REVISED AND RESTATED
MEDICAL STAFF BYLAWS

OF

SEATTLE CANCER CARE ALLIANCE¹

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PREAMBLE

WHEREAS, the Seattle Cancer Care Alliance is a merger of the cancer programs of the Fred Hutchinson Cancer Research Center ("FHCRC"), UW Medicine and Seattle Children’s Hospital ("Seattle Children’s"); and

WHEREAS, the Seattle Cancer Care Alliance ("SCCA") has been established to further the broad teaching and research objectives in the health fields of the three parent institutions, including various schools, colleges and divisions of the University of Washington. The basic objective is to develop and sustain a program of patient care which will meet the requirements of SCCA, UW Medicine, Seattle Children’s and FHCRC faculty and students for teaching and research. The hospital constituting the SCCA includes twenty designated inpatient beds located on the 7th and 8th floors of the University of Washington Medical Center ("UWMC") (the "Inpatient Facility") and provider based outpatient hospital facilities designated by SCCA currently or in the future, that are included within the SCCA hospital license (the "Outpatient Facilities"). The Outpatient Facilities currently include the ambulatory sites located at South East Lake Union, the Evergreen Hospital campus and the Northwest Hospital campus, each an "Outpatient Facility". The Outpatient Facilities and Inpatient Facility are collectively referred to as the "Hospital". It is accepted as axiomatic that true excellence in teaching and research can be achieved only in an environment where the highest standards in the delivery of medical care are met. This requires that the first commitment in any relationship between health professionals and patients is to promote patient health and welfare, and that the academic functions of teaching and research are carried out consistent with that commitment. This concept shall govern the practice of medicine, dentistry and other disciplines of the medical staff at the Hospital; and

WHEREAS, it is recognized that the Medical Staff is responsible for the quality of medical care in the Hospital and must accept and discharge this responsibility in collaboration with colleagues in nursing, administration and other staff groups, subject to the ultimate authority of the SCCA Board of Directors (the "SCCA Board") and that the cooperative efforts of the Medical Staff and the SCCA Board are necessary to fulfill the Hospital’s obligations to its patients.

THEREFORE, the physicians, dentists and other practitioners practicing in this Hospital hereby organize themselves into a medical staff in conformity with these bylaws.
MEDICAL STAFF BYLAWS

Article 1
NAME

The name of this organization shall be the Medical Staff of the Seattle Cancer Care Alliance (hereinafter referred to as the “Medical Staff”).

Article 2
PURPOSE

The purposes of the staff organization shall be:

To provide that all patients admitted to or treated in the Hospital will receive the best possible care involving a sound application of the most advanced knowledge and skills in diagnosis and treatment.

To provide that continually improved patient safety is a priority for all patients admitted to or treated in the Hospital. This is demonstrated through the identification of improving patient safety as a primary objective of Medical Staff committees.

To provide a high level of professional performance of all practitioners authorized to practice in the Hospital through the appropriate delineation of the clinical privileges that each practitioner may exercise in the Hospital, through an ongoing review and evaluation of each physician’s, dentist’s and other allied health professionals’ performance in the Hospital and through efforts to assure one level of care in the Hospital.

To provide an appropriate educational setting that will maintain scientific standards and that will lead to the continuous advancement in professional knowledge and skill.

To provide an opportunity for students of the University of Washington to learn the diverse aspects of health care through the application of principles and procedures consistent with high academic standards of excellence.

To provide an opportunity for research by the Medical Staff consistent with the high standards of excellence in medical practice.

To act in accord with the compliance program (the “Compliance Program”) of the University of Washington Physicians, Seattle Children’s University Medical Group and the SCCA.

To provide a means whereby issues concerning the Medical Staff and SCCA Administration may be discussed by the Medical Staff with the SCCA Board.

To manage, oversee, and account for its members’ performance, compliance and conduct and be responsive to members’ departures from those standards.
Article 3

MEDICAL STAFF MEMBERSHIP

Section 3.1 Nature of Medical Staff Membership. Membership on the Medical Staff is a privilege, which shall be extended only to professionally competent physicians and dentists and other health professionals who continuously meet the qualifications, standards and requirements set forth in these Bylaws. Sex, sexual orientation, race, creed, national origin, or other protected status are not used in making decisions regarding the granting or denying of Medical Staff membership or clinical privileges.

Section 3.2 Qualifications for Membership. Only physicians and certain other health professionals licensed to practice in the State of Washington and listed in these Bylaws who meet the following criteria with sufficient adequacy to assure the Medical Executive Committee of SCCA and the SCCA Board (the “Board”) that any patient treated by them in the Hospital will be given a high quality of continuous medical care, as provided by the clinical privileges granted to them, and, as set forth in these Bylaws, shall be qualified for membership on the Medical Staff. As used in these Medical Staff Bylaws, the term “physician” is limited to the following individuals: (i) a doctor of medicine or osteopathy; (ii) a doctor of dental surgery or of dental medicine; and (iii) a doctor of podiatric medicine. Contract, consultant or administrative physicians involved in patient care will also be required to meet the same standards of care and will be credentialed in the same manner as other physicians and dentists on the Medical Staff.

A. Specific Qualifications. The criteria for full membership are:

1. Licensure in the State of Washington, if required, in the relevant area(s) of practice.

2. Completion and signature of a Medical Staff Application packet.

3. Appointment to the medical staff of the University of Washington Medical Center (unless specifically exempted from this requirement in these Bylaws) or for practitioners who are not physicians, faculty membership in one of the Health Sciences Schools of the University of Washington or at Seattle Children’s or employment by SCCA, the University of Washington, Seattle Children’s or FHCRC.

4. Documentation of appropriate education, training, experience and current competence.

5. Ability to confirm health status as it affects performance and that the medical staff member is capable of performing all of the mental and physical functions related to their specific clinical privileges.

6. Participation in continuing education.

7. Drug Enforcement Administration license, if required in the relevant area(s) of practice.
8. Maintenance of continuous, strict adherence to the Bylaws and the policies of the Medical Staff, and the bylaws and policies of SCCA, and the Principles of Medical Ethics of the American Medical Association, the Code of Ethics of the American Dental Association, and by such principles or ethics as may be applicable for other specific allied professionals (such as Ethical Standards of the American Psychological Association), and act in accord with the Compliance Program.

9. Maintenance of a good professional reputation and ability to work with others.

10. A signed release from liability covering all individuals for their acts performed in good faith, without malice and without negligence in connection with their review, investigation and evaluation of applications, credentials and qualifications.

11. For Physicians, board certification in the specialty or subspecialty within five years of completing residency or fellowship. Re-certification is required if established as a requirement by the specialty board. In special circumstances, (1) the SCCA Board or (2) the Executive Director upon recommendation of the SCCA Medical Director after comparable competence has been affirmatively established, may waive the board certification or re-certification requirement.

12. For Physician Assistants, Advanced Registered Nurse Practitioners, Certified Nurse Midwives, and Certified Registered Nurse Anesthetists, board certification by a national certifying organization. Recertification is required if established as a requirement by the specialty board. In special circumstances, the chair of the department may request a waiver of this requirement though a written request to the Medical Director.

13. All Active, Associate, Provisional, Adjunct and Complementary and Alternative Medicine staff members are required to have a HIPAA compliant e-mail account within the SCCA, UW, Seattle Children’s or FHCRC systems. Regular access to this account for the purpose of communication is required. Any notice required under these Bylaws will be deemed delivered if sent to this email address.

14. CME Requirements adopted by the State of Washington to maintain licensure must be fulfilled, provided that 20% of said CME shall be in the provider’s specialty or subspecialty.

15. Good standing and billing authority for (a) each faculty practice plan or other billing plan or mechanism provided through UW, FHCRC or Seattle Children’s and (b) each third-party or government payer program to which the Staff member belongs or participates. These requirements are not applicable to Adjunct and Complementary and Alternative Medicine staff members employed by SCCA.

Failure to maintain one or more general criteria may result in a lack of eligibility for Medical Staff membership, or result in suspension, reduction, restriction or termination of membership or privileges.
Section 3.3 No Entitlement to Appointment. No physician or other health professional shall be entitled to membership on the Medical Staff or be able to exercise particular clinical privileges at SCCA merely by virtue of the fact that he or she is duly licensed to practice medicine or dentistry or any other discipline in this or any other state, or that he or she is a member of any professional organization, or that he or she had in the past or presently has such privileges at another hospital.

Section 3.4 Membership Responsibilities. Acceptance of membership on the Medical Staff shall constitute a staff member’s agreement that:

1. He or she agrees to be governed by and will adhere to these Bylaws and the policies of the Medical Staff, and the bylaws and policies of SCCA as such now exist or may hereafter be amended.

2. He or she will strictly abide by the principles of Medical Ethics of the American Medical Association, the Code of Ethics of the American Dental Association, or by such principles or ethics as may be applicable for other specific allied professional personnel, such as the Ethical Standards of the American Psychological Association.

3. He or she shall adhere to the Compliance Program and all state and federal regulatory requirements governing federal health care programs, including participation in required compliance training.

4. He or she shall make known to the Medical Director any physical, emotional, behavioral or other changes in personal status that may affect the member’s capability to continue the provision of quality care, as well as observations of any other member’s change in status that appears to affect medical care quality.

5. He or she shall actively participate in the Medical Staff and Hospital quality improvement process when asked to do so by Medical Staff leadership, including the Executive Director, the SCCA Medical Director, an Associate Medical Director, a Service Medical Director and any Medical Staff Committee Chair.

6. He or she shall fulfill his or her obligation to provide continuous care and supervision of his or her patients, and to be responsible for the maintenance of clinical care for each patient treated unless care has been transferred to another provider, or the patient care relationship has been terminated in accordance with Hospital policies.

7. He or she will not discriminate against any person on the basis of race, color, national origin, disability, age, sex, sexual orientation, religion, health care provider conscience protections, or other protected status in admission to, participation in, or receipt of services at the Hospital.

Section 3.5 Conditions and Duration of Appointment.

A. Appointment and Reappointment. Initial appointment or reappointment to the Medical Staff shall be made by the SCCA Board, upon recommendation of the SCCA
Medical Director and the Medical Executive Committee. The Medical Executive Committee shall act upon appointments, reappointments or revocation of appointments.

B. **Consent to Inspection of Records.** Each applicant and appointee consents to the inspection of records and documents pertinent to his or her licensure, specific training, experience, current competence and health status as it affects the applicant’s or appointee’s performance and, if required, shall appear for an interview.

C. **Additional Information.** Each applicant and appointee agrees to provide all information reasonably necessary to evaluate the applicant’s or appointee’s professional competence. Each applicant and appointee shall immediately notify the SCCA Medical Director in writing of any criminal conviction or plea of no contest related to health care fraud, successful or pending challenges to licenses or voluntary relinquishment of licenses, any medical staff investigation, voluntary or involuntary termination of membership or voluntary or involuntary decrease of privileges at UWMC or Seattle Children’s and shall notify the Medical Director within thirty (30) days of voluntary or involuntary termination of membership or voluntary or involuntary decrease of privileges at another hospital and final professional liability judgments or settlements.

D. **Clinical Privileges.** Appointment to the Medical Staff shall confer on the appointee only such clinical privileges as have been recommended by the Medical Executive Committee and the SCCA Medical Director and authorized by the SCCA Board in accordance with these Bylaws.

E. **Applicant’s Acknowledgement.** Every application for Medical Staff appointment shall be signed by the applicant and shall contain the applicant’s specific acknowledgment to: (i) abide by the Medical Staff Bylaws and policies and SCCA bylaws and policies; (ii) accept committee assignments; (iii) accept consultation; (iv) provide continuous care and supervision of his or her patients, and (v) participate in the staffing of Hospital care units in accordance with his or her qualifications. The applicant must also submit a statement confirming that no health problems exist that could affect his or her performance and that the applicant is capable of performing all of the mental and physical functions related to their specific clinical privileges.

