RESOLUTIONS ADOPTED BY THE BOARD OF VISITORS
SEPTEMBER 13-14, 2010

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Election of Professors Emeriti
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Election
Actions Relating to Chairholders
Election of Chairholder
Resignation of Chairholder
Special Salary Actions
Resignation
Re-Appointments

Resolution Adopted by the Buildings and Grounds Committee on September 14, 2010:
• Schematic Design Approval, Newcomb Hall Dining Project

Resolution Adopted by the Medical Center Operating Board on July 9, 2010
• Organizational Resolution
Resolutions Adopted by the Medical Center Operating Board on September 14, 2010

- Approval of Amended and Restated Bylaws of the Clinical Staff of the Medical Center
- Credentialing and Recredentialing Actions – University of Virginia Medical Center
- Credentialing Actions – University of Virginia Transitional Care Hospital
The Board of Visitors of the University of Virginia met in Open Session, at 4:10 p.m., on Monday, September 13, 2010, in the Lower East Oval Room of the Rotunda. John O. Wynne, Rector, presided.


Also present was Ms. Susan G. Harris.

Vice Rector Election

The Rector said a discussion of the candidates would occur in closed session, and then a vote would be conducted by the Secretary in open session. He stated that a quorum of eleven was present and so the Board could proceed with the election. He asked for a motion to convene in closed session, which was made and seconded. The following motion was approved by the Board:

That the Board of Visitors go into Closed Session to discuss and evaluate nominees for appointment as Vice Rector, as permitted by Section 2.2-3711 (A) (1) of the Code of Virginia.

At 4:20 p.m., the Board resumed in open session. On motion, the Board adopted the following resolution certifying that its deliberations in Executive Session had been conducted in accordance with the exemptions permitted by the Virginia Freedom of Information Act:

That we vote on and record our certification that, to the best of each Board member's knowledge, only public business matters lawfully exempted from open meeting requirements and which were identified in the motion(s) authorizing the closed session, were heard, discussed or considered in closed session.

The Secretary asked for nominations for vice rector. Ms. Helen Dragas was nominated, and on motion the nominations were closed. The Secretary asked for a motion to elect Ms. Dragas for vice rector which was made and seconded. The Secretary asked if there was any further discussion and hearing none, she called for a vote on the motion. The motion was approved unanimously. Mr. Caputo was polled individually, and he voted in the affirmative.
The Rector announced that Ms. Dragas was elected Vice Rector for the period September 13, 2010, until June 30, 2011, to fill an unexpired term. Ms. Dragas will then assume the rectorship for two years.

The Rector read a resolution commending Danny Abramson for his dedicated service to the Board. He said Mr. Abramson would be honored at the dinner that evening. The Rector read the resolution and on motion, the resolution was approved.

RESOLUTION OF COMMENDATION FOR DANIEL R. ABRAMSON

WHEREAS, Daniel R. “Danny” Abramson of Alexandria took a B.A. from the University of Virginia in 1970 with a major in Psychology; and

WHEREAS, Mr. Abramson played the position of goalie for the Varsity soccer team, and he served as the captain of the team for the 1969 season; and

WHEREAS, the University awarded Mr. Abramson the Stanley Lerner Memorial Trophy for Leadership in Athletics for 1969-1970; and

WHEREAS, Mr. Abramson participated in ROTC while a student and served as an officer in the U.S. Navy from 1970-1973, including a tour of duty in Vietnam; and

WHEREAS, in 1974, Mr. Abramson became the Principal of Abramson Properties, a real estate development firm in Alexandria; and

WHEREAS, Mr. Abramson is actively involved in his community, serving on numerous civic boards including as a Trustee of the Alexandria Hospital Foundation, and President of the Alexandria Housing Development Corporation, a non-profit affordable housing development company operated by the City of Alexandria; and

WHEREAS, in 2005, Mr. Abramson was appointed by Governor Warner to serve on the State Council of Higher Education for Virginia; and

WHEREAS, in 2007, Mr. Abramson was appointed by Governor Kaine to the newly established Virginia Foreclosure Prevention Task Force, which is charged with developing strategies to help address Virginia’s growing foreclosure rate through preserving home ownership; and

WHEREAS, Mr. Abramson was appointed to the Board of Visitors by Governor Kaine in 2006, and he was elected Vice Rector of the Board in 2009; and

WHEREAS, Mr. Abramson’s experiences as a student athlete have been invaluable in his role as chair of the Student Affairs and Athletics Committee, and those experiences will continue to benefit
the Virginia Athletics Foundation as the Board of Visitors appointee
to their board; and

