuals interested in appointment to the Medical Staff may request an application from the Hospital and a list of the eligibility requirements for membership. Eligible members of the Medical Staff will automatically be sent an application for reappointment in a timely fashion to the most current address provided by the Practitioner.

5.1.2. Upon completion and submission of the application to the Hospital, a designated individual will verify the contents and confirm that the applicant is eligible to have the application processed further. If the application shows the applicant is not eligible for membership, he/she will be notified that no further evaluation or action will occur regarding the application. An incomplete application will not be forwarded for consideration by the Medical Staff or Board. An application that remains incomplete for more than sixty (60) days will be considered to have been voluntarily withdrawn.

5.1.3. A completed and verified application will be forwarded by the Hospital to the appropriate Department Chair (or designee) for review and evaluation. This review will include consideration of the applicant's character, current clinical competence, training and education, clinical experience, and evidence of professional judgment and conduct. The Department Chair will forward a recommendation concerning appointment and clinical Privileges on the applicant to the Medical Staff Credentials Committee. The Division Chief or designee shall review and provide comments.

5.1.4. The Credentials Committee will review the application and forward its recommendation to the MEC.

5.1.5. The MEC will review the application and forward its recommendation to the Board regarding membership and, if appropriate, Staff category, Department assignment, and Privileges. The MEC may also refer an application back to the Credentials Committee if more information or evaluation concerning the applicant is necessary before it can render a recommendation to the Board.

5.1.6. Upon receipt of a recommendation from the MEC, the Board will review the application and determine whether to grant the applicant membership and whether any restrictions or conditions should be attached to a grant of membership or clinical Privileges. Membership and Privileges will become effective upon action by the Board.

5.1.7. Applicants may appeal recommendations by the MEC and decisions made by the Board in accordance with provisions in the Medical Staff Corrective Action and Fair Hearing Manual of these Bylaws.

Section 5.2 Granting of Clinical Privileges

The following steps describe the process for granting clinical Privileges to qualified Practitioners. Associated details may be found in the Medical Staff Credentials Manual and on Medical Staff delineation of privileges

documents. Practitioners shall be entitled to exercise only those Privileges specifically granted to them by the Board. The Medical Staff may recommend clinical Privileges for Practitioners who are not Medical Staff members but who hold a license to practice independently and who are considered eligible to practice independently at the Hospital by the Board. Such Practitioners may include: Dentists, Advanced Practice Nurse Practitioners, Certified Registered Nurse Anesthetists, Physician Assistants, and Clinical Psychologists.

5.2.1. Practitioners initially applying for Medical Staff membership or for reappointment must complete the appropriate forms to request specific Privileges. Practitioners ineligible for Medical Staff membership but eligible for Privileges will complete the appropriate request forms. These forms are available from the Hospital.

5.2.2. Upon completion and submission of the appropriate forms to the Hospital, a designated individual will confirm that the applicant is eligible to have the requests processed further. Privilege requests that do not demonstrate compliance with eligibility requirements will not be processed further.

5.2.3. Completed privilege request forms will be forwarded by the Hospital to the appropriate Department Chair (or designee) for review and evaluation. This review will include consideration of the Practitioner's character, current clinical competence, education and training, clinical experience, clinical judgment and evidence of professional conduct. The Division Chief or designee shall review and provide comments.

5.2.4. The Department Chair will forward a recommendation to the Medical Staff Credentials Committee. The Division Chief or designee shall review and provide comments.

5.2.5. The Credentials Committee will review the requests and input of the Department Chair and recommend a specific action to the MEC.

5.2.6. The MEC will review the privileging requests and recommend specific actions on them to the Board.

5.2.7. Physicians may appeal certain adverse recommendations of the MEC in accordance with provisions in the Corrective Action and Fair Hearing Manual of these Bylaws. All other Practitioners may appeal certain adverse recommendations of the MEC in accordance with the provisions of the Medical Staff policies on AHP Credentialing.

5.2.8. Upon receiving a recommendation from the MEC, the Board will review the privileging requests and either reject the request, modify them, or grant the Privileges being sought.

5.2.9. Physicians may appeal certain adverse decisions made by the Board in accordance with provisions in the Medical Staff Corrective Action and Fair Hearing Manual of these Bylaws.

Section 5.3 Disaster Privileges. Disaster Privileges may be assigned to individuals in accordance with the Hospital policies on disasters and the associated credentialing and privileging details enumerated in the Medical Staff Credentials Manual

Section 5.4 Temporary Privileges. Temporary Privileges may be granted by the Hospital CEO or designee acting on behalf of the Board in accordance with the associated details found in the Medical Staff Credentials Manual.

Section 5.5 Medical Staff Credentials Manual. Associated details elaborating on the credentialing and privileging process can be found in the Medical Staff Credentials Manual.

ARTICLE VI

OFFICERS

Section 6.1 Officers of the Medical Staff

The officers of the Medical Staff shall be:

President
Vice-President
Immediate Past President

Section 6.2 Qualifications

Officers of the Medical Staff must satisfy the following criteria at the time of nomination and continually throughout the term of their office:

6.2.1. Be an appointee to the Active staff and have been a Medical Staff member for at least three years;

6.2.2. Report to the Nominations Committee any actions pending before or taken by the State Board of Medicine;

6.2.3. Have constructively participated in Medical Staff activities, including, but not limited to activities such as performance improvement, risk management, and professional peer review;

6.2.4. Be willing to discharge faithfully the duties and responsibilities of the position;

6.2.5. Have experience in a leadership position, or other involvement in performance improvement functions for at least two (2) years;

6.2.6. Be willing to attend continuing education programs relating to Medical Staff leadership and/or credentialing functions prior to or during the term of office;

6.2.7. Be in compliance with any and all policies of the Medical Staff and Hospital regarding Conflicts of Interest; and,

6.2.8. Must have demonstrated an ability to work well with others.

Section 6.3 Selection

The Nominating Committee as outlined in Article VIII of these Bylaws shall select nominees for placement on the election ballot for officers. The past President will automatically assume the position of Immediate Past President whenever he leaves the office of President, unless he has been removed for cause. If no immediate past president is available to serve, this position shall be replaced by a prior Medical Staff officer elected by majority vote of the MEC.

Section 6.4 Election

6.4.1. Unless uncontested, officers of the Medical Staff shall be elected using a secret ballot which may be distributed to eligible voting members of the Medical Staff at a general Medical Staff meeting, by mail, or electronically. The mechanics of distributing ballots and counting votes will be determined by the MEC in consultation with the professionals staffing Medical Staff Services. Only members of the Active

Medical Staff shall be eligible to vote. The winner of an election shall be the individual who receives the greatest number of votes from Active Medical Staff members who voted. Voting by proxy is not permitted.

6.4.2. Elections for officers will take place in October, November or December in years in which an officer is scheduled to complete a term in office or vacate an office. Elections will take place as scheduled by the Medical Staff Services personnel under procedures approved by the MEC.

Section 6.5 Term

All elected officers shall take office on the first day of the calendar year following their election and will serve a term of two (2) years. All officers may be re-elected for one successive term. The Immediate Past President will serve until a current President completes a term and steps down from that office.

