VANDERBILT UNIVERSITY MEDICAL CENTER

MEDICAL STAFF BYLAWS, RULES & REGULATIONS AND POLICIES & PROCEDURES

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VANDERBILT UNIVERSITY MEDICAL CENTER

MEDICAL STAFF BYLAWS

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BYLAWS OF THE MEDICAL STAFF OF
VANDERBILT UNIVERSITY MEDICAL CENTER

PREAMBLE

WHEREAS, The Vanderbilt University is a not for profit corporation organized under the laws of the State of Tennessee; and whereas one of its activities is to operate acute care hospitals and clinics providing patient care, education and research and whereas it is recognized that the Medical Staff is responsible for the quality of medical care in all patient care areas of the Vanderbilt University Medical Center and must accept and discharge this responsibility to fulfill the Medical Center’s obligations to its patients, subject to the ultimate authority of The Vanderbilt University Board of Trust; and whereas it is recognized that this responsibility must be carried out with the cooperative efforts of the Medical Staff, the Chiefs of Staff of the hospitals, the Chief Executive Officers of the hospitals, the Vice-Chancellor for Health Affairs, the Chancellor and the Medical Center Affairs Committee;

NOW, THEREFORE, these Bylaws shall serve as the charter for the creation of the Vanderbilt University Medical Center Medical Staff, shall define its organizational structure, governance and objectives, and set forth the eligibility criteria required for membership as well as the obligations of each member. The Physicians and Dentists (hereinafter Physicians) practicing at Vanderbilt University Medical Center hereby organize themselves into a Medical Staff in conformity with these Bylaws.
DEFINITIONS

1. **Chancellor** means the Chancellor of Vanderbilt University who serves as a member of the Board of Trust, and who is the chief officer of the University.

2. **Chief Medical Officer** means the senior administrative officers of the Vanderbilt Medical Group who supervise operations of The Vanderbilt Clinics. The Chief Medical Officers report to the Deputy Vice Chancellor for Health Affairs.

3. **Chief of Service** means each of those individuals appointed upon recommendation of the Vice Chancellor for Health Affairs to serve as the administrator over each individual clinical service designated in Article VII of these Bylaws. The Chiefs of Service report to the appropriate Chief of Staff.

4. **Chief of Staff** means each of those individuals appointed by the Deputy Vice Chancellor for Health Affairs to serve as the liaison between the Medical Center and Medical Staff, responsible for administration of the Medical Staff Bylaws and the Quality Assessment and Improvement activities of Vanderbilt University Medical Center (VUMC). Chiefs of Staff include the Chief of Staff – Vanderbilt Health System (VHS) who reports directly to the Deputy Vice Chancellor for Health Affairs and to whom the Chiefs of Staff of the respective hospitals (VUH, VCH and VPH) report.

5. **Credentials Committee** means a committee of the Medical Center Medical Board primarily responsible for peer review of all applicants seeking appointment or reappointment to membership on the Medical Staff and/or clinical privileges or changes to clinical privileges to practice at VUMC.

6. **Deputy Vice Chancellor for Health Affairs** means the individual appointed on the recommendation of the Vice Chancellor for Health Affairs to be responsible for clinical affairs, performance improvement, and business development for Vanderbilt University Medical Center. This individual reports directly to the Vice Chancellor for Health Affairs. The Chief Executive Officers of each of the VUMC hospitals report to the Deputy Vice Chancellor for Health Affairs. The Chiefs of Staff of each of Vanderbilt University Medical Center’s hospitals report to the Deputy Vice Chancellor for Health Affairs through the hospital CEOs.

7. **Division** means a separate organizational component of the Vanderbilt University Medical Center established to address the operational needs of the School of Medicine.

8. **Executive Committee** means the Executive Committee of the Medical Center Medical Board that is empowered to act on behalf of the Medical Center Medical Board.

9. **Ex-Officio** means a position by virtue of office and is without voting power unless otherwise stated.

10. **Governing Body** means the Medical Center Affairs Committee of the Vanderbilt University Board of Trust (hereafter called Medical Center Affairs Committee).

11. **House Staff** means all residents and clinical fellows who are in a postgraduate training program and under the supervision of a member of the Medical Staff who holds a faculty appointment with the School of Medicine.

12. **Locum Tenens** means a physician who provides services as a substitute for, and under the name of, an existing Medical Staff member during a limited period of time (a maximum period of sixty (60) days for reimbursement purposes) during which the existing Medical Staff member is absent or unable to provide some or all of the services that the existing Medical Staff member normally would provide.
13. **Medical Center Affairs Committee** is responsible for certain matters relating to Vanderbilt University Medical Center as set forth in the Code of Bylaws. It assists Vanderbilt University Medical Center in complying with the standards of the Joint Commission on Accreditation of Healthcare Organizations and is charged with approving the "VUMC Medical Staff Bylaws, Rules, and Regulations and Policies and Procedures.

14. **Medical Center Medical Board** means the governing board of the Medical Staff with representation from all Clinical Services, and Vanderbilt University Medical Center Administration.

15. **Medical Staff** means all duly licensed medical physicians and dentists who have an academic appointment in the Vanderbilt University School of Medicine, and are privileged to attend patients in the Vanderbilt University Hospital, the Vanderbilt Children’s Hospital, the Vanderbilt Psychiatric Hospital and Vanderbilt Clinics, as permitted by Medical Staff category and individual clinical privileges.

16. **Physician** means an appropriately licensed medical physician with an unlimited license to practice in accordance with the laws of the State of Tennessee, or an appropriately licensed dentist.

17. **Professional Staff with Privileges** means non-Medical Staff clinical professionals who are granted privileges to provide direct patient care to patients of VUMC, exercising independent judgment within specific documented areas of professional competence, under a defined degree of supervision by a member(s) of the Medical Staff consistent with applicable law.

18. **Provider Support Services** means the office that processes applications for membership on the Medical Staff and applications and requests pertaining to clinical privileges, facilitates meetings of the Medical Center Medical Board and its committees and otherwise provides support to the Medical Staff.

19. **Service** means each of the clinical service functions designated in Article VI of these Bylaws.

20. **Vanderbilt University Medical Center** (also referred to herein as "VUMC") means all clinical areas of the Vanderbilt University Hospital, Monroe Carell, Jr. Children’s Hospital at Vanderbilt, the Vanderbilt Psychiatric Hospital, the Vanderbilt Medical Group and the Vanderbilt Clinic(s).

21. **Vice Chancellor for Health Affairs** means the chief administrative officer of the Vanderbilt University Medical Center to whom the Deputy Vice Chancellor for Health Affairs reports. The Vice Chancellor reports to the Chancellor of Vanderbilt University.
ARTICLE I: NAME

The name of this organization shall be the Medical Staff of the Vanderbilt University Medical Center, which is hereinafter referred to as the "Medical Staff." Vanderbilt University Medical Center is hereinafter referred to as "VUMC".

ARTICLE II: PURPOSES AND RESPONSIBILITIES

2.1 PURPOSES

The purposes of the Medical Staff are:

2.1.1 To be the organizational structure through which individual Physicians may be appointed to the Medical Staff, and fulfill the obligations of such appointment; and,

2.1.2 To serve as the primary mechanism for accountability to the Medical Center Affairs Committee, and/or its representatives for the appropriateness of professional performance and ethical conduct in patient care, teaching and research activities of each of its members: and,

2.1.3 To provide patient care at VUMC at a level of quality and efficiency that is at least consistent with generally recognized standards of care; and,

2.1.4 To provide leadership in connection with medical education, house staff and Professional Staff with Privilegesvi supervision, patient safety activities and oversight of processes for improving patient satisfaction; and,

2.1.5 To establish an appropriate level of professional performance of all licensed Physicians who practice at VUMC through appropriate peer review of Physician performance; and,

2.1.6 To support appropriate standards for medical education as defined by the medical faculty of Vanderbilt University School of Medicine; and,

2.1.7 To establish and maintain rules and regulations for the conduct of the medical staff; and,

2.1.8 To provide an orderly means by which Physicians can provide input to the Chief of Staff, the Chief Executive Officers of the hospitals, the Office of Vice-Chancellor for Health Affairs, the Chancellor, and the Board of Trust, and to provide a means of communication among these groups; and,

2.1.9 To support, in consonance with sound medical judgment, the rights of all patients of VUMC to equitable and humane treatment, particularly
regarding privacy, dignity, confidentiality and open communication with those responsible for their medical care.

2.2 RESPONSIBILITIES

To accomplish the purposes enumerated above, the responsibilities of the Medical Staff include:

2.2.1 Participation in VUMC quality review and utilization management programs by engaging in activities to assess, maintain, and improve the quality and efficiency of medical care provided at VUMC, including without limitation:

A. Evaluating Physician and institutional performance through valid and reliable measurement systems based on objective, clinically-sound criteria;
B. Engaging in the ongoing monitoring of patient care practices;
C. Evaluating credentials for appointment and reappointment to the Medical Staff and for the delineation of clinical privileges that may be exercised by each individual member of the Medical Staff;
D. Promoting appropriate use of VUMC resources in order to most efficiently meet patients’ medical, emotional, and social needs, consistent with sound health care resource utilization practice

2.2.2 Making recommendations concerning appointments and reappointments to the Medical Staff, and other clinical matters as appropriate.

2.2.3 Participation in the development, conduct of, and monitoring of medical education and training programs as well as clinical and laboratory research activities as appropriate.

2.2.4 To provide supervision and oversight of House staff, Professional Staff with Privileges, and other clinical professionals and,

2.2.5 Maintenance of Bylaws and policies that are consistent with sound professional practices, organizational principles, and regulatory and accreditation requirements.

2.2.6 Participation in VUMC’s long-range planning activities, identification of community health needs, and participation in developing and implementing appropriate institutional policies and programs to meet those needs.

2.2.7 Exercise of, through its officers, committee and other defined organizational components, the authority granted by these Bylaws in
order to further the purposes and fulfill the responsibilities in this section and section 2.1 above in a timely manner and proper manner and to report to the Medical Center Affairs Committee.

ARTICLE III: APPOINTMENT AND REAPPOINTMENT

3.1 NATURE OF STAFF MEMBERSHIP

Membership on the Medical Staff is a privilege that is extended only to professionally competent Physicians who continuously meet the qualifications, obligations, responsibilities, standards and requirements stated in these Bylaws. Membership implies active participation in Medical Staff activities to an extent commensurate with the exercise of Medical Staff member’s privileges, and as may be required by the Medical Staff member’s department and/or service.

3.2 GENERAL QUALIFICATIONS FOR APPOINTMENT AND NATURE OF THE APPLICATION

Every Physician who applies for initial appointment to the Medical Staff or has an appointment, must, at the time of application and continuously thereafter, demonstrate to the satisfaction of the appropriate authorities of the Medical Staff and the Medical Center Affairs Committee the following qualifications and any additional qualifications and procedural requirements as are set forth in other sections of these Bylaws or in the Medical Staff Rules and Regulations and Policies and Procedures.

Any member of the Medical Staff who does not meet the eligibility requirements of any Medical Staff category at the time of appointment or reappointment shall be considered for the Refer and Follow category.

3.2.1 Licensure: Hold a currently valid license issued by the State of Tennessee to practice medicine or dentistry or teach a new procedure or learn a new technique.

3.2.2 Faculty Appointment: Hold a faculty appointment in the Vanderbilt University School of Medicine as governed by the Faculty Manual of Vanderbilt University. Because of the unique character of VUMC and its role in the development of clinical education to practicing physicians and dentists, House Staff, medical students, nursing students, and other healthcare students and personnel, Medical Staff membership responsibilities generally include educational and teaching obligations. Therefore, membership on the Medical Staff is limited to individuals holding academic appointments in the Vanderbilt University School of Medicine commensurate with the needs of the School of Medicine Departments and the needs of the School of Nursing to meet Physician Assistant and Nurse Practitioner supervisory requirements.
3.2.3 **Board Certification:** Be Board Certified (or an active candidate/board eligible candidate in the process of obtaining certification in) his/her specialty or related specialty, within the time frame as defined by each U.S. and Canadian Board. Board certification and/or active candidacy/eligibility must be with a member board of the American Board of Medical Specialties (ABMS) and/or American Osteopathic Boards (AOB), or other Boards as approved by MCMB from time to time.

When specialty boards have not established time frames for obtaining initial Board Certification, Certification must be obtained no later than four (4) years from Initial Appointment to the VUMC Medical Staff. When the applicant possesses comparable training, experience and competence but (1) Board Certification was not applicable at the time the applicant’s training was completed or (2) the applicant is only certified in a non-U.S. or non-Canadian Board or 3) the board certification is in a specialty other than the primary division (department), the applicable Chief of Service may submit a written request for a waiver of this requirement to the Credentials Committee Chairman for action by the Credentials Committee with subsequent approval by the MCMB and MCAC. However, Physicians must maintain their Certification by whatever re-certification process is outlined by their applicable Board.

If at the time of reappointment, it is determined a Physician has failed to maintain board certification, the Executive Committee of the Medical Center Medical Board shall consider granting an additional period of time, not to exceed four years (or two reappointment cycles) to obtain board certification.

3.2.4 **Professional Education and Training:** Be a graduate of an approved school of medicine, osteopathy, or dentistry or certified by the Educational Council for Foreign Medical Graduates; and satisfactory completion of an approved residency. For purposes of this section, an “approved” school is one accredited, throughout the Physician’s attendance, by the Liaison Committee on Medical Education, by the American Osteopathic Association, or by the Commission on Dental Accreditation. Additionally, an “approved residency” is one accredited by the Accreditation Council for Graduate Medical Education (ACBME) or the American Osteopathic Association (AOA) in the United States or by the College of Family Physicians of Canada (CFPC) or the Royal College of Physicians and Surgeons of Canada.

3.2.5 **Clinical Performance:** Possess experience, clinical results and utilization practice patterns, to demonstrate a continuing ability to provide patient care services at an acceptable level of quality and efficiency given the current state of the healing arts and consistent with available resources.
3.2.6 **Cooperativeness**: Demonstrated ability to work with and relate to other Medical Staff members, VUMC Administration and staff, the Medical Center Affairs Committee, visitors and the community in the cooperative, professional manner essential for maintaining an environment that is conducive to the provision of quality patient care in an efficient manner.

3.2.7 **Satisfaction of Obligations**: Demonstrate satisfactory compliance with the obligations accompanying appointment to the Medical Staff as set forth in these Bylaws, Rules and Regulations and Policies and Procedures and equitable participation, as determined by the appropriate Medical Staff and Board authorities, in the discharge of Medical Staff obligations specific to the category of appointment.

3.2.8 **Professional Ethics and Conduct**: Demonstrated moral character and adherence to generally recognized standards of medical and professional ethics. Specifically, but without limitation, this requirement includes refraining from: paying or accepting commissions or referral fees for professional services referrals; delegating the responsibility for diagnosis and care of patients to a Physician or allied health professional not qualified to undertake that responsibility; failing to seek appropriate consultation when medically indicated; failing to provide or arrange for appropriate and timely medical coverage and care for patients for whom he/she is responsible; failing to obtain required informed consent, and failing to follow appropriate requirements for billing and reimbursement for professional services. All members of the Medical Staff are expected to fully comply with state and federal laws and accreditation requirements and to adhere with all Vanderbilt University Standards of Conduct, the Vanderbilt University Compliance Program Plan and other VUMC compliance and corporate integrity programs.

3.2.9 **Abilities**: Have and maintain the ability and qualifications to carry out, in a competent manner, all patient care and other required responsibilities.

3.2.10 **Background Checks**: Membership on the Medical Staff is contingent on a satisfactory background check. VUMC will conduct background checks on all Categories of Medical Staff membership as defined in Article V and Professional Staff with Privileges as defined in Article VI consistent with human resources policy applicable to other employed staff, which background checks will be conducted upon initial credentialing or for those Medical/Professional Staff members who were admitted to the Medical/Professional Staff prior to the effective date of this requirement will be performed at re-credentialing of such Medical Staff/Professional Staff with Privileges members.

3.2.11 **Professional Liability Insurance**: Carry professional liability coverage of a kind and in an amount as established or approved on an annual basis by
the Vanderbilt Office of Risk Management. Information regarding current insurance requirements is available from Provider Support Services.

3.2.12 Effects of Other Affiliations: No Physician shall be automatically entitled to appointment or reappointment or to the exercise of particular clinical privileges merely because the Physician:

A. is licensed to practice in this or in any other state; or
B. is certified by any clinical board; or
C. had, or presently has, staff appointment or privileges at another health care facility or in another practice setting; or
D. had, or presently has, a faculty appointment at Vanderbilt University School of Medicine; or
E. had, or presently has, Medical Staff appointment or those particular privileges at VUMC.