WHEREAS, throughout his tenure as a Member of the Board of
Visitors, Mr. Abramson has shown a particular interest in and empathy
for students and student self governance, including the Honor System; and

WHEREAS, Mr. Abramson also has contributed his business expertise
to the Buildings and Grounds and Finance Committees; and

WHEREAS, Mr. Abramson served on the Committee on The University
of Virginia's College at Wise and participated enthusiastically in a
number of events at the College, including representing the Board of
Visitors at Final Exercises; and

WHEREAS, as Vice Rector, Mr. Abramson played a vital role on the
presidential search committee; and

WHEREAS, Mr. Abramson's term on the Board of Visitors ended on
June 30, 2010;

RESOLVED, the Board of Visitors expresses its deep appreciation
and gratitude to Daniel R. Abramson for his many contributions to the
Board, the University, and the Commonwealth; and

RESOLVED FURTHER, the Board encourages Mr. Abramson to continue
his involvement in the life of the University as a member of the
Virginia Athletics Foundation board and in other roles, and wishes Mr.
and Mrs. Abramson well in all of their future endeavors.

The Rector recessed the meeting at 4:30 p.m., to be continued at
12:30 p.m., on Tuesday, September 14.

The Board of Visitors of the University of Virginia resumed its
meeting in Open Session, at 12:40 p.m., on Tuesday, September 14,
2010, in the Board Room of the Rotunda. John O. Wynne, Rector,
presided.

Present were Stewart H. Ackerly, Hunter E. Craig, The Honorable
Alan A. Diamonstein, Ms. Susan Y. Dorsey, Ms. Helen E. Dragas, W.
Heywood Fralin, Marvin W. Gilliam Jr., Robert D. Hardie, Randal J.
Kirk, Ms. Glynn D. Key, Mark J. Kington, Austin Ligon, Vincent J.
Mastracco Jr., and The Honorable Lewis F. Payne. A. Macdonald
Caputo participated by telephone.

In addition to the Board, also present were Ms. Teresa A.
Sullivan, Leonard W. Sandridge, Ms. Susan G. Harris, Paul J. Forch,
The Rector opened the meeting by welcoming Ms. Teresa Sullivan, President.

The Rector called on Mr. Mastracco to lead the Pledge of Allegiance.

Approval of the Minutes of the Board Meetings on June 10–11, 2010 and July 9–10, 2010

On motion, the Minutes of the Board meetings held on June 10, and 11, 2010, and July 9, and 10, 2010, were approved.

Comments by the Rector

The Rector congratulated Ms. Dragas on her election as Vice Rector and announced that he had appointed her chair of the Finance Committee. He said Ms. Key would serve as chair of the Educational Policy Committee.

ELECTION OF THE EXECUTIVE COMMITTEE

The Rector reminded the Board that the Manual specifies that the Board elects the Executive Committee from a list of nominees proposed by the Rector. In addition to the Rector and the Vice Rector who are automatically Members of the Executive Committee, the Rector nominated the following Members to serve on the Committee: Ms. Dorsey, Ms. Key, Mr. Ligon, and Mr. Payne.

On motion, the Board approved the following resolution:

RESOLVED, in addition to the Rector and the Vice Rector, Ms. Susan Y. Dorsey, Ms. Glynn D. Key, Austin Ligon, and The Honorable Lewis F. Payne are elected to the Executive Committee for the 2010–2011 year.

Listing of the Standing and Special Committees of the Board

The Rector reminded Members that at the end of August he had appointed the Standing and Special Committees of the Board for this year. He then directed that the listing of the Committees be entered in the Minutes.
COMMITTEES
OF THE
BOARD OF VISITORS
UNIVERSITY OF VIRGINIA
SEPTEMBER 14, 2010

AUDIT AND COMPLIANCE
COMMITTEE
The Hon. Alan A. Diamonstein, Chair
Hunter E. Craig
W. Heywood Fralin
Sheila C. Johnson
Glynn D. Key
Randal J. Kirk
Vincent J. Mastracco Jr.
John O. Wynne, Ex-officio

BUILDINGS AND GROUNDS
COMMITTEE
The Hon. Lewis F. Payne, Chair
Stewart H. Ackerly
Hunter E. Craig
The Hon. Alan A. Diamonstein
Susan Y. Dorsey
Helen E. Dragas
W. Heywood Fralin
Robert D. Hardie
Mark J. Kington
John O. Wynne, Ex-officio
Bradley H. Gunter, Consulting Member

EDUCATIONAL POLICY
COMMITTEE
Glynn D. Key, Chair
Stewart H. Ackerly
Helen E. Dragas
Marvin W. Gilliam Jr.
Sheila C. Johnson
Mark J. Kington
Randal J. Kirk
Austin Ligon
John O. Wynne, Ex-officio
Ann B. Hamric, Consulting Member