Section 6.6 Duties of Elected Officers

6.6.1. President of the Medical Staff: The President shall serve as the chief administrative officer and principal elected official of the Medical Staff. As such, she or he shall be responsible for implementing the general responsibilities of the Medical Staff, including, without limitation:

(a) Aiding and coordinating Medical Staff activities with the activities and concerns of the Board, administration of the Hospital, Nursing, and other patient care services.

(b) Accounting to the Board and Medical Staff in conjunction with the MEC and the respective Department Chairs for the quality, efficiency and performance of patient care services within the Hospital.

(c) Developing and implementing, in coordination with other Medical Staff leaders and experts, continuing education programs, utilization review activities, performance improvement programs, and methods for credentials review, delineation of privileges, and the monitoring of the quality of patient care.

(d) Communicating and representing the concerns and recommendations of the Medical Staff to the Board, the Chief Executive Officer, and other leaders of the Medical Staff.

(e) Assuming responsibility for the enforcement of these Bylaws, Hospital policies, and Medical Staff rules, regulations or policies, and for implementation of appropriate sanctions where indicated, and for the Medical Staff's compliance with procedural safeguards in all instances where appropriate, as provided under these Bylaws.

(f) Calling, setting the agenda, and presiding at all general and special meetings of the Medical Staff and of the MEC.

(g) Serving as Chair of the MEC, and as an ex-officio member of the all Medical Staff committees with the right to vote.

(h) Appointing the members of all standing, special and multi-disciplinary Medical Staff committees, except the MEC, in consultation with the Chair of each such committee.

(i) Reporting to the Board on quality of care and performance improvement issues as recommended by the Medical Staff.

(j) Representing the Medical Staff in its professional and community relations.

(k) Performing all other functions as are typically performed by the President of the Medical Staff or assigned by the MEC.

6.6.2. Vice-President: The Vice-President shall be a member of the MEC and shall be required to assist the President and to perform such duties as may be assigned to him/her by the President. In the absence of the President or upon the occurrence of a vacancy in the office of President, the Vice-President shall assume the responsibilities, exercise the authority, and perform the duties assigned to the President until the President returns or that office is filled.

6.6.3. Immediate Past President: The Immediate Past President shall be a member of the MEC and shall serve as an advisor to the President, Chair the Bylaws Committee and perform those functions delegated to him by the President.

Section 6.7 Removal

6.7.1. A recall election of an officer shall be held if requested through a petition signed by no fewer than one-third (1/3) of the Active members of the Medical Staff, a request signed by at least two-thirds (2/3) of the members of the MEC, or a request made by the Board of Trustees. Officers may be removed by an affirmative vote of two-thirds (2/3) of the Active Medical Staff present and voting at any general or special meeting, in circumstances where the Medical Staff believe removal is necessary to protect the interests of the Medical Staff and/or Hospital. Each of the following conditions constitutes a reasonable basis for removal of an officer from office:

(a) Failure to comply with or support enforcement of the Medical Staff Bylaws, Medical Staff rules, regulations, or policies.

(b) Failure to perform the required duties of the office;

(c) Failure to adhere to professional ethics;

(d) Abuse of office;

(e) Conduct unbecoming a Medical Staff member and officer; and

(f) Failure to continuously meet the qualifying criteria to be an officer as set forth above in these Bylaws.

6.7.2. At least ten (10) days prior to the initiation of any removal action, the officer shall be given special notice of the date of the meeting at which action is to be considered. The officer shall be afforded an opportunity to speak to the Medical Staff prior to a vote on removal.

6.7.3. Automatic removal will occur (without need for a vote) in the event any of the following affects the officer in question:

(a) Loss or suspension of the officer's medical license in the state of New Jersey;

(b) Ineligibility of membership in the Active category of the Medical Staff;

(c) Recommendation by the MEC to the Board for the imposition of corrective action or the acceptance of such recommendation by the Board.

6.7.4. Where the President is removed from that position, she/he shall be ineligible to hold the office of Immediate Past President.

Section 6.8 Vacancies

When a vacancy occurs in the office of the President, the Vice President will assume this position for the remainder of the existing term. The Medical Executive Committee shall appoint a Vice President to complete the term whenever this position is vacated. If the Immediate Past President resigns or is not eligible to hold this position, the vacancy will be filled by a prior Medical Staff officer elected by majority vote of the MEC.

ARTICLE VII

CLINICAL DEPARTMENTS, DIVISIONS AND SERVICES

Section 7.1 Designation of Clinical Departments

The Medical Staff of Shore Medical Center is organized into the following Departments:

7.1.1. Department of Medicine

7.1.2. Department of Surgery

The Board, upon recommendation from the MEC, may create, eliminate, or combine additional Medical Staff clinical Departments and/or Divisions where it would improve the effectiveness of the Medical Staff in carrying out its responsibilities. It will be the responsibility of the MEC to determine which clinical specialties will be assigned to each Department/Division.

Section 7.2 7.2 Organization of Clinical Departments and Divisions

Each Department shall be organized as an organizational division of the Medical Staff and shall have a qualified Chair that has the authority, duties, and responsibilities set forth in these Bylaws. Each Department is accountable to the oversight and authority of the MEC and Board. Departments may organize or recognize Divisions to delegate the performance of specified departmental responsibilities. Where such Divisions are created, Division members may elect their own Division Chiefs except to the extent a contract in a hospital based Department provides otherwise and perform such other duties as shall be assigned by the applicable Department. Departments may also organize committees to facilitate the performance of their work.

Section 7.3 Functions of Departments

7.3.1. Review and Evaluation Activities. The primary responsibility delegated to each Department shall be to implement and conduct specific peer review and evaluation activities that contribute to the preservation and improvement of the quality and efficiency of patient care provided by members of the Department. These may include discussion of information relevant to the care and treatment of patients served by members of the Department along with the detailed consideration of relevant cases, including, without limitation, operative and other procedure review, medical record review, infection control, pharmacy and therapeutic review, blood utilization review, efficiency of clinical practice patterns, significant departures from established patterns of clinical practice, quality review reports, patient safety initiatives, and medical assessment and treatment of patients within the Department and the Hospital.

7.3.2. Additional Activities. At the discretion of Department members and its Chair, the Department may be utilized to organize and promote any of the following collegial and professional activities: continuing medical education; communication and dialogue regarding issues relevant to members of the Department; social networking; and interdisciplinary projects and coordination.

7.3.3. Member Accountability. Members are assigned to a Department by the Board based on their specialty practice. Members assigned to the Department are accountable to the Department Chair and must be responsive to requests for information, participation in departmental activities, participation in any mandatory special meeting, and compliance with Hospital, Medical Staff, or Department rules, regulations, policies, procedures, or requirements.

Section 7.4 Department Chair/Division Chief

7.4.1. Qualifications

Each Department Chair and Division Chief shall be:

(a) A member in the Active category of the Medical Staff;

(b) Board certified by a specialty board recognized by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) if a Department Chair or Board certified or Board eligible/qualified by a specialty board recognized by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) if a Division Chief;

(c) Qualified by experience within the Department and by administrative ability to supervise the functions of the Department or Division;

(d) Willing and able to discharge the functions of the Department Chair or Division Chief;

(e) Not serve as a Medical Staff Officer or chair a Department at another hospital;

(f) Willing and able to utilize e-mail and other electronic means to communicate with Staff and perform the duties of office; and

(g) Willing to faithfully and without bias perform the above duties using good judgment.