**Section 3.6 Grant of Immunity and Authorization to Obtain/Release Information.** The following statements, which are included on the application form and form a part of these Bylaws, are express conditions applicable to any Medical Staff applicant, any appointee to the Medical Staff, and all others having or seeking appointment, reappointment or clinical privileges at the Hospital. By applying for appointment, reappointment, or clinical privileges, the applicant or appointee expressly accepts these conditions during the processing and consideration of the application or appointment, whether or not appointment, reappointment or clinical privileges are granted. This acceptance also applies during the term of any appointment or reappointment.

A. **Immunity.** To the fullest extent permitted by law, the applicant or appointee releases from any and all liability, extends absolute immunity to, and agrees not to sue SCCA, its authorized representatives and appropriate third parties with respect to any acts,
communications or documents, recommendations or disclosures involving the applicant or appointee, concerning the following:

(i) applications for appointment or clinical privileges, including temporary privileges;
(ii) evaluations concerning reappointment or changes in clinical privileges;
(iii) proceedings for suspension or reduction of clinical privileges or for revocation of Medical Staff appointment, or any other disciplinary sanction, including precautionary suspension;
(iv) hearings and appellate reviews;
(v) medical care evaluations;
(vi) utilization reviews;
(vii) other activities relating to the quality of patient care or professional conduct, including any joint activities of SCCA, UWMC, Seattle Children’s or FHCRC;
(viii) matters or inquiries concerning the applicant’s or appointee’s professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics or behavior; and
(ix) any other matter that might directly or indirectly relate to the applicant’s or appointee’s competence to provide patient care or to the orderly operation of this or any other hospital or health-care facility.

B. Authorization to Obtain Information. The applicant or appointee specifically authorizes SCCA and its authorized representatives to consult with any third party who may have information bearing on the individual’s professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics and behavior or any other matter reasonably having a bearing on the applicant’s or appointee’s satisfaction of the criteria for initial and continued appointment to the Medical Staff or on the joint activities of SCCA, UWMC, Seattle Children’s or FHCRC. This authorization also covers the right to inspect or obtain any and all communications, reports, records, statements, documents, recommendations or disclosures of those third parties that may be relevant to such questions. The individual also specifically authorizes those third parties to release the information to SCCA and its authorized representatives upon request. The applicant or appointee shall sign any authorizations necessary for SCCA to obtain such information.

C. Authorization to Release Information. The applicant or appointee specifically authorizes SCCA and its authorized representatives to release information to other hospitals, health care facilities and their agents who solicit information for the purpose of evaluating the applicant’s or appointee’s professional qualifications pursuant to a request for
appointment or clinical privileges or for the joint activities of SCCA, UWMC, Seattle Children’s or FHCRC.

Section 3.7  Procedure for Leave of Absence.

A. Individuals appointed to the Medical Staff may, for good cause, be granted leaves of absence by the SCCA Board for a definitely stated period of time not to exceed one (1) year. Absence for longer than one (1) year constitutes voluntary resignation of Medical Staff appointment and clinical privileges unless an exception is made by the SCCA Board upon recommendation of the Medical Executive Committee.

B. Requests for leaves of absence must be made to the SCCA Medical Director and must state the beginning and ending dates of the requested leave. The SCCA Medical Director then transmits the request, together with a recommendation, to the Executive Director for action by the SCCA Board.

C. At the conclusion of the leave of absence, the individual may be reinstated upon filing a written statement with the SCCA Medical Director summarizing the professional activities undertaken during the leave of absence. The individual must also provide such other information as the Hospital requests at that time. All this information is considered by the Medical Executive Committee in arriving at a recommendation regarding reinstatement.

D. If the leave of absence was for medical reasons, then the member must submit a report from his or her attending physician indicating that the member is physically and mentally capable of resuming a hospital practice and exercising the clinical privileges requested. The member must also provide such other information as may be requested by the Hospital at that time. After considering all relevant information, the Medical Executive Committee must then make a recommendation to the SCCA Board for final action.

E. In acting upon the request for reinstatement, the SCCA Board may approve reinstatement either to the same or to a different staff category and may limit or modify the clinical privileges to be extended to the individual upon reinstatement.

Article 4
CATEGORIES OF MEDICAL STAFF

Section 4.1  The Medical Staff. The Medical Staff shall be divided into Active, Associate, Provisional, Courtesy, Consulting, Resident, Exempt, Adjunct, Honorary and Complementary and Alternative Medicine categories.

Section 4.2  The Active Staff. The Active Staff shall consist of those physicians who:

A. are members of the UWMC Medical Staff;

B. are licensed to practice in the State of Washington;
C. regularly admit patients to the Hospital or otherwise are regularly involved in the care of patients in the Hospital or demonstrate by way of other substantial involvement in the activities of the Medical Staff or Hospital a genuine concern and interest in the Hospital; and

D. meet such other requirements specified by the SCCA Board. Members of the Active Staff shall be eligible to vote, hold office and to serve on Medical Staff committees, and shall be required to attend Medical Staff meetings. Active Staff members may be members of the active staff of another facility.

Section 4.3 Associate Staff. Physicians who are members of the UWMC Medical Staff and are licensed to practice in the State of Washington, who do not qualify for membership on the Active Staff under Section 4.2 of these Bylaws but who may contribute significantly to teaching, research or patient care, and are members of the active staff of and hold clinical privileges at another accredited health care institution, may be appointed to Medical Staff as a member of the Associate Staff. Their appointments shall be regulated and their privileges restricted as set forth in these Bylaws. The Associate Staff may serve on committees and may vote in committee action but may not hold office or vote at Medical Staff Meetings.

Associate Staff members may not regularly treat patients at the Outpatient Facilities. SCCA admitting privileges for Associate Staff members may be restricted or limited based on the recommendations of the SCCA Medical Director or the Medical Executive Committee.

Section 4.4 Provisional Staff. Physicians licensed to practice in the State of Washington who are visiting professors or are serving a fellowship at the University of Washington or Seattle Children’s may be given the privilege of attending and caring for patients at the Hospital or its clinics as Provisional Staff for a limited and specified time period not to exceed two years as outlined in these Bylaws and whose privileges and activities shall be restricted as noted in these Bylaws. The Provisional Staff may not vote or hold office but they may be asked to serve on committees.

Provisional Staff members may not admit patients or act as a patient’s attending physician, and must practice within the limitations of their State of Washington licensure and the Medical Staff Bylaws. The duties and responsibilities will be those assigned to them by the SCCA Medical Director within the restrictions of these Bylaws, and who shall be solely responsible for their conduct during this period of temporary assignment. The grant of clinical privileges must be delivered in writing specifying the procedures the appointee is allowed to perform. Provisional Staff members may be granted privileges to regularly treat patients at the Outpatient Facilities.

Section 4.5 Courtesy Staff. Physicians licensed to practice in the State of Washington who meet generally applicable requirements for Active Staff appointment but who admit or care for only a limited number of patients at the Hospital or who only write orders but do not otherwise directly care for patients at one of the Outpatient Facilities may be appointed to the Courtesy Staff. Their appointments shall be regulated and their privileges restricted as set forth in these Bylaws. Each Courtesy Staff member’s duties and responsibilities will be assigned to him or her by the SCCA Medical Director within the restrictions of these Bylaws, and who shall be solely responsible for his or her conduct during this period of assignment. The grant of clinical privileges must be in writing and must set the procedures that the Courtesy Staff
appointee is allowed to perform. Courtesy staff shall not be eligible to hold office or vote at Medical Staff meetings. They may be asked to serve on committees. Courtesy Staff members who regularly admit or care for patients at the Hospital may be assigned to the Active Staff upon the recommendation of the Medical Executive Committee.

Section 4.6 Consulting Staff. Physicians who do not qualify for membership on the categories of Medical Staff set forth in Sections 4.2, 4.3 or 4.4 of these Bylaws but who may contribute significantly to teaching, research or patient care may be appointed to SCCA as a member of the Consulting Staff for a specified period of time. Consulting Staff must be licensed to practice in the State of Washington. Their appointments shall be regulated and their privileges restricted as set forth in these Bylaws. Consulting Staff members shall not have the privilege of caring for patients except indirectly as defined by the SCCA Medical Director and approved by the Board. His or her duties and responsibilities will be assigned to him or her by the SCCA Medical Director within the restrictions of these Bylaws, and who shall be solely responsible for his or her conduct during this period of assignment. The grant of clinical privileges must be in writing and must set procedures the consulting appointee is allowed to perform. The Consulting Staff may not vote, hold office or serve on committees.

Section 4.7 Research Staff. Physicians who do not qualify for membership on the categories of Medical Staff set forth in Sections 4.2, 4.3 or 4.4 of these Bylaws but who may contribute significantly to research related patient care may be appointed to SCCA as a member of the Research Staff. Research Staff privileges may be renewed. Research Staff appointments and renewals shall be for a specified period of time not to exceed two years. Research Staff member appointments shall be regulated and their privileges restricted as set forth in these Bylaws. Research Staff members’ privileges shall be limited to research-related clinical care for specific research protocols and subject to the practice restrictions imposed by the SCCA Medical Director. The appointee must be licensed to practice in the State of Washington. His or her duties and responsibilities will be assigned to him or her by the SCCA Medical Director within the restrictions of these Bylaws, and who shall be solely responsible for his or her conduct during this period of assignment. The grant of clinical privileges must be in writing and must set the procedures that the Research Staff appointee is allowed to perform. Research Staff members shall not be allowed to bill third party payers for clinical care provided at SCCA and may be compensated for the clinical services provided at SCCA only with research funds. The Research Staff may not vote, hold office or serve on committees. The Research Staff are not required to hold medical staff appointment or clinical privileges at UWMC.

Section 4.8 Exempt Staff. Physicians who are not licensed in the State of Washington but are licensed to practice in another state or territory in which the physician resides may be given privileges of assisting with or observing their own or SCCA patients, for a period not to exceed thirty calendar days, provided that such practitioners shall not open an office or appoint a place of meeting patients or receiving calls within the State. (RCW 18.71.030.) The Exempt Staff may not vote, hold office or serve on committees.

Exempt Staff member privileges shall be governed by the Temporary Privilege process set forth in Section 6.2. His or her duties and responsibilities and privileges will be assigned to him or her by the SCCA Medical Director recommending his or her appointment within the restrictions of these Bylaws and who will be solely responsible for his or her conduct and actions during this
period of assignment. The SCCA Medical Director shall provide written documentation of what procedures the Exempt Staff appointee is allowed to perform and this information needs to be filed in the appointee’s credentials file.

Section 4.9 Honorary Staff. The Honorary Staff shall consist of those physicians who have been members of the Active Staff and are no longer active on a continuing basis in teaching, research and/or patient care programs. The Honorary Staff may not vote or hold office but may serve on committees.

Section 4.10 Resident Staff. The Resident Staff shall consist of residents and fellows of the University of Washington School of Medicine and Seattle Children’s or other educational programs accessed through University of Washington School of Medicine or Seattle Children’s who have an M.D., D.O., D.M.D. or D.D.S. degree or equivalent. Residents are not appointed to SCCA professional staff. They shall be responsible to their attending physician and the SCCA Medical Director at all times and for all clinical activities, and shall be supervised at all times in carrying out their patient care responsibilities by an attending physician or dentist having privileges at SCCA, who shall have final responsibility, at all times, for the quality of care and clinical activities of the Resident Staff. The Resident Staff may not vote, hold office or serve on committees. Resident Staff members are not granted clinical privileges. Evaluation of a resident’s knowledge, skills and overall performance takes place on a regular basis. SCCA requires all residents to be licensed in the State of Washington. A resident’s job description can be found in the Graduate Medical Education Office at the University of Washington School of Medicine.

Section 4.11 Adjunct Staff. An Adjunct Staff member is an individual at the faculty level with professional education and training who does not possess a medical or dental degree and consequently is not eligible for one of the other categories of Medical Staff membership, but who performs functions of value and importance in the care of patients, the teaching of students, or in related research programs at SCCA. Qualifications and privileges of the several categories of Adjunct Staff member shall be defined by the Medical Executive Committee on an individual basis on the recommendation of the SCCA Medical Director and the staff member concerned, subject to the review and confirmation of the Board. Categories of adjunct staff shall include Advanced Registered Nurse Practitioners, Audiologists, Certified Nurse Midwives, Certified Registered Nurse Anesthetists, Microbiologist and other Ph.D. level laboratory personnel, Optometrists, Pharmacists, Physician Assistants, Psychologists, and other categories that may be added in the future. Adjunct Staff members must practice within the limitations of their State License and these Medical Staff Bylaws. Adjunct Staff shall practice under the supervision of a duly appointed Medical Staff physician and owe their professional responsibility to that member of the organized Medical Staff. Their appointments shall be regulated and their privileges restricted as set forth in these Bylaws.