EXECUTIVE COMMITTEE
John O. Wynne, Chair
Helen E. Dragas, Vice Rector
Susan Y. Dorsey
Glynn D. Key
Austin Ligon
Lewis F. Payne
EXTERNAL AFFAIRS COMMITTEE
A. Macdonald Caputo, Chair
Hunter E. Craig
Marvin W. Gilliam Jr.
Robert D. Hardie
Glynn D. Key
Randal J. Kirk
Austin Ligon
Vincent J. Mastraccco Jr.
The Hon. Lewis F. Payne
John O. Wynne, Ex-officio
Ann B. Hamric, Consulting Member
John L. Nau, III, Consulting Member

FINANCE COMMITTEE
Helen E. Dragas, Chair
A. Macdonald Caputo
Hunter E. Craig
The Hon. Alan A. Diamonstein
Marvin W. Gilliam Jr.
Sheila C. Johnson
Mark J. Kington
Randal J. Kirk
Vincent J. Mastraccco Jr.
John O. Wynne, Ex-officio
Daniel Maxwell Meyers, Consulting Member

MEDICAL CENTER OPERATING BOARD
Vincent J. Mastraccco Jr., Chair
Helen E. Dragas
Sheila C. Johnson
William P. Kanto Jr., M.D.
Constance R. Kincheloe
Randy J. Koporc
The Hon. Lewis F. Payne
Randl L. Shure
E. Darracott Vaughan Jr., M.D.
John O. Wynne

Ex Officio Advisory Members:
Steven T. DeKosky, M.D.
Robert S. Gibson, M.D.
R. Edward Howell
Leonard W. Sandridge
The Rector proposed the extension of the Special Committee on Diversity and setting the date of the 2011 Annual Meeting.

On motion, the Board approved the following resolutions:

**EXTENSION OF THE SPECIAL COMMITTEE ON DIVERSITY**

WHEREAS, the Manual of the Board of Visitors specifies that Special Committees of the Board be extended each year at the Annual Meeting;

RESOLVED, the Special Committee on Diversity is extended to the Annual meeting of 2011.
RESOLVED, the first meeting of the Board of Visitors in the Fall of 2011 will be designated the 2011 Annual Meeting of the Board.

The Rector deferred the setting of Board meeting dates beyond 2012 until the November meeting. He said the President and the Vice Rector must confer on available dates.

The Rector told the Board that the November meeting events would begin with a dinner at Monticello on Sunday, November 14, with the Board of the Thomas Jefferson Foundation. He said the dinner on November 15, would be the annual joint meeting of the Council of Foundations and the Board. The November Board meeting will end on Tuesday, November 16, at the usual time.

ACC Certification

Each year, the Atlantic Coast Conference requires that the Chairman of the Governing Board of each member institution read to the Board the following statement and attest to it. This is an important statement about institutional control and the role of the Board in Athletics. The Rector attested that the Board understands that the President runs the Athletics Program in accordance with NCAA, ACC, and other applicable rules and regulations. The statement is as follows:


The Rector asked if there were any questions about the certification. He said the President and he would sign the certification.

On motion, the Board adopted the following resolution approving the consideration of addenda to the published Agenda of the meeting:
RESOLUTION TO APPROVE ADDITIONAL ACTION ITEMS

RESOLVED, the Board of Visitors approves the consideration of addenda to the published Agenda.

NCAA Orientation

Mr. Wynne introduced Mr. Steve Flippen, Assistant Athletics Director for Compliance, who explained that Board members are considered “boosters”; they must be very careful to avoid any recruiting activity of student athletes or potential athletes, and they must be aware that any extra benefit provided to a potential student athlete, a former student athlete, or a current student athlete, could constitute an NCAA rules violation. If a Board member finds him or herself in a situation that could be considered recruiting or providing an extra benefit, the Board member should contact the Compliance office before taking any action. He provided a summary of the issues to every Board member.

President’s Report

The President remarked on several matters prior to presenting the Gifts and Grants report.

She said she has provided the Board with two reports on her activities since taking office August 1. She has participated in many meetings and larger events with faculty, alumni, legislators, and others.

Last Wednesday, President Sullivan participated in a philanthropy workshop for deans and development officers. They discussed how they can work together to articulate the University’s priorities and to renew the focus as we push to complete the campaign. She said Mr. Sweeney and his staff are committed to completing the current campaign on-time and on-track, and so is she.