7.4.2. Election

(a) Unless the position is uncontested, each Department Chair shall be elected by a plurality of the votes cast by members of the Department in the Active category of the Medical Staff.

(b) Unless the position is uncontested or is subject to an exclusive contract with the Hospital in which the Division Chief is appointed, each Division Chief shall be elected by a plurality of the votes cast by members of the Division in the Active category of the Medical Staff.

(c) Elections will be held by secret written ballot at a Department or division meeting in October, November or December in the fall of the year in which the current Chair's term expires. If there is a vacancy in the office of Department Chair prior to completion of a term of office, an election will take place at the next scheduled meeting of the Department to select an interim Chair to complete the unfilled term. If there is a vacancy in the office of division Chief prior to completion of a term of office the Department Chair shall appoint an interim Chief until an election can be held in the manner described herein, Elections will be organized and conducted by the Medical Staff Services professional in a manner satisfactory to the MEC and voting may include ballot submissions by mail or electronic means as approved by the MEC.

(d) Any member of the Department or Division may be placed by request on the ballot unless he/she does not meet the qualifications in 7.4.1 above. A member must give assent to be placed on the ballot.

7.4.3. Term

(a) Each Department Chair shall serve a term of three (3) years.

(b) A Department Chair may be elected for two consecutive terms of three (3) years each, and may run again for election after a hiatus of at least one (1) year

(c) Except if a contract in a hospital based division provides otherwise, each Division Chief may serve for two consecutive terms of three (3) years each, and may run again for election after a hiatus of at least one (1) year. Notwithstanding the foregoing, this term limit may be waived by the MEC as it deems necessary to ensure the proper function of the Division.

Section 7.5 Removal of Department Chair/Division Chief

7.5.1. The Department Chair may be removed by the following mechanism: Where a Department Chair has been elected into office, upon petition by at least one-third (1/3) of the Active Staff members of the Department or upon recommendation of the MEC, the Medical Staff Services personnel shall arrange for a recall vote at the next scheduled meeting of the Department. Removal may be accomplished by a two-thirds (2/3) vote of those eligible members of Department voting.

7.5.2. The Division Chief may be removed by the following mechanism: Where a Division Chief has been elected into office or appointed by the Department Chair, by the MEC or by the Department Chair subject to approval by the MEC.

Section 7.6 Functions of the Department Chair

Responsibilities: Each Department Chair shall have responsibility for the organization and administration of the Department, including, without limitation:

7.6.1. All clinically related activities of the Department;

7.6.2. All administratively related activities of the Department (including presiding at all meetings of the Department), unless otherwise provided for by the Hospital;

7.6.3. Continuing surveillance of the professional performance of all individuals in the Department who have delineated clinical privileges;

7.6.4. Recommending to the Medical Staff the criteria for clinical privileges that are relevant to the care provided in the Department;

7.6.5. Recommending clinical Privileges for each member of the Department;

7.6.6. Assessing and recommending to the relevant Hospital authority off-site sources for needed patient care services not provided by the Department or the organization.

7.6.7. The integration of the Department or service into the primary functions of the organization;

7.6.8. The coordination and integration of inter-departmental and intra-departmental services;

7.6.9. The development and implementation of policies and procedures that guide and support the provision of services;

7.6.10. The recommendations for a sufficient number of qualified and competent persons to provide care or service;

7.6.11. Advises on the qualifications and competence of Department, Division or service personnel who are not licensed independent Practitioners and who provide patient care services.

7.6.12. The continuous assessment and improvement of the quality of care and services provided;

7.6.13. The maintenance of quality control programs, as appropriate;

7.6.14. The orientation and continuing education of all persons in the Department or service; and,

7.6.15. Recommendations for space and other resources needed by the Department or service.

Section 7.7 Functions of Division Chiefs

(Each of the clinical specialties in the Department of Surgery and Department of Medicine are represented by a Division Chiefs (previously known as Service Chiefs). The responsibilities and duties of the Division Chiefs are as follows:

7.7.1. The Chief assists the other leaders of the Medical Staff in carrying out the work of the Medical Staff and represents the perspective of their specialty.

7.7.2. The Chief oversees the processes of peer review, performance improvement working with the Peer Review committee, Quality and Safety committee, the Credentials Committee and MEC for issues regarding the specialty. The Chief oversees the credentialing and privileging of the members of the specialty; works with the specialty making recommendations on the development of privileging criteria and maintenance of privileging. The Chief will be responsible for initial review of new appointments and/or privileging in their specialty, and for reappointments working with the Medical Staff office . The review will be completed in a timely fashion enabling the file to be available for Department Chair and Credentials Committee review.

7.7.3. The Chief will oversee the on-call schedule for the specialty along with the Department Chair.

7.7.4. The Chief will provide consultation regarding a Division member's clinical or professional conduct as requested by the Department Chair or designee, CMO or applicable Medical Staff committee.

7.7.5. The Chief will work with the Hospital PI/Quality Department to establish performance metrics for Ongoing Practitioner Performance Evaluation (OPPE) within the Division.

7.7.6. The Chief will receive specialty specific individual performance data from the quality Department, review the data and work with the Hospital/PI Quality Department and Medical Staff Services to assure distribution of the data to each individual practitioner; trend and/or discuss any outlier performance with the particular practitioner and work with the Peer Review Committee to establish any needed plan to monitor improvement.

7.7.7. The Chief will represent the Division in making recommendations for all FPPE (Focused Practitioner Performance Evaluation) working with the Peer Review Committee, Credentials Committee and MEC as needed and will participate in such FPPE monitoring if and as requested or recommended.

7.7.8. The Chief will facilitate communication with the members of the Division via meetings, e-mail, etc., to maintain working relationships and perform the business of the Division. Resources of the office of Medical Staff Services will be made available to assist the Chief upon request. Any formal recommendations made by the Division must be reported to the CMO or designee to ensure documentation and referral to the Department Chair, MEC or other committees as indicated.

7.7.9. The Chief (or designee) will serve as the subject matter expert for the development of order sets for his/her specialty for CPOE, participate in and support the deployment of e-documentation and other EMR initiatives including policies regarding requirements of training and use and support the CMIO by providing leadership and input for the Division.

ARTICLE VIII

MEDICAL STAFF COMMITTEES AND LIAISONS

Section 8.1 Types of Committees

There shall be an Executive Committee of the Medical Staff (referred to in these Bylaws as the Medical Executive Committee or MEC) and such other standing and special committees of the Medical Staff accountable to the MEC as may be established in these Bylaws or created by the President or MEC to accomplish Medical Staff functions. Current standing committees are the MEC, Credentials Committee, the Medical Staff Peer Review Committee, and the Pharmacy & Therapeutics Committee. The Nominations Committee is a special committee convened periodically to carry out the responsibilities listed in Section 8.6 below. Special committees are generally time limited and/or ad hoc in nature to address specific matters which may occur episodically or on a recurring basis with relative infrequency.