3.2.13 Nondiscrimination: No aspect of Medical Staff appointment or grant of particular clinical privileges shall be denied on the basis of: age; sex; race; creed; national origin; disability; xvii sexual orientation; or type of procedure or patient (e.g. Medicaid) in which a provider specializes provided a Physician is able to fulfill all applicable patient care or Medical Staff responsibilities and obligations. xviii All allegations of discrimination related to appointment or grant of clinical privileges for any of these reasons will be referred to the Equal Opportunity, Affirmative Action, and Disability Services Department for investigation in accordance with their policies and procedures. Provider Support Services will conduct periodic audits of all denials for discriminatory practices.

3.3 CREDENTIALS VERIFICATION AND APPLICATION PROCESSING PROCEDURES

3.3.1 Pre-application Process: Upon receipt of a complete One Packet/Provider Enrollment Request Form containing basic information concerning the applicant, Provider Support Services will provide an Application for Initial Appointment.

3.3.2 The Application Form: An Application for Initial Appointment at VUMC must be presented in writing on the form developed in consultation with the Medical Center Medical Board and approved by the Medical Center Affairs Committee of VUMC. The form must be fully completed and signed by the applicant.

3.3.3 Attestations: By applying for clinical privileges at VUMC and signing the application form, each applicant:
3.3.3.1 Attests to his or her qualifications to perform the clinical privileges requested;

3.3.3.2 Acknowledges that he or she has received or viewed online a copy of the Bylaws and Rules and Regulations and agrees to be bound by their provisions;

3.3.3.3 Attests that the application is accurate and complete and that he or she will promptly inform Provider Support Services of any and all changes to the information provided in the application;

3.3.3.4 Signifies his or her willingness to appear for interviews regarding his or her application;

3.3.3.5 Agrees to comply with Vanderbilt University Policies and Procedures.

3.3.4. Releases/Authorizations: By applying for clinical privileges and signing the application, each applicant agrees to release from liability Vanderbilt University, its employees, agents, Trustees, Medical Staff, and their representatives, for their acts performed in good faith, in connection with evaluation of the applicant’s qualifications to practice at VUMC as a member of the Medical Staff. In addition, applicant:

3.3.4.1 Authorizes Vanderbilt and its representatives to review all records and documents they may deem material to the evaluation of applicant’s professional competence and other qualifications, including physical and mental health status, and professional and ethical qualifications;

3.3.4.2 Releases from any and all liability all individuals and organizations who provide requested information to Vanderbilt University or its representatives concerning his or her competence, professional ethics, character, physical and mental health, quality of care, and other qualifications; and

3.3.4.3 Authorizes and consents to Vanderbilt representatives providing other organizations, including other healthcare facilities, managed care organizations, surveyors, and auditors, information concerning his/her professional competence, job duties, ethics, character and other qualifications, as necessary to complete accreditation, contracting, billing, and/or utilization review activities or as otherwise required by law.
3.3.5 Review/Approval Process: All appointments and reappointments will be reviewed as outlined below and final approval rests with the Vanderbilt University's Medical Center Affairs Committee.

3.3.6 Departmental Review: Once all required application documentation has been received and processed and all verifications and references confirmed, the Chief of the applicable Service, or Division, if appropriate, shall then review the application, and, at his/her discretion, conduct a personal interview, except in the case of family or family members or Clinical Service Chiefs. In those instances, the Chief of Staff, Chairman of the Credentials Committee and/or Chief Medical Officer will review the request for clinical privileges. Upon completion of this review, the Chief of Service, or Chief of Staff (when applicable), shall make a recommendation as to the extent of clinical privileges and the proposed category in the Medical Staff. The application with his/her recommendation shall then be returned to Provider Support Services.

3.3.7 Credentials Committee Review: Following review by the appropriate Clinical Service Chief, the Credentials Committee shall review the application and supporting documentation, including all written documentation described in Sections 4.1 and 5.1, along with the recommendations made to the Credentials Committee by the Clinical Service Chief. The Credentials Committee shall make its studied and thoughtful recommendations based on its review of the application and supporting evidence and forward these recommendations to the Medical Center Medical Board at its next regularly scheduled meeting.

All members of the Medical Staff applying for reappointment shall be considered for the same Medical Staff category with the same clinical privileges they then hold, unless they specifically request otherwise or the Medical Staff member no longer meets the requirements of the category he/she currently holds.\textsuperscript{xviii}

3.3.8 Medical Center Medical Board: The Medical Center Medical Board or the Executive Committee of the Medical Center Medical Board will receive the recommendations of the Credentials Committee at its next scheduled meeting. The Medical Center Medical Board or the Executive Committee will then forward its recommendation to the Medical Center Affairs Committee. When there are differences in recommendations between the Service Chief and the Credentials Committee, the Medical Center Medical Board will review both recommendations and make a report to the Medical Center Affairs Committee.

3.3.9 Medical Center Affairs Committee: Medical Staff appointments, reappointments, changes of status or privileges, and terminations shall be made by the Medical Center Affairs Committee based upon recommendations by the Medical Center Medical Board, the Credentials
Committee and the Clinical Service Chiefs in accordance with the Medical Center Medical Staff Bylaws. Pursuant to delegation of the Medical Center Affairs Committee, at its meeting of December 11, 1997, the Medical Center Affairs Committee Chairman may act on credentialing matters on behalf of the Committee as a whole between regularly scheduled quarterly meetings. In the event that an unwarranted delay on the part of the medical staff occurs, the Medical Center Affairs Committee may act without such recommendation on the bases of documented evidence of the applicant's professional and ethical qualifications obtained from reliable sources. For the purposes of this section, unwarranted delay is one hundred (100) days from the date that all verifications have been received and the application is deemed fully processed.

3.3.10 Adverse Recommendations: When the recommendation of the Medical Center Medical Board is adverse to the applicant either in respect to staff membership or clinical privileges, the Chief of Staff shall immediately so inform the Executive Director of the Hospital, Vice Chancellor for Health Affairs and the applicant by prompt written notice by certified or registered mail, return receipt requested, and the applicant shall be entitled to the procedural rights as provided in the Hearing and Appellate Review Procedures (Article XIII) of these Bylaws.

3.3.11 Notification to Applicant: The applicant will receive written notification of his/her Medical Staff status and clinical privileges within sixty (60) days of the Medical Center Affairs Committee rendering its decision.

3.4 BASIC OBLIGATIONS ACCOMPANYING MEDICAL STAFF APPOINTMENT

Each appointee, including Physicians exercising temporary privileges regardless of his/her assigned Medical Staff category under the Bylaws, Rules and Regulations and Medical Staff Policies and Procedures, shall:

3.4.1 Provide his/her patients with care at the level of quality and efficiency generally recognized as appropriate at facilities such as VUMC and meet obligations for coverage and on-call responsibilities;

3.4.2 Abide by the Medical Staff Bylaws, Rules and Regulations, related policies and procedures, and all other policies and rules of the Medical Staff, VUMC, Vanderbilt University and applicable laws, regulations and accreditation standards;

3.4.3 Discharge such Medical Staff, Committee, Service, hospital, and VUMC functions for which he/she is responsible by Medical Staff category assignment, appointment, election, or otherwise;

3.4.4 Prepare and complete in a timely fashion all medical records and other
required records for each patient he/she admits or in any way provides care to at VUMC;  

3.4.4.1 A medical history and physical examination must be completed and documented for each patient no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring sedation services. The medical history and physical examination must be completed and documented by a physician (as defined in CMS 186(r) or the Act), an oral and maxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy.  

3.4.4.2 An updated examination of the patient, including any changes in the patient’s condition, be completed and documented within 24 hours after admission or registration, but prior to surgery or a procedure requiring sedation services, when the medical history and physical examination are completed within 30 days before admission or registration. The updated examination of the patient, including any changes in the patient’s condition, must be completed and documented by a physician (as defined in section 186(r) of the Act), an oral and maxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy.  

3.4.5 Provide patient care and interact with Physicians, Medical Staff, House Staff, professional staff, staff, patients and their families and all others in a manner that does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, disability, sexual orientation, military service, financial status, insurance status, or source of insurance;  

3.4.6 Comply with all state and federal (e.g. EMTALA) requirements pertaining to emergency treatment, acceptance, and transfer of patients;  

3.4.7 Participate in the Organized Health Care Arrangement that exists due to the clinically integrated care provided by Staff Member and VUMC to patients at VUMC. Abide by VUMC policies and practices, regarding patient confidentiality including without limitation those practices set forth in the VUMC Notice of Privacy Practices, which shall serve as each Medical Staff member’s Notice of Privacy Practices while the Staff Member is practicing at VUMC as such notice may be amended from time to time;  

3.4.8 All Active and Active/Offsite Staff members maintain compliance with VUMC infectious disease policies, including immunization and infectious disease screening requirements;  

3.4.9 In the event of an emergency, any Physician is authorized, when better alternative sources of care are not reasonably available, to do everything
possible to save a patient’s life or to save a patient from serious harm, to the degree permitted by the Physician’s license but regardless of Service or Division affiliation, staff category or privileges. A Physician exercising emergency privileges is obligated to summon all consultative assistance deemed necessary and to arrange for appropriate follow-up care.

Failure to continually satisfy any of these basic obligations constitutes grounds for non-reappointment or other disciplinary action pursuant to Article XII and XIII of these Bylaws.

3.5 TERM OF APPOINTMENT/PROVISIONAL PERIOD

3.5.1 Appointments to the Medical Staff and granting of clinical privileges are for a period of two (2) years, except that:

3.5.2 Initial appointees to the Medical Staff are subject to a provisional period of twenty four (24) months in accordance with Medical Staff Policies and Procedures; and

3.5.3 After considering the recommendation of the applicable Chief of Service, the Credentials Committee may set a more frequent reappraisal period for the exercise of particular clinical privileges where indicated by the results of clinical performance review and evaluation processes or other factors effecting the Physician’s ability to perform the clinical privileges granted; and

3.5.4 During this provisional period, a Physician’s performance will be reviewed and evaluated by the Chief of the Service in which the clinical privileges are exercised or by other Active or Active/Offsite Medical Staff Members specifically delegated these tasks by such Chief of Service.

3.5.5 Status and Privileges during Provisional Period: During the provisional period, a Physician must demonstrate all of the qualifications set forth in section 3.2 and fulfill all obligations and responsibilities in sections 2.2 and 3.3. The Physician may exercise all of the prerogatives and clinical privileges granted. A Physician’s exercise of prerogatives and clinical privileges during the provisional period is subject to any conditions or limitations imposed as part of appointment to the Medical Staff or grant of privileges.

3.6 EXPEDITED CREDENTIALING

Expedited credentialing is available in limited circumstances, which are set forth in the Medical Staff Policies and Procedures.
3.7 LEAVE OF ABSENCE (LOA)

A member of the Medical Staff who has obtained a LOA pursuant to Part VI, Chapter 4 of the Faculty Manual may also obtain a leave of absence from clinical practice at VUMC for good cause by submitting written notice to the applicable Chief of Service or Chief of Staff with a copy to Provider Support Services stating the time period of the leave, which generally may not exceed two years (excepting government service.) Such leave of absence is subject to conditions or limitations that the Chief of Staff or other VUMC administration determines to be appropriate. During the leave of absence, the Physician shall not exercise his or her Clinical Privileges, and Medical Staff responsibilities and prerogatives shall be inactive.

3.8 REINSTATMENT OF PRIVILEGES AFTER LEAVE OF ABSENCE

3.8.1 At least sixty (60) days prior to a Medical Staff member’s return from a leave of absence, he/she shall make written request to the applicable Chief of Staff and applicable Chief of Service, with a copy to Provider Support Services, for reinstatement of Medical Staff membership and clinical privileges and shall provide documentation to support his/her request. Upon request, the Medical Staff member shall provide a summary of relevant clinical and professional activities undertaken during the leave, as well as any additional information reasonably necessary to evaluate whether the Medical Staff member is qualified to resume Medical Staff membership. The Chief of Service shall then make a recommendation for review and approval by the Credentials Committee and the Medical Center Medical Board regarding reinstating the returning Physician.

3.8.2 When a leave of absence has been granted for medical reasons, the Physician requesting reinstatement to the Medical Staff upon expiration of the leave of absence is responsible for providing evidence from his or her treating physician that he or she meets all qualifications and obligations in Sections 3.2 and 3.3 and can fulfill the responsibilities set forth in sections 2.1 and 2.2 of these Bylaws. The evidence presented by the Physician shall be reviewed by the appropriate Chief of Service and/or Chief of Staff and presented to the Credentials Committee and the Medical Center Medical Board, who will act on the request.

3.8.3 If the Medical Staff member’s request for reinstatement is approved, the Medical Staff member shall immediately be reinstated to membership on the Medical Staff and his or her Clinical Privileges will be restored for the duration of the existing appointment cycle. If the request for reinstatement is not approved, the Physician may pursue informal problem resolution under Article XII and as applicable the procedural rights under Article XIII of these Bylaws.
3.8.4 In the event that the Medical Staff member’s current appointment to the Medical Staff expires while the Medical Staff member is on leave of absence and before the Medical Staff member is reinstated, the Medical Staff member shall, in lieu of a request for reinstatement, submit an application for reappointment, which shall be processed in the ordinary manner.

3.8.5 Failure without good cause to request reinstatement prior to the expiration of a leave of absence shall constitute voluntary relinquishment of Medical Staff membership and Clinical Privileges, and in such event, the Medical Staff member shall not be entitled to the procedural rights under Article XIII herein.

ARTICLE IV. PRIVILEGES

4.1 GENERAL PRIVILEGES

Each Medical Staff member is entitled to exercise only those clinical privileges specifically granted to that Medical Staff member, which specific privileges may be exercised only at VUMC patient service areas that are otherwise staffed and equipped to safely and appropriately provide the service the Medical Staff member is privileged to provide. Each patient care setting is approved for certain procedures, treatments and types of care based upon the nature of the procedure, treatment or type of service and the resources necessary to safely and appropriately perform the service within the particular setting.

The requirement of Faculty Appointment, Section 3.2.2 will be waived for Consulting/Single Case, Locum Tenens, Training Privileges and Disaster Privileges.

4.1.1 Basis for Determination of Clinical Privileges: Factors considered in connection with the determination of whether or not to grant clinical privileges include: prior and continuing medical education (CME) and training, current experience, utilization practice patterns, current ability to carry out all privileges in a competent manner and perform all essential functions associated with such privileges, and demonstrated current competence and judgment as documented and verified in each Physician’s credentials file. At a minimum necessary to meet state licensure requirements, CME credits are required for each (2) year reappointment cycle. CME requirements above the minimum may be imposed by the respective Service Chief for their Service. The credits must be earned during that two (2) year interval immediately preceding reappointment.

If the Physician has had a lapse in privileges and reapplyes for initial Appointment, these same CME requirements will apply. However, a
Service Chief may request a waiver of this requirement in extraordinary circumstances (e.g. military service, medical leave, etc.) The request must be in writing to the Chairman of the Credentials Committee for action by the Credentials Committee.

Additional factors that may be used in determining privileges include the need for, and VUMC’s capability to support, the type of privileges being requested by the applicant, the geographic location of the Physician, availability of qualified medical coverage in the absence of the Physician, and an adequate level of professional liability insurance. Where appropriate, review of the records of patients treated by the Physician in other hospitals may also be considered.

4.1.2 Request for Initial Privileges: Every initial application for Medical Staff appointment must contain a request for the specific clinical privileges desired by the applicant. The applicant shall have the burden of establishing his/her qualifications and competency in the clinical privileges requested.

4.1.3 Re-determination of Clinical Privileges: Periodic re-determination of clinical privileges and the increase or curtailment of same in connection with reappraisal, including conclusion of the provisional period, or with a requested change in privileges shall be approved by the Medical Center Affairs Committee on the recommendations of the Credentials Committee. Such re-determination shall be based on the direct observation of care provided, comprehensive evaluation through ongoing monitoring and mandated peer and service review, review of the records of patients treated, or review of the records of the Medical Staff which document the evaluation of the Physician’s participation in the delivery of medical care. Any change in clinical privileges shall be approved by the Medical Center Affairs Committee in accordance with the recommendation and review procedures of these Bylaws and Medical Staff Policies and Procedures.