Last weekend, the first-ever Western United States Alumni Weekend was held to coincide with the football game at the University of Southern California. She said it was a great time together for alumni, parents, and friends on the west coast.

President Sullivan said that while in California, she also participated in a Campaign Executive Committee meeting on Friday morning, and that evening she spoke at the welcome reception and at a dinner held at the home of Rosa and Robert Sinnott.

She said it has been a busy six weeks, and it’s been a superb crash course on the University, its people, and the people and politics of Virginia. She and her husband have felt a wonderfully warm welcome from everyone in the University community. They are grateful to the members of the Board who have extended such a gracious
welcome, and to all the new friends who have welcomed them into the University family.

President Sullivan mentioned the Governor’s Commission on Higher Education Reform, Innovation, and Investment. The Commission’s committee on innovation and cost containment will meet on Grounds on Friday, September 17.

The first Commission deadline is September 30th for an interim report on findings with state budget implications. November 30th is the deadline for the interim report on findings and recommendations. President Sullivan asked the Rector to comment on his observations of the Commission’s work, which he did.

President Sullivan said the Board may notice a new construction project under way in the field near the tennis courts, along University Avenue. She said the University is building two new sand volleyball courts that will be used for conditioning by the women’s indoor volleyball team and also for intramural and club programs with students. Sand volleyball will not be a varsity sport. The courts are being built with private funds.

President Sullivan turned to the Gifts and Grants report.

Gifts and Grants Report

Philanthropic giving to the University of Virginia and its related foundations is $22,062,629.63 for the fiscal year through August 31, 2010. This is a decrease of $1,816,644.17, or 7.61% below the results of the previous fiscal year. Gifts to the Rector & Visitors, University Library, McIntire School of Commerce, Curry School of Education, the Darden School, the Law School, the Jefferson Scholars Foundation, and the University of Virginia Fund helped to offset the decreases seen in other areas.

The following are significant gifts received since the last meeting of the Board of Visitors:

- The Estate of Annette M. Hall bequest of $3,543,764 for unrestricted use.

- The Claude Moore Charitable Foundation pledge payment of $1,000,000 to the School of Nursing for the Claude Moore Nursing Education Building.

- An anonymous pledge payment of $1,000,000 to the College and Graduate School of Arts & Sciences for the David Dean 21st Century Professorship in Asian Studies.
• Mr. Linwood A. Lacy, Jr., and Mrs. Constance C. Lacy pledge payment of $695,000 to the School of Engineering and Applied Science for the Student Projects Building Planning Fund.

• Mrs. Joanne B. Robinson deferred gift of $500,000 to the College and Graduate School of Arts & Sciences for its unrestricted use.

The following are significant new pledges recorded since the last meeting of the Board of Visitors:

• The Jack Kemp Foundation pledge of $1,460,000 to the Miller Center for Public Affairs for the Kemp Oral History Project.

• The Frances Campbell Foundation and the Sarah Hollins Foundation pledge of $1,000,000 to the College and Graduate School of Arts & Sciences for the Student Business Internship Award Fund.

• An anonymous pledge of $1,000,000 to the College and Graduate School of Arts & Sciences for the Julian Bishko Professorship Fund.

• The Flow Foundation, Inc., pledge of $620,000 to the McIntire School of Commerce for the McIntire Building Campaign.

• Mr. Joseph R. Gladden, Jr., and Mrs. Sarah Elizabeth Bynum Gladden pledge of $500,000 to the Miller Center for Public Affairs for the support of its marketing and technology infrastructure.

• The John and Amy Griffin Foundation pledge of $500,000 to the College and Graduate School of Arts & Sciences for the South Lawn.

The President recommended that the Board accept the Gifts and Grants report. On motion, the Board approved the Gifts and Grants Report.

The Rector recessed the full Board meeting to begin the afternoon committee meetings.

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After adopting the following motions, the Board went into Executive Session at 3:15 p.m.:

That the Board of Visitors of the University of Virginia convene in Closed Session for the purpose of discussing and/or approving personnel actions involving the appointment, reappointment, transition, nomination, evaluation, performance, compensation, and resignation of specific University officers and employees as provided for in Section 2.2-3711 (A) (1) of the Code of Virginia.

That the Board of Visitors convene in Closed Session to consult with General Counsel regarding his privileged legal report to the Board on pending and anticipated litigation affecting the University, as provided for in Section 2.2-3711 (A) (7) of the Code of Virginia.

At 4:15 p.m., the Board resumed in Open Session. On motion, the Board adopted the following resolution certifying that its deliberations in Executive Session had been conducted in accordance with the exemptions permitted by the Virginia Freedom of Information Act:

That we vote on and record our certification that, to the best of each Board member's knowledge, only public business matters lawfully exempted from open meeting requirements and which were identified in the motion(s) authorizing the closed session, were heard, discussed or considered in closed session.