Adjunct Staff members may not admit patients or act as a patient’s attending physician, and must practice within the limitations of their State of Washington licensure and the Medical Staff Bylaws. Adjunct Staff members may be granted privileges to regularly treat patients at the Outpatient Facilities.
A. **Supervision of Adjunct Staff.** Unless the SCCA Board has made a specific exception, Adjunct Staff shall practice medicine only under the supervision and control of a duly appointed Medical Staff physician who shall be legally responsible for every action of that Adjunct Staff member. Such supervision and control shall not be construed to necessarily require the personal presence of the supervising physician or physicians at the place where services are rendered.

In special circumstances, upon recommendation of the SCCA Medical Executive Committee, the SCCA Board may, in its sole discretion, exempt specific practitioners or specific categories of practitioners from the supervision requirements. Such exemptions will only be made for those Adjunct Staff permitted within the State of Washington to provide services without the direct or immediate supervision of a physician and will be subject to any conditions or limitations imposed by the Board.

Section 4.12 **Complementary and Alternative Medical Staff.** A Complementary and Alternative Medical Staff (CAM) member is an individual who is not eligible for one of the other categories of Medical Staff membership, but who performs functions of value and importance in the care of patients under the supervision of a physician Medical Staff member. Qualifications and privileges of the several categories of Complementary and Alternative Medicine Staff member shall be defined by the Medical Executive Committee on an individual basis on the recommendation of the SCCA Medical Director and the staff member concerned. Categories of complementary and alternative medicine include acupuncture, chiropractic, massage therapy, naturopathy and other therapies as designated in SCCA’s CAM policy. A CAM member may be licensed or not licensed according to state law; however, all CAM providers for whom Washington State licensure is available shall be required to be licensed. Such providers are subject to the same policies as Medical Staff members. The attending physician or the SCCA Medical Director retains the right to not approve the provision of CAM therapy or to discontinue its use consistent with quality patient care. For all complementary and alternative medical care, SCCA’s CAM policy shall be followed, which includes use of a “Consent to Assume Risk” form to be signed by the patient and supervising attending physician and a “Provider Release” signed by the CAM provider. If a supervising attending physician or dentist is not available to assess a patient’s request for complementary or alternative medicine, the SCCA Medical Director may appoint one.

Complementary and Alternative Medicine members may not admit patients or act as the patient’s attending physician. They must practice within the limitations of their State of Washington licensure, if applicable, and the Bylaws of the Medical Staff. Complementary and Alternative Medicine members may be granted privileges to regularly treat patients at the Outpatient Facilities. All Complementary and Alternative Medicine members shall be under the supervision of a duly appointed Medical Staff physician and owe their professional responsibility to that member of the organized Medical Staff.

**Article 5**

**PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT**

Section 5.1 **General Requirements and Process for Appointment of Medical Staff.**
A. Applications. Applications for appointment to the Medical Staff shall be in writing, shall be signed by the applicant and shall be submitted on a prescribed form to the UW Medicine Office of Medical Staff Affairs (“OMSA”), and, if applicable, submitted with the applicant’s application for appointment to the UWMC medical staff. All applications will include documentation that the National Practitioner Data Bank was queried and a summary of all pertinent findings. Incomplete applications will not be processed. Until notice is received from the OMSA regarding final action on an application for appointment, reappointment or new clinical privileges, the applicant shall have an ongoing obligation to keep the application current and complete by informing OMSA in writing of any change in the information provided or new information that might reasonably have an affect on the applicant’s candidacy.

B. Burden of Providing Information on Applicant. The applicant shall have the burden of providing adequate information concerning the applicant’s current licensure, including successful or pending challenges to licenses or voluntary relinquishments, voluntary or involuntary termination of membership or voluntary or involuntary decrease of privileges at another hospital, relevant training, current competence, professional liability judgments or settlements, character, ethics, confirmed health status (which may require the applicant to submit to a physical or mental exam), and other qualifications, and for resolving any doubt of any such qualifications. Pertinent information provided by the applicant will be verified with primary sources or the American Medical Association before the application will be deemed complete.

C. Applicant’s Acknowledgements. By signing the application for appointment or reappointment to the Medical Staff, each applicant thereby signifies that he or she has read and understands and agrees to be bound by the bylaws and all applicable policies of the Medical Staff and SCCA, including, but not limited to, Section 3.6 of these Bylaws. The applicant also specifically acknowledges that the Medical Executive Committee may rely on information provided by UWMС’s Medical Staff Administrative Committee (“MSAC”), OMSA, and other entities when making its recommendation.

D. Term of Initial Appointment. Initial appointments and reappointments are for periods of 24 months, except where otherwise limited in these Bylaws or where a shorter period is set by the SCCA Board upon the recommendation of the Medical Director and the Medical Executive Committee.

E. Appointment of Salaried Physicians for Administrative or Medico-Administrative Purpose. A Medical Staff member employed for administrative or medico-administrative purposes shall be subject to the Medical Staff Bylaws and policies as they relate to his or her Medical Staff appointment. Termination of employment or appointment shall not affect the other unless it is agreed in advance that they are mutually dependent and this agreement is documented in an agreement signed by the Medical Staff member and SCCA.

Section 5.2 Appointment Process.

A. UWMC Medical Staff Credentials Committee Report and Recommendation. Within ninety (90) days after receipt of a completed application for membership and verification of information about the applicant’s licensure, specific training, experience, current competence, peer recommendations, current challenges to any licensure or
registration, termination, reduction or loss of medical staff memberships, confirmed health status and professional liability actions, the UWMC Credentials Committee (which when referred to in these Bylaws shall include any successor committee) shall make a written report of its investigation to the SCCA Medical Executive Committee, including any limitations on privileges to admit or treat patients at the Inpatient Facility. Prior to making this report, the UWMC Credentials Committee shall also examine evidence of character, professional competence, qualifications and ethical standing of the applicant, and shall determine, through information contained in peer references and from other sources available to the committee, whether the applicant has established and meets all the necessary qualifications for the category of staff membership and the clinical privileges requested by him or her. The UWMC Credentials Committee shall set forth specific written recommendations for delineating the applicant’s clinical privileges at the Inpatient Facility and these recommendations shall be made a part of the report. Together with its report, the UWMC Credentials Committee shall transmit to the Medical Executive Committee the completed application and a recommendation that the practitioner be either appointed to the Medical Staff or rejected from Medical Staff membership, or that the application be deferred for further consideration. Any deferred application must be reconsidered within ninety (90) days with a recommendation for appointment or non-appointment. All recommendations for appointment must also specifically recommend the Inpatient Facility clinical privileges to be granted, which may be qualified by probationary conditions relating to such clinical privileges.

B. Service Medical Director/Academic Chair Procedure. The Medical Director or Academic Chair of each Service in which the practitioner seeks clinical privileges must provide the Medical Executive Committee with a written report concerning the practitioner’s qualifications for appointment and requested clinical privileges. As part of the process of making this report, the Service Medical Director/Academic Chair has the right to meet with the applicant to discuss any aspect of the application, qualifications, and requested clinical privileges. The Service Medical Director/Academic Chair, or the individual within the Service to which the Service Medical Director/Academic Chair has assigned this responsibility, evaluates the applicant’s education, training, and experience and may make inquiries to the applicant’s past or current service or department chair(s), residency training director, and others who may have knowledge about the applicant’s education, training, experience, and ability to work with others. The Service Medical Director/Academic Chair must be available to the Medical Executive Committee to answer any questions that may be raised with respect to that Service Medical Director’s report and findings. Where required by these Bylaws, the SCCA Medical Director shall make a recommendation in place of the Service Medical Director/Academic Chair.

C. Medical Executive Committee Report and Recommendation. Within thirty (30) days after receipt of the UWMC Credentials Committee report and the applicable Service Medical Director/Academic Chair/SCCA Medical Director reports, the Medical Executive Committee shall review the practitioner’s application and qualifications and the recommendation of the UWMC Credentials Committee and the applicable Service Medical Director/Academic Chair/SCCA Medical Director, and shall make a written recommendation to the SCCA Board regarding the applicant’s membership, including any limitations on privileges to admit or treat patients at the Hospital. The Medical Executive Committee shall set forth specific written recommendations for delineating the applicant’s clinical privileges at both the Outpatient Facilities and the Inpatient Facility. Together with its recommendation, the Medical
Executive Committee shall transmit to the SCCA Board the completed application and a recommendation that the applicant be either appointed to the Medical Staff or rejected from Medical Staff membership, or that the application be deferred for further consideration. Any deferred application must be reconsidered within 90 days with a recommendation for appointment or non-appointment. All recommendations for appointment must also specifically recommend the clinical privileges to be granted, which may be qualified by probationary conditions relating to such clinical privileges. A separate permanent record will be maintained for each individual requesting Medical Staff membership. The recommendation of the Medical Executive Committee may differ from the recommendation of the UWMC Credentials Committee and the Service Medical Director/Academic Chair/SCCA Medical Director.

D. Favorable Recommendation of the Medical Executive Committee. When the recommendation of the Medical Executive Committee is favorable to the applicant, the Committee shall promptly forward the recommendation, together with support documentation, to the SCCA Board to be acted upon at the next regular meeting. The SCCA Board’s decision with respect to appointment or rejection shall be final. Appointments are not final until the applicant receives written notification from the Medical Director that privileges have been granted.

E. Adverse Recommendation of the Medical Executive Committee. When the recommendation of the Medical Executive Committee is adverse to the applicant, either in respect to the appointment or his or her clinical privileges, the Committee shall notify the SCCA Medical Director. The SCCA Medical Director shall promptly notify the applicant by certified mail, return receipt requested. Such notice shall include a statement of the grounds for such adverse action and otherwise conform to the notice requirements in Section 8.3 of these Bylaws. No such adverse recommendation shall be forwarded to the SCCA Board until after the applicant has exercised or has been deemed to have waived his or her right to a hearing as provided in this Article.

F. Right to a Hearing Upon Adverse Recommendation of the Medical Executive Committee. When the recommendation of the Medical Executive Committee is adverse to the applicant, the applicant shall have the right to a hearing as established in Article 8 of these Bylaws.

Section 5.3 Reappointment Process.

A. Initiation of the Reappointment Process. Unless otherwise limited by these Bylaws or by the Board of Directors, reappointments are for two (2) years and shall coincide with the UWMC reappointment process. At least ninety (90) days prior to the expiration of a Medical Staff member’s current term of appointment or reappointment, the member shall complete a reappointment application form and submit the same to SCCA.

B. Basis for Reappointment. Each recommendation concerning the reappointment of a Medical Staff member and the clinical privileges to be granted upon such reappointment shall be based upon such member’s current professional competence and clinical judgment in the treatment of his or her patients; his or her confirmed health status; successful or pending challenges to licenses or voluntary relinquishment of licenses, voluntary or involuntary termination of membership, or voluntary or involuntary decrease of privileges at any hospital;
review of final judgments or settlements; review of participation in continuing education; his or her ethics and conduct; his or her Medical Staff affairs; his or her compliance with the Medical Staff Bylaws and policies, and Compliance Program, and the Bylaws and policies of SCCA; his or her cooperation with SCCA personnel; his or her use of SCCA facilities for his or her patients; his or her relations with other physicians, or other adjunct staff members; his or her general attitude toward patients, SCCA and the public; and the findings from quality improvement activities, including individual physician profiles from queries to the National Practitioner Data Bank. Board certification is required in the specialty or subspecialty within five years of completing residency or fellowship, unless the practitioner is otherwise exempted from such requirements by: (1) the SCCA Board or (2) the Executive Director upon recommendation of the SCCA Medical Director after comparable competence has been affirmatively established. When applicable, recertification is required if established as a requirement of the specialty board.