4.1.4 Request for Modification of Privileges: A Physician’s request for additional privileges should be made in writing to the appropriate Chief of Service for review and recommendation. The request must be accompanied by appropriate documentation of training and/or experience. If approval of the request is recommended by the applicable Chief of Service, the request will be reviewed by the Credentials Committee, which shall make recommendation to the Medical Center Medical Board, which shall make its recommendation and forward it to the Medical Center Affairs Committee for final approval.

4.1.5 Focused Professional Evaluation: Initially granted privileges shall be followed by a period of focused professional evaluation in accordance with the Provider Performance Review Policy (OP 10-10.05).
For all new privileged practitioners, the Clinical Service Chief or designee will appoint one or more proctors, who are Active members of the Medical Staff, to monitor the new practitioners and to submit a report to the Clinical Service Chief or designee at the end of the initial six (6) month work period. The proctor should be chosen based on (1) their seniority/leadership position in the new practitioner’s area of practice and (2) the likelihood that the practice pattern of the proctor will overlap with that of the new practitioner so that there will be an opportunity for personal interaction, sequential care, or procedural assistance. The practitioner’s privileges list will be made available to the proctor. In preparing the report to the Clinical Service Chief or designee, a proctor may use direct observation, retrospective medical record review, over-reads, procedure/surgery case lists as well as informal interviews with peers, house staff, and/or nursing service personnel to reach a conclusion.

Four (4) months after the practitioner’s start date, the Provider Support Services Office will send proctoring forms and a reminder to each proctor (copied to the Clinical Service Chief or designee) noting that the proctor’s report is due at six months after the practitioner’s start date.

The proctor’s report will become a part of the credentials file. The Clinical Service Chief or designee will review the proctor’s report as well as review quality and practice data from the ongoing professional practice review. The Clinical Service Chief’s or designee’s report will be submitted to the Credentials Committee for review. xxiv

4.1.6 Professional Practice Evaluation: All credentialed and privileged practitioners will undergo professional practice evaluation in accordance with the Provider Performance Review Policy (OP 10-10.05). xxvi

Quality metrics will be continuously collected for all privileged practitioners. Metrics will be summarized, compared to peer metrics, and forwarded to the practitioner’s Clinical Service Chief or designee a minimum of three (3) times during the two (2) year reappointment cycle.

At the Clinical Service Chief’s or designee’s discretion, related to concerns with a practitioner’s professional practice, the Clinical Service Chief or designee may request a six (6) month, proctor-supervised focused review. The selection and responsibilities of the proctor will be similar in all respects to the proctor selection and responsibilities associated with the focused review of new privileged practitioners. Concerns may be based on quality metrics or any formal and/or informal information brought to the Clinical Service Chief’s or designee’s attention.
At the time of recredentialing of the practitioner’s privileges, the quality metrics of the previous two (2) years will be collected and compared to peer metrics and made available to the Clinical Service Chief or designee and the Credentials Committee. The Clinical Service Chief’s or designee’s recommendation for recredentialing will be based on quality metrics and formal and/or information related to the practitioner’s professional performance in the areas of medical judgment, interpersonal skills, communications skills, and professionalism.xxvii

4.2 LOCUM TENENS PRIVILEGES

The duties and other terms and conditions of Locum Tenens privileges are required to be set forth in a written contract between VUMC and the Locum Tenens Status physician, which contract is required to be finalized and fully executed prior to the grant of such privileges. A Locum Tenens physician provides services as a substitute for, and under the name of, an existing member of the Medical Staff for a limited period of time (a maximum period of sixty (60) days for reimbursement purposes) during which the existing Medical Staff member is absent or unable to provide some or all of the services he or she would normally provide. A Locum Tenens physician is not an applicant for full Medical Staff membership. Locum Tenens privileges may be requested by a VUMC Department or Division that demonstrates an immediate need for coverage by the physician that no current member of the Medical Staff is able to provide. Locum Tenens privileges may be granted for a maximum of six (6) months upon determination by the appropriate Chief of Staff after verification that the arrangement proposed is in compliance with all current regulatory requirements. A grant of Locum Tenens privileges to any particular individual may be renewed only once. .

4.2.1 Prerogatives and Obligations of Physicians with Locum Tenens Privileges:

A. Must meet the Clinic Service requirements;
B. May not vote or hold office in the Medical Staff organization;
C. May exercise only those privileges granted to them by the Medical Center Affairs Committee for the specific Service in which they are providing coverage;
D. Are not required to pay dues

4.3 LEAVE OF ABSENCE FROM PRIVILEGES

The status of Physicians who are on a leave of absence pursuant to Section 3.7 is Leave of Absence status.

4.3.1 Prerogatives and Obligations of Physicians on Leave of Absence From Privileges:
A. May be involved in education activity, but shall not hold clinical
privileges to admit, consult, or treat patients at VUMC;
B. Are able to attend meetings of the Medical Staff or Services, but are
not eligible to vote at those meetings, or to hold office in the Medical
Staff organization;
C. Physicians on Leave of Absence are not required to pay dues; and
D. May attend General Medical Staff meetings and Service meetings, but
are not required to do so.

4.4 TEMPORARY PRIVILEGES

The applicable Chief of Service may request in writing to the Chief of Staff
Temporary privileges for an applicant who has submitted a complete application
and whose privileges are pending. Temporary privileges may only be granted to
those applicants who fulfill an important patient care need that cannot otherwise
be met by the existing members of the Medical Staff, who meet the basic
qualifications and obligations, and only when the information available wholly
supports a favorable determination regarding the applicant’s qualifications,
ability, and judgment to exercise the privileges requested. Temporary privileges
may be granted to a Physician or Dentist. Any Physician or Dentist granted
Temporary privileges is subject to the Bylaws, Policies and Procedures and
Rules and Regulations in all matters relating to his/her activities at VUMC.
Temporary Privileges are granted for a maximum period of ninety (90) days.

4.4.1 Prerogatives of Physicians with Temporary Privileges:

A. May vote in any committee to which they have been assigned, but may
not vote in meetings of the Medical Staff of Clinical Services;
B. May not hold office in the Medical Staff organization;
C. Shall be encouraged to attend general Medical Staff meetings and
Service meetings, but are not required to do so; and
D. May exercise such clinical privileges as have been granted by the
Service Chief and Chief of Staff.

4.4.2 Obligations of Physicians with Temporary Privileges:

A. Meet the basic qualifications set forth in Article III and fulfill the
responsibilities set forth in Article II;
B. Be located close enough to the Medical Center to provide continuous
care to their patients or have coverage relationships approved by the
clinical Service Chief;
C. Pay any dues or fees that may be established by the Medical Center
Medical Board; and appear when requested in those situations where
a Physician’s patient’s clinical course of treatment is scheduled for
case discussion as part of regular or specially convened quality
assessment and review activities at a Service or Committee meeting.
4.5 CONSULTING/SINGLE CASE PRIVILEGES

Consulting/Single Case Privileges may be granted to Physicians and Dentists who have requested privileges for the period of a single patient stay or to evaluate a VUMC patient for purposes of rendering an additional medical opinion regarding treatment options for the patient.

A Physician who is not an applicant for Medical Staff membership may be granted Consulting/Single Case privileges upon approval by the applicable Department Chair or designee, if in order to fulfill an important patient care need, it is necessary for the Physician, who possesses a specific skill needed by a specific patient, to provide care for the specific patient, or to fulfill a special request to render an additional medical opinion. Consulting/Single Case privileges shall not exceed the length of stay of the specific patient. A physician may be granted Consulting/Single Case privileges under this section for no more than two patients in a twelve-month period.

4.5.1 Prerogatives of Physicians with Consulting/Single Case Privileges:

A. May not hold office in the Medical Staff organization;
B. May exercise only those privileges granted to them by Medical Center Affairs Committee for the specific patients requested.
C. Are not required to pay dues.

4.5.2 Obligations of Physicians with Consulting/Single Case Privileges:

A. Comply with all applicable provisions of these Bylaws and with VUMC policies and procedures while providing care to VUMC patients.
B. Must arrange appropriate coverage to meet the needs of their patients when they are unavailable or at distance from VUMC. This coverage must be arranged in advance.

4.6 TRAINING PRIVILEGES

A Physician who is not an applicant for Medical Staff membership may be granted Training privileges with approval of the applicable Department Chair or designee upon request by the Physician for a specific training opportunity or in order to fulfill an educational need as requested by the Chief of Service. Training privileges shall not exceed five (5) days or the length of the course of training as determined by VUMC.

4.6.1 Prerogatives and Obligations of Physicians with Training Privileges:
Single Case Medical Staff appointees:
A. May attend General Medical Staff Meetings and Service meetings, but are not required to do so;
B. May not hold office in the Medical Staff organization;
C. May exercise only those privileges granted to them by Medical Center Affairs Committee for the training.
D. Are not required to pay dues.
E. Must comply with all applicable provisions of these Bylaws and with VUMC policies and procedures while training at VUMC.

4.7  xxxii DISASTER PRIVILEGES

4.7.1 xxxiv In a Disaster, as defined in the VUMC Emergency Preparedness Activation Plan (“Disaster Plan”), any Physician who presents a valid government-issued photo identification (for example, a driver’s license or passport) and at least one of the following additional forms of identification may be granted Disaster Privileges:
A. a current medical license and primary source verification thereof, or
B. a current picture hospital ID card from a healthcare organization that clearly identifies professional designation, or
C. identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESARVHP), or other recognized state or federal response hospital or group, or
D. identification indicating that the individual has been granted authority to render patient care, treatment, and services in a disaster (such authority having been granted by a federal, state or municipal entity), or
E. confirmation by a medical staff member(s) currently privileged by the hospital with personal knowledge of the volunteer practitioner’s ability to act as a licensed independent practitioner during a disaster, a current medical license and a valid photo ID issued by a state, federal or regulatory agency, or

4.7.2 Provider Support Services verifies the credentials described above as practicable when the disaster is under control.

4.7.3 Disaster Privileges may be granted by the Associate Vice Chancellor, Clinical Affairs or a Chief of Staff. These individuals may consider any Physician who presents evidence of possessing a medical license as described above, but are not required to grant Disaster Privileges to any
individual and will make decisions regarding the grant of Disaster Privileges on a case-by-case basis.

4.7.4 Physicians are granted clinical privileges in accordance with the clinical privileges that they hold at their primary institution. The mechanisms used to manage Disaster Privileges and to readily identify physicians with Disaster Privileges are defined in the Disaster Plan. When the disaster no longer exists, Disaster Privileges automatically terminate in accordance with the Disaster Plan.

ARTICLE V. CATEGORIES OF THE MEDICAL STAFF

5.1 CATEGORIES

There shall be six (6) categories of appointment to the Medical Staff:

A. Active
B. Active/Offsite
C. Administrative
D. Affiliate
E. Refer and Follow
F. Emeritus

5.1.1 General Qualifications For All Categories:
Every Physician who seeks or has a Medical Staff appointment must satisfy, at the time of application and appointment and continuously thereafter, the basic qualifications and obligations set forth in Article III and be able to fulfill the responsibilities set forth in Article II. In addition, he/she must satisfy any additional qualifications that attach to the staff category to which he/she seeks or holds an appointment.

5.2 ACTIVE

The Active staff consists of Physicians and Dentists who are members of the Vanderbilt Medical Group and regularly practice at VUMC hospitals. They are responsible for organization and governance of the Medical Staff including holding office, voting at meetings of the Medical Staff and Clinical Services and serving on Medical Staff committees.

5.2.1 Prerogatives of Active Medical Staff Status: Active Medical Staff appointees may:

A. Vote on all matters presented at general and special meetings of the Medical Staff, Clinical Service, and committees of which he/she is a member;
B. Hold office;
C. Exercise such clinical privileges as have been granted to the Medical Staff member by the Medical Center Affairs Committee.

5.2.2 Obligations of Active Medical Staff Status: Active Medical Staff appointees must:

A. Attend Clinical Service meetings as required by their respective department unless excused by the Clinical Service Chief;
B. Be located close enough to the Medical Center to provide continuous care to their patients or have coverage relationships approved by the Clinical Service Chief;
C. Pay any dues or fees that may be established by the Medical Center Medical Board;
D. Participate equitably in the discharge of Medical Staff functions as reasonably assigned by the applicable Chief of Service or other authorized Medical Staff official by participating in VUMC education and research programs; care of patients in the emergency department; giving consultation to other Medical Staff appointees consistent with his/her delineation of privileges; reviewing the performance of Physicians during the provisional period; supervision of any physician assistant, nurse practitioner or other professional staff member for whom the Medical Staff member is a designated supervision physician, and fulfilling such other Medical Staff functions as may reasonably be required:
E. Establish and effectively communicate appropriate coverage to meet the needs of their patients when they are unavailable, out of town or at distance from the hospital. This coverage must be arranged in advance.

5.3 ACTIVE/OFFSITE

The Active/Offsite Staff consists of Physicians and Dentists who are members of the Vanderbilt Medical Group and who regularly practice offsite from the VUMC hospitals campus. They are responsible for organization and governance of the Medical Staff including holding office, voting at meetings of the Medical Staff and Clinical Services and serving on Medical Staff committees.

5.3.1 Prerogatives of Active/Offsite Medical Staff Status: Active/Offsite Medical Staff appointees may:

A. Vote on all matters presented at general and special meetings of the Medical Staff, Clinical Service, and committees of which he/she is a member;
B. Hold office;
C. Exercise such clinical privileges as have been granted to the Medical Staff member by the Medical Center Affairs Committee.
5.3.2 **Obligations of Active/Offsite Medical Staff Status:** Active/Offsite Medical Staff appointees must:

A. Meet all Clinical Service requirements including attending Clinical Service meetings as required by their respective department unless excused by the Clinical Service Chief;
B. Be located close enough to the Vanderbilt Medical Group practice to provide continuous care to their patients or have coverage relationships approved by the Clinical Service Chief;
C. Pay any dues or fees that may be established by the Medical Center Medical Board;
D. Participate equitably in the discharge of Medical Staff functions as reasonably assigned by the applicable Chief of Service or other authorized Medical Staff official by participating in VUMC education and research programs; giving consultation to other Medical Staff appointees consistent with his/her delineation of privileges; reviewing the performance of Physicians during the provisional period; supervision of any physician assistant, nurse practitioner or other professional staff member for whom the Medical Staff member is a designated supervision physician, and fulfilling such other Medical Staff functions as may reasonably be required:
E. Establish and effectively communicate appropriate coverage to meet the needs of their patients when they are unavailable, out of town or at distance from their practice. This coverage must be arranged in advance.

5.4 **Administrative**

Administrative Medical Staff members are physicians who are members of Vanderbilt Medial Group who are retained by the Health System or the Medical Staff solely to perform ongoing medical administrative activities.

Members of this Medical Staff Category are charged with assisting the Medical Staff in carrying out medical-administrative functions, including, but not limited to quality assessment and improvement and utilization review.

Administrative Staff includes members who qualify through one of the following categories:

A. Serves in an academic leadership position of Vanderbilt University (e.g., Dean, Assistant Dean, etc.); or
B. Functions in a Hospital and/or Health System leadership position requiring medical staff membership as requested by Hospital and/or Health System Administration; or
C. Serves as Director of a Residency Program at Vanderbilt University School of Medicine and is required to maintain Medical Staff membership; or
D. Others as may be determined by the Chair of the Medical Center Medical Board (MCMB), Chief Executive Officers (CEO) of VUH and VCH, Chief of Staff – VHS, CMO and approved by the Medical Center Affairs Committee (MCAC).

5.4.1 Prerogatives of Administrative Medical Staff Status: Administrative Medical Staff appointees:

A. May attend meetings of the Medical Staff and the Clinical Department of which he/she is a member;
B. May hold office in the Medical Staff organization;
C. Serve as a voting member of Medical Staff Committees;
D. Access the electronic health record;
E. May not admit, treat or otherwise consult on patients; and
F. May not exercise Clinical Privileges.

5.5 AFFILIATE

Affiliate Medical Staff members are physicians and dentists who are qualified for Medical Staff membership but whom are not members of Vanderbilt Medical Group and whose principal place of practice is not VUMC.

5.5.1 Prerogatives of Affiliate Medical Staff Status: Affiliate Medical Staff appointees:

A. May serve on any committee to which they have been assigned and vote in committee meetings and meetings of the Medical Staff;
B. May not hold office in the Medical Staff organization;
C. Shall be encouraged to attend General Medical Staff meetings and Service meetings but are not required to do so; and
D. May exercise such clinical privileges as have been granted by the Medical Center Affairs Committee.