Final Session - Consent Agenda

Prior to voting on the docket of resolutions, Mr. Fralin stated that he had sent President Sullivan a letter disclosing that he has a personal interest in Medical Facilities of America Inc., and that he has not and will not participate in any contract negotiations that may take place on behalf of either the University or Medical Facilities of America and he will not participate in the procurement, letting or approval of any contract that may result from negotiations between the two entities. He said he had asked for an opinion from the Attorney General which he expected to receive soon. He offered to answer questions. Hearing none, the Board moved on to the voting on the docket.

The following resolutions were adopted:

APPROVAL OF ACQUISITION OF A PERMANENT EASEMENT FOR THE UNIVERSITY OF VIRGINIA FROM JEFFERSON QUARRY, LLC
(approved by the Buildings and Grounds Committee on September 14, 2010)

RESOLVED, the acquisition of a permanent easement across property located at 2410 Old Ivy Road, Charlottesville, and owned by Jefferson Quarry, LLC, to facilitate the installation of a fiber optic line, is approved; and
RESOLVED FURTHER, the Executive Vice President and Chief Operating Officer is authorized, on behalf of the University, to approve and execute a deed of easement and related documents, to approve a plat showing the location of the permanent easement, to incur reasonable and customary expenses, and to take such other actions as deemed necessary and appropriate to acquire such permanent easement; and

RESOLVED FURTHER, all prior acts performed by the Executive Vice President and Chief Operating Officer, and other officers and agents of the University, in connection with the acquisition of such permanent easement, are in all respects approved, ratified, and confirmed.

APPROVAL TO GRANT A PERMANENT EASEMENT TO RIVANNA WATER AND SEWER AUTHORITY
(approved by the Buildings and Grounds Committee on September 14, 2010)

RESOLVED, the grant of a permanent easement to the Rivanna Water and Sewer Authority, in the approximate location shown on that certain plan entitled “Alderman Road Housing, Phase Three, Buildings 3 and 4,” prepared by Ayers Saint Gross, and dated June 29, 2010 (the “Plan”), to facilitate the waterline relocation, is approved; and

RESOLVED FURTHER, the Executive Vice President and Chief Operating Officer is authorized, on behalf of the University, to approve revisions to the Plan (including, without limitation, revisions to change the location of the permanent easement), to incur reasonable and customary expenses, and to take such other actions as deemed necessary and appropriate to grant such permanent easement; and

RESOLVED FURTHER, all prior acts performed by the Executive Vice President and Chief Operating Officer, and other officers and agents of the University, in connection with the grant of such permanent easement, are in all respects approved, ratified, and confirmed.

APPROVAL TO GRANT A PERMANENT EASEMENT TO THE TOWN OF WISE
(approved by the Buildings and Grounds Committee on September 14, 2010)

RESOLVED, the grant of a permanent easement to the Town of Wise, Virginia, in the approximate location shown on that certain plat entitled “Town of Wise 2” Waterline Easement, prepared by Space and Real Estate Management and dated June 29, 2010 (the “Flat”), to facilitate the installation of a town-owned water line, is approved; and

RESOLVED FURTHER, the Executive Vice President and Chief Operating Officer is authorized, on behalf of the University, to
approve and execute a deed of easement and related documents, to approve revisions to the Plat (including, without limitation, revisions to change the location of the permanent easement), to incur reasonable and customary expenses, and to take such other actions as deemed necessary and appropriate to grant such permanent easement; and

RESOLVED FURTHER, all prior acts performed by the Executive Vice President and Chief Operating Officer, and other officers and agents of the University, in connection with the grant of such permanent easement, are in all respects approved, ratified, and confirmed.

APPROVAL OF PUBLIC ACCESS EASEMENT TO THE CITY OF CHARLOTTESVILLE ACROSS CRISPPELL DRIVE EXTENSION
(approved by the Buildings and Grounds Committee on September 14, 2010)

RESOLVED, the grant of a permanent easement to the City of Charlottesville, in the location shown on that certain plat entitled “Plat Showing Crispell Drive-A New Variable Width Access Easement To Benefit The City Of Charlottesville Across Tax Map 11 Parcels 120 And 121 Located Between Monroe Lane And 15th Street Charlottesville”, prepared by Thomas B. Lincoln Land Surveyor, Inc., and dated October 1, 2004 (the “Plat”), for public access, is approved; and

RESOLVED FURTHER, the Executive Vice President and Chief Operating Officer is authorized, on behalf of the University, to approve and execute a deed of easement and related documents, to approve revisions to the Plat (including, without limitation, revisions to change the location of the permanent easement), to incur reasonable and customary expenses, and to take such other actions as deemed necessary and appropriate to grant such permanent easement; and

RESOLVED FURTHER, all prior acts performed by the Executive Vice President and Chief Operating Officer, and other officers and agents of the University, in connection with the grant of such permanent easement, are in all respects approved, ratified, and confirmed.