C. **UWMC Credentials Committee Recommendation.** At least sixty days prior to the two year anniversary of the previous appointment or reappointment date, as applicable, the UWMC Credentials Committee shall make written recommendations to the Medical Executive Committee concerning the reappointment, non-reappointment and/or Inpatient Facility clinical privileges of each Medical Staff member scheduled for reappointment. The reasons for such recommendations shall be stated and documented.

D. **Service Medical Director/Academic Chair Procedure.** At least sixty days prior to the two year anniversary of the previous appointment or reappointment date, as applicable, the Service Medical Director/Academic Chair in which the practitioner seeks clinical privileges must provide the Medical Executive Committee with a written report concerning the practitioner’s qualifications for reappointment and requested clinical privileges. As part of the process of making this report, the Service Medical Director/Academic Chair has the right to meet with the applicant to discuss any aspect of the application, qualifications, and requested clinical privileges. The Service Medical Director/Academic Chair, or the individual within the Service to which the Service Medical Director/Academic Chair has assigned this responsibility, evaluates the applicant’s education, training, and experience and may make inquiries to the applicant’s past or current service or department chair(s), residency training director, and others who may have knowledge about the applicant’s education, training, experience, and ability to work with others. The Service Medical Director/Academic Chair must be available to the Medical Executive Committee to answer any questions that may be raised with respect to that Service Medical Director/Academic Chair’s report and findings.

E. **Medical Executive Committee Recommendation.** Within thirty days of receipt of the UWMC Credentials Committee recommendation and the Service Medical Director/Academic Chair recommendations, the Medical Executive Committee shall review the UWMC Credentials Committee recommendation and the Service Medical Director/Academic Chair recommendations and shall make written recommendations to the SCCA Board concerning the reappointment, non-reappointment and/or Inpatient Facility and Outpatient Facilities clinical privileges of each Medical Staff member scheduled for reappointment. The reasons for such recommendations shall be stated and documented. Thereafter, the procedures set forth in Section 5.10.C through 5.10.F shall apply.
Section 5.4  **Change in Category.**  Upon the request of the affected Medical Staff member and recommendation of the SCCA Medical Director, the SCCA Board may appoint the Medical Staff member to any different category of Medical Staff for which the practitioner qualifies.

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**Article 6**

**CLINICAL PRIVILEGES**

Section 6.1  **Clinical Privileges Restricted.**

A. **General.** Each Medical Staff member practicing at SCCA shall, in connection with such practice, be entitled to exercise only those clinical privileges specifically granted to him or her by the SCCA Board on recommendation of the Medical Executive Committee unless otherwise provided in these Bylaws. Except in those circumstances enumerated in Section 6.4 of these Bylaws, patient care may be rendered only under the direction of or by members of the Medical Staff. Unless specifically provided in these Bylaws, only physicians who are members of the Active Staff may regularly treat patients at the Outpatient Facilities.

B. **Request for Initial Clinical Privileges.** Every initial application for Medical Staff appointment must contain a request for the specific clinical privileges desired by the applicant. The evaluation of such requests shall be based upon the applicant’s education, training, confirmed health status, experience, demonstrated current competence, references, and other relevant information. The applicant shall have the burden of establishing his or her qualifications and competency for the clinical privileges that he or she requests. Applications for initial clinical privileges shall be processed in the same manner as applications for initial appointment.

C. **Application for Additional Clinical Privileges.** Applications for additional clinical privileges must be in writing and must be submitted on a prescribed form on which the type of clinical privileges desired and the applicant’s relevant recent training and/or experience must be stated. Such applications will be processed in the same manner as applications for initial appointment.

D. **Increase in or Renewal of Clinical Privileges.** Every determination for reappointment will include a redetermination of clinical privileges. Applications for redetermination of clinical privileges shall be processed in the same manner as applications for reappointment. In addition, periodic redetermination of clinical privileges and the increase or curtailment of same shall be based upon the direct observation of care provided, review of the records of patients treated in this and/or other hospitals, review of the records of the Medical Staff which document the evaluation of the member’s participation in the delivery of medical care, all information available from the National Practitioner Data Bank regarding malpractice settlements or judgments or alterations in privileges, and from quality assessment and improvement information. Medical Staff members are required to report involvement in any professional liability action.
E. Appeal Rights. Any applicant denied clinical privileges shall have the right to a hearing as established by Article 8 of these Bylaws.

Section 6.2 Temporary Privileges.

A. Obtaining Temporary Privileges. Requests for temporary privileges shall be in writing and shall be approved by the SCCA Executive Director or his or her designee. Temporary privileges are not routinely granted to applicants. Requirements include but are not limited to the following:

1. Valid verification from primary source of a valid Washington State license, education, training, experience, ability to perform, and current clinical competence.

2. The results of a National Practitioner Data Bank query are to be obtained and evaluated.

3. The applicant can have no current or previously successful challenges to licensure or registration, nor have been subject to involuntary termination of medical staff membership at another organization, nor have been subject to involuntary limitation, reduction, denial, or loss of clinical privileges at any organization.

4. Proof of professional liability coverage, a completed clinical privileges request form, Washington State Patrol check form, and immunization history form are required and must be attached to the application.

B. Basis for Granting. Temporary privileges may be granted on a case by case basis when an applicant for Medical Staff membership or privileges is waiting for review and recommendation by the Medical Executive Committee and approval by the SCCA Board or the Board Committee.

C. Duration. Temporary privileges for practitioners undergoing the procedure for appointment or reappoint may be granted for a period of time not to exceed 120 days. Any extension(s) of temporary privileges shall be at the discretion of the SCCA Medical Director, and shall not exceed 45 days. This process, at the discretion of the SCCA Medical Director, may be repeated.

D. Exercising Temporary Privileges. In exercising temporary privileges, the applicant shall act under the supervision of the SCCA Medical Director, who shall be solely responsible for his or her conduct and professional activities on the Medical Staff.

E. Special Requirements. The SCCA Medical Director may impose special requirements of supervision and reporting on any physician granted temporary privileges, or during the initial appointment period.

F. Termination. The SCCA Executive Director may at any time terminate a physician’s or other practitioner’s temporary privileges. Where it is determined that the life or health of any SCCA patient(s) would be endangered by continued treatment by the practitioner, then termination may be imposed by the SCCA Executive Director and the same shall be
immediately effective. In such cases, the SCCA Medical Director or, in his or her absence, a
designee, shall assign a member of the Medical Staff to assume responsibility for the care of
those patient(s) previously under the care of the terminated physician until such time as they are
discharged from SCCA. The wishes of the patient(s) shall be considered, where feasible, in the
selection of such substitute practitioner.

G. Temporary Clinical Privileges for Non-Affiliated Practitioners. A
practitioner does not need to be a member of the UWMC medical staff or a member of the
faculty of the University of Washington to obtain temporary privileges.

H. Insurance Requirements. Practitioners seeking temporary privileges are
required to carry professional liability insurance with limits of at least $1,000,000/$3,000,000,
unless higher limits are specified by the SCCA Board. Certificates of insurance must be
provided. Coverage in the amounts set forth herein under the UW liability coverage program
maintained pursuant to RCW 28B.20.250, .253, and .255 shall be deemed to satisfy the
requirements for professional liability coverage.

Section 6.3 Short-Term Temporary Privileges. Medical professionals who do not plan
to join the SCCA Medical Staff but who wish to assist or provide temporary coverage for an
SCCA Medical Staff member or whose assistance is needed to meet an important patient care
need may, at the discretion of the SCCA Medical Director, be assigned short-term temporary
privileges. Short-term temporary privileges may be granted for an initial period of time not to
exceed six months. Extension(s) of short-term temporary privileges shall be at six-month
intervals. Practitioners with short-term temporary privileges shall be supervised at all times in
carrying out their patient care responsibilities by an attending physician having privileges at
SCCA. All provisions of Section 6.2 of these Bylaws that do not directly conflict with the
provisions of this Section 6.3 shall apply to short-term temporary privileges.

Section 6.4 Emergency Privileges. In the case of emergency, any member of the
Medical Staff shall be permitted and assisted to do everything possible to save the life of a
patient, using every facility of SCCA necessary, including the calling for any consultation
necessary or desirable. When an emergency situation no longer exists, such member must
request the privileges necessary to continue to treat the patient. In the event such privileges are
denied or he or she does not desire to request privileges, the patient shall be assigned by the
SCCA Medical Director to an appropriate member of the Medical Staff. For the purpose of this
Section, an “emergency” is defined as a condition in which serious permanent harm would result
to a patient or in which the life of a patient is in immediate danger and any delay in
administering treatment would add to that danger.

Section 6.5 Disaster Privileges.

A. During a disaster in which the SCCA or UWMC hospital-wide emergency
management plan or disaster plan has been activated and the SCCA is not able to meet
immediate patient needs, the Executive Director or the SCCA Medical Director or their
designee(s) may grant emergency disaster privileges, at his/her discretion, on a case-by-case
basis, to any qualified licensed independent practitioner who is needed to supplement or
substitute for a Medical Staff member.
B. The Executive Director or SCCA Medical Director or their designee(s) may grant disaster privileges upon presentation of a valid picture identification issued by a state, federal, or regulatory agency (e.g., driver’s license or passport) and at least one of the following:

1. A current photo ID card from a hospital that identifies the individual’s professional designation.

2. A current license to practice or primary source verification of licensure.

3. Identification indicating that the practitioner is a member of a Disaster Medical Assistance Team, a Medical Reserve Corps unit, Emergency System for Advance Registration of Volunteer Health Professionals program, or other recognized state or federal organizations or groups.

4. Identification indicating that the practitioner has been granted authority by a federal, state or municipal entity to render patient care in emergency disaster circumstances.

5. Presentation by current Hospital or Medical Staff Member(s) with personal knowledge of the practitioner’s identity and ability to act as a licensed independent practitioner during a disaster.

C. Upon approval, the practitioner shall be issued appropriate identification to allow SCCA staff to readily identify the practitioner as holding disaster privileges, and shall be assigned to a Medical Staff member, in the same specialty if possible, with whom to collaborate in the care of disaster victims. Collaboration may include direct observation, mentoring, review of clinical records, or any other method of oversight appropriate under the circumstances and approved by the person granting the disaster privileges.

D. Verification of information required for granting disaster privileges will be considered a high priority and completed as soon as possible after the immediate situation is under control and, absent extraordinary circumstances, no later than 72 hours after the volunteer practitioner has been granted disaster privileges. The verification process shall be completed in the same manner as for practitioners requesting temporary privileges.

E. Disaster privileges shall terminate when the emergency or disaster situation no longer exists or when Medical Staff members can adequately provide care. Disaster privileges shall also immediately terminate if the verification process described in Section 6.5D results in negative information about the qualifications of the practitioner.

F. A practitioner requesting or granted disaster privileges shall be entitled only to the rights set forth in this Section 6.5 and not to any of the other rights established in these Bylaws, including any hearing rights.

Section 6.6 Observational Privileges. The Executive Director, the SCCA Medical Director or a Service Medical Director may request observational privileges for any individual for a defined period of time not to exceed one year. The purpose of the privileges is to promote
educational goals of familiarization with patient care. Individuals with observational privileges must be sponsored and continually supervised by a medical staff member who takes responsibility for ensuring that the observer maintains Hospital standards of privacy and confidentiality. Observational privileges are requested in writing and are approved by the Executive Director after consultation with the SCCA Medical Director.

Section 6.7 Automatic Expiration of Clinical Privileges Without Prejudice. Clinical privileges automatically expire when:

A. A member of the Medical Staff does not apply for reappointment;

B. The Medical Staff member is required to be a member of the faculty of the University of Washington, FHCRC or Seattle Children’s and such membership ends or is terminated;

C. The Medical Staff member no longer holds clinical privileges at UWMC;

D. The Medical Staff member is required to be employed by SCCA, the University of Washington, FHCRC or Seattle Children’s and such employment terminates; or

E. The Medical Staff member is required to participate in the faculty practice plan and such participation ends or is terminated.