5.5.2 Obligations of Affiliate Medical Staff Status: Affiliate Medical Staff appointees must:

A. Meet all Clinical Service requirements;
B. Provide appropriate coverage to meet the needs of their patients when they are unavailable, out of town or at distance from VUMC. This coverage must be arranged in advance and all covering Physician(s) must have clinical privileges at VUMC;
C. Pay any dues or fees that may be established by the Medical Center Medical Board;
D. Agree to the designation of an organized health care arrangement
(“OHCA”) among the VUMC and Affiliate Medical Staff members of the Medical Staff for purposes of facilitating compliance with the requirements of the Health Insurance Portability and Accountability Act ("HIPAA") Abide by the policies, practices and rules of the Medical Staff and VUMC regarding patient confidentiality including without limitation those practices set forth in the Vanderbilt University Medical Center Notice of Privacy Practices, as such notice may be amended from time to time.

E. Maintain no less than the minimum level of clinical activity necessary to allow for effective assessment of performance. Each Clinical Service establishes a minimum level of admissions, observation hospitalizations, inpatient or outpatient surgical operations, and/or consultations necessary to assess performance within the particular Service. A Physician may, upon request, be required to provide evidence of clinical performance at another institution in such form as may be required by the Chief of Service, Credentials Committee, Medical Center Medical Board, or Medical Center Affairs Committee in order to allow an appropriate judgment to be made with respect to ability to exercise the clinical privileges requested;

F. Appear when requested where a Physician’s patient’s clinical course of treatment is scheduled for case discussion as part of regular or specially convened quality assessment and review activities at a Service or Committee meeting.

5.5. REFER AND FOLLOW

Refer and Follow Medical Staff shall consist of physicians and dentists who refer patients for admission/treatment by Active members of the Medical Staff wish to monitor their patients while they are in the hospital and access the patient’s medical record. There is no limitation to the number of patient contacts allowed. This category of Medical Staff is limited to physicians and dentists with Active or Affiliate Staff appointments who do not admit, consult or treat a sufficient number of patients at VUMC to maintain Active or Affiliate Staff status, but wish to continue to monitor their patients who receive care at VUMC hospitals. Members of this category may subsequently apply for membership and clinical privileges in another Medical Staff category at any time. Membership in this Medical Staff category is not required for physicians and dentists who refer patients to other members of the Medical Staff.

5.6.1 Prerogatives of Refer and Follow Medical Staff Status: Refer and Follow members:

A. Shall not hold clinical privileges to admit, consult or treat patients at VUMC;
B. May attend meetings of the Medical Staff and Clinical Service of which he/she is a member; may not vote or hold office;
C. May visit and follow his/her referred hospitalized patients;
D. May access the electronic medical record both remotely and at the hospital.

5.6.2 **Obligations of Refer and Follow Medical Staff Status:** Refer and Follow members:

A. May not electronically enter or give verbal orders or otherwise document in the medical record;
B. May not perform any procedures or provide any treatment.

5.7 **EMERITUS**

The applicable Chief of Service or Chief of Staff may recommend Emeritus Staff status for a Physician who is retiring from the practice of medicine. Emeritus Staff members shall consist of Physicians or dentists who are members of the Medical Staff of VUMC and are in good standing in the category to which they are assigned.

5.7.1 **Prerogatives and Obligations of Emeritus Medical Staff Status:** Emeritus Medical Staff appointees:

A. May be involved in educational activity but shall not hold clinical privileges to admit, consult, or treat patients at VUMC;
B. Are able to attend meetings of the Medical Staff or Services but are not eligible to vote at those meetings, or to hold office in the Medical Staff organization;
C. Emeritus Medical Staff appointees are not required to pay dues;
D. May attend General Medical Staff meetings and Service meetings but are not required to do so.

5.8 **REQUESTS FOR MODIFICATION OF MEMBERSHIP STATUS**

A Medical Staff member may, either in connection with reappointment or at any other time, request modification of or addition to his/her Medical Staff category or Service assignment or clinical privileges by submitting a written application/request to the appropriate Chief of Service. If approval of the request is recommended by the appropriate Chief of Staff, the request is forwarded for review by the Credentials Committee, which forwards its recommendation to the Medical Center Medical Board, and if approval is recommended by the Medical Center Medical Board, the recommendation is forwarded to the Medical Center Affairs Committee for final action.
ARTICLE VI. PROFESSIONAL STAFF WITH PRIVILEGES

6.1 PROFESSIONAL STAFF WITH PRIVILEGES

The term, “Professional Staff with Privileges” refers to non-Medical Staff licensed independent and other clinical professionals who are granted privileges to provide direct patient care to patients of VUMC, exercising independent judgment within specific documented areas of professional competence, under a defined degree of supervision by a member(s) of the Medical Staff consistent with applicable law. Categories of Professional Staff with Privileges eligible for clinical privileges must be approved by the Medical Center Medical Board. Professional Staff with Privileges are credentialed through the same processes as the Medical Staff, as described in Article 3.3 and Credentialing Policies and Procedures, and are granted clinical privileges as either a dependent or independent healthcare professional as defined by State laws and in these Bylaws. Although Professional Staff with Privileges members are credentialed as provided in these Bylaws, in Article 3.3 and the Credentialing Policies and Procedures, they are not eligible for Medical Staff membership. They may provide patient care services only to the extent of and within the scope of the clinical privileges granted.

The Medical Center Medical Board has determined the categories of individuals eligible for membership as Professional Staff with Privileges to be Optometrists (OD), Podiatrists (DPM), Clinical Psychologists (PhD), Physician Assistants (PA) and Advance Practice Registered Nurses (APRN) which includes: Certified Registered Nurse Anesthetists (CRNA), Certified Nurse Midwives (CNM), Certified Nurse Practitioners (CNP) and Clinical Nurse Specialists (CNS).

6.2 QUALIFICATIONS

Consistent with State law, Professional Staff with Privileges who are licensed dependent practitioners shall be responsible and accountable at all times to a member of the Medical Staff and shall be under the supervision and direction of a member of the Medical Staff. The terms for accountability of each Professional Staff with Privileges member to his or her designated supervising Medical Staff member(s) and the requirements regarding supervision of each Professional Staff with Privileges member by a Medical Staff member(s) shall be in accordance with established protocols. In addition to a complete application, as defined in these Bylaws, protocols shall be on file at the practice location(s) and in Provider Support Services.

6.3 PREROGATIVES

Professional Staff with Privileges shall not be eligible to vote, or hold office within the Medical Staff organization. A Professional Staff with Privileges member may attend Medical Staff or Department/Division meetings when invited to do so.
Professional Staff with Privileges may admit patients to VUMC only if eligible for admitting privileges as allowed by State laws and only when granted admitting privileges by the Medical Center Medical Board. All patients admitted by Professional Staff with Privileges shall be under the care of a physician.

6.4 OBLIGATIONS

Each Professional Staff with Privileges member shall discharge his/her duties within the scope of his/her protocols in compliance with these Bylaws and all other rules, policies and procedures, guidelines and other requirements of VUMC, as applicable to his/her practice.

6.5 CORRECTIVE ACTION

6.5.1 Any member of the Medical Staff, any VUMC Administrator, any member of the Professional Staff, or Dean of the School of Medicine, or the School of Nursing, may initiate a request for corrective action.

Proposed corrective action, including a request for an investigation, is made to the appropriate Chief of Staff or the Chairman of the Medical Center Medical Board and must include reference to the specific activities or conduct which constitute the grounds for the request and the name of the person submitting the request.

Upon receipt of a proposal for corrective action, the appropriate Chief of Staff or Chairman of the Medical Center Medical Board may act on the proposal or direct that an investigation be undertaken. No such investigative process shall be deemed a “hearing” as described in these Bylaws.

As soon as it is practicable after the conclusion of the investigative process, if any, the appropriate Chief of Staff or Chairman of the Medical Center Medical Board shall act on the proposal and make its recommendation to the Credentials Committee. Any recommendation by the Credentials Committee which constitutes grounds for a hearing as set forth in this policy shall entitle the Professional Staff with Privileges to the rights outlined in these Bylaws.

6.5.2 Summary Suspension: Whenever a Professional Staff with Privileges: (1) willfully disregards or violates in any material respect these Bylaws or other VUMC policies; (2) engages in conduct that necessitates immediate action to protect the life of any patient(s) or to reduce the likelihood of injury or damage to the health or safety of any patient, VUMC personnel or others; or (3) engages in conduct that poses a serious threat of disruption to the operations of VUMC, then any Medical Staff member, Nursing Staff member, member of the Professional Staff or other staff member shall
take immediate steps necessary to request initiation of Summary Suspension.

Authority to initiate Summary Suspension is vested in each of the following:

A. Affected Professional Staff with Privileges’ Chief of Service, or designee
B. Affected Professional Staff with Privileges’ Chief(s) of Staff, or designee
C. Chairman, Medical Center Medical Board, or designee
D. Deputy Vice Chancellor, Health Affairs, or designee
E. Vice Chancellor for Health Affairs, or designee
F. Chief Medical Officers

Any of the aforementioned individuals may summarily suspend the Professional Staff with Privileges member’s privileges. Such summary suspension shall become immediately effective upon imposition and the appropriate Chief(s) of Staff or designee shall communicate as soon as practicably possible the Summary Suspension to the following:

A. Affected Professional Staff with Privileges’ Chief of Service
B. Chairman of the Medical Center Medical Board
C. Office of the General Counsel
D. Vice Chancellor for Health Affairs
E. Chair of Joint Practice and Credentials Committees
F. Affected Professional Staff with Privileges’ Supervising Physician(s) – as applicable
G. Chief Medical Officers

6.5.3 Automatic Suspension: A Professional Staff with Privileges member’s designation and clinical privileges shall be automatically terminated without entitlement to the procedural rights set forth in 6.6 below if: 1) the Professional Staff with Privileges member’s license to practice in Tennessee is revoked, restricted, suspended, or has expired; or 2) the Professional Staff with Privileges member’s supervising physician withdraws his supervisory responsibilities or is no longer a member of the Active Medical Staff. Notice shall be given to the Professional Staff with Privileges member, the Professional Staff with Privileges member’s supervising physician(s), the appropriate Chief of Staff and Chair of the Joint Practice and Credentials Committees.

6.6 HEARINGS AND APPELLATE REVIEW

6.6.1 Grounds for Hearing: Summary suspension or a recommendation of denial for or termination of a Professional Staff with Privileges member’s
clinical privileges (an “adverse recommendation”) shall be grounds for a hearing.

6.6.2 Notice and Request for Hearing: The notice given a Professional Staff with Privileges member of an adverse recommendation shall advise that the Professional Staff with Privileges member has ten (10) days within which to submit a written request for a hearing to the Chair of the Credentials Committee. If a request is not timely submitted, the Professional Staff with Privileges member’s right to a hearing and appellate review shall be deemed waived, and the adverse recommendation shall be final.

6.6.3 Scheduling a Hearing: When a timely request for a hearing has been submitted, the Chair of the Credentials Committee shall schedule a hearing within 30 days (but no sooner than 10 days) from the date of the receipt of the request.

6.6.4 Hearing Panel: The Chair of the Credentials Committee shall appoint a Hearing Panel of impartial peers consisting of three persons who, to the extent reasonably practicable, have the same type of clinical privileges as the Professional Staff with Privileges member requesting the hearing. One member of the Hearing Panel shall be designated by the Chair of the Credentials Committee as the Chair of the Hearing Panel.

6.6.5 Hearing Procedures: At the hearing, the Chair of the Hearing Panel shall determine the order of presenting evidence and argument and shall act to assure that all participants have a reasonable opportunity to be heard and to present all relevant evidence. Both sides shall have the right to ask questions of the members of the Hearing Panel to determine whether they are impermissibly biased and to challenge such members, to call and examine witnesses, to introduce evidence, to cross-examine witnesses, and to otherwise rebut any evidence. The rules of law relating to the examination of witnesses and presentation of evidence shall apply, but the evidence must be of the sort which responsible persons are accustomed to rely upon in the conduct of serious affairs. The Hearing Panel may question the witnesses or call additional witnesses in its discretion. A record, either by a court report or a tape recorder, shall be made of the hearing.

6.6.6 Decision and Report: After the hearing, the Hearing Panel shall conduct its deliberations and render its decision and accompanying report, which shall explain the basis of its decision, within fifteen (15) days of the hearing. The decision and report shall be delivered to the Executive Committee of the Medical Center Medical Board and the affected Professional Staff with Privileges member. The decision of the Hearing
Panel is final, subject only to the right of appeal to the Executive Committee of the Medical Center Medical Board.

6.6.7 Request for Appeal: Within ten (10) days of the date of the Hearing Panel decision and report is delivered to the Professional Staff with Privileges member and the Executive Committee of the Medical Center Medical Board, either the Professional Staff with Privileges member or the Executive Committee of the Medical Center Medical Board may request appellate review by the Medical Center Affairs Committee. The request shall be in writing, include a brief statement of the reason(s) justifying appeal, and delivered to the Deputy Vice Chancellor, Health Affairs or the Chairman of the Medical Center Medical Board. If the request is not timely filed, the decision of the Hearing Panel is final.

6.6.8 Appellate Review: Within thirty (30) days of requesting appellate review, the parties shall submit written statements in support of their position on appeal to the Medical Center Affairs Committee with a copy to the other party. Thereafter, within thirty (30) days, the Medical Center Affairs Committee shall affirm, modify, or reverse the Hearing Panel’s decision or, in the Medical Center Affairs Committee’s discretion, remand the matter for further review by the Hearing Panel. The Medical Center Affairs Committee’s decision shall be in writing, with copies to both parties and the hearing Panel. Unless the Medical Center Affairs Committee remands the matter for further review by the Hearing Panel, the decision of the Medical Center Affairs Committee is final, without the right to further review.

ARTICLE VII. CLINICAL SERVICES

7.1 DESIGNATION

7.1.1 Current Clinical Services are:
A. ANESTHESIOLOGY
B. EMERGENCY MEDICINE
C. MEDICINE
D. NEUROLOGY
E. OBSTETRICS/GYNECOLOGY
F. OPHTHALMOLOGY
G. ORTHOPAEDICS & REHABILITATION
H. OTOLARYNGOLOGY
I. PATHOLOGY
J. PEDIATRICS
K. PHYSICAL MEDICINE & REHABILITATION
L. PSYCHIATRY
M. RADIOLOGY & RADIOLOGICAL SCIENCES
N. RADIATION ONCOLOGY
O. SURGICAL SCIENCES

7.1.2 Divisions: The Clinical Services may recommend the establishment of Divisions within the Service upon the recommendation of the Clinical Service Chief. Such Divisions shall reflect the needs of the School of Medicine and be subject to the approval of the Medical Center Medical Board and the Medical Center Affairs Committee.

7.2 REQUIREMENTS FOR AFFILIATION WITH SERVICES

Each Service and its Divisions are separate organizational components of the Medical Staff, and every Medical Staff appointee must have a primary affiliation with the Service and Division in which he/she holds an academic appointment. This appointment should most closely reflect the appointee's professional training, experience, and current practice. In exceptional circumstances a Medical Staff member holding a faculty appointment in more than one department, and following recommendation by the respective Chiefs of Service and approval of the Medical Center Affairs Committee, may be granted appointment(s) and clinical privileges in those other Services or Divisions. The exercise of clinical privileges of the designated Service or Division is always subject to the rules and regulations of that Service or Division and the authority of the applicable Service or Division Chief. Providers who are actively engaging in work in multiple Services or Divisions are required to maintain appropriate privileges for each clinical service.

7.3 FUNCTIONS OF CLINICAL SERVICES

7.3.1 General Provisions: The Clinical Services fulfill certain clinical, administrative, quality review/utilization management, and collegial and education functions as set forth in Section 7.3.2 below. Each Service and its clinical Divisions must meet as required by these Bylaws for the purpose of receiving reports on the findings of review and evaluation of the quality and efficiency of care provided to patients served by the Service and for such other purposes as may be necessary to carry out the required functions.

The primary purpose of such activities and subsequent reports is to improve the quality of patient care. Accordingly, all such activities and subsequent reports to findings are privileged under T.C.A. §63-1-150 and 68-11-272.

Each Clinical Service or a combined group of clinical services shall meet as a medical peer review committee of the Medical Staff as required to receive, review and consider performance improvement activities related to patient care. Minutes shall be made of such meetings to provide a record of reviews, evaluations and actions undertaken. Copies of these
minutes will be forwarded to Provider Support Services.