APPROVAL OF 2011 OPERATING AND CAPITAL AMENDMENTS TO THE 2010-2012 BIENNIAL BUDGET
(approved by the Finance Committee on September 14, 2010)

WHEREAS, the 2010-2012 budget requests to the Governor were submitted on September 1, 2009, pending approval by the Board of Visitors; and

WHEREAS, the proposed 2010-2012 biennial budget requests have been reviewed carefully; and

WHEREAS, the proposed biennial budget requests represent the highest priority initiatives and are aligned with the mission of the institution;
RESOLVED, the Board of Visitors of the University of Virginia approves the following 2010-2012 biennial budget requests:

AGENCY 207 – Academic Division:
- Operations and Maintenance Costs for New Facilities ($5,176,960 GF in year one and $7,083,876 GF in year two)
- Establish Fund for Faculty Start-Up Packages ($5,850,000 GF in year two)
- Modify Appropriation Act Language to be Consistent with Management Agreement, NGF Estimates (Language Only)
- Modify Appropriation Act Language to be Consistent with Management Agreement, Reversion of NGF Savings (Language Only)
- Address Maintenance Requirements in the Rotunda, Phase I ($12.95 million GF)

AGENCY 209 – Medical Center:
- Increase Medicaid Prospective Inpatient Payment Rates ($9,484,061 million GF in year one and $15,296,020 million GF in year two)

AGENCY 246 – University of Virginia’s College at Wise:
- Operations and Maintenance Costs for New Facilities ($339,522 GF in year one and $854,110 GF in year two)

RESOLVED FURTHER, the Board of Visitors understands that to the extent these initiatives are not included in the Governor’s 2010-2012 biennial budget, the University may want to pursue similar requests to the Legislature; and

RESOLVED FURTHER, the Executive Vice President and Chief Operating Officer is authorized to transmit to the General Assembly any request not funded by the Governor as long as there are no material differences from the items already endorsed by the Board of Visitors.

Final Session – Action Items

The following resolutions were adopted:

APPROVAL OF THE MORGAN HARRINGTON MEMORIAL PLAQUE
(approved by the Buildings and Grounds Committee on September 14, 2010)

WHEREAS, Morgan Harrington disappeared on October 17th, 2009, and was last seen on the Copeley Bridge near the North Grounds of the University of Virginia;

RESOLVED, the Board of Visitors approves the placement of a memorial plaque on the Copeley Bridge.
SIGNATORY AUTHORITY FOR ENVIRONMENTAL SERVICES CONTRACT
FOR THE MEDICAL CENTER
(approved by the Medical Center Operating Board and by the Finance Committee on September 14, 2010)

RESOLVED, the Board of Visitors authorizes the Executive Vice President and Chief Operating Officer of the University to execute a contract for environmental services for the Medical Center based on the recommendation of the Vice President and Chief Executive Officer of the Medical Center in accordance with Medical Center procurement policy.

SIGNATORY AUTHORITY FOR UVA HEALTH CARE PLAN THIRD-PARTY ADMINISTRATOR CONTRACT
(approved by the Finance Committee on September 14, 2010)

RESOLVED, the Board of Visitors approves of the selection of Aetna as the Third-Party Administrator for Medical Program Services. The term of this contract will commence upon execution and will be effective through December 31, 2015, with the ability to renew on the same terms and conditions, for two five-year periods beginning January 1, 2016, and January 1, 2021, respectively; and

RESOLVED FURTHER, the Executive Vice President and Chief Operating Officer, or his designee, is authorized to negotiate and execute a contract with Aetna for Medical Program Services.