The expiration of privileges, under these circumstances, occurs without prejudice, and is not an appealable action and no hearing or other form of review is provided under these Bylaws.

Article 7

APPOINTMENT, REAPPOINTMENT AND CLINICAL PRIVILEGES DECISIONS APPROPRIATE FOR DELEGATION TO A COMMITTEE OF THE SCCA BOARD

Section 7.1 Expedited Appointment, Reappointment and Clinical Privilege Decisions. Any request for appointment, reappointment or clinical privileges that requires approval of the SCCA Board may be approved by a committee of the SCCA Board (the “Board Committee”), except requests excluded by Section 7.2.

Section 7.2 Exceptions to Expedited Procedure. The Board Committee should evaluate on a case-by-case basis whether a request for appointment, reappointment or request for clinical privileges qualifies for the expedited process set forth in this Article 7.

A. The following shall be excluded from the expedited process set forth in this Article 7:

1. the application seeking appointment, reappointment or clinical privileges is incomplete; or

2. the Medical Executive Committee’s final recommendation is adverse or contains limitations.
B. Any request that falls into one of the following categories should usually result in ineligibility for the expedited process set forth in this Article 7:

1. there is a current challenge or a previously successful challenge to the licensure or registration of the applicant;

2. the applicant’s medical staff membership at another institution has been involuntarily terminated;

3. the applicant’s clinical privileges have been involuntarily limited, reduced, denied, or terminated at SCCA or another facility; or

4. there has been an unusual pattern or an excessive number of final judgments adverse to the applicant in a professional liability action.

Section 7.3 Ratification by the SCCA Board. The SCCA Board shall consider and, if appropriate, ratify all positive decisions of the Board Committee made pursuant to this Article 7.

Section 7.4 Adverse Determination. If the decision of the Board Committee is adverse to the applicant, the matter shall be referred back to the Medical Executive Committee for further evaluation and subsequent recommendation.

Section 7.5 All Other Provisions Applicable. All other provisions and requirements for appointment or reappointment and requests for clinical privileges shall apply to applicants whose appointment, reappointment or clinical privileges are reviewed by the Board Committee pursuant to this Article 7.

Section 7.6 Manner of Action. There are two manners of action:

A. Action at Board Committee Meeting. The action of a majority of the members present at a meeting is the action of the Board Committee.

B. Action Without a Meeting. In lieu of a meeting, any member of the Board Committee may call for a written or e-mail ballot. Consent by all the members of the Board Committee is required to constitute the action. The consent shall be in writing, shall set forth the action so taken, and shall be signed by all members of the Board Committee. Such consent shall have the same force and effect as a unanimous vote.

Article 8
CORRECTIVE ACTION AND HEARINGS

Section 8.1 Corrective Action.

A. General. The Medical Staff strives to maintain a professional environment of cooperation and life-long learning. All processes and procedures under this Article are intended to further the quality of health care at SCCA. To that end, issues of professional conduct and competence will be addressed through collegial intervention whenever possible.
The Medical Staff also strives to identify and manage matters of individual Medical Staff health and provide assistance and rehabilitation separate from the Medical Staff disciplinary function.

B. Request for Corrective Actions. Corrective action against a Medical Staff member may be requested by any member of the Medical Staff, the SCCA Medical Director, the SCCA Executive Director or any member of the SCCA Board whenever the activities or professional conduct of any Medical Staff member with clinical privileges are or are reasonably probable of being:

1. Lower than the professional standards expected of the Medical Staff;
2. Disruptive to SCCA operations;
3. Detrimental to patient safety;
4. Illegal, unethical or in conflict with the Compliance Program;
5. In violation of the Medical Staff Bylaws or policies or the Compliance Program, or SCCA’s Bylaws or policies;
6. Beyond the bounds of privileges recommended by the Medical Executive Committee and approved by the Board; or
7. Indicative of the inability to meet the emotional, physical, or behavioral requirements of the position.

All requests for corrective action shall be in writing, shall be addressed to the SCCA Medical Director and shall be supported by reference to the specific activity or conduct which constitutes the grounds for the request. In appropriate circumstances, persons making requests for investigation or corrective action may be informed of the outcome of their request.

C. Investigation. Whenever the requested action could result in a reduction, suspension, or revocation of clinical privileges or suspension or termination of Medical Staff membership, the SCCA Medical Director shall forward such request to the SCCA Executive Director. Upon receipt of a request for corrective action, the SCCA Medical Director shall make sufficient inquiry to satisfy himself or herself that the request is credible, after which the request shall be transmitted to the practitioner against whom the corrective action is requested. After receipt of a credible request for corrective action, the SCCA Medical Director may recommend to the Executive Director that: (i) the request for corrective action be denied, (ii) a letter of warning, admonition, censure or reprimand be issued; (iii) the matter be forwarded to the Medical Executive Committee for investigation; or (iv) a practitioner suspension be imposed. The Executive Director shall consider the recommendation of the SCCA Medical Director and confirm the recommendation or decide to take any of the other actions identified. If the request is forwarded to the Medical Executive Committee and if, based upon the facts known at the time, the Medical Executive Committee believes the request for corrective action to be warranted, the Medical Executive Committee shall appoint an ad hoc committee of at least three (3) persons to investigate the matter. The ad hoc committee shall be made up of Medical Staff members who
have not participated in the initiation of the matter. The ad hoc committee shall invite by written notice the affected practitioner to appear before it at a given time and place to discuss, explain or refute the charges of the corrective action request. The proceedings of the ad hoc committee shall be informal. Professional practice evaluation, whether focused or ongoing and other forms of evaluation not sanctioned as an investigation by the Medical Executive Committee pursuant to this section of the Medical Staff Bylaws are not considered investigations, are not subject to the requirements of an investigation, and do not entitle the Practitioner to any rights under the Medical Staff Bylaws applicable to investigations.

D. Investigation Report. Within sixty (60) days following its appointment, the ad hoc committee shall submit a report on its investigation to the Medical Executive Committee. The SCCA Medical Director may, in his or her sole discretion, extend the date that the ad hoc committee’s report is due. The report shall contain a concise statement of specific acts with which the affected practitioner is charged and the specific grounds upon which the recommended adverse action is based, as well as specific recommendations of the ad hoc committee regarding the request for corrective action.

E. Recommendation. Based upon the report of the ad hoc committee, within thirty (30) days following receipt of the ad hoc committee’s report, the Medical Executive Committee shall notify in writing both the party making the request and the affected practitioner of its decision whether or not to proceed with the request for corrective action. The action of the Medical Executive Committee may be to reject or deny a request for corrective action, issue a letter of warning or a letter of reprimand, impose terms of probation, monitoring or a general consultation requirement (i.e., the individual must obtain a consultation but need not reach agreement with the consulting physician before treatment is pursued) or to recommend reduction, suspension, or revocation of clinical privileges or suspension or termination of Medical Staff membership or further investigation.

Section 8.2 Right to Hearing. If the corrective action recommended by the Medical Executive Committee or the credentialing or privileging action recommended by the Medical Executive Committee involves a denial, reduction, suspension, or revocation of clinical privileges or suspension or termination of Medical Staff membership for more than thirty (30) days due to concerns of competence or professional conduct, the affected practitioner shall be entitled to a hearing as provided in this Article 8 prior to the Medical Executive Committee forwarding its recommendation to the SCCA Board for final action. However, the following shall not entitle a practitioner to a hearing or review under these Bylaws:

A. the issuance of a letter of warning, admonition, censure or reprimand;
B. the denial, termination or reduction of temporary or disaster privileges;
C. the reduction or suspension of clinical privileges for less than 30 days;
D. the imposition of probation, monitoring or a requirement of consultation other than mandatory concurring consultation;
E. automatic relinquishment of clinical privileges under these Bylaws;
F. a requirement for additional training or continuing education; or

G. any action, event, or recommendation not explicitly provided with hearing or review rights under these Bylaws.

Section 8.3 Notice of Right to Hearing. When a practitioner has a right to a hearing under these Bylaws, written notice of the right to a hearing shall be given to the affected practitioner. The notice shall: (1) contain a concise statement of the recommendation and the general reasons for it; (2) advise the affected staff member of his or her right to a hearing pursuant to the provisions of Article 8 of the Bylaws; (3) specify the number of days following the date of receipt of notice within which a request for a hearing must be submitted by the affected staff member, which shall not be less than thirty (30) days from the date the notice is received; (4) state that failure to request a hearing within the specified time period shall constitute a waiver of rights to a hearing and to an appellate review of the matter; (5) state that upon receipt of his or her written request the affected practitioner will be notified of the date, time and place of the hearing; and (6) provide a summary of the affected practitioner’s rights to a hearing. The notice shall be by certified mail, return receipt requested.

Section 8.4 Hearing Request. The affected practitioner may request a hearing within thirty (30) days of receipt of notice. Such request shall be made in writing to the SCCA Medical Director and shall indicate whether the affected practitioner will be represented by counsel. Failure by the affected practitioner to request such a hearing within this time period shall constitute a waiver by the practitioner of all rights to such hearing and to any further review of the matter to which he or she might otherwise have been entitled, and the Medical Executive Committee shall proceed to make its determinations and recommendations regarding the matter.

A. An affected practitioner may waive an evidentiary hearing and instead submit to the Medical Executive Committee a written statement and other documents in opposition or response to the potential action. Such waiver and a statement of intent to proceed on the basis of written statement and other documents must be submitted to the SCCA Medical Director within thirty (30) days of the date of the notice of the potential action. All provisions of Article 8 that do not relate to preparation for or conducting an evidentiary hearing shall apply in cases where a hearing has been waived.

B. The Medical Executive Committee may determine that a hearing will not be held if the affected practitioner has requested a hearing under the UWMC medical staff bylaws based upon the same or substantially similar conduct that gave rise to the practitioner’s right to a hearing under these Bylaws. In such cases, the ad hoc hearing committee will make its determination based upon the record from the UWMC hearing. All provisions of Article 8 that do not relate to preparation for or conducting an evidentiary hearing shall apply. If the matter is resolved at UWMC before the UWMC hearing is complete, then Medical Executive Committee may decide that a hearing is necessary and shall notify the affected practitioner of its decision.

Section 8.5 Hearing Procedures. If an evidentiary hearing is requested pursuant to Section 8.4, the following procedures will apply:
A. After receipt of a timely request for a hearing, the SCCA Medical Director shall schedule and arrange for a hearing and notify the affected practitioner of the time, place and date the hearing is to be held. This notice shall also include a list of the witnesses (if any) expected to testify at the hearing on behalf of the Medical Executive Committee. The notice shall be by certified mail, return receipt requested. The hearing date shall be scheduled at least thirty (30) days from the date of receipt of the request for hearing; provided, however, that a hearing for an affected practitioner who is under Precautionary Suspension shall be held within thirty (30) days from the date of the receipt of the request for hearing unless more time, up to an additional twenty (20) days, is requested by the affected practitioner or the Medical Executive Committee.

B. The hearing shall be conducted by the ad hoc committee of at least three (3) members of the Medical Staff appointed by the Medical Executive Committee; provided, however, that a Medical Staff member who has actively participated in the investigation of the request for adverse action or is in direct economic competition with the affected practitioner shall not be appointed to the ad hoc committee. Alternatively, the Medical Director may appoint a hearing officer to conduct the hearing independently, without a hearing committee, and the hearing officer shall exercise all the powers and perform all the duties of a hearing committee acting pursuant to these Bylaws.

C. An accurate record of the hearing shall be kept in a manner established by the ad hoc committee. Copies and reproductions of the record of the hearing shall be made available to the affected practitioner upon his or her request and upon payment of any reasonable charges associated with the preparation thereof.

D. The presence of the affected practitioner shall be required, and any member who so fails without good cause to appear and proceed at such hearing shall be deemed to have waived his or her right to the hearing and appellate review.

E. The affected practitioner shall be entitled to be accompanied by a representative. The Medical Executive Committee shall appoint an individual to represent it at the hearing and to present the facts upon which the request for corrective action was based and to examine witnesses. SCCA legal counsel may serve as the representative and the attorney(s) advising the Medical Director, the Medical Executive Committee, the ad hoc committee, the hearing officer and the SCCA Board. Any time period specified under this Section may be extended or modified by the agreement of the affected practitioner and the Medical Executive Committee or upon the order of the hearing panel.