7.3.2 Service Functions: Each Service shall:

A. Establish, implement and monitor its appointees’ adherence to clinical standards, policies, procedures and practices relevant to the various clinical disciplines under its jurisdiction;

B. Provide an inter-specialty and inter-service forum for matters of clinical concern and for resolving clinical issues arising out of the interface between its appointees’ activities and the activities of other patient care and administrative services;

C. Develop consistency in the patient care data, standards, policies, procedures and practices within the Service and across any of its constituent Divisions;

D. Develop, with assistance from the various Divisions, specialists and sub specialists, criteria for use in making credentials recommendations on initial appointments, reappointments, grants of clinical privileges, concluding the provisional period, and other credentials matters, and make recommendations on these matters as required by the Medical Staff Credentialing Policies and Procedures;

E. Provide a forum for its appointees to contribute their professional views and insights to the formulation of the Service, Medical Staff and VUMC policies and plans;

F. Communicate, through the Chief of Service, formulated policies and plans back to its appointees for implementation;

G. Make recommendations, through its Chief, to the Medical Center Medical Board, the Chief Executive Officer, and other components, as appropriate, concerning the short and long-term allocation and acquisition of resources to and provision of services by VUMC and the Service.

H. Conduct ongoing review of core quality indicators and improvement through identified patient care centers; and

I. Report all findings of studies and other activities performed under paragraphs 7.3.2 to the Medical Center Medical Board through the appropriate committee mechanisms of the institution.

7.4 FUNCTIONS OF DIVISIONS

Divisions that are defined subunits of a Service perform the same type of clinical, administrative, and quality review/utilization management functions specified above for Services as are assigned by the applicable Chief of Service.

7.5 CHIEF OF SERVICE

7.5.1 Procedure for Appointment of Clinical Service Chiefs: The Medical Center Affairs Committee shall appoint the Chief of each Service. The Vice
Chancellor for Health Affairs shall make recommendations to the Medical Center Affairs Committee regarding individuals to serve as a Service Chief and the decision of the Medical Center Affairs Committee shall be final.

7.5.2 **Qualifications for Chief of Service:** Each Chief of Service shall be:
A. A member of the Active Medical Staff;
B. Chairman of the applicable clinical department in the Vanderbilt University School of Medicine; and
C. Recognized for his or her superior training, clinical expertise, and nationally recognized academic reputation.

7.5.3 **Term of Appointment:** The term of appointment of a Chief of Service or Division Chief shall coincide with his/her tenure as Chairman/Chief of the corresponding unit at the Vanderbilt University School of Medicine.

7.5.4 **Termination of Appointment:** The Medical Center Affairs Committee may terminate an appointment in coordination with the Vanderbilt School of Medicine when appropriate, and after the Associate Vice Chancellor, Clinical Affairs formally consults with the Medical Center Medical Board regarding such proposed termination. The appointment of a Chief of Service whose appointment is provided for in an oral or written contract shall automatically terminate upon termination of such contract if the contract so states.

7.5.5 **Vacancies:** In the event of a vacancy in the position of a Chief of Service, the Vice Chancellor for Health Affairs, in concert with the Dean of the Medical School, and in coordination with the Vanderbilt University School of Medicine, shall appoint a Physician to serve as Acting Chief of Service (with subsequent ratification by the Medical Center Affairs Committee).

7.5.6 **Responsibilities:** Each Chief of Service is responsible to the Medical Center Affairs Committee, through the Medical Center Medical Board for all professional activities of the Service. The Chief of Service is responsible to and subject to the direction of the Associate Vice Chancellor, Clinical Affairs for all administrative activities of that Service. The Chief of Service shall provide administrative supervision over all clinical work coming within the scope of the Service. The responsibilities of the Chief of Service shall include, but not be limited to, the following:

A. Delineating clinical privileges for the service;
B. Recommending the criteria for clinical privileges;
C. Recommending clinical privileges for each Service member;
D. Conducting, participating and making recommendations regarding orientation and continuing medical education programs pertinent to the clinical practice of the Service;
E. Appointment to the appropriate Medical Staff categories.
F. Appointing Service members to serve as Physician advisors who will, at times, be called upon to review care being rendered by another Service member, the purpose of which is to assist in appropriate utilization management;

G. Recommending standards for patient care, assuring that the quality and appropriateness of patient care provided within the Service are monitored and evaluated;

H. Initiating corrective action when necessary;

I. Conducting the administrative duties of the Service including, but not limited to:

1. Conducting Service meetings;
2. Serving as a member of the Medical Center Medical Board and implementing its actions and policies;
3. Enforcing the Medical Staff Bylaws, Rules and Regulations and policies within the Service;
4. Integrating the Service into the primary functions of VUMC;
5. Developing and implementing policies and procedures that guide and support the provision of clinical services;
6. Assisting in the development of recommendations for a sufficient number of qualified and competent persons to provide care;
7. Assisting in the determination of the qualifications and competence of personnel who are not licensed independent Physicians and who provide patient care services; and
8. Assisting in the development of recommendations for the use of space, resources, off-site services, and outside contracting needed by the Service;
9. Coordinating and integrating interdepartmental and intradepartmental services;
10. Maintaining quality control programs.

ARTICLE VIII. OFFICERS OF THE MEDICAL STAFF

8.1 THE OFFICERS OF THE MEDICAL STAFF

The officers of the Medical Staff shall be the Chairman of the Medical Center Medical Board, the Deputy Chairman of the Medical Center Medical Board, and the Immediate Past Chairman of the Medical Center Medical Board.

8.1.1 Eligibility: The officers of the Medical Staff shall be members of the Active Medical Staff.

8.1.2 Term of Office: The officers of the Medical Staff shall serve two (2) year terms commencing on the first day of the Medical Staff year following their election (July 1).
8.1.3 **Removal of an Officer:** Removal of an officer may be made:

A. By presentation of a petition to the Associate Vice Chancellor, Clinical Affairs and the appropriate Chief of Staff which has been signed by a majority of the members of the Medical Center Medical Board. This petition shall outline the deficiencies in the performance of the officer’s duties; and

B. Upon an affirmative two-third (2/3) vote of the MCMB responding.

8.1.4 **Vacancies in Elected Office:** A vacancy in the office of Chairman is filled by succession of the Deputy Chairman who shall serve the remainder of the unexpired term. If the Deputy Chairman is unable to serve the remainder of the unexpired term, a special election shall be held by the Medical Center Medical Board to fill the unexpired term of the Chairman.

A vacancy in the office of Deputy Chairman is filled by a special election to be conducted as soon as possible by the Medical Center Medical Board and in the same manner.

8.1.5 **Voting Procedure:** The election of officers shall be made in accordance with the voting procedure specified in Section 9.4 of these Bylaws.

8.1.6 **Election:** Officers are elected at the annual Medical Staff meeting.

8.2 **DUTIES OF OFFICERS**

8.2.1 **Duties of the Chairman:** The Chairman of the Medical Center Medical Board shall be the presiding officer at all meetings of the Medical Center Medical Board, the Executive Committee of the Medical Center Medical Board, and all general Medical Staff meetings. The duties of the Chairman may include:

A. Monitoring the enforcement of the Medical Staff Bylaws, Rules and Regulations with the Chiefs of Staff;

B. Presenting the views, policies, needs and concerns of the Medical Staff to the Chiefs of Staff, the Associate Vice Chancellor, Clinical Affairs, the Chief Executive Officers of the hospitals, the Vice Chancellor for Health Affairs, the Chancellor and the Medical Center Affairs Committee; and

C. Reporting on and interpreting to the Medical Center Affairs Committee the performance and maintenance of the Medical Staff’s responsibility for providing quality medical care.

8.2.2 **Duties of the Deputy Chairman:** Whenever the Chairman of the Medical Center Medical Board is unable to fulfill the duties of the office by reason of illness or other absence, the Deputy Chairman will assume the duties
and exercise the authority of the office of the Chairman. In addition, the Deputy Chairman shall serve as a member of the Credentials Committee and the Administrative Affairs Committee and be responsible for those additional duties delegated to him or her by the Chairman of the Medical Center Medical Board or the Medical Center Affairs Committee.

8.2.3 Duties of the Immediate Past Chairman: Whenever the Chairman and the Deputy Chairman of the Medical Center Medical Board are both unable to fulfill the duties of their offices by reason of illness or other absence, the Immediate Past Chairman will assume the duties and exercise the authority of the Office of the Chairman. The Immediate Past Chairman shall also be responsible for those duties delegated to him or her by the Chairman of the Medical Center Medical Board or the Medical Center Affairs Committee.

ARTICLE IX. FUNCTIONS AND COMMITTEES

9.1 ROLE AND FUNCTION OF COMMITTEES

9.1.1 Coordination of Medical Staff action: The Committees of the Medical Staff are critically important to Medical Staff operations. They provide inter-specialty and interdisciplinary coordination of continuing Medical Staff action for appropriate patient care, effective utilization of hospital services and provision of Medical Staff representation and participation in activities affecting the discharge of Medical Staff responsibilities. All committees, whether charged by the Bylaws or ad-hoc, shall be governed by a separate Committee Manual.

9.1.2 Advisory to Medical Center Medical Board: Unless otherwise specified, committees are advisory to the Medical Center Medical Board and report at least annually to the Medical Center Medical Board. Minutes shall be recorded, forwarded to Provider Support Services and reported to the Medical Center Medical Board.

9.1.3 Appointments and terms of committee membership: Chair, Vice-Chair and/or Co-Chair of Committees and Subcommittees are appointed by the Medical Center Medical Board upon recommendation of the appropriate Chief of Staff and the Chair of Medical Center Medical Board. Members of committees are appointed by the Chair of the Committee, the appropriate Chief of Staff and the Chair of Medical Center Medical Board. The term for committee positions will be two years and renewable.

9.1.4 Confidentiality: All committee members are required to hold the information discussed within them (both verbal and written) as privileged and confidential (as defined in T.C.A., § 63-1-150 and 68-11-272) and
such information may not be further released or utilized in any other context.

9.1.5 Quorum for Committees of the Medical Staff: Unless otherwise specified herein, 25% of the voting members (or their designees) present of any Committee shall constitute a quorum.

9.1.6 Non-Physician Committee Members: Non-Physician members of Medical Staff Committees, unless otherwise specified in these Bylaws or the Committee Manual and approved by the Medical Center Medical Board, shall be non-voting ex-officio members. They shall be appointed by the Chair of the Committee, the Chiefs of Staff and Chair of Medical Center Medical Board.

9.2 MEDICAL CENTER MEDICAL BOARD

The Medical Center Medical Board is the principal committee of the Medical Staff, to which all standing and special committees report. The Medical Center Medical Board is empowered to act on behalf of the Medical Staff as a whole between meetings of the Medical Staff by recommending to the Medical Center Affairs Committee professional policies to be followed by the Medical Staff.

9.2.1 Recommendations of the Medical Center Medical Board to the Medical Center Affairs Committee shall include, but not be limited to, the following:

A. Suggestions for changes and improvements to promote quality patient care;
B. Structure of the Medical Staff;
C. Application and/or reapplication fees;
D. The mechanism used to review credentials and to delineate individual clinical privileges;
E. Recommendations of individuals for Medical and Professional Staff membership and delineated clinical privileges (as applicable);
F. The mechanism to evaluate and revise, when appropriate, the organization of Medical Staff quality monitoring activities;
G. The mechanism(s) by which membership on the Medical Staff may be terminated; and
H. The mechanism for Hearing and Appellate Review procedures.

9.2.2 Composition of the Medical Center Medical Board: The membership of the Medical Center Medical Board shall include:

A. Voting Members:
   1. Officers of the Medical Staff;
   2. Chief of Staff, Vanderbilt Health System;
3. Chief of Staff, Vanderbilt University Hospital
4. Chief of Staff, Vanderbilt Children’s Hospital
5. Chief of Staff, Vanderbilt Psychiatric Hospital
6. Surgeon in Chief, Vanderbilt Children’s Hospital
7. Chair, Credentials Committee;
8. Chief Medical Officer of the Vanderbilt Medical Group;
9. Associate Dean, Graduate Medical Education;
10. Chiefs of all Clinical Services;
11. Chair, Health Record Executive Committee
12. Executive Medical Director, Diagnostic Laboratory;
13. Four (4) Representatives from the Department of Medicine to be appointed by the Clinical Chief of Medicine biennially;
14. One biennially elected member from:
15. Surgery
16. Pediatrics
17. Obstetrics/Gynecology
18. Three “at large” members elected at the annual meeting of the Medical Staff.

**Note:** A Voting member may send a non-voting designee when he/she is unable to attend.

B. **Ex-Officio Members without Vote:**

1. Chief Executive Officer, Vanderbilt University Hospital and Clinics;
2. Chief Executive Officer, Vanderbilt’s Children Hospital;
3. Executive Chief Nursing Officer and Chief Nursing Officers – Vanderbilt University Hospital and Clinics, MCJCHV and VPH;
4. *Chief Quality Officer, Vanderbilt University Medical Center
5. Vice Chancellor for Health Affairs;
6. Deputy Vice Chancellor for Health Affairs;
7. Dean of the School of Medicine;
8. Dean of the School of Nursing or Designee;
9. Representatives from Office of General Counsel;
10. Compliance and Corporate Integrity Officer;
11. Director, Center for Biomedical Ethics and Society;
12. Chief Operating Officer, Vanderbilt University Hospital and Clinics;
13. Chief Operating Officer, Vanderbilt Psychiatric Hospital;
14. Executive Director of Risk and Insurance Management;
15. Medical Director, Stallworth Rehabilitation Hospital;
16. Senior Associate Dean for Diversity Affairs, Vanderbilt University School of Medicine;
17. President of the House Staff Advisory Council;
18. Such other persons as may be determined by the Chair of the Medical Center Medical Board, Chief Executive Officers (CEO) of VUH and VCH, Chief of Staff – VHS, CMO and approved by the
Medical Center Affairs Committee.

*Becomes a voting member when held by a Member of the Medical Staff.

**Note:** A Non-Voting member may send a non-voting designee when he/she is unable to attend.

9.2.3 **Functions of the Medical Center Medical Board:** The duties and authority of the Medical Center Medical Board are to:

A. Represent and act on behalf of the Medical Staff in all matters, except for election of officers and removal of officers;
B. Receive, coordinate and act upon, as necessary, the written reports and recommendations of the Services and the standing and special committees directly responsible to it and to hear oral reports from time to time as required or requested;
C. Coordinate, or oversee coordination of, the activities of and policies adopted by the Medical Staff, Clinical Services, other clinical units and committees;
D. Implement the approved policies of the Medical Staff, or monitor that such policies are implemented by the Services, other clinical units and committees;
E. Review and report to the Medical Staff changes in these Bylaws and Rules and Regulations;
F. Inform the Medical Staff on Joint Commission accreditation programs and the accreditation status of the hospitals;
G. Review and approve the appointment of chairmen of standing committees, except as otherwise provided;
H. Recommend to the Medical Center Affairs Committee, as required in these Bylaws, the Medical Staff Credentialing Policies and Procedures and related policies concerning matters relating to appointments and reappointments, category and Service assignments, clinical privileges, and disciplinary action;
I. Take reasonable steps to monitor professional ethical conduct and competent clinical performance on the part of Medical Staff appointees, including initiating investigations and initiating and pursuing disciplinary action, when warranted;
J. Account to the Medical Center Affairs Committee by written report for the quality and efficiency of medical care provided to patients at VUMC, including a summary of specific findings, action and follow-up; and
K. Make recommendations to the Chief Executive Officer on medico-administrative, VUMC management and planning matters.
9.2.4 **Elected Representatives**: Each Clinical Service having an elected representative on the Medical Center Medical Board shall hold a biennial election to select such representative. Elected representatives shall serve not more than two (2) consecutive two (2) year terms of office.

9.2.5 **Meeting Requirements**: The Medical Center Medical Board shall generally meet on a monthly basis if there is business to conduct, and a permanent record of the proceedings and actions shall be maintained.

9.3 **STANDING COMMITTEES**

The Committees of the Medical Center Medical Board shall be:

9.3.1 **Executive Committee**

A. **Meetings**: The Executive Committee shall meet monthly or more often as necessary.

B. **Purpose**: The Executive Committee is empowered to act on behalf of the Medical Center Medical Board between its regularly scheduled meetings. In addition, it shall have the following responsibilities:

1. To recommend to the Medical Center Medical Board and the Medical Center Affairs Committee all matters relating to Corrective Action as outlined in Article XII of these Bylaws, appointments, staff categories, and clinical privileges;
2. To receive reports of standing committees and ad hoc committees at the request of the Executive Committee Chair;
3. To review preliminary work for the MCMB including, but not limited to new concepts, launch ideas, new policies, etc.;
4. To follow up on the implementation of recommendations and decisions of the Medical Center Medical Board;
5. To conduct Expedited Credentials Committee meetings, at the request of the Executive Committee Chair, as outlined in the Medical Staff Policies and Procedures;
6. To review and approve all new delineation of clinical privilege forms including, but not limited to cross-departmental procedures.