APPROVAL TO PURCHASE 1204 WEST MAIN STREET, CHARLOTTESVILLE, VIRGINIA, AND EXISTING AND FUTURE IMPROVEMENTS FROM THE UNIVERSITY OF VIRGINIA FOUNDATION
(approved by the Finance Committee on September 14, 2010)

WHEREAS, the Board of Visitors finds it to be in the best interest of the University of Virginia to purchase from the University of Virginia Foundation (the “Foundation”) land located at 1204 West Main Street, Charlottesville, together with all existing and future improvements, to include the Barry and Bill Battle Building at UVA Children’s Hospital to be constructed by the Foundation (collectively, the “Property”), all of the foregoing to be used for University of Virginia and University of Virginia Medical Center activities and organizations, at a purchase price not to exceed $141.6 million;

RESOLVED, the Board of Visitors approves the acquisition of the Property; and
RESOLVED FURTHER, the Executive Vice President and Chief Operating Officer is authorized, on behalf of the University, to approve and execute purchase agreements and related documents, to incur reasonable and customary expenses, and to take such other actions as deemed necessary and appropriate to consummate such property acquisition; and

RESOLVED FURTHER, all prior acts performed by the Executive Vice President and Chief Operating Officer, and other officers and agents of the University, in connection with such property acquisition, are in all respects approved, ratified, and confirmed.

APPROVAL TO SELL OR CONVEY PROPERTY LOCATED ON HICKORY HILL LANE, ALBEMARLE COUNTY, VIRGINIA
(approved by the Finance Committee on September 14, 2010)

WHEREAS, approximately one acre of land located near Hickory Hill Lane and further described as Tax Map 75, Parcel 42B0 being the same property conveyed by Robert E. Scully to The Rector and Visitors of the University of Virginia by deed dated December 9, 1954, and recorded in Deed Book 314, Page 44, in the Office of the Clerk of the Circuit Court of Albemarle County, Virginia (the “Property”), is property that is not required for University purposes, and the Board of Visitors finds it to be in the best interest of the University of Virginia to dispose of the Property; and

RESOLVED, the Board of Visitors approves the sale of the Property to any interested party; and

RESOLVED FURTHER, the Executive Vice President and Chief Operating Officer is authorized, on behalf of the University, to approve and execute agreements and related documents, to incur reasonable and customary expenses, and to take such other actions as deemed necessary and appropriate to consummate such property sale; and

RESOLVED FURTHER, all prior acts performed by the Executive Vice President and Chief Operating Officer, and other officers and agents of the University, in connection with such property sale, are in all respects approved, ratified, and confirmed.

NAMING OF SPACES IN THE SOUTH LAWN
(approved by the full Board)

WHEREAS, in September of 2006 the University broke ground on the South Lawn project, which provides a complex of buildings and grounds that extends the axis of Thomas Jefferson’s original Lawn across Jefferson Park Avenue and reinforces the atmosphere of community that characterizes the University experience, and includes common spaces, landscapes, classrooms, student lounges, computer labs, administrative offices, conference rooms and faculty/student meeting rooms, and
preserves the Foster Memorial Site, a one-acre park that was formerly the homestead of Catherine Foster, a free black woman who worked as a seamstress and laundress and lived near the University from 1833 to 1863; and

WHEREAS, the South Lawn will be dedicated in October 2010 and fully completed by December 2010; and

WHEREAS, the alumni, parents, and friends of the University have provided generous support for the project; and

WHEREAS, the University and the College and Graduate School of Arts and Sciences wish to honor this generosity with named spaces within the South Lawn complex;

RESOLVED, the Board of Visitors approves the following names for spaces in the South Lawn:

BAZZLE TERRACE
Gift of Kenneth L. Bazzle, College '54

BIRDSALL TERRACE
Gift of John H. Birdsall III, College '66 & Mary Scott B. Birdsall, Curry '66

BLOUNT PORCH
Gift of Callan Blount, College '06

BOOTS PLAZA
Gift of Amy M. Griffin, College '98 & John A. Griffin, Commerce '85
In Honor of Ernest C. "Boots" Mead, Jr.
College '40
Professor of Music 1953-1996

BRUNDAGE TERRACE
Gift of Peter D. Brundage, College '75

CONTOS PORCH
Gift of George Contos & Nancy Contos
In Memory of their son Andrew G. Contos, College '86

COULTER STAIR
Gift of Phyllis S. Coulter, College '82 & James G. Coulter

CROZER TERRACE
Gift of Robert Page Crozer, College '69, Darden '73 & Family

DUNTON ARBOR
Gift of James K. Dunton, College '59, Darden '62
FRISBIE GARDEN
Gift of David W. Frisbie, College '73 & Suzanne T. Frisbie, College '83

HOBBY FOUNDATION TERRACE
Gift of the Hobby Family

JEFFERSON TRUST PORCH
Gift of The Jefferson Trust

LEE ARBOR
Gift of Richard H. Lee, College '77 & Kathryn M. Lee

MATHEWS PORCH
Gift of the family of Matt Mathews, College '90, In Honor of his grandfather O.C. Gregory, College '29