Section 8.6 Scope of Hearing.

A. The hearing shall include testimony from all interested parties, including but not limited to other Medical Staff members.

B. The hearing shall afford both the affected practitioner and the Medical Executive Committee the right to call and examine witnesses, introduce exhibits and cross-examine any witness on matters relevant to the proceeding.
C. The ad hoc committee shall not be bound by the rules of evidence and may consider any type of evidence which it deems relevant to the issues before it and may exclude incompetent, irrelevant, and repetitious evidence.

D. The affected practitioner may submit a written statement at the close of the hearing.

E. Within fifteen (15) days following the conclusion of the hearing, the ad hoc committee/hearing officer that conducted the hearing shall make specific written determinations and recommendations, including a statement of the basis for the recommendations, which shall be forwarded to the Medical Executive Committee.

F. Within fifteen (15) days of receipt of the ad hoc committee/hearing officer report, the Medical Executive Committee shall, in writing, make specific determinations and recommendations, including a statement of the basis for the recommendations, which shall be forwarded to the SCCA Board and the affected practitioner, personally or by certified mail, return receipt requested whenever possible. The Medical Executive Committee is not bound by the decision or recommendations of the ad hoc committee/hearing officer.

Section 8.7 Burden of Proof. The affected practitioner shall have the burden of proving by clear and convincing evidence that the adverse recommendations or actions that led to the hearing are arbitrary, unreasonable or capricious.

Section 8.8 Appeals to the SCCA Board.

A. Request for Appellate Review. Within ten (10) days after mailing of notice to an affected practitioner of an adverse recommendation or decision subsequent to a hearing as above provided, the practitioner may, by written notice to the SCCA Board Chair delivered through the SCCA Medical Director, request an appellate review of the matter by the SCCA Board.

B. Waiver. If such appellate review is not requested within this time period, the affected practitioner shall be deemed to have waived his or her rights to any further review of consideration of the matter, and the recommendations of the Medical Executive Committee ad hoc committee shall become effective immediately subject to such review and approval by the SCCA Board.

C. Date and Place of Review. If a timely request for SCCA Board review is made by the affected practitioner, the SCCA Board shall schedule a date for such review, including time and place, and shall, through the Chair of the SCCA Board, by certified mail, return receipt requested whenever possible, notify the affected practitioner. The date of the SCCA Board’s review shall not be less than fifteen (15) days or more than ninety (90) days from the date of receipt of the request for review, except that when the affected practitioner is under summary suspension, the review shall be scheduled as soon as reasonably possible.

D. Access to Information. The affected practitioner shall have access to material favorable or unfavorable that was considered in making the adverse recommendation against him or her by the ad hoc committee and/or the Medical Executive Committee.
Section 8.9 Scope of the Appellate Review. The review by the SCCA Board shall be based upon the record. The SCCA Board may, at its own discretion, allow the parties or their representatives to personally appear and make oral statements before them. Any party or representative so appearing shall be required to answer questions from the SCCA Board. The SCCA Board, in reviewing the matter, shall have all the powers granted to the Medical Executive Committee in this Article, and such additional powers as are reasonably appropriate to the discharge of their responsibility. The affected practitioner shall have the burden of proving that the decision of the Medical Executive Committee was arbitrary, unreasonable or capricious.

The SCCA Board shall affirm, modify or reverse the determinations and recommendations of the Medical Executive Committee. The SCCA Board may also refer the issue back to the Medical Executive Committee for further review and recommendation, such referral to take place within the same time period set forth in Section 8.8.C. A referral of the matter back to the Medical Executive Committee may include a request by the SCCA Board that the committee arrange for further hearings to resolve specified disputed issues.

Section 8.10 Final Decision by the SCCA Board. Within thirty days after the conclusion of its review, the SCCA Board shall make its final decision in the matter and shall send notice thereof to the affected practitioner by certified mail, return receipt requested. Notice shall also be provided to the SCCA Medical Director. Except when the SCCA Board refers the matter for further review, the final decision of the Board shall be immediately effective and final and shall not be subject to further appeal by the affected practitioner.

Section 8.11 Reports. In accordance with Health Care Quality Improvement Act, National Practitioner Data Bank, state licensing and other relevant regulatory requirements, the SCCA reports both temporary and final actions.

Section 8.12 Exceptions to Hearing Rights.

A. Closed Staff or Exclusive Use Departments. The hearing rights of these Bylaws do not apply to an applicant or Medical Staff member whose application for Medical Staff membership and privileges was denied or whose Medical Staff membership and privileges are terminated on the basis that the privileges sought or held are granted only pursuant to a closed staff or exclusive use policy or the requirement that all members of the Medical Staff be affiliated with UWMC, Seattle Children’s or FHCRC.

B. Employees and Medico-Administrative Officers. The hearing rights of these Bylaws do not apply to practitioners who are serving the Hospital in a medico-administrative capacity or who are otherwise employed by SCCA. Removal from office or termination of employment of such individuals shall be governed by the terms of their individual contracts and agreements with SCCA. However, the hearing rights of these Bylaws shall apply to the extent that Medical Staff membership status or clinical privileges, which are independent of the practitioner’s contract or terms of employment, are also removed or suspended, unless the contract or terms of employment provide otherwise.
C. **Change in Medical Staff Category.** The hearing rights of these Bylaws do not apply to Medical Staff members whose clinical privileges are terminated or reduced due to a change in Medical Staff category.

D. **Honorary Staff.** The hearing rights of these Bylaws do not apply to the Honorary Staff.

E. **Interns and Residents.** The hearing rights of these Bylaws do not apply to the Resident Staff.

F. **Automatic or Administrative Suspension.** The hearing rights of these Bylaws do not apply in instances of Automatic Suspension as identified in Section 8.14 or Administrative Suspension as identified in Section 8.15 of these Bylaws.

Section 8.13 **Precautionary Suspension.** In cases where the activities or professional conduct of any Medical Staff member with clinical privileges, whether at SCCA or any other facility, are judged by the Executive Director, the SCCA Medical Director, the Medical Executive Committee, or the Board to be manifestly detrimental to patient safety and well being, temporary suspension or reduction of clinical privileges will be imposed. In cases where the activities or professional conduct of any Medical Staff member with clinical privileges, whether at SCCA or any other facility, are judged by the Executive Director, the SCCA Medical Director, the Medical Executive Committee, or the Board to be disruptive or in violation of the Compliance Program, temporary suspension or reduction of clinical privileges may be imposed. This will be communicated in writing by the SCCA Medical Director to the Medical Staff member. This temporary order does not eliminate the process of investigation, hearing and appeal described previously in Article 8 but is designed to help ensure patient safety and effective medical care at the Hospital. Such suspensions may be reviewed by the Medical Executive Committee and the SCCA Board. The duration of such temporary suspensions or reductions may not exceed 30 days without review by the Medical Executive Committee.

Substance abuse and impairment of a Medical Staff member’s performance will be managed as a medical/behavioral illness. The substance abuse policy described in the Medical Staff Policies and Procedures will provide guidance for detecting and dealing with physician, dentist, or adjunct staff member’s impairment.

Medical Staff member’s behavior that is disruptive to the operation of the Medical Center, affects the ability of others to do their jobs, or, interferes with others’ ability to practice competently will not be tolerated and will be evaluated and managed using the Medical Staff policy or policies addressing disruptive behavior.

Section 8.14 **Automatic Suspension.**

A. **Failure to Complete Medical Records.** The clinical privileges of any individual are deemed to be automatically relinquished for failure to complete medical records in accordance with the Bylaws and policies after notification of the delinquency. The relinquishment continues until all the records of the individual’s patients are no longer delinquent and the Executive Director formally reinstates the member’s clinical privileges. Failure to complete the medical records that caused relinquishment of clinical privileges within
sixty (60) days from the relinquishment of those privileges constitutes an automatic relinquishment of all clinical privileges and resignation from the Medical Staff.

B. Failure to Provide Requested Information. If at any time a member fails to provide required information pursuant to a formal request by the Medical Executive Committee, the Executive Director, or the SCCA Board, the member’s clinical privileges are automatically relinquished until the required information is provided to the satisfaction of the requesting party. For purposes of this Section, “required information” refers to (1) physical or mental examinations as specified elsewhere in the Bylaws; (2) information necessary to explain an investigation, professional review action, or resignation from another facility or agency; or (3) information pertaining to professional liability actions involving the member.

C. Criminal Activity. Any Medical Staff member who has been convicted of any felony involving violations of law pertaining to controlled substances, illegal drugs, or Medicare, Medicaid or other federally-funded healthcare program, or insurance fraud or abuse, or any member who pleads guilty or nolo contendere to charges pertaining to the same, automatically relinquishes his or her Medical Staff appointment and all clinical privileges.

Any Medical Staff member who has been convicted of any misdemeanor involving violations of law pertaining to controlled substances, illegal drugs, or Medicare, Medicaid or other federally-funded healthcare program, or insurance fraud or abuse, or any member who pleads guilty or nolo contendere to charges pertaining to the same, automatically relinquishes his or her Medical Staff appointment and all clinical privileges, pending a review and a decision by the Executive Director and/or the Medical Director. Depending upon the seriousness of the misdemeanor, the Executive Director and/or the Medical Director may, at their discretion, reinstitute clinical privileges.

Section 8.15 Administrative Suspension.

A. State or Federal Sanctions or Restrictions. The SCCA Executive Director, upon recommendation of the SCCA Medical Director, may immediately suspend the clinical privileges of any Medical Staff member or practitioner who has an imposition of sanctions or any other penalty or restriction under the Medicare or Medicaid programs or the Compliance Program or any behavior that might lead to such actions until the matter is completely resolved.

B. Other SCCA Administrative Decisions. The SCCA Executive Director, upon recommendation of the SCCA Medical Director, may immediately suspend or terminate the Medical Staff appointment and all clinical privileges of any Medical Staff member or practitioner for other SCCA administrative considerations, including, but not necessarily limited to, lack of available positions, facilities, or support personnel to safely provide patient care.

C. Review. Any member against whom action has been taken pursuant to this Section 8.15 shall be entitled to meet with the SCCA Executive Director and the SCCA Medical Director to discuss the matter, but shall not be entitled to a hearing. If the member is dissatisfied with the result of the meeting with the SCCA Executive Director and the SCCA Medical Director, a request may be made for review by the Medical Executive Committee,
which will recommend to the SCCA Board where the matter will be considered for a final decision.

**Article 9**
**OFFICERS**

Section 9.1  **Officers of SCCA Medical Staff.** The SCCA Executive Director shall be the sole officer of the Medical Staff.

Section 9.2  **Qualifications of Officers.** The Executive Director must be a member of the Active Staff.

Section 9.3  **Term of Office and Removal.** The Executive Director shall serve until removed by the SCCA Board.

Section 9.4  **Executive Director’s Duties with Respect to the Medical Staff.** The Executive Director shall serve as the Chief Administrative Officer of the Medical Staff and shall:

A. Act in coordination and cooperation with SCCA Administration and the SCCA Board in all matters of mutual concern within SCCA.

B. Call, preside at and, in consultation with the SCCA Medical Director, be responsible for the agenda of all general meetings of the Medical Staff.

C. Be responsible for the enforcement of Medical Staff Bylaws and policies, for implementation of sanctions where these are indicated, and for the Medical Staff’s compliance with the procedural safeguards in all instances where corrective action has been requested against a Medical Staff member.

D. Attend SCCA Board meetings and represent the views, policies, needs and grievances of the Medical Staff to the SCCA Board.

E. Receive and interpret the policies of the SCCA Board to the Medical Staff and report to the SCCA Board on the performance and maintenance of quality with respect to the Medical Staff delegated responsibility to provide medical care.

Section 9.5  **Absence of Executive Director.** In the absence of the Executive Director, the SCCA Medical Director shall perform the duties set forth in this Article.