C. **Composition of the Executive Committee**

**Voting Members**:

1. Officers of the Medical Staff;
2. Chief of Staff, Vanderbilt Health System;
3. Chief of Staff, Vanderbilt University Hospital;
4. Chief of Staff, Vanderbilt Children’s Hospital;
5. Chief of Staff, Vanderbilt Psychiatric Hospital;
6. Chair, Credentials Committee
7. Chief Medical Officer;
8. Associate Dean, Graduate Medical Education;
9. Chiefs of all Clinical Services
10. Deputy Vice Chancellor for Health Affairs.

**Note:** A Voting member may send a non-voting designee when he/she is unable to attend.

**Non-Voting Members:**

1. Vice Chancellor for Health Affairs;
2. Chief Executive Officer, Vanderbilt University Hospital and Clinics;
3. Chief Executive Officer, Vanderbilt Children’s Hospital;
4. Executive Chief Nursing Officer;
5. Chief Nursing Officers (Vanderbilt University Hospital & Vanderbilt Children's Hospital);
6. Representatives from the Office of the General Counsel;
7. *Chief Quality Officer;
8. Such other persons as may be determined by the Chair of the Medical Center Medical Board, Chief Executive Officers (CEO) of VUH and VCH, Chief of Staff – VHS, CMO and approved by the Medical Center Affairs Committee.

*Becomes a voting member when held by a Member of the Medical Staff.

**Note:** A Non-Voting member may send a non-voting designee when he/she is unable to attend.

### 9.3.2 Administrative Affairs Committee

The Administrative Affairs Committee shall consist of at least five (5) members of the Active and/or Active Offsite members of the Medical Staff, and representation from the Office of General Counsel and the Office of Accreditation and Standards. It shall meet quarterly if there is business to conduct or more often as necessary. The duties of the Administrative Affairs Committee shall be:

A. To perform an ongoing review of the Medical Staff Bylaws, Rules and Regulations and Policies and Procedures and to make recommendations for revisions as necessary to promote quality patient
care, efficient utilization of resources and effective Medical Staff leadership.

B. To monitor and identify actions of the Medical Center Medical Board that require revisions to the Bylaws and Rules and Regulations, and to facilitate incorporation of necessary revisions into those governing documents.

9.3.3 Credentials Committee

The Credentials Committee shall consist of nine (9) members of the Active Medical Staff so selected as to insure representation of the major clinical specialties, including behavioral health, the hospital-based specialties and the Medical Staff at large. It shall meet at least quarterly. Its duties shall be:

A. To evaluate the credentials and performance of all applicants for Medical Staff membership for reappointment and determine whether each application satisfies the required qualifications in Article III, and will fulfill the responsibilities set forth in Article II of these Bylaws. The selection of persons to be recommended for appointments shall be based upon a thorough review of the qualifications of each applicant. No applicant shall be denied Medical Staff membership on the basis of sex, race, creed, color or national origin, or on the basis of any other criterion not pertaining to the qualifications and requirements in Articles II and III.

B. To review recommendations from the Joint Practice Committee regarding the credentials, performance, and supervisory arrangements (as applicable) of all Professional Staff with Privileges and Allied Health Practitioners who apply for credentialing and/or privileges to practice at VUMC.

C. To report to the Medical Center Medical Board on each applicant for Medical Staff or other professional staff recommendation to the Medical Center Affairs Committee. Reports and recommendations regarding Medical Staff and other professional staff appointment and delineation of practice privileges shall include consideration of any recommendations from the Service in which the candidate requests privileges;

9.4 SUBCOMMITTEES

The Subcommittees of the Credentials Committee shall be:

9.4.1 Joint Practice Committee
The primary responsibility of the Joint Practice Committee is to evaluate the credentials and performance of Professional Staff with Privileges and Allied Health Practitioners who apply for credentialing and/or privileges to practice at VUMC and determine whether each applicant satisfies the required qualifications and applicable supervisory requirements based upon a thorough review of the qualifications of each applicant and proposed supervising physician as applicable. No applicant shall be denied Professional Staff membership on the basis of sex, race, creed, color or national origin, or on the basis of any other criterion not pertaining to professional competency and conduct.

9.4.2 Vanderbilt Children’s Hospital (VCH) Credentials Committee

The Children’s Hospital Credentials Committee shall consist of nine (9) members of the Active Medical Staff so selected as to insure representation of the major clinical specialties, including behavioral health the hospital-based specialties and the Medical Staff at large. It shall meet at least quarterly. Its duties shall be:

A. To evaluate the credentials and performance of all applicants for Medical Staff membership and for reappointment who will focus their practice at the VCH and determine whether each application satisfies the required qualifications in Article III, and will fulfill the responsibilities set forth in Article II of these Bylaws. The selection of persons to be recommended for appointments shall be based upon a thorough review of the qualifications of each applicant. No applicant shall be denied Medical Staff membership on the basis of sex, race, creed, color or national origin, or on the basis of any other criterion not pertaining to the qualifications and requirements in Articles II and III.

B. To review recommendations from the Joint Practice Committee regarding the credentials, performance, and supervisory arrangements (as applicable) of all Professional Staff with Privileges and Allied Health Practitioners who apply for credentialing and/or privileges to practice at the VCH.

C. To report to the Medical Center Medical Board on each applicant for Medical Staff or other professional staff recommendation to the Medical Center Affairs Committee. Reports and recommendations regarding Medical Staff and other professional staff appointment and delineation of practice privileges shall include consideration of any recommendations from the Service in which the candidate requests privileges;

D. To investigate any breach of ethics that is reported to it; and
E. To review reports of Medical Staff or other professional staff member performance or conduct issues that are referred to it, and to provide peer review in response to competence or performance inquiries.

These committees may be expanded, combined, or inactivated by the Medical Center Medical Board to meet changing circumstances.

9.5 AD HOC COMMITTEES

Ad Hoc Committees may be recommended to the Medical Center Medical Board by the Chief of Staff and/or the Chairman of the Medical Center Medical Board to consider specific subjects. Such a committee will automatically be discharged on submission of its final report to the Medical Center Medical Board.

ARTICLE X. MEETINGS

10.1 REGULAR MEETINGS

There shall be a minimum of one annual meeting of the Medical Staff. The agenda for the meeting shall be publicized to all members of the Medical Staff in advance of the meeting date.

10.1.1 Quorum for General Medical Staff Meetings: Fifty (50) members of the Active Medical Staff shall constitute a quorum.

10.2 SPECIAL MEETINGS

Special meetings may be called at any time by the Chairman of the Medical Center Medical Board or by the Medical Center Medical Board itself at the request of any fifteen (15) members of the Active Medical Staff. At least seven (7) days’ notice will be given for any special meeting.

10.2.1 Quorum for Special Meetings: Fifty (50) members of the Active Medical Staff shall constitute a quorum for special meetings.

10.3 SERVICE MEETINGS

Each Clinical Service or a combined group of Clinical Services shall meet as a committee of the Medical Staff as required to receive, review and consider performance improvement activities related to patient care. Minutes shall be made of such meetings to provide a record of reviews, evaluations, and actions undertaken and shall constitute medical review activities pursuant to T.C.A. §63-1-150 and 68-11-272. Minutes shall be forwarded to Provider Support Services. Service meetings are held by respective Services at a time and a place designated by the Chief of Service with a frequency dictated by the activities of
each individual Service. Service meetings may be cancelled or rescheduled from
time to time at the discretion of the Chief of Service.

All members of the Active Medical Staff are required to attend Clinical Service
meetings as required by their respective Service unless excused by the Clinical
Service Chief. Unexcused absences in excess of the number permitted by the
Service may result in reduction or termination of Staff status and/or clinical
privileges.

10.3.1 Quorum for Service Meetings: 25% of the voting membership of a Service
shall constitute a quorum.

10.4 MEETING PROCEDURES

10.4.1 Basis for Determining a Voting Result: A quorum of the eligible members
shall be present for the election of officers and all other formal votes by
the Medical Staff or its committees or services. Election shall be
determined by a majority vote of those present where there are two
nominees or issues being presented. Where there are more than two
nominees or issues, the candidate or issue with the greater number of
votes shall be elected. Abstention shall not constitute an affirmative or
negative vote.

10.4.2 Rules of Order: The rules contained in Robert’s Rules of Order shall
govern the proceedings of the Medical Staff in all cases where they are
applicable and in which they are not inconsistent with the Bylaws, or Rules
and Regulations, or Policies and Procedures of the Medical Staff.

ARTICLE XI. INFORMAL PROBLEM RESOLUTION

The Medical Center Medical Board may undertake informal problem resolution with a
Medical Staff member in order to maintain the requirements of, and standards set by,
these Bylaws. Informal problem resolution may be initiated to address conflicts and
complaints through educational or administrative solutions, prior to and/or in lieu of
disciplinary actions which are undertaken as necessary pursuant to Article XII.

11.1 COMPLAINTS

Any member of the Medical Staff, Nursing Staff, other professional staff or
administration may bring a concern regarding the performance or conduct of a
member of the Medical Staff to the attention of the appropriate Chief of Staff
and/or the Chairman of the Medical Center Medical Board.
11.2 INFORMAL CONFERENCE

The Chief of Service for a Physician who is the subject of the complaint (the "Affected Physician"), in consultation with the appropriate Chief of Staff, and the Chairman of the Medical Center Medical Board, shall evaluate the grounds for an expressed concern or complaint and, if appropriate, arrange an informal conference with the Affected Physician. The appropriate Chief of Staff and the Chairman of the Medical Center Medical Board may conduct the informal conference or may appoint a panel consisting of impartial members of the Executive Committee. In no event shall the person initiating the complaint participate on the panel. The informal conference shall include a review of the issue(s) with the Affected Physician and recommendation of resolution of the problem. If the Affected Physician is either a Chief of Service or a Chief of Staff, then the Associate Vice Chancellor, Clinical Affairs shall evaluate the grounds for the expressed concern or complaint, and shall work with the Medical Center Medical Board as necessary to address such complaint.

11.3 NO REPRESENTATION

The Physician is not permitted to have a personal advisor at an informal problem resolution conference.

11.4 REPORTING AND INFORMAL CONFERENCE

If the problem is resolved, a written report outlining the substance of the complaint and the resolution shall be prepared and placed in the Physician’s credentials file. If the problem is not resolved, the Chairman, Medical Center Medical Board, refers the matter for Corrective Action pursuant to Article XII.

11.5 RESOLUTION

Any mutually agreed upon resolution resulting from the informal conference and reduced to writing, pursuant to this Article shall be final and gives rise to no right of Hearing or appeal.

11.6 PROCESS PROTECTIONS

The informal problem resolution process is a privileged and confidential peer review process as defined in T.C.A. §63-1-150 and 68-11-272. All proceedings, findings, conclusions, and recommendations in connection with this process are privileged, confidential, are not public records, and are not available for court subpoena or discovery proceedings.

ARTICLE XII. CORRECTIVE ACTION

12.1 INITIATION OF CORRECTIVE ACTION PROCEDURE
Criteria for Initiation: Members of the Medical Staff have the responsibility to request corrective action in the event that they have knowledge of activities, demeanor or conduct of another member of the Medical Staff that is reasonably likely to be:

A. Detrimental to the delivery of patient care, patient safety or to the safety of others;

B. Below applicable professional standards;

C. Unethical or illegal;

D. Contrary to the Bylaws, Rules and Regulations or Policies and Procedures of the Medical Staff;

E. Disruptive to the operations of VUMC;

F. Indicative of a violation of the VUMC alcohol and drug use policy.

12.1.1 Request for Corrective Action: Any member of the Medical Staff, any VUMC administrator, or Dean of the School of Medicine, or the School of Nursing, may initiate a request for corrective action. A request for corrective action is made to the appropriate Chief of Staff or the Chairman of the Medical Center Medical Board, and must include reference to the specific activities or conduct which constitute the grounds for the request and the name of the person submitting the request.

12.1.2 Chief of Staff/Chairman Action: Upon determination that the request merits further action, the applicable Chief of Staff or the Chairman of the Medical Center Medical Board shall reduce any verbal request to writing, and submit the request to the Executive Committee of the Medical Center Medical Board for review and possible further action. Such referral constitutes initiation of corrective action and is hereafter referred to as “Initiation of Corrective Action.”

12.1.3 Appointment of Investigation Committee: The applicable Chief of Staff in consultation with the Chairman of the Medical Center Medical Board shall, within fourteen (14) consecutive days from the date of Initiation of Corrective Action, appoint and convene an Investigating Committee and its chair consisting of not fewer than five (5) Active Medical Staff members. An individual who initiates a request for corrective action is not allowed to participate in deciding the outcome and care is taken to select Medical Staff Members who do not have any conflicts of interest to serve on the Investigation Committee. The Chairman of the Medical Center Medical Board shall promptly notify the Chief of Service for the Physician
who is the subject of the request for corrective action (the “Affected Physician”), the Dean, the Deputy Vice Chancellor for Health Affairs and the Vice-Chancellor for Health Affairs in writing of all requests for corrective action received by the Executive Committee of the Medical Center Medical Board and shall continue to keep them fully informed of all action taken in conjunction therewith.

12.1.4 Investigating Committee: The Investigating Committee shall conduct its investigation, which may in its sole discretion include an interview of the Affected Physician and other individuals, and shall submit a report of its findings and recommendation to the Executive Committee of the Medical Center Medical Board within thirty (30) consecutive days of Initiation of Corrective Action.

12.1.5 Executive Committee Action: After evaluating the report of the Investigative Committee, the Executive Committee, with participation of the Affected Physician's Chief of Service and the appropriate Chief of Staff, shall propose action within 30 consecutive days of receipt of the Investigative Committee's report. The action proposed by the Executive Committee of the Medical Center Medical Board may include, without limitation:

A. For a finding that no corrective action is warranted;

B. Issuing a verbal warning or letter of reprimand or admonition;

C. Imposing terms of probation, or requirements of consultation, monitoring, or supervision;

D. Modifying, suspending, or terminating clinical privileges;

E. Reducing Medical Staff category or limiting certain Medical Staff prerogatives;

F. Suspending or terminating Medical Staff appointment; and/or

G. Other appropriate measures.

12.1.6 Notice to the Affected Physician: Within five business days of the proposed corrective action, the appropriate Chief of Staff shall notify the Affected Physician of the recommendation of the Executive Committee. Notice of any recommendation that is adverse to the Affected Physician shall be in writing and made by personal delivery or by certified mail, return receipt requested.
12.1.7 Procedural Rights: Subject to the exceptions set forth in Section 13.1.3, any action proposed by the Executive Committee that is adverse to the Affected Physician as defined in Section 13.1.2, shall, upon timely and proper request as provided in Section 13.2.2 entitle the affected Physician to the Hearing and Appellate Review rights set forth in Article XIII.

12.2 SUMMARY SUSPENSION

12.2.1 Criteria and Initiation: Whenever a Medical Staff member: (1) willfully disregards or violates in any material respect these Bylaws or other VUMC policies; (2) engages in conduct that necessitates immediate action to protect the life of any patient(s) or to reduce the likelihood of injury or damage to the health or safety of any patient, VUMC personnel or others; or (3) engages in conduct that poses a serious threat of disruption to the operations of VUMC, then any Medical Staff member, Nursing Staff member, member of the Professional Staff or other staff member shall take immediate steps necessary to request initiation of Summary Suspension.

12.2.2 Authority to initiate Summary Suspension: Authority to initiate Summary Suspension is vested in each of the following:

A. Affected Physician’s Chief of Service, or designee

B. Affected Physician’s Chief(s) of Staff, or designee

C. Chairman, Medical Center Medical Board, or designee

D. Associate Vice Chancellor, Clinical Affairs, or designee

E. Vice Chancellor for Health Affairs, or designee

12.2.3 Notifications: The appropriate Chief(s) of Staff, or designee, shall be notified immediately of any Summary Suspension and then shall communicate as soon a practicably possible the Summary Suspension to the following:

A. Affected Physician’s Chief of Service

B. Chairman of the Medical Center Medical Board

C. Office of the General Counsel

D. Vice Chancellor for Health Affairs
The appropriate Chief of Staff, or designee shall immediately notify the Affected Physician of the Summary Suspension, in writing by personal delivery, overnight courier or certified mail, return receipt requested (notice performed by personal delivery, overnight courier, or certified mail, return receipt requested in hereinafter referred to as “Special Notice”). Summary Suspension is effective immediately upon Special Notice of the suspension to the Affected Physician.