Section 8.2 Committee Chair

8.2.1. Selection: With the exception of the MEC, the Chair of each standing or special committee shall be appointed by the President, subject to the approval of the Medical Executive Committee. The President shall serve as Chair of the Medical Executive Committee.

8.2.2. Term: Unless specified otherwise in these Bylaws, each committee Chair shall be appointed to a term of two (2) years and may be appointed to successive terms.

Section 8.3 Membership and Appointment

8.3.1. Eligibility

(a) Members of the Active Staff shall be eligible for appointment to any standing or special committee of the Medical Staff established to perform one or more of the functions required by these Bylaws.

(b) Members of the Affiliate Staff shall be eligible for appointment to any standing or special committee of the Medical Staff established to perform one or more of the functions required by these Bylaws, with the exception of the Nominating Committee and MEC.

(c) Where specified in these Bylaws, or where the Medical Executive Committee deems it appropriate to the functions of a committee of the Medical Staff, representatives from various services of the Hospital, including, without limitation, Administration, Laboratory, Nursing, Information Management and Pharmacy Services, shall be eligible for appointment to specific committees of the Medical Staff.

8.3.2. Selection. Unless otherwise provided in these Bylaws, Medical Staff members of any Medical Staff committees other than the MEC shall be appointed by the President in consultation with the Chair of that committee. Where applicable, the Chief Executive Officer or designee shall appoint Hospital staff members to Medical Staff committees which require representation from Hospital services.

8.3.3. Chief Executive Officer

Unless otherwise provided in these Bylaws, the Chief Executive Officer or his designee shall serve as an ex-officio member, without a vote, of all Medical Staff committees.

8.3.4. Voting. Medical Staff members in the Active and Affiliate categories may vote on Medical Staff committees, unless specified otherwise in these Bylaws or in Medical Staff policies or manuals.

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

Section 8.4 Medical Executive Committee

8.4.1. Membership. All Active Medical Staff members are eligible for Medical Executive Committee (MEC) membership.

8.4.2. Composition and Term. The MEC shall consist of the following voting members, each of which shall only have one (1) vote regardless of whether such person is serving on the MEC in more than one capacity:

President of the Medical Staff: 2 year term
Vice-President of the Medical Staff: 2 year term
Immediate Past President of the Medical Staff: 2 year term
The Chair of the Department of Medicine: 3 year term
The Chair of the Department of Surgery: 3 year term
Two At-large members of Medical Staff elected by the active staff members in the Department of Medicine: 3 year terms
Two At-large members of the Medical Staff elected by the active staff members in the Department of Surgery: 3 year terms
The Chair of the Credentials Committee: 2 year term
The Chair of the Medical Staff Peer Review Committee: 2 year term

The following will be ex-officio non-voting members of the MEC:

Hospital CEO
Hospital Chief Medical Officer
Chief Medical Information Officer

8.4.3. Election and Appointment of At Large MEC members. The membership of the Medical Staff exercises its authority over the MEC through the election of its members or the appointment of members by its elected officers. Officers serving on the MEC will be members as long as they hold their officer positions. At-Large members of the MEC will be voted on utilizing the same methodology as elections for Department Chairs. Any eligible member in the Active category of the Medical Staff may run for an At-Large spot consistent with 8.6.2. by notifying the Nominating Committee at least forty-five (45) days prior to the election.

8.4.4. Removal from the MEC

(a) Officers serving on the MEC will lose their MEC membership if removed from their position as an officer or as the Chair of a Committee having an MEC seat or as Chair of a Department, as described elsewhere in these Bylaws. At-Large members of the MEC may be removed by an affirmative vote of a majority of the MEC or by majority vote of the Medical Staff following a specially called Medical Staff meeting. Grounds for removal include, but are not limited to:

(i) Failure to meet the attendance requirements for MEC members;

(ii) Disruptive conduct at MEC meetings; and

(iii) Failure to carry out assigned duties as an MEC member.

(b) Members of the MEC will be considered to have voluntarily resigned from the MEC if any of the following occur:

(i) Termination or suspension of the member's license to practice in the state of New Jersey;

(ii) Loss of qualifications to be on the Medical Staff;

(iii) Loss of membership on the Active category of the Medical Staff;

(iv) Suspension or termination of Clinical Privileges for other than routine medical records delinquencies;

(v) The MEC recommends to the Board that the member be subject to Corrective Action.

If a vacancy occurs on the MEC because of removal or resignation of an At-Large member, the spot will be filled by an election held in October, November, or December immediately following the creation of the vacancy.

8.4.5. Quorum. A quorum for the MEC shall consist of at least fifty (50) percent of the current voting membership of the MEC in attendance in person or via telephonic or electronic conferencing.

8.4.6. Responsibilities

(a) The MEC shall represent the Medical Staff, assume responsibility for the effectiveness of all medical activities of the Medical Staff, act on matters of concern and importance to the Medical Staff, and act at all times as the authorized delegate of the Medical Staff in regard to general and specific functions of the Medical Staff.

(b) The MEC is empowered to act for the Medical Staff, including intervals between general Medical Staff meetings.

(c) The MEC receives and acts on reports and recommendations from Medical Staff committees, optional clinical services, Hospital committees, consultants, and other relevant individuals.

(d) The MEC consults with Hospital administrators on quality-related aspects of contracts for patient care service with entities outside the Hospital.

(e) The MEC adopts policies on behalf of the Medical Staff which it deems prudent and informs members of the Medical Staff of such policies.

(f) The MEC carries out Investigations in accordance with the Corrective Action and Fair Hearing Manual of these Bylaws before making recommendations to the Board to terminate, limit, or restrict a practitioner's membership or privileges.

(g) The MEC is responsible for making Medical Staff recommendations directly to the governing body for its approval. Such recommendations pertain to at least the following:

(i) The Medical Staff's structure;

(ii) The mechanism used to review credentials and to delineate individual clinical privileges;

(iii) Recommendations of individuals for Medical Staff membership;

(iv) Recommendations for delineated clinical Privileges for each eligible Practitioner;

(v) The participation of the Medical Staff in organization performance improvement activities;

(vi) The mechanism by which Medical Staff membership may be terminated;

(vii) The mechanism for fair-hearing procedures; and

(viii) The MEC's review of and actions on reports of Medical Staff committees, Departments, and other assigned activity groups.

8.4.7. Meetings. The MEC shall meet monthly at least ten (10) times per year and shall maintain a permanent record of all proceedings and actions at its meetings. The President or designee will preside at all meetings of the MEC.

8.4.8. Call of Special Meeting. The President may call special meetings of the MEC at any time. Such meetings may be held in person or through telephonic or electronic conferencing.

8.4.9. Notice. Notice of a Special Meeting of the MEC shall be by means of letter, facsimile, telephone, posting of notice or e-mail.

Section 8.5 Credentials Committee

8.5.1. Composition. The Credentials Committee shall consist of the Medical Staff Vice President and at least six (6) additional members of the Active Staff. Where possible at least one of the members should be a past Medical Staff officer. Members will be appointed to two-year terms by the President who will also designate one member to serve as Chair. The Chief Executive Officer or designee and the Hospital CMO shall serve as ex-officio members, without vote.