**Article 10**
**MEDICAL STAFF SERVICES**

Section 10.1  **Organization of Services.** The Medical Staff has Services, each of which is organized as a separate component of the Medical Staff and has a Medical Director whose selection and responsibilities are set forth in Section 10.5. The Medical Executive Committee
shall designate each Service and may authorize the creation, elimination, modification or combination of Services.

Section 10.2 Assignment to Services. After considering the recommendations of the Service Medical Directors, the Medical Executive Committee assigns each member to at least one Service consistent with the clinical privileges granted.

Section 10.3 Service Functions. To carry out its responsibility, each Service:

A. reviews the credentials of all applicants for clinical privileges in the Service and makes recommendations for membership and delineation of clinical privileges in compliance with the Bylaws;

B. reviews all Medical Staff members before their reappointment, noting all information available, including, but not limited to, their physical and mental health, clinical privileges, participation in continuing education programs, performance improvement and utilization review activities, license, and liability insurance. Following that review, the Service makes recommendations to the Medical Executive Committee for reappointment to the Medical Staff and the granting of clinical privileges;

C. cooperates with the Medical Executive Committee and the Hospital’s performance improvement staff in the preparation and evaluation of data used to assess the quality of care rendered by practitioners and staff of the Hospital;

D. conducts, participates in and makes recommendations regarding continuing education programs pertinent to Service clinical practice;

E. takes appropriate action when important problems in patient care or opportunities to improve care are identified;

F. formulates recommendations for Service rules and regulations that are reasonably necessary for the proper discharge of its responsibilities, subject to the Medical Executive Committee’s approval;

G. accounts to the Medical Executive Committee for all Medical Staff administrative activities within the Service;

H. facilitates the coordination of care, treatment, and services among the practitioners involved in a patient’s care, treatment and service; and

I. assures that quality care is provided and monitored and that outcomes are evaluated by reasonably appropriate review and evaluates the effectiveness of actions taken relating to patient care and clinical performance. All documentation and discussions regarding this review process must be conducted to fulfill the intent of and obtain the protection afforded by all applicable governmental statutes, laws, rules and regulations including Chapter 71.40 RCW and RCW 4.24.250 and 18.72.265, and their updates. These reviews must be conducted at least quarterly.
Section 10.4 Meetings. Services must hold meetings and mandate attendance in accordance with their own established policies and procedures for meeting frequency and attendance.

Section 10.5 Service Medical Directors. Each Service is headed by a Medical Director, appointed by the SCCA Medical Director, with approval of the Executive Director, who is responsible for the overall supervision of the Service and who reports to the Medical Executive Committee.

A. Qualifications. Each Medical Director must be board-certified or have equivalent experience, be a member of the Active Staff, and be qualified by training, experience, demonstrated ability and willingness for the position. The Service Medical Director must remain a member of the Active Staff in good standing during the term of office. Failure to perform the duties of the office, suspension or revocation of Medical Staff appointment, or conviction of a criminal felony offense will immediately create a vacancy in that office.

B. Removal. The SCCA Medical Director or the Executive Director may remove a Service Medical Director during his or her term of office, with or without cause.

C. Duties. Each Service Medical Director has the following authority and responsibilities, which he or she may delegate to a qualified member of the Service:

1. act as presiding officer at Service meetings;

2. supervise all professional and administrative activities within the Service, including ensuring that effective supervision of trainees occurs, and report appropriately to the SCCA Medical Executive Committee;

3. exercise a performance improvement function by monitoring and reviewing the professional performance of all practitioners with clinical privileges in the Service and by developing criteria and attendant studies of medical care, and report regularly thereon to the Medical Executive Committee through the minutes of Service meetings. The Service Medical Director or designee is responsible for reviewing patient records for the purpose of evaluating quality care;

4. be a member of the Medical Executive Committee, providing guidance on the Hospital’s overall medical policies and making specific recommendations and suggestions regarding his or her own Service in order to assure quality patient care;

5. submit to the Medical Executive Committee the Service’s recommendations concerning membership appointment and classification, reappointment, criteria for clinical privileges, monitoring of specified services, and corrective action with respect to persons with clinical privileges in his or her Service;

6. enforce the Bylaws within the Service, including initiating corrective action, reviewing clinical performance, and ordering consultations when necessary;
7. implement actions taken by the Medical Executive Committee within the Service;

8. cooperate with the nursing service and the Hospital administration in Service matters such as personnel, space, supplies, special regulations, standing orders and techniques;

9. assist in budget planning relating to the Service as may be required by the Medical Executive Committee or the SCCA Board;

10. recommend to the Medical Executive Committee off-site sources for needed patient care not provided by the Hospital;

11. work with the other Service Medical Directors to ensure that a medical staff member who is a doctor of medicine or osteopathy is on duty at the Clinic or on call at all times;

12. for services that dispense ionizing radiation in patient care, ensure that a qualified radiologist supervises all ionizing radiation services; and

13. perform other duties commensurate with the office as the Executive Director, the Medical Executive Committee or the Board from time to time reasonably requests.

Section 10.6 Associate Medical Director. The SCCA Medical Director may appoint Associate Medical Directors with approval of the Executive Director. Associate Medical Directors must meet the qualifications and shall have the duties of a Service Medical Director set forth in Section 10.5 of these Bylaws and such other duties and responsibilities as proscribed by the SCCA Medical Director or Executive Director. Associate Medical Directors may be removed in the same manner as Service Medical Directors.

Section 10.7 Manner of Action. There are two manners of action:

A. Action at Service Meeting. The action of a majority of the members present at a meeting is the action of a Service.

B. Action Without a Meeting. In lieu of a meeting, the Service Medical Director may call for a written or e-mail ballot. A majority vote of the members on the Service constitutes the action.

Section 10.8 Minutes. Minutes of each regular and special meeting of a Service must be prepared and shall include a record of member attendance and the outcome of the vote taken on each matter. The minutes must be signed by the Service Medical Director and copies made available to the members. Copies must be forwarded to the Medical Executive Committee as appropriate. Each Service must maintain a permanent file of the minutes of each meeting.
Article 11
COMMITTEES

Section 11.1  Designation. The Standing Committees of the Medical Staff shall include the Medical Executive Committee and such other committees as are designated from time to time by the Medical Executive Committee. Special or ad hoc committees may also be created by the Medical Executive Committee to perform specified tasks. All such committees shall be responsible to and report to the Medical Executive Committee.

Section 11.2  General Provisions.

A.  Authority. Whenever these Bylaws require that a function be performed by, or that a report or recommendation be submitted to a named committee, but no such committee exists, the Medical Executive Committee shall: (1) perform such function; (2) receive such report or recommendation; or (3) assign the functions of such named committee to a new or existing committee of the Medical Staff. When a standing or special committee has been formed to perform such functions, the committee so formed shall act in accordance with its delegated authority.

B.  Elections of Committee Members. Elected members of a committee shall be elected by mail ballot, e-mail ballot, or by vote at Medical Staff Meetings. Candidates receiving the majority shall be elected. If there are three or more candidates and no candidate receives a majority, there shall be successive balloting such that the name receiving the fewest votes is eliminated from each successive slate until a majority vote is obtained by one candidate. Only members of the Active Staff shall be eligible to vote.

C.  Nominations. Nominations for elected members of a committee shall be made by a nominating committee, which shall offer one or more nominees for each position. The nominating committee shall consist of up to five members of the Active Staff appointed by the Executive Director. Nominations may also be made by petition signed by at least ten members of the Active Staff and filed with the Executive Director at least five (5) days prior to the time of election.

D.  Appointment. Unless otherwise specified, the chair and members of all committees shall be appointed by, and may be removed by, the Executive Director, subject to the approval of the Medical Executive Committee.

E.  Terms of the Committee Member. Unless otherwise specified, the term of a committee member who is elected by the Medical Staff or who is appointed by the Executive Director shall be for two years, unless the member shall sooner resign or be removed from the committee. Committee members may serve successive terms.

F.  Removal. Unless otherwise specified, if an elected member of a committee ceases to be a member in good standing of the Active Staff, suffers a loss or significant limitation of clinical privileges, or if any other good cause exists, that member may be removed by the Medical Executive Committee. The removal of any committee member who is automatically assigned to a committee by virtue of being an officer or other official shall be governed by the provisions pertaining to removal of those individuals.
G. **Vacancies.** Unless otherwise specifically provided, vacancies on any committee shall be filled in the same manner as set forth for original appointment to the committee.

H. **Quorum.** Unless otherwise specifically provided, the presence of a majority of the total membership of a committee at any regular or special meeting of the committee shall constitute a quorum for purposes of committee action. Members of a committee may attend any committee meeting by telephone conference.

I. **Manner of Action.** There are two manners of action:

1. **Action at Committee Meeting.** The action of a majority of the members present at a meeting is the action of a Committee.

2. **Action Without a Meeting.** In lieu of a meeting, any member of a Committee may call for a written or e-mail ballot. A majority vote of the members on the Committee constitutes the action.

J. **Privilege.** All deliberations, discussions, information reported and received, and actions taken by any committee of the Medical Staff, when the same involves issues of quality of care or peer review, shall be maintained and recorded in accordance with RCW chapter 70.41, RCW 4.24.250 and RCW 18.71.0195 and their updates.

Section 11.3 **Medical Executive Committee.**

A. **Composition.** The Medical Executive Committee includes:

1. the SCCA Medical Director;

2. the Medical Director of each Service;

3. each Associate Medical Director;

4. the SCCA Nurse Executive; and

5. the Executive Director or his or her designee, who serve ex-officio.

At all times, the majority of voting Medical Executive Committee members must be fully licensed doctors of medicine or osteopathy actively practicing at SCCA.

B. **Chair.** The SCCA Medical Director shall serve as the Chair of the Medical Executive Committee and shall designate an alternate to act as chair in the SCCA Medical Director’s absence or who shall chair any Medical Executive Committee meeting at the SCCA Medical Director’s request. The Chair of the Medical Executive Committee or his/her designee shall attend all Board meetings on behalf of the Medical Executive Committee.

C. **Duties.** The Medical Executive Committee’s duties are to:
1. represent and act on behalf of the Medical Staff between meetings of the Medical Staff;

2. coordinate the activities and general policies of the Medical Staff;

3. receive and act upon committee reports;

4. implement policies of the Medical Staff;

5. provide a liaison between the Medical Staff and SCCA Administration;

6. make recommendations to the SCCA Board on management matters such as long-range planning;

7. ensure that the Medical Staff is kept abreast of any accreditation program in which SCCA participates and is informed of SCCA’s accreditation status;

8. fulfill the Medical Staff’s accountability to the SCCA Board for the medical care of patients;

9. conduct or coordinate credentials and clinical privileges investigations for the Medical Staff;

10. review all applicants to the Medical Staff and make recommendations for Medical Staff membership and delineation of clinical privileges;

11. ensure that information regarding each member of the Medical Staff’s clinical privileges is disseminated as changes in clinical privileges for each member of the Medical Staff are made;

12. take all reasonable steps to ensure professionally ethical conduct and competent clinical performance for all Medical Staff members with clinical privileges;

13. implement a process to identify matters of practitioner health;

14. ensure participation of the Medical Staff in the Hospital’s performance improvement plan;

15. make recommendations regarding the mechanism by which Medical Staff membership may be terminated and the process for fair hearings;

16. receive and act on reports and recommendations of other Medical Staff committees;

17. conduct such other functions as are necessary for the effective operation of the Medical Staff;

18. report at each Medical Staff meeting;
19. regularly report to the SCCA Board on the Medical Staff’s activities;

20. provide oversight for written policies and procedures governing care provided in the Hospital and the Clinic, including appraisal of emergencies, initial treatment, and referral of patients when needed; and

21. provide oversight in the process of analyzing and improving patient satisfaction, and the education of patients, families, and caregivers.

D. Meetings. The Medical Executive Committee meets as often as necessary to fulfill its responsibilities, but no less than quarterly, and maintains a permanent record of its proceedings and actions. Special Medical Executive Committee meetings may be called at any time by the SCCA Medical Director. The Medical Executive Committee shall maintain all of the committee’s peer review/performance improvement documentation in accordance with Chapter 70.41 RCW, RCW 4.24.250 and 18.71.0195.