12.2.4 Alternative Medical Coverage: Immediately upon Summary Suspension of an Affected Physician, the applicable Chief of Service, or designee, shall arrange for alternative medical coverage for the patients of the Affected Physician who are in a VUMC hospital, with due consideration for the wishes of the patient(s).

12.2.5 Medical Center Medical Board Action: The Executive Committee, or an ad hoc committee appointed for this purpose, shall conduct such investigation, as it deems necessary, which may include an informal interview with the Affected Physician. As soon as practicable, but within a period of no longer than 14 consecutive days from the initiation of the Summary Suspension, the Executive Committee of the Medical Center Medical Board shall meet to review the results of the investigation and will act to either lift the summary suspension or to leave it in place. In either event, the Executive Committee will make a written record of its decision setting forth the basis of its decision. If the Executive Committee determines that sufficient grounds for suspension do not exist, the summary suspension is immediately lifted and the Affected Physician is not entitled to a hearing or other procedural rights provided in Article XIII. The Executive Committee shall inform the Affected Physician of its decision by Special Notice, which, in the event that the decision is adverse, shall include notice of his or her right to a hearing pursuant to Article XIII.

12.2.6 Termination of Privileges/Medical Staff Membership: In the event that the final decision of the Medical Center Affairs Committee is adverse to the Affected Physician, and remains adverse to the Affected Physician after the Affected Physician has exhausted, or has waived exercise of all of his or her procedural rights provided in Article XIII, then the Affected Physicians’ clinical privileges and Medical Staff membership are terminated. Such action shall be reportable to the National Practitioner Data Bank (NPDB). The fact that a Summary Suspension is lifted does not preclude proceeding with corrective action, as provided in Article XII based on the same or similar grounds.
12.3 AUTOMATIC SUSPENSION OR TERMINATION

12.3.1 Criteria for Initiation: If a member of the Medical Staff fails to maintain a legal credential necessary for authorization to practice, or fails to maintain any other qualification necessary for Medical Staff membership or clinical privileges, the Medical Staff member shall be immediately and automatically suspended from practicing and his or her Medical Staff membership may be automatically terminated. The following circumstances constitute grounds for automatic suspension, and if appropriate, automatic termination.

A. Loss of License: A member whose license or other credentials authorizing him or her to practice in the state is revoked or suspended shall immediately and automatically be suspended from practicing at VUMC as of the date that notice of such revocation or suspension is actually received by VUMC. Additionally, if a Medical Staff member fails to maintain a current license, he/she shall be automatically suspended from the Medical Staff on the day that such license expires. If within thirty (30) days such license is not renewed, his/her Medical Staff membership shall be automatically terminated.

B. Conviction of a felony.

C. OIG Exclusion: Medical Staff members who are excluded from participation in government health care programs including Medicare, Medicaid and TennCare, shall immediately and automatically be suspended from practicing at VUMC on the date that notice is received by VUMC that the Medical Staff member is on the OIG exclusion list. If within thirty (30) days, the Medical Staff member is not removed from the OIG exclusion list, the Medical Staff member’s membership shall be automatically terminated.

D. Loss of Faculty Appointment: Clinical privileges and Medical Staff Membership automatically terminate upon termination of a Medical Staff member’s faculty appointment.

E. Inability to obtain or maintain professional liability insurance: If a member of the Medical Staff fails to maintain professional liability insurance as required by these Bylaws, or if coverage is revoked, Medical Staff membership is automatically suspended on the day such coverage expires. If within thirty (30) days the Medical Staff member does not obtain coverage, his or her Medical Staff membership is automatically terminated.

F. Failure to continuously meet the basic qualifications for Medical Staff membership set forth in Article III.
G. Loss of Drug Enforcement Agency ("DEA") number: In the event that a Medical Staff member's DEA number is revoked or suspended, the Medical Staff member shall be immediately and automatically divested of the right to prescribe medications covered by the number as of the date that such notice is received by VUMC. The Executive Committee of the Medical Center Medical Board may take further action as appropriate to the facts disclosed pursuant to its investigation. If the Medical Staff member fails to maintain a current DEA registration necessary for his or her practice, he or she shall be automatically suspended from membership on the Medical Staff on the day such registration expires. If within thirty (30) days such registration is not renewed, his or her Medical Staff membership shall be automatically terminated.

H. Failure to obtain and maintain Board Certification as required by 3.2.3 of these Bylaws.

I. Failure to obtain and maintain CME’s in accordance with 4.1.1 of these Bylaws.

J. Failure to comply with the Medical Records completion requirement as outlined in Section III (B) (3) of the Rules and Regulations.

12.3.2 Physician Responsibility: A Physician shall provide written notice to his/her Chief of Service, the appropriate Chief(s) of Staff and the Associate Vice Chancellor, Clinical Affairs of the initiation, nature and specific details of any action involving challenge, investigation, denial, revocation, suspension, reduction, limitation, probation, non-renewal or voluntary relinquishment (by resignation or expiration) of the Medical Staff member’s license or certification to practice any profession in any state, jurisdiction (e.g., District of Columbia, Commonwealth of Puerto Rico, etc.) or country; Drug Enforcement Administration (DEA) or other controlled substances registration; membership or fellowship in local, state, or national professional organizations, specialty or sub-specialty board certification or eligibility; faculty membership at any medical or other professional school; or staff members status or clinical privileges at any other hospital, clinic, or health care institution, OIG exclusion, arrest, or conviction of a felony, cancellation or proposed cancellation of professional liability insurance coverage and keep his/her Chief of Service, appropriate Chief(s) of Staff and the Associate Vice Chancellor, Clinical Affairs informed as to the progress and outcome of such action or proceedings. Failure by Physician to provide such notice may result in corrective action.
12.3.3 **Nature of Suspension/Termination:** In the event of Automatic Suspension or Termination of Medical Staff membership and clinical privileges based on the provisions of this Article, the affected Physician shall not be entitled to a Hearing and Appellate Review under Article XIII herein with respect to such suspension and/or termination. Upon request, however, the Affected Physician may be afforded the opportunity to present evidence to the Executive Committee of the Medical Center Medical Board for the limited purpose of refuting the information resulting in the suspension.

12.3.4 **Review:** As soon as reasonably possible after initiation of an automatic suspension, the appropriate Chief of Staff, or his designee, shall make an immediate inquiry and review the facts and circumstances under which the Automatic Suspension/Termination was initiated. The inquiry may include requests for information from the concerned authority, the Affected Physician and others, and be followed by such measure, interim or otherwise, that may be considered appropriate and in the best interests of patient care, the Medical Staff, and VUMC.

12.3.5 **Executive Committee Action:** Upon any final termination pursuant to this section, the Executive Committee of the Medical Center Medical Board shall notify the Medical Center Affairs Committee of the Physician's termination of all clinical privileges and Medical Staff membership.

12.3.6 **Medical Records:** A temporary suspension of a Medical Staff member’s clinical privileges may be imposed for failure to complete medical records in accordance with these Bylaws, Rules and Regulations, VUMC Medical Records policies and standards established by the Medical Staff Member’s Department or Service. Summary suspension for failure to complete medical records may be initiated by the applicable Department Chair or Service Chief after consultation with the appropriate Chief of Staff. Such temporary suspension shall be effective upon Special Notice from the Department Chair, Division Chief or Chief of Staff to the Affected Physician, and shall remain in effect until the medical records are satisfactorily completed and in compliance with all applicable requirements.

12.3.7 **Immunizations and TB Testing:** An automatic temporary suspension of a Medical Staff member’s clinical privileges is imposed for failure to comply with VUMC infectious disease policies including immunization and/or TB testing requirements in accordance with these Bylaws and VUMC policies. The automatic temporary suspension for failure to comply with VUMC infectious disease policies is automatically initiated by Provider Support Services based upon immunization and TB testing data posted on MyVandy. Such temporary suspension shall be effective upon Special Notice from Provider Support Services and shall remain in effect until all immunization requirements have been satisfied.
12.4 ACTIONS AGAINST MEDICO-A DMINISTRATIVE APPOINTEES

12.4.1 Medical Staff members who also hold administrative appointment at VUMC are, with respect to those administrative appointments, subject to the usual and customary administrative processes of Vanderbilt University, including termination as outlined in the Faculty Manual of Vanderbilt University. All reviews shall be conducted under the procedures provided by the University, and no review or procedural rights in connection with the administrative matter are available under these By-laws.

12.4.2 If the corrective action requested involves the Chief of a Clinical Service or an officer of the Medical Center Medical Board, the Executive Committee of the Medical Center Medical Board in coordination with the appropriate Chief(s) of Staff shall arrange for another appropriate member of the Active Medical Staff to provide coverage for any necessary functions of that office pending resolution of the corrective action.

12.5 PROCESS PROTECTIONS

This corrective action process is a peer review process as defined in T.C.A. §63-1-150 and 68-11-272 and all findings, conclusions, and recommendations in connection with this process are privileged, are not public records, and are not subject to court subpoena, or for discovery proceedings.

ARTICLE XIII.  HEARING AND APPELLATE REVIEW PROCEDURES

13.1 HEARINGS

13.1.1 Criteria for Initiation of Medical Center Medical Board Action: Subject to the exceptions set forth in Section 13.1.3, any action proposed by the Executive Committee that is adverse to the Affected Physician as defined in Section 13.1.2 below, shall, upon timely and proper request as provided in Section 13.2.2 entitle the Affected Physician to the Hearing and Appellate Review rights set forth in this Article

13.1.2 Definition of Adverse Recommendation: Only the following recommendations by the Executive Committee of the Medical Center Medical Board shall be considered adverse to the Affected Physician and shall entitle the Affected Physician to the procedural rights afforded by this Article:

A. Denial of initial Medical Staff appointment unless specifically identified as an administrative action pursuant to these Bylaws;
B. Denial of reappointment unless specifically identified as an administrative action pursuant to these Bylaws;

C. Suspension or revocation of Medical Staff membership;

D. Denial of requested appointment to, or advancement in a Medical Staff category, or a reduction in category;

E. Suspension or revocation of admitting privileges;

F. Suspension, revocation, or limitation of requested clinical privileges, or any other Medical Staff membership privilege related to the provision of patient care, other than temporary clinical privileges;

G. Requirement of mandatory consultation, monitoring or supervision (not including any supervision required during provisional appointment under Section 3.4, which shall be reported to have been successfully completed).

13.1.3 Exceptions to Hearing Rights: Notwithstanding any provision in these Bylaws, Rules and Regulations, or Policies and Procedures to the contrary, the following actions or recommended actions do not entitle the Affected Physician to a hearing or other procedural rights in this Article:

A. Any action voluntarily imposed or accepted by the Affected Physician

B. Automatic action pursuant to Section 12.3.

C. Any action taken or recommended with respect to Temporary, Locum Tenens, Consulting/Single Case, Training, or Disaster privileges.

13.2 REQUEST FOR A HEARING

13.2.1 Notification: The Vice Chancellor for Health Affairs or the applicable Chief of Staff as his/her designee, shall within five (5) days of receiving written notice of proposed adverse action against the Affected Physician, provide Special Notice to the Affected Physician (herein referred to as the “Notice”). The Notice shall inform the Affected Physician of the action proposed and the reasons for the proposed action. The Notice also shall inform the Affected Physician that he/she has thirty (30) consecutive days following the date of the Notice to request a Hearing on the proposed action, that the request must satisfy the requirements of Section 13.2.2, and that failure to request a hearing within the time period and in the proper manner constitutes a waiver of rights to a hearing and to an appellate review on the matter that is the subject of the Notice.
13.2.2 Request for Hearing: The Affected Physician shall have thirty (30) consecutive days after his/her receipt of the Notice to file a written request for a hearing. The request must be in writing and delivered to the Associate Vice Chancellor, Clinical Affairs or appropriate Chief of Staff (by certified mail return receipt requested, overnight mail or hand delivery).

13.2.3 Failure to Request a Hearing: Failure by the Affected Physician to request a Hearing within the time and in the manner herein above provided constitutes a waiver of his/her right to such hearing and to any appellate review to which he/she might otherwise have been entitled.

13.2.4 Waiver: A waiver constitutes acceptance of the action or recommendation, which shall become and remain effective immediately. Such decision shall be reported to the Medical Center Medical Board, which shall report the decision to the Medical Center Affairs Committee as a final action.

13.3 NOTICE OF TIME AND PLACE FOR A HEARING

13.3.1 Upon timely and proper request for a hearing, the Executive Committee of the Medical Center Medical Board shall appoint a Hearing Committee and a Hearing Officer (see Section 13.4), which shall schedule and arrange for a Hearing. At least fourteen (14) consecutive days prior to the date for the hearing, the Hearing Committee shall notify the Affected Physician, in writing, of the place, time, and date of the hearing. When an Affected Physician under summary suspension timely requests a hearing it should be scheduled as soon as arrangements may reasonably be made, but not later than fourteen (14) days from the date that the summary suspension was imposed on the Affected Physician. The notice shall inform the Affected Physician of his/her rights with respect to the hearing, which rights shall include the following:

A. Right to be accompanied by an attorney or other person of the Affected Physician’s choice, pursuant to the provisions and limitations expressed in Section 13.5.6;

B. Right to call, examine and cross-examine witnesses or independent experts;

C. Right to present evidence determined to be relevant by the Hearing Officer, regardless of its admissibility in a court of law;

D. Right to have a record made of the proceedings, copies of which may be obtained by the Affected Physician upon payment of any reasonable charges associated with the preparation thereof;
E. Right to submit an oral or written statement at the close of the hearing.

13.3.2 Hearing Committee Requirements: The Notice of Hearing shall state in concise language the acts or omissions of the Affected Physician, a list of proposed witnesses or independent experts, if any, expected to testify at the request of the Hearing Committee, a brief statement of information each witness may testify about, a list of specific or representative patient charts being questioned and/or, the other documents that were considered in making the adverse recommendation or decision.

13.3.3 Affected Physician Requirements: At least seven (7) days prior to the Hearing date, the Affected Physician shall provide the Hearing Officer a list of witnesses and/or independent experts to be called, a brief summary of the information that each is expected to present and copies of any documents to be offered at the hearing.

13.4 COMPOSITION OF THE HEARING COMMITTEE

13.4.1 The Hearing Committee shall consist of not fewer than five (5) Active members of the Medical Staff, none of whom have brought the complaint against the Affected Physician, none of whom were involved in any of the prior deliberations, and each of whom shall be appointed by the appropriate Chief(s) of Staff in consultation with the Chairman of the Medical Center Medical Board and one of whom is in the Affected Physician’s area, or related area of practice. In addition, the Affected Physician shall have the right, at his or her option, to have one additional physician member of the Active Medical Staff of his or her choosing to serve on the Hearing Committee. If the Affected Physician makes such a request, the additional physician shall be appointed by the applicable Chief of Staff if there is such an additional physician reasonably available and qualified.

13.4.2 Hearing Officer: The Executive Committee of the Medical Center Medical Board shall appoint an impartial hearing officer (“Hearing Officer”) to preside at the hearing. The Hearing Officer shall maintain decorum and order such that all participants in the Hearing have a reasonable opportunity to present relevant oral and written evidence, and shall be entitled to determine the order of the procedure during the Hearing and shall make rulings on procedure and the admissibility of evidence. The Hearing Officer may participate in the deliberations.
13.5 CONDUCT OF HEARING

13.5.1 **Purpose:** The Hearing is a confidential medical peer review activity as defined in T.C.A. §63-1-150 and 68-11-272. Access to the proceedings is restricted to those participating in the hearing.

13.5.2 **Quorum for the Hearing Committee:** There shall be at least a majority of the members of the Hearing Committee present in order for the Hearing to proceed. If a Hearing Committee member is absent from any part of the hearing deliberations, the Hearing Officer may rule that such member may not participate further in the hearing or deliberations or in the decision of the Hearing Committee. A Hearing Committee member may participate by phone for good cause shown at the discretion of the Hearing Officer.

13.5.3 **Record of Hearing:** An accurate record of the Hearing must be kept. The Hearing Committee shall select the recording method, such as court reporter, electronic recording unit, detailed transcription, or detailed minutes of proceedings. The recording method used must be sufficiently detailed and accurate that an informed and valid judgment can be made by persons that may later review the record and render a recommendation or decision based upon its contents. An Affected Physician who requests an alternative recording method shall bear the additional cost, if any, of that recording method, if the alternate recording method is approved by the Hearing Committee.