8.5.2. Responsibilities. The Credentials Committee shall be responsible for the performance of Medical Staff functions relating to credentialing as enumerated in theses Bylaws, the Medical Staff Credentials Manual, and associated Medical Staff policies. These duties include:

(a) Reviewing and evaluating the credentials and qualifications of each applicant for initial appointment, reappointment or modification of appointment and for particular Privileges.

(b) Submitting reports to the MEC in accordance with the procedures set forth in the Medical Staff Credentials Manual regarding the committee's review and evaluation of the qualifications of each applicant for Medical Staff membership and/or for particular Privileges.

(c) Investigating, reviewing and reporting on matters concerning the professional or ethical conduct of any practitioner assigned or referred to the committee by the President, MEC or Medical Staff Peer Review Committee.

(d) Making recommendations to the MEC regarding the adoption of credentialing policies and procedures.

(e) Making recommendations to the MEC regarding the adoption of privileging criteria and delineation of privileges forms.

(f) Submitting regular reports to the MEC regarding the status of pending applications, including specific reasons for delays in the processing of applications or requests.

8.5.3. Meetings

(a) The Credentials Committee shall meet monthly at least ten (10) times per year to carry out its functions.

(b) The Committee shall maintain a permanent record of its proceedings and actions and shall report to the MEC on all of its activities.

Section 8.6 Nominating Committee

8.6.1. Composition. The Nominating Committee is a special committee of the Medical Staff. When needed, it shall consist of the following members:

(a) The President of the Medical Staff who shall serve as Chair;

(b) Two past presidents of the Medical Staff recommended by the President and ratified by the MEC.

(c) The CEO or designee in a non-voting capacity.

8.6.2. Responsibilities. The Nominating Committee shall be responsible for identifying nominees for officers of the Medical Staff and At-Large MEC members when elections are held for these positions.

8.6.3. Procedures.

(a) The Nominating Committee will meet at least ninety (90) days prior to the annual General Staff Meeting at which the results of the election(s) will be announced. The Nominating Committee shall circulate its list of nominees to the Active members of the Medical Staff at least sixty (60) days prior to scheduled voting.

(b) In order for a nomination to be placed on the ballot the following criteria must be met:

(i) Candidates must meet the qualifications listed in these Bylaws for the position to which they wish to be elected. The Nominating Committee will have discretion to determine if these criteria have been met.

(ii) Candidates must be approved by the Nominating Committee for placement on the ballot to assure they meet the requisite qualifications to hold office.

(iii) Members of the Active Staff who are not initially chosen by the Nominating Committee and wishing to have their names included on the election ballot must submit the signatures of ten (10) percent of the Active Staff in support of their nomination. Eligible members of the Medical Staff who wish to be included on the ballot, must file the required supporting signatures with Hospital

Medical Staff Services at least forty-five (45) days prior to the General Staff Meeting at which the results of the election will be announced.

(iv) Nominations from the floor are not permitted.

(v) The Nominating Committee shall notify each Active Staff member of the final slate of nominees for the positions set forth, not less than thirty (30) days before voting in the election is to commence.

Section 8.7 Medical Staff Peer Review Committee

8.7.1. Composition. The Medical Staff Peer Review Committee shall consist of at least eight (8) members of the Active Staff two of whom must be the Chairs of the Departments of Medicine and Surgery. Additional members will be appointed to two-year (2) terms by the President. The President will also name a Chair who shall not be a Department Chair. The Chief Executive Officer or designee and the Hospital CMO shall serve as ex-officio members, without vote. The Hospital Director of Quality or chief administrator who supports the Medical Staff peer review and performance improvement activities will also be a non-voting committee member.

8.7.2. Responsibilities. The Medical Staff Peer Review Committee is responsible to the MEC and Board for the overall operation of Medical Staff peer review and performance improvement activities and for collaborating with Hospital administration as needed to improve quality of care, treatment and services and patient safety. These responsibilities of the committee include, but are not limited to:

(a) Instituting activities for measuring, assessing, and improving care and Processes that primarily depend on the actions of one or more privileged Practitioners;

(b) Providing on-going measurement, assessment, and improvement of the:

(i) medical assessment and treatment of patients

(ii) use of medications

(iii) use of blood and blood components

(iv) use of operative and other procedures

(v) efficiency and efficacy of clinical practice patterns

(vi) significant departures from established patterns of clinical practice

(vii) education of patients and families

(viii) coordination of care with other Practitioners and Hospital personnel, as relevant to the care, treatment, and service of an individual patient; and

(ix) accurate, timely and legible completion of patients' medical records

(c) Review of sentinel event data and patient safety data collected by the Hospital staff;

(d) Establishment of peer review policies and protocols for implementation by clinical Departments and Medical Staff committees to assure reliability and consistency across specialties; and coordinate interdisciplinary approaches to peer review.

(e) Review of Ongoing Professional Practice Evaluation (OPPE) data to identify trends or problems with the performance of individual practitioner granted privileges and to work with Medical Staff leaders to address clinical or conduct deficiencies in a satisfactory manner;

(f) Performance of Focused Professional Practice Evaluation (FPPE) where it appears there is a need study further a Practitioner's performance to assure competence and professional conduct or to confirm competence of a Practitioner's newly granted Privileges.

(g) Creation and implementation or recommendation to the MEC of plans for collegial intervention with Practitioners who are identified through peer review activities as in need of such interventions;

(h) Drawing conclusions, making recommendations, and taking action and following-up based upon the assigned responsibilities and duties.

8.7.3. Meetings. The Medical Staff Peer Review Committee shall meet monthly at least six (6) times per year. Committee actions will be reported to the MEC.

Section 8.8 Pharmacy and Therapeutics (P&T) Committee

8.8.1. Composition. The P & T Committee shall be comprised of at least five (5) members of the Active or affiliate Medical Staff appointed to two (s) year terms by the Medical Staff President. The Hospital chief pharmacist and designee and the CMO shall be ex-officio non-voting members of the committee.

8.8.2. Responsibilities. The P & T Committee will review Hospital experience with drug/medication usage and make recommendations concerning the adoption of relevant practice protocols, process improvements to enhance patient safety, and staff education. The committee will review requests for new drugs to be added to the Hospital formulary and review Hospital recommendations for adjustments to the formulary.

Section 8.9 Special or Ad Hoc Committees

The President of the Medical Staff or the MEC may appoint ad hoc committees to address specific issues or concerns on behalf of the Medical Staff. In establishing such committees, there will be a notation made in the minutes of the MEC enumerating the ad hoc committee's purpose and charge, timeframes for its work, and the duration of its appointment. Such committees will report to and be accountable to the MEC.

Section 8.10 Medical Staff Representation on Hospital Committees:

In order to further carry out the functions of the Medical Staff and to provide Medical Staff input where appropriate, the President, subject to the approval of the CEO or designee, may appoint members to Hospital Committees. Examples of Hospital committees to which Medical Staff members may be assigned may include, but are not limited to: Hospital PI/Quality, Cancer, Infection Control, Institutional Review Board, Operating Room, Surgical Value Analysis, Continuing Education, Patient Safety, Bioethics, and Transfusion. When Medical Staff members sit on a Hospital committee the minutes of that committee shall be available to the MEC. It shall be the responsibility of the Medical Staff member(s) sitting on a Hospital committee to bring to the attention of the MEC or a Medical Staff officer any matter brought before such committee that requires the attention of the Medical Staff leadership.