E. Staff Functions. Provision will be made in these Bylaws or by resolution of the Medical Executive Committee, approved by the SCCA Board, for the effective performance of the Medical Staff functions specified in these Bylaws and of such other staff functions as the Medical Executive Committee or SCCA Board reasonably requires. These functions include:

1. monitor, evaluate, and improve care provided in the Hospital and develop clinical policy for special-care areas and patient care support services;

2. conduct or coordinate quality, appropriateness, and improvement activities, including invasive procedures, blood usage, drug usage reviews, medical record, and other reviews;

3. conduct or coordinate utilization review activities;

4. provide continuing education opportunities responsive to quality assessment/performance improvement activities, new state-of-the-art developments, and other perceived needs, and supervise the Hospital’s professional library services;

5. assist in the development and maintenance of surveillance over drug utilization policies and practices and use of blood and blood components;

6. assist in the investigation and control of nosocomial infections and monitor the Hospital’s infection control program;

7. assist with planning for response to fire and other disasters, for SCCA growth and development, and for the provision of services required to meet the needs of the community;
8. direct staff organizational activities, including review and revision of these Bylaws, officer and committee nominations, liaison with the SCCA Board and SCCA administration, and review and maintenance of Hospital accreditation;

9. coordinate the care provided by the Medical Staff with the care provided by the nursing service and with the activities of other SCCA patient care and administrative services; and

10. engage in other functions reasonably requested by the Medical Executive Committee and the SCCA Board.

Article 12
HOSPITAL MEDICAL STAFF MEETINGS

Section 12.1 Regular Meetings. Regular meetings of the Medical Staff shall be held annually. All regular meetings shall be held at such day and hour as the Executive Director shall designate.

Section 12.2 Special Meetings.

A. Calling Special Meetings. The Executive Director, the Medical Executive Committee, or the SCCA Board may call a special meeting of the Medical Staff at any time. The Executive Director shall also call a special meeting within ten (10) days after his or her receipt of a written request for the same signed by not less than twenty-five percent of the Active Staff and shall state the purpose of such meeting. The Executive Director shall designate the time and place of any special meeting.

B. Notice. Written or printed notice stating the place, day and hour of any special meeting of the Medical Staff shall be delivered either personally, by mail, or by e-mail, to each member of the Active Staff not less than ten (10) days nor more than thirty (30) days before the date of such meeting by the direction of the Executive Director or other persons authorized to call the meeting. Notice may also be sent to members of other Medical Staff categories who have so requested. The attendance of a member of the Medical Staff at a meeting shall constitute a waiver of notice of such meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

Section 12.3 Quorum. A quorum shall be defined as those present and voting at any regular or special meeting of the Medical Staff.

Section 12.4 Manner of Action. There are two manners of action:

A. Action at Medical Staff Meeting. The action of a majority of the members present at a meeting at which there is a quorum is the action of the Medical Staff.

B. Action Without a Meeting. In lieu of a meeting, the Executive Director or the SCCA Medical Director may call for a written or e-mail ballot. A majority vote of the members constitutes the action, except where otherwise set forth in these Bylaws.
Section 12.5  **Agenda.**

A.  **Regular Meetings.** The agenda at any regular Medical Staff Meeting shall be:

1.  Call to order;
2.  Acceptance of the minutes of the last regular and of all special meetings;
3.  Unfinished business;
4.  Communications;
5.  Report of committees;
6.  Report of the SCCA Executive Director;
7.  New business, including elections where appropriate;
8.  Review and analysis of the clinical work of SCCA;
9.  Discussion and recommendations for improvement of the professional work in the Hospital; and
10.  Adjournment.

B.  **Special Meetings.** The agenda at special meetings shall be:

1.  Reading of the notice calling the meeting;
2.  Transaction of business for which the meeting was called; and
3.  Adjournment.

C.  **Joint Meetings.** Any regular or special meeting of the Medical Staff may be held jointly with the UWMC Medical Staff.

**Article 13**

**QUALITY IMPROVEMENT**

The Medical Staff quality improvement activities include all credentialing, peer review and quality activities identified in these Bylaws and such other activities intended to fulfill the obligation to provide a coordinated program for the improvement of the quality of health care services rendered to Hospital patients and the identification and prevention of medical malpractice as prescribed by RCW 70.41.200 or taken to fulfill standards and requirements of accreditation and regulatory agencies. The Medical Staff quality improvement activities are part of the overall Quality Improvement Program of the Hospital and the quality improvement
activities set forth in these Medical Staff Bylaws are incorporated into the Hospital’s Quality Improvement Program and are coordinated with the SCCA Board and the SCCA Board quality committee. Members of the medical staff shall participate in SCCA quality activities as designated in these Bylaws and the SCCA Quality Improvement Program when asked to do so by the Board, the Medical Executive Committee, the Executive Director or the SCCA Medical Director. All deliberations, discussions, information reported and received, and actions taken by the Medical Staff or any committee of the Medical Staff, when the same involves issues of quality of care or peer review, are privileged and confidential and shall be maintained and recorded in accordance with RCW chapter 70.41, RCW 4.24.250 and RCW 18.71.0195 and their updates.

Article 14
HISTORY AND PHYSICAL

A complete admission history and physical examination shall be recorded within 24 hours of admission to the Inpatient Facility or prior to any procedure requiring anesthesia or any potentially hazardous diagnostic procedure at the Outpatient Facilities. The medical history and physical examination may be performed by any physician or other licensed health care provider with appropriate privileges at SCCA or a non-licensed independent practitioner under the supervision of or through the appropriate delegation by a Medical Staff member who is a doctor of medicine or osteopathy (Attending Physician). If delegated, this report must then be countersigned by the Attending Physician, with either a written signature at the close of the history and physical or by signing an interim update or by making a progress note entry within 24 hours of the history and physical. If a complete history has been recorded and a physical examination performed within 30 days prior to the patient’s admission to the Hospital, a reasonably durable, 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. In such instances, an interval admission note that includes all additions to the history and any subsequent changes in the physical findings must always be recorded. An admission note containing pertinent and relevant information should be in the chart prior to the dictated history and physical report in the chart.

When the history and physical examination are not recorded before an operation, a procedure requiring anesthesia services, or any potentially hazardous diagnostic procedure, the procedure shall be cancelled unless the attending physician provides adequate information about the patient so that the procedure may be performed.

Article 15
OUTPATIENT FACILITIES

These Bylaws and the Medical Staff Policies and Procedures shall, unless otherwise specified, apply to the Inpatient Facility and the Outpatient Facilities.
Article 16

SUBSTANTIAL COMPLIANCE

Technical, insignificant, or non-prejudicial deviations from the procedures set forth in these Bylaws shall not be grounds to invalidate any action taken.

Article 17

CONFLICT RESOLUTION

Section 17.1 Conflict Resolution between the Medical Executive Committee and the General Medical Staff. Unless otherwise set forth in the Medical Staff Bylaws or Hospital Articles of Incorporation or Bylaws, the Medical Executive Committee, in partnership with the general Medical Staff, establishes the following process for addressing conflicting recommendations made by the Medical Executive Committee and the General Medical Staff to help ensure consistent recommendations to the Board regarding medical staff issues. A conflict raised on behalf of the general Medical Staff must be supported by a petition clearly identifying the conflict and signed by at least ten percent (10%) of the Active Staff. The Medical Executive Committee, in partnership with the general Medical Staff will make best efforts to address and resolve all conflicting recommendations in the best of the Medical Staff. After receipt of such a petition, the Medical Executive Committee shall meet with the General Medical Staff or a representative group thereof and seek to resolve the conflict through informal discussions. If these informal discussions fail to resolve the conflict, the Medical Staff President shall initiate a formal conflict resolution process. The formal conflict resolution process will begin with a “representatives” meeting of an equal number of representatives from the Medical Executive Committee and the general Medical Staff within thirty (30) days of the initiation of the conflict resolution process. If the Medical Executive Committee and general Medical Staff representatives meeting cannot produce a resolution to the conflict acceptable to the Medical Executive Committee and the general Medical Staff within ninety (90) days of this representatives meeting, the general Medical Staff shall have the authority to act on the issue that gave rise to the conflict. An affirmative 2/3 majority vote of the Active Staff is required to confirm the position of the general Medical Staff.

Section 17.2 Conflict Resolution between the Board and the Medical Staff. Unless otherwise set forth in the Medical Staff Bylaws or Hospital Articles of Incorporation or Bylaws, the Medical Staff, in partnership with the Board, establishes the following process for addressing conflicting recommendations made by the Board and the Medical Staff. The Medical Staff, in partnership with the Board will make best efforts to address and resolve all conflicting recommendations in the best interests of patients, the hospital, the communities we serve, and the members of the Medical Staff. When the Board plans to act or is considering acting in a manner contrary to a recommendation by the Medical Executive Committee or the Medical Staff, the Medical Executive Committee shall meet with the Board, or a designated committee of the Board and management and seek to resolve the conflict through informal discussions. The Medical Executive Committee and Board shall make best efforts to collaborate together to resolve the conflict. Any resolution arrived at during such meeting shall be subject to the approvals of the Medical Executive Committee and the Board. If, after ninety (90) days from the date of the initial meeting, the Medical Executive Committee and Board cannot resolve the
conflict in a manner agreeable to all parties, the Board shall have the authority to act on the issue that gave rise to the conflict.

Section 17.3 Expedited Determination. If the Board determines, in its sole discretion, that action must be taken related to a conflict in a shorter time period than that allowed through the conflict resolution processes described in Article 17 in order to address an issue of quality, patient safety, liability, regulatory compliance, legal compliance or other critical obligations of the Hospital, the Board may take action which will remain in effect only until the conflict resolution process is completed. Actions taken which are not susceptible to change will not be changed.

Section 17.4 Exceptions to Conflict Management Process. The conflict management process described in this Article 17 does not apply to issues involving disciplinary action, denial of requests for appointment, reappointment, denial of or changes in clinical privileges or any other matters relating to individual credentialing and privileging actions or actions that impact an individual practitioner.

Article 18
ADOPTION

The medical staff shall have the responsibility to formulate, review at least biennially, and recommend to the Board any medical staff bylaws, policies, procedures, and amendments as needed, which shall be effective when approved by the Board. To be adopted these Bylaws must be approved by a majority of the votes cast by medical staff members eligible to vote at a meeting or without a meeting. Once approved, these Bylaws shall replace any previous Bylaws and shall become effective when approved by the SCCA Board. These Bylaws shall be reviewed annually. The Board or Medical Staff shall not have the authority to unilaterally adopt or amend the medical staff bylaws.

The Medical Executive Committee may adopt such amendments to these Bylaws, rules, regulations, and policies that are, in the committee’s judgment, technical or legal modifications or clarifications, reorganization or renumbering or those needed due to punctuation, spelling, or other errors of grammar or expression. Such amendments need not be approved by the entire Board but must be approved by the Executive Director.

Article 19
AMENDMENTS

Proposed amendments to these Bylaws may be originated by the Medical Executive Committee or by a petition signed by twenty percent (20%) of the members of the Active Staff. All members of the Active Staff shall receive at least thirty (30) days advance notice of the proposed changes. To be adopted, such changes must receive a majority of the votes cast by medical staff members eligible to vote at meeting or without a meeting. Amendments so adopted shall be effective when approved by the Board.
Article 20
MEDICAL STAFF POLICIES

The Medical Staff may adopt Medical Staff policies that are intended to describe how Medical Staff governance, management and clinical care processes are defined, organized or carried out. These policies shall be applicable solely to the Medical Staff and shall not conflict with the Bylaws of the Medical Staff or the bylaws or policies of the SCCA Board or the Hospital. These Medical Staff policies may be adopted, amended, or revised by presentation of a proposed amendment or revision to the Medical Executive Committee. Proposed amendments or revisions may be initiated by the Medical Executive Committee. Changes will become effective following an affirmative majority vote by the Medical Executive Committee. These policies may be repealed at any time by the SCCA Board.
ADOPTED BY THE SCCA BOARD ON SEPTEMBER 12, 2013 AFTER RECEIPT OF A RECOMMENDATION FROM THE MEDICAL EXECUTIVE COMMITTEE.