13.5.4 **Personal Appearance:** The personal appearance of the Affected Physician is required throughout the Hearing, unless such personal presence is excused for any specified time by the Hearing Committee. The presence of the Affected Physician’s attorney or other representative does not constitute the personal presence of the Affected Physician. An affected Physician who fails, without good cause or prior approved excuse, to appear and proceed at such Hearing shall be deemed to have waived the right to a Hearing and Appellate Review and to have accepted the prior adverse recommendation or decision as a final action.

13.5.5 **Extension of Time:** Postponement of hearings beyond the time set forth in these Bylaws shall be made only for good cause shown and upon the mutual agreement of the Affected Physician and the Hearing Committee.

13.5.6 **Representation:** The Affected Physician shall be entitled to have an attorney or other person of his/her choice present during the Hearing. If the Affected Physician chooses to have someone accompany him at a hearing, this person’s participation shall consist of providing private advice and counsel to the Affected Physician, but shall not present evidence, examine or cross-examine witnesses or independent experts or make statements directly to the Hearing panel.
13.5.7 Rights of the Parties: Each of the parties shall have the following rights during the Hearing:

A. To call and personally examine witnesses or independent experts;

B. To introduce other relevant evidence or exhibits;

C. To cross-examine any witness on any matter relevant to the issue of the hearing;

D. To challenge any witness for prejudice or bias;

E. To rebut any evidence

F. The Hearing Committee shall have the right to call and question the Affected Physician, even if the Affected Physician does not testify in his/her own behalf.

13.5.8 Evidence: The Hearing is an administrative hearing and need not follow strict rules of evidence. The Hearing Officer will determine the relevancy of evidence and admit any matter upon which, in the Hearing Officer’s judgment, reasonable persons would customarily rely upon in the conduct of business affairs. Any relevant information or evidence shall be considered. The affected Physician shall, prior to or during the hearing, be entitled to submit a written summary concerning any issue relevant to the Hearings which shall become a part of the Hearing record. The Hearing Committee may also accept any and all relevant evidence or memoranda submitted by a witness, member of the Hearing Committee, or other interested party. The affected Physician and a representative of the Hearing Committee shall also have the right to make a verbal summary statement and submit a written statement at the close of the hearing, and such written statement shall become a part of the record.

13.5.9 Burden of Proof: Facts shall be presented by the Hearing Committee and witnesses or independent experts in support of the recommended adverse recommendation or decision. The Hearing Committee shall examine or cross-examine witnesses and independent experts. The Affected Physician shall have the burden of proof, to establish that the adverse recommendation is not reasonably supported by the evidence or is otherwise arbitrary or capricious.

13.5.10 Availability of Witnesses or Independent Experts: Witnesses or independent experts who cannot be available at the time of scheduled hearings may, in the discretion of the Hearing Officer, be examined or
cross-examined by telephone conference call or in such manner as the Hearing Officer may decide.

13.5.11 New Evidence and Issues: The parties may be permitted, prior to the adjournment of the Hearing and at the sole discretion of the Hearing Officer, to present relevant new issues or evidence not identified in the Notice or the information submitted by the Affected Physician pursuant to Section 13.3.3 only when the new information was not reasonably known at the time of submission of the Notice or the information provided pursuant to Section 13.3.3, as applicable.

13.5.12 Prerogatives of the Hearing Officer: Procedural issues relating to hearings not covered in these Bylaws shall be determined by the Hearing Officer.

13.5.13 Recesses and Adjournment: The Hearing Committee may recess the Hearing and reconvene the same for the convenience of the participants, or for the purpose of obtaining new or additional evidence or consultation among its members. Upon conclusion of the presentation of evidence, the Hearing Officer adjourns the Hearing and it shall be deemed complete. The Hearing Committee will then set a time for and conduct its deliberations.

13.5.14 Hearing Committee Report: Within ten (10) consecutive days after final adjournment of the Hearing, the Hearing Committee shall submit a written report and summary of findings along with the Hearing record and all other documentation to the Executive Committee of the Medical Center Medical Board. The report may recommend confirmation, modification or rejection of the original adverse recommendation or decision, but such report shall be only advisory in nature and not binding on the Medical Center Medical Board.

13.5.15 Executive Committee Action: Within fourteen (14) consecutive days after receipt of the Hearing Committee Report, the Executive Committee shall meet, consider the finding of the Hearing Committee, make a recommendation based upon the Hearing Committee report for proposed action regarding the Affected Physician, and submit such recommendation to the Medical Center Medical Board.

13.5.16 Medical Center Medical Board Action: After receiving the Hearing Committee’s report, the Medical Center Medical Board shall act upon such report and advise the Affected Physician in writing of its decision within fourteen (14) consecutive days following such meeting.

Effect of Result Favorable to Affected Physician: If the decision of the Medical Center Medical Board is favorable to the Affected Physician, the matter shall be deemed resolved unless the Vice Chancellor for Health
Affairs or the Associate Vice Chancellor, Clinical Affairs decides to appeal the decision to an Appellate Review Body specially convened to determine the outcome of such appeal.

Effect of Result Adverse to the Affected Physician: If the decision of the Medical Center Medical Board is adverse to the Affected Physician, notice of the result from the Medical Center Medical Board to the Affected Physician shall inform the Affected Physician of his or her right to request an appellate review by an Appellate Review Body specially convened to determine the outcome of such appeal.

13.5.17 **Notice of Appeal:** The Affected Physician shall have fourteen (14) days from receipt of notice of an adverse decision by the Medical Center Medical Board, to request appellate review of the decision by providing written notice to the Associate Vice Chancellor, Clinical Affairs or the Chairman of the Medical Center Medical Board by Special Notice. The Associate Vice Chancellor, Clinical Affairs or the Chairman of the Medical Center Medical Board shall notify the Chairman of the Medical Center Affairs Committee regarding the appeal.

13.5.18 **Scope of Appellate Review:** The Appellate Review Body (defined below) shall conduct the appellate review based upon the record on which the adverse decision is based, and the Affected Physician’s written statement provided for below.

13.5.19 **Waiver:** If the Affected Physician does not request an appellate review within fourteen (14) consecutive days, the Affected Physician shall be deemed to have waived his/her rights to the appellate review and to have accepted the adverse decision, which shall become final and not eligible for appeal, effective immediately upon such waiver.

13.5.20 **Notice of Time and Place for the Appellate Review:** Within thirty (30) consecutive days after receipt of notice of request for appellate review, the Chairman of the Medical Center Affairs Committee shall schedule a date for such appellate review, provided, however, that an appellate review for an Affected Physician who is under a summary suspension then in effect shall be held as soon as arrangements for it may reasonably be made, but not later than fourteen (14) days after the Chairman of the Medical Center Affairs Committee received the request.

13.5.21 **Appellate Review Body:** The appellate review shall be conducted by the Medical Center Affairs Committee or its duly appointed Appellate Review Committee of not less than five (5) impartial members appointed by the Chairman of the Medical Center Affairs Committee. Participants on the Appellate Review Committee shall not include direct competitors,
members of the original Hearing committee or members of the Executive Committee of the Medical Center Medical Board

13.5.22 Rights of the Physician: The Affected Physician shall have access to the report and record (and transcription, if any) of the Hearing Committee and all other material considered by the Hearing Committee in making the adverse decision. The Affected Physician may submit a written statement in his/her own behalf, in which those factual and procedural matters with which he/she disagrees and reasons for such disagreement shall be specified. This written statement may cover any procedural matters to which the appeal is related. Such written statement shall be submitted to the Associate Vice Chancellor, Clinical Affairs or the Chairman of the Medical Center Medical Board for delivery to the Medical Center Affairs Committee at least seven (7) consecutive days prior to the scheduled date for the Appellate Review.

13.5.23 Procedure. The Appellate Review Committee shall review the record created in the proceedings and shall consider the written statements submitted pursuant to Section 13.5.22 for the purpose of determining whether the adverse decision against the Affected Physician was warranted, and was not arbitrary or capricious.

13.5.24 Submission of New or Additional Information: New or additional matters not raised during the original review, the hearing, or in the Hearing Committee report, and not otherwise reflected in the record, shall be introduced during the appellate review only when the new information was not reasonably available for presentation and consideration by the Hearing Committee, and the Appellate Review Committee shall, in its sole discretion, determine whether such matters shall be accepted for review and document its reasons for its decision to accept or reject any new information requested to be considered.

13.5.25 Action by Appellate Review Body: The Medical Center Affairs Committee or Appellate Review Committee shall, within five (5) consecutive days of the conclusion of its appellate review, notify the Affected Physician and the Associate Vice Chancellor, Clinical Affairs in writing of the final decision of the Appellate Review Body.

ARTICLE XIV. NATIONAL PRACTITIONER DATA BANK REPORTING REQUIREMENTS

In compliance with Federal and State laws, any professional review action based on a Physician’s competence or conduct which results in denial, revocation, suspension, limitation, or reduction of clinical privileges and which is final, shall be reported to the National Practitioner Data Bank (NPDB) and the applicable state board, if so required. A report shall also be made in the event of resignation or surrender of clinical privileges.
by a member of the Medical Staff while under or in lieu of undergoing investigation. The report shall be made only after all Hearing and Appellate Review procedures provided by Articles XI through XIII of these Bylaws are final. This report shall be made by the institution’s authorized representative within 15 days of the final action of the Medical Center Affairs Committee in accordance with established policies and procedures. Any such report shall be made a permanent part of the Physician's credentials file.

Reporting to the NPDB and state board may not be required in instances which involve administrative or voluntary changes in status, privileges, or Medical Staff membership where no corrective action is pending or anticipated.

ARTICLE XV. GENERAL PROVISIONS

15.1 MEDICAL STAFF RULES AND REGULATIONS, POLICIES AND PROCEDURES

The Medical Center Medical Board shall adopt such rules and regulations and policies and procedures as may be necessary to implement more specifically the general principles or requirements found in these Bylaws.

15.2 CLINICAL SERVICE RULES

Each clinical service and its constituent Divisions, if any, may formulate written rules for the conduct of its affairs and the discharge of its responsibilities, all of which must be consistent with these Bylaws, Rules and Regulations and the related policies and procedures, and VUMC and University policies and procedures.

15.3 CONSTRUCTION OF TERMS AND HEADINGS

Words used in these Bylaws and related policies will be read as the masculine or feminine gender and as the singular or plural, as the context requires. The captions or headings in these Bylaws and related policies are for convenience only and are not intended to limit or define the scope or effect of any provision of these Bylaws.

ARTICLE XVI. AMENDMENT

16.1 AMENDMENT UPON INITIATION BY MEDICAL STAFF

A proposed amendment to these Bylaws may be requested by the Chief of Staff, the Chief Executive Officer or an Active Medical Staff Member. Any such proposed amendment shall be referred to the Administrative Affairs Committee which shall report on it at the next regular meeting of the Medical Center Medical Board (MCMB) or at a special meeting called for such purpose.
Following a favorable vote by the MCMB, each member of the Active Medical Staff will be eligible to vote on the proposed amendment(s) by mail, email, or in person within thirty (30) calendar days of the distribution of a ballot. Ballots may be distributed by mail, e-mail or in the Medical Staff Member mailboxes at the Hospitals.

In addition to the process set forth above, the Medical Staff may directly consider a proposed amendment to these Bylaws upon the written request of at least twenty-five (25%) of the Active Medical Staff. At least ten (10) days prior to a vote on any proposed amendment, the proposed amendment will be communicated to the Administrative Affairs Committee and MCMB for consideration. Amendments so adopted shall be effective when approved by the Medical Center Affairs Committee (MCAC).

The Medical Staff Bylaws, Rules and Regulations and Policies and Procedures will be published on the Vanderbilt University Medical Center Policy Database Website.

16.2 AMENDMENT UPON INITIATION BY MEDICAL CENTER AFFAIRS COMMITTEE (MCAC)

These Bylaws may also be amended upon initiation by the Medical Center Affairs Committee (MCAC) at any regular or special meeting of the MCAC. A copy of each proposed amendment to these Medical Staff Bylaws shall be distributed to each Medical Staff Member at least thirty (30) days in advance of the meeting at which the MCAC proposes to take final action thereon. Any amendments approved by the MCAC also shall require approval by the Medical Staff as provided herein.

16.3 RULES AND REGULATIONS AND POLICIES AND PROCEDURES

The Medical Staff shall adopt, or assure the adoption of, such Rules and Regulations and Policies as may be necessary to implement more specifically the general principles found within these Bylaws, subject to approval of the Medical Center Affairs Committee (MCAC).

Such Rules and Regulations and Policies shall relate to the proper conduct of Medical Staff activities as well as embody the level of practice that is to be required of each Medical Staff Member in the Hospitals. Such Rules and Regulations and Policies shall be a part of the Medical Staff Bylaws.

The Medical Staff hereby delegates to the Medical Center Medical Board (MCMB) the authority to propose and adopt such Rules and Regulations and Policies, subject to the limitations set forth below.

The MCMB will furnish to all members of the Active Medical Staff, for review and
comment, a written copy of any proposed Rule or Regulation, or any amendment thereto, at least ten (10) days prior to the meeting at which such matter will be considered; provided, however, in the event there is a documented need for an urgent amendment to a Rule or Regulation to comply with law or regulation, the MCMB may provisionally adopt, and the MCAC may provisionally approve, such urgent amendment without prior notification to the Medical Staff. In such cases, the Medical Staff will be immediately notified by the MCMB and the Medical Staff shall have the opportunity for retrospective review of and comment on the provisional amendment. The MCMB shall notify the Medical Staff of its approval of a Policy or any amendment thereto.

Further, any such matter shall be submitted to a vote of the Active Medical Staff at the written request of at least twenty-five percent (25%) of the Active Medical Staff, received within thirty (30) days following approval of such Rule, Regulation or Policy, or amendment thereto, by the MCMB.

Such matter shall be considered at a special meeting of the Medical Staff.

Further, the Medical Staff may directly adopt a Rule, Regulation or Policy, or any amendment thereto, at any annual or special meeting, to the extent such action is requested in writing by at least twenty-five percent (25%) of the Active Medical Staff. Notice of such proposed Medical Staff action shall be given to the MCMB by the Chief of Staff at least ten (10) days prior to the meeting at which such matter will be considered. Such changes shall become effective when approved by the MCAC.

Further, the MCAC shall also have the right to propose changes to such Rules, Regulations and Policies, subject to approval by the MCMB and/or Medical Staff, as set forth above, and the MCAC.

16.4 DISPUTE RESOLUTION PROCESS

To the extent a conflict arises between at least twenty-five percent (25%) of the Active Medical Staff and the Medical Center Medical Board (MCMB) on issues including, but not limited to, proposed adoption of or amendments to these Bylaws, Rules, Regulations or Policies, the following dispute resolution process shall be followed as determined by the Chief of Staff and Deputy Vice Chancellor for Health Affairs before either the MCMB or the Medical Staff takes an action contrary to an action, proposed action or position of the other group:

(a) The Chief of Staff shall appoint at least two MCMB members to represent the MCMB. The at-large members of the MCMB will, in consultation with the Deputy Vice Chancellor for Health Affairs, select at least two Active Medical Staff members not on the MCMB to represent the Medical Staff in connection with the dispute.
(b) Such appointed representatives shall meet in good faith to attempt to resolve the dispute.

(c) In the event the dispute has not been resolved after at least two meetings of the representatives over at least a thirty (30) day period, this dispute resolution process shall terminate, and the Medical Staff and MCMB may proceed to take such actions as are otherwise authorized by these Bylaws, or applicable Rules, Regulations and Policies.

ARTICLE XVII. ADOPTION

These Bylaws together with the Rules and Regulations and Policies and Procedures shall become effective and shall replace any previous Bylaws, Rules and Regulations and Policies and Procedures when approved by the Medical Center Affairs Committee.

These Bylaws have been adopted by the Medical Center Medical Board which is a Medical Review Committee within the meaning of T.C.A. §63-1-150 and 68-11-272. The functions of the Medical Center Medical Board include, among other things, the evaluation and improvement of the quality of medical and health care rendered by Vanderbilt University Medical Center and the determination that health care services were performed in compliance with applicable standards of care. The findings, conclusions, and recommendations of committees constituted under these Bylaws are privileged under T.C.A. §63-1-150 and 68-11-272 and shall not be public records nor available for court subpoena or for discovery proceedings by any third party.