Section 8.11 Medical Staff Liaisons

When the Medical Staff is required by regulatory bodies or internal policies to collaborate with Hospital staff in carrying out a particular function, the President may appoint a member of the Medical Staff to serve as a formal liaison for that work. The liaison will report periodically to the MEC or other appropriate Medical Staff committee when matters require the attention of Medical Staff leaders.

ARTICLE IX

GENERAL MEDICAL STAFF MEETINGS

Section 9.1 General Medical Staff Meetings

There shall be at least one meeting of the Medical Staff held each calendar year. Written notice of the meeting shall be sent in a manner determined by the Medical Staff Services personnel to all Medical Staff members. The MEC shall determine the time and place at which the meeting shall be held. The President or MEC may call additional general meetings for any reason they deem appropriate, including to promote communication with the Medical Staff, provide a forum for discussion on matters of Medical Staff interest, review quality and safety data and concerns, present educational programs, or address proposed changes to the Medical Staff Bylaws.

Section 9.2 Special Meetings of the Medical Staff

9.2.1. Call of Special Meeting. A special meeting of the Medical Staff may be called at any time by the President, and shall also be called at the request of the Board, the MEC or in response to a petition presented to the President and signed by at least one-third (1/3) of the Active Staff. No business shall be transacted at any special meeting, except that for which the meeting is called and stated in the notice of such meeting.

9.2.2. Notice. Notice stating the time, place and purpose(s) of any special meeting of the Medical Staff shall be conspicuously posted and shall be sent to each member of the Medical Staff in a manner determined by the MEC at least seven (7) days before the date of such meeting. The attendance of a member of the Medical Staff at the meeting shall constitute a waiver of notice of such meeting.

Section 9.3 Attendance at Meetings

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

Section 9.4 Quorum

Those Active Staff members present shall constitute a quorum at any meeting, unless otherwise specified in these Bylaws.

Section 9.5 Minutes

Minutes of each regular and special meeting of the Medical Staff shall be prepared and shall include a record of the attendance of members and any votes taken on matters presented at the meeting. The minutes shall be signed by the presiding officer and maintained in a permanent file by Hospital Medical Staff Services. Minutes shall be made available to any Medical Staff member upon request.

Section 9.6 Conduct of Meetings

Meetings of the Medical Staff will be conducted in a manner determined by the President or designee who shall preside. Compliance with rules of parliamentary procedure is not required.

ARTICLE X

COMMITTEE MEETINGS

Section 10.1 Regular Meetings

Committees may, by resolution, establish the time for holding regular meetings without providing members notice other than by announcement of such resolution in meeting minutes. Meetings will be conducted in a manner determined by the Chair or designee who shall preside. Compliance with rules of parliamentary procedure is not required. Meetings may take place through audio or video conferencing under policies passed from time-to-time by the MEC.

Section 10.2 Special Meetings

A special meeting of any Committee may be called by or at the request of its Chair, by the President of the Medical Staff, or by written request signed by twenty-five (25%) percent of the current voting members of the Committee, but not by fewer than two (2) such members.

Section 10.3 Notice of Meetings

Written or oral notice stating the place, day, and hour of any special meeting shall be provided to each member of the committee that is to meet, not less than five (5) days before the time of such meeting. If mailed, the notice of the meeting shall be posted to the member, at his address as it appears on the records of the Medical Staff, at least seven (7) days before the meeting. The attendance of a member at a meeting shall constitute a waiver of notice of such meeting. No notice is required for regular meetings.

Section 10.4 Quorum

A quorum for the MEC will be more than fifty (50%) percent of the voting membership. For all other committees, unless otherwise specified in these Bylaws, a quorum will be those voting members present, but not fewer than two (2) members. Once a quorum is present at a meeting, the failure to maintain a quorum throughout the meeting shall not inhibit any subsequent action from being taken at that meeting.

Section 10.5 Manner of Action

Unless otherwise stated in these Bylaws or its associated manuals, the action of a majority of the voting members present at a meeting at which a quorum is present shall be the action of that committee. Action may be taken without a meeting by unanimous consent in writing or electronically, setting forth the action so taken and signed or confirmed by each member who would be entitled to vote at that meeting.

Section 10.6 Minutes

Minutes of required committees and any special meetings shall be prepared, including a record of the members in attendance or participating and the results of any votes taken at the meeting. The minutes shall be signed by the Chair or presiding designee and copies thereof shall be submitted to the attendees for approval. All minutes shall be made available to the MEC. Each committee shall maintain a permanent file of its meeting minutes with Hospital Medical Staff Services.

Section 10.7 Attendance Requirements

Members of the MEC, Credentials and Medical Staff Peer Review Committee are expected to attend at least seventy-five (75%) percent of committee meetings held each year. Failure to attend at least seventy-five (75%) percent of the meetings, unless in the discretion of the MEC good cause has been shown for the absence, makes the Medical Staff member ineligible for re-election and/or appointment to the committee for a period of four (4) years. The President of the Medical Staff may remove any appointed member from a committee assignment based on attendance non-compliance.

Section 10.8 Mandatory Special Appearance Requirement

Whenever suspected deviation from standard clinical or professional practice is identified, a Practitioner may be required to attend a meeting of a standing or ad hoc committee considering the matter. The Practitioner will be given special notice of the meeting, including the date, time and place, a statement of the issue involved, and a statement that the Practitioner's appearance is mandatory. Failure to attend a meeting when asked, unless excused by the President upon showing good cause, shall be considered an immediate and voluntary relinquishment of Privileges.

ARTICLE XI

CONFIDENTIALITY, IMMUNITY, AUTHORIZATIONS AND RELEASES

Section 11.1 Authorizations and Releases

Each Practitioner shall, when requested by the Hospital, execute general and specific releases and provide documents when requested by the President, Chair of the Credentials or Medical Staff Peer Review Committees, the Hospital CEO or CMO or their respective designees in order to evaluate a Practitioner's credentials or quality of care. Failure to execute such releases or provide requested documentation shall result in an application for appointment, reappointment, and/or clinical Privileges being deemed voluntarily withdrawn, and it shall not be further processed. By submitting an application for Medical Staff appointment or reappointment, or by applying for or exercising Privileges or providing specified patient care services within the Hospital, all Practitioners, without limitation:

11.1.1. Authorize representatives of the Hospital and of the Medical Staff to solicit, procure, provide, and/or act upon information bearing on or reasonably believed to bear upon the practitioner's professional abilities and qualifications;

11.1.2. Agree to be bound by the provisions of these Bylaws including associated manuals and Medical Staff rules, regulations and policies regardless of whether membership or clinical Privileges are granted or subsequently restricted;

11.1.3. Acknowledge that the provisions of this Article are express conditions to an application for, or acceptance of, staff membership, and the continuation of such membership and/or the exercise of clinical Privileges or provision of specified patient care services at the Hospital;

11.1.4. Agree not to sue and to release from legal liability and hold harmless Shore Medical Center, its affiliates, its Medical Staff, and any representative of the Hospital or Medical Staff who acts to carry out Medical Staff or Hospital policies or functions, including all persons engaged in credentialing, peer review, and performance improvement activities and authorizes and consents to the Hospital and Medical Staff representatives and their designees providing other hospitals, medical associations and other health care providers where the Practitioner seeks or exercises clinical privileges, payors and insurance companies, potential employers and other organizations concerned with provider performance and the quality and efficiency of patient care with any information relevant to such matters that the Hospital and Medical Staff and their designees may have concerning the Practitioner, whether in an oral or written form. In addition, all Practitioners agree that their sole remedy for any credentialing, corrective action or peer review action taken or recommended by the MEC for failure to comply with or meet the requirements of these Bylaws or Medical Staff or Hospital policies, will be the right to seek injunctive relief, but only after they have exhausted the administrative remedies in these Bylaws.

11.1.5. Agree not to sue and to release from legal liability and hold harmless any individual who or entity which provides information (including peer review information) regarding the Practitioner to the Hospital, the Medical Staff or its representatives, including otherwise privileged or confidential information, and consent to and direct the production of information related to the Practitioner, whether in a written or oral form.

11.1.6. Agree to consent to evaluation related to the Practitioner's mental or physical status and/or for drug and/or alcohol testing when requested by the Credentials Committee, the MEC, an officer of the Medical Staff, the Hospital CEO or Hospital CMO because of a suspicion of improper use of a restricted or illegal substance and/or impairment of ability to safely care for patients. Practitioner agree that a failure to consent to such evaluation or testing may be considered an immediate voluntary resignation of membership and relinquishment of privileges.

11.1.7. Authorizes the Hospital and its designees to consult with and query the New Jersey Division of Consumer Affairs Health Care Professional Information Clearing House for the purpose of evaluating the Practitioner for hiring, continued employment or continued privileges and otherwise in connection with the application and exercise of privileges.

11.1.8. If the Practitioner utilizes an electronic signature for Medical Staff medical record keeping purposes, the Practitioner certifies that he or she is the only one who possessed the unique password and PIN that allows him/her to sign documents electronically and acknowledges that unauthorized use or misuse of this password or PIN may result in disciplinary procedures up to and including loss of clinical Privileges.

11.1.9. If the Practitioner is credentialed through the Medical Staff processes as described in Article V of these Bylaws and such Practitioner is subject to supervision or collaboration as described in these Bylaws, the Medical Staff Credentialing Manual, Hospital policies and/or as required by law, such Practitioner agrees that the appropriate Medical Staff Committee, Medical Staff Officer and/or the CEO or designee may discuss the Practitioner's application and reappointment application and/or any concerns regarding such Practitioner with the Practitioner's collaborating or supervising attending physician.

Section 11.2 Confidentiality

Information with respect to any practitioner submitted, collected or prepared by any representative of this or any other health care facility or organization or Medical Staff, for the purpose of evaluating and improving quality patient care, reducing morbidity or mortality, promoting efficiency, or contributing to medical education or clinical research, shall, to the fullest extent permitted by law and the policies of the Hospital and Medical Staff, be confidential. Confidential information shall not be disseminated to anyone other than a representative(s) of the Hospital or of the Medical Staff with a legitimate need for access in order to carry out required functions or third party health care entities performing legitimate credentialing and peer review activities. Such confidentiality shall also extend to information of like kind that may be provided by third parties.

Section 11.3 Immunity from Liability

11.3.1. For Actions Taken. Representatives of the Hospital and the Medical Staff shall have absolute immunity and be released from any and all liability in any judicial proceeding for damages or other relief for any action taken or statement or recommendation made within the scope of their duties as such representatives and which were undertaken in good faith.

11.3.2. Providing Information. Representatives of the Hospital, the Medical Staff and any third party shall have absolute immunity and be released from any and all liability in any judicial proceeding for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to a representative of the Hospital or of the Medical Staff or to any other hospital, organization or health professionals, or other health-related organizations, concerning Practitioners who are or have been an applicant to or member of the Staff or who did or does exercise privileges or provide specified services at this Hospital.

Section 11.4 Activities and Information Covered

11.4.1. Activities. The provisions of this Article shall apply to acts, communications, reports, evaluations, recommendations, or disclosures in connection with this or any other health-related institution's or organization's activities concerning, but not limited to:

(a) Applications for appointment, clinical privileges or specified services;

(b) Periodic reappraisals for reappointment, clinical privileges, or specified services;

(c) Disciplinary measures, including warnings and reprimands;

(d) Corrective Actions;

(e) Hearings and appellate reviews;

(f) Performance Improvement activities including the creation and dissemination of performance profiles;

(g) Peer Review activities, including external peer review;

(h) Utilization and claims reviews; and

(i) Other Hospital or committee activities related to monitoring and maintaining of quality patient care and appropriate professional conduct.

11.4.2. Information. The acts, communications, reports, letters, evaluations, performance data, disclosures and other information referred to in this Article may relate to a practitioner's professional qualifications, clinical or procedural abilities, judgment, character, physical and mental health, emotional stability, professional ethics, professional conduct or any other matter that might directly or indirectly affect patient care and/or the effective and efficient operation of the Hospital and Medical Staff.

Section 11.5 Cumulative Effect

Provisions in these Bylaws and in application forms relating to authorizations, releases, confidentiality of information, and immunities from liability shall be in addition to other protections provided by local, state and federal law and not in limitation thereof.

ARTICLE XII

GENERAL PROVISIONS

Section 12.1 Medical Staff Rules, Regulations, and Policies

Subject to approval by the Board or its designee, the Medical Executive Committee shall adopt such Rules, Regulations and policies as may be necessary to carry out the responsibilities and functions of the Medical Staff and implement its operations. There shall be no substantive distinction between rules, regulations, and policies.

Section 12.2 Peer Review Body

The Medical Executive Committee, the Board, Medical Staff committees, or any group or body of Medical Staff members and/or Hospital personnel which monitors, evaluates, and/or takes action to review the credentials of Practitioners or to improve the delivery, quality, safety and/or efficiency of services provided by members of the Medical Staff and other Practitioners credentialed by Shore Medical Center shall be considered, for purposes of protecting confidential information and providing immunity from liability under applicable law, a Peer Review Body as defined under New Jersey law.

The files, records, findings, opinions, recommendations, evaluations, and reports of such committees and bodies, information provided to or obtained by such committees and bodies, and the identity of persons providing information to such committees or bodies, to the fullest extent permitted by law, shall be considered to be privileged and confidential information.

The members of such committees and bodies, persons acting as staff to such committees and bodies, persons who participate with or assist such committees or bodies, and such committees and bodies themselves, to the fullest extent permitted by law, shall be immune from liability for actions taken or recommendation made within the scope of the functions of the committee or body.

Section 12.3 Payment of Dues and Fees

12.3.1. All members of the Medical Staff are required to pay an initial and reappointment application fee. This fee may be waived for members of the Active Staff who, as determined by the MEC, fulfill responsibilities of this Staff, including serving on Emergency Room call, serving on committees, performing peer review and performance improvement activities and/or service on special task forces or hearing panels as appointed.

12.3.2. All members of the Medical Staff will be required to pay Medical Staff dues in an amount determined from time to time by the MEC and approved by the Board. Failure to pay Medical Staff dues will result in ineligibility for reappointment of membership or Privileges until all back dues owed are paid in full.

Section 12.4 Conflict of Interest

All members of the Medical Staff are expected to comply with any Conflict of Interest policies which may be adopted from time to time by the Medical Executive Committee or the Board.

Section 12.5 Joint Conference

Whenever the Board's proposed decision will be contrary to the MEC's recommendation, the Board shall submit the matter to a Joint Conference of an equal number of Medical Staff and Board members for review and recommendation before making its final decision and giving notice of final decision. Individuals participating in a Joint Conference will be appointed by the Medical Staff President and Chair of the Board. The MEC or the Board may also request the convening of a Joint Conference to discuss any matter of controversy or concern that would benefit from enhanced dialogue between Medical Staff and Board leaders.

Every other year a Joint Conference will be held to enable Medical Staff and Board representatives to discuss and establish a two-year budget for support of Medical Staff activities.

Section 12.6 Histories and Physicals

12.6.1. A complete history and physical examination ("H&P") must be completed and documented by a qualified Practitioner in accordance with State law and Hospital policy no more than thirty (30) days before or twenty-four (24) hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. Patients must be seen by the admitting/covering Physician or his physician designee within twenty-four (24) hours of admission.

12.6.2. If a complete history has been recorded and physical examination performed within thirty (30) days prior to the patient's registration or inpatient admission, an update documenting any changes in the patient's condition is completed within twenty-four (24) hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. A legible copy of these reports may be used in the patient's Hospital medical record in lieu of the admission history and report of the physical examination, provided these reports were recorded by a member of the Medical Staff and further provided that any changes in the patient condition are documented in the medical record at the time of admission. As appropriate, "I have re-

interviewed the patient and there are no changes to the history and I have re-examined the patient and there are no changes to the physical findings." On subsequent admissions for the same condition, within thirty (30) days of discharge, an interval admission note that includes all additions to the history and any subsequent changes in the physical findings found during in the reexamination may be used.

12.6.3. The medical history and physical must be validated and countersigned in accordance with Medical Staff policy.

12.6.4. When the H&P is not performed before an operation or any potentially hazardous diagnostic procedure, the procedure shall be canceled unless the attending Practitioner states in writing that such delay would be detrimental to the patient.

12.6.5. H&P reports for inpatients shall include the following information:

(a) Chief Complaint

(b) Details of Present illness

(c) Relevant Medical Social and Family Histories and Systems

(d) Inventory of Body Systems as appropriate to the reason for admission

(e) Physical Examination

(f) Conclusions or impressions drawn from the admission history and physical examination

(g) Statement on the course of action planned for the episode of care and its periodic review as appropriate.

12.6.6. H&P reports for outpatients shall include the following information:

(a) Chief Complaint

(b) Details of Present illness

(c) Relevant Medical Social and Family Histories and Systems

(d) Physical Examination

(e) Conclusions or impressions drawn from the admission history and physical examination

(f) Statement on the course of action planned for the episode of care and its periodic review as appropriate.

ARTICLE XIII

ADOPTION AND AMENDMENT OF MEDICAL STAFF GOVERNING DOCUMENTS

Section 13.1 Formulating and Reviewing Bylaws Amendments. The Medical Staff shall have the responsibility to formulate, review at least every thirty-six (36) months, and recommend to the Board any Medical Staff Bylaws, rules, regulations, policies, procedures, and amendments as needed, which shall be effective when approved by the Board. The Medical Staff can exercise this responsibility through its elected and

appointed leaders or through direct vote of its membership. Neither the Board nor the Medical Staff shall unilaterally amend the Medical Staff Bylaws.

Section 13.2 Methods of Adoption and Amendment to Bylaws, Corrective Action & Fair Hearing Manual and Medical Staff Credentials Manual. Proposed amendments to the Medical Staff Bylaws, the Corrective Action & Fair Hearing Manual and/or the Medical Staff Credentials Manual may be offered for consideration by any Medical Staff committee, member of the Active Medical Staff, clinical Department, or by the MEC. The Credentials Manual and the Corrective Action and Fair Hearing Plan are part of the Medical Staff Bylaws and all statements contained in these Medical Staff Bylaws regarding amendment, review, revision and effect of the Medical Staff Bylaws pertain to the Credentials Manual and the Corrective Action and Fair Hearing Manual regardless of any conflicting language to the contrary contained in such Credentials Manual and/or the Corrective Action and Fair Hearing Manual.

13.2.1. The MEC shall vote on proposed amendments at a regular meeting, or at a special meeting called for such purpose. Following an affirmative vote by the MEC, all Active members of the Medical Staff shall receive a description of the proposed amendment(s) by email. At least thirty (30) days following this dissemination of the description of the proposed amendment(s), all eligible members of the Medical Staff will be permitted to vote on the proposed amendment(s). This vote may be conducted via printed or electronic ballot in a manner determined by the MEC. Ballots marked in favor of amendment(s) or those that are not returned will be considered affirmative votes in support of the MEC recommendations for amendment(s). To be adopted, the proposed amendment(s) must be affirmed by a majority of the members of the Medical Staff in the Active category and the Board must subsequently ratify the amendment.

13.2.2. If the MEC does not vote affirmatively to present a proposed amendment for vote by the Medical Staff, individuals supporting the amendment can nevertheless request such a vote by presenting the President with a supportive petition signed by one-third (1/3) of the Active members of the Medical Staff. Upon receiving such a petition, the President will proceed to arrange a vote by the entire Active Medical Staff following the procedures above for an amendment proposal voted on affirmatively by the MEC.

13.2.3. In cases of documented need for an urgent bylaws amendment in order to comply with law or regulation, the MEC may provisionally adopt and the Board may provisionally approve such urgent amendment without prior notification of the medical staff. In such cases the Medical Staff will be immediately notified by the MEC and a Medical Staff vote on the amendment will be held as soon as practicable.

Section 13.3 Methods of Adoption and Amendment to, rules and regulations, policies and procedures.

13.3.1. All proposed amendments to Rules and Regulations, or Medical Staff policies and procedures, whether originated by members of the Medical Staff, MEC or another standing committee, must be reviewed and discussed by the MEC prior to an MEC vote.

13.3.2. The MEC shall vote on the proposed language changes at a regular meeting, or at a special meeting called for such purpose. Following an affirmative vote by the MEC, any of these documents may be adopted, amended or repealed, in whole or in part and such changes shall be effective when approved by the Board. The Medical Staff will be informed of all such changes.

Section 13.4 Technical/Legal Changes to Medical Staff Documents. The MEC may adopt such amendments to Medical Staff Bylaws, manuals, rules, regulations, and policies that are, in the committee's judgment, technical or legal modifications or clarifications, consist of reorganization or renumbering of material, or are needed due to punctuation, spelling, or other errors of grammar or expression. Such amendments must be ratified by the Board.