MCANANEY TERRACE
Gift of Brian T. McAnaney, College '68 & Mary Beth McAnaney

MORSE GARDEN
Gift of John B. Morse, Jr., College '68 & Sandy Morse, In Honor of their daughters Katherine W. Morse and Emily B. Morse, Nursing '06

NAU GARDEN
Gift of John L. Nau III, College '68
In honor of his wife Barbara "Bobbie" Elizabeth Nau

NUECHTERLEIN GARDEN
Gift of Jeffrey D. Nuechterlein, College '79, Law '86
In honor of his parents Mildred and Donald Nuechterlein

O'HARA TERRACE
Gift of Timothy P. O'Hara, College '86 & Dara Brunelli O'Hara

SEARCY TERRACE
Gift of Priscilla Searcy & Christian Searcy, College '69

Z
The Z Society
Large paver outside Nau Hall

WEYMOUTH ARBOR
Gift of Elizabeth K. Weymouth, College '89, Darden '94 & Philip B. Weymouth III, Darden '93
MEMORIAL RESOLUTION ON JOHN WERNER KLUGE

WHEREAS, John Werner Kluge was born in Chemnitz, Germany in 1914, and immigrated to the United States in 1922; and

WHEREAS, Mr. Kluge attended what is now Wayne State University, and graduated from Columbia University in 1937; and

WHEREAS, Mr. Kluge found great success in the media industry, creating Metromedia, a conglomerate that included television and radio stations, The Harlem Globetrotters, the Ice Capades, and outdoor advertising, and numerous other businesses including cellular telephones; and

WHEREAS, Mr. Kluge resided in Albemarle County and became a friend and benefactor of the University, supporting programs in many areas that reflected his broad and diverse interests in medical research, medical education, health care of children, the arts, and other areas; and

WHEREAS, Mr. Kluge donated his extensive collection of Australian Aboriginal Art to the University, which became the Kluge-Ruhe Aboriginal Art Collection; and

WHEREAS, in 2001, Mr. Kluge gave the University his beloved Morven, the beautiful and historic Albemarle County estate, along with ten other farms. Morven today is used for a number of new and expanding programs in fields such as history, architecture, and landscape with expectations for an international focus that will distinguish the University among educational institutions; and

WHEREAS, Mr. Kluge and his wife Tussi have had a special interest in quality end-of-life care, creating two professorships in this area, one in the School of Nursing and the other in the School of Medicine; and

WHEREAS, Mr. Kluge died in Charlottesville on September 7, 2010.

RESOLVED, the Board of Visitors celebrates the life of John Werner Kluge and expresses its profound good wishes to Mrs. Kluge and his children. In so doing, the Board pays tribute to the many and lasting contributions Mr. Kluge made to the University of Virginia and to higher education generally.
FACULTY PERSONNEL ACTIONS
(The following personnel actions were discussed in Closed Session)

ELECTIONS

RESOLVED that the following persons are elected to the faculty:

Mr. Tarek A. Abbas, as Assistant Professor of Biochemistry and Molecular Genetics, effective May 1, 2010, for two years, at an annual salary of $64,800.

Ms. Sarah E. Aiyar, as Assistant Professor of Research in Medicine, for one year, effective June 1, 2010, at an annual salary of $64,800.

Ms. Linda J. Bullock, as Professor of Nursing, effective August 1, 2010, at an annual salary of $158,000.

Dr. John J. Christophel, as Assistant Professor of Otolaryngology, for three years, effective July 12, 2010, at an annual salary of $100,000.

Mr. Benjamin A. Converse, as Assistant Professor of Public Policy and Psychology, for three academic years, effective August 25, 2010, at an academic year salary of $85,000.

Mr. Thomas Dee, as Professor of Public Policy, without term, and Professor of Economics, for three academic years, effective August 25, 2010, at an academic year salary of $220,000.

Mr. Matthew L. Engle, as Assistant Professor, General Faculty, for the period May 17, 2010, through June 24, 2013, at an annual salary of $70,000.

Mr. Robert C. Group, as Assistant Professor of Physics, for four academic years, effective August 25, 2010, at an academic year salary of $72,000.

Mr. William I. Hitchcock, as Professor of History, effective August 25, 2010, at an academic year salary of $128,000.

Ms. Amanda K. Kibler, as Assistant Professor of Education, for three academic years, effective August 25, 2010, at an academic year salary of $68,000.
Dr. Lynn R. Kohan, as Assistant Professor in Anesthesiology, for three years, effective May 3, 2010, at an annual salary of $100,000.

Ms. Christine Mahoney, as Assistant Professor of Public Policy and Politics, for three academic years, effective August 25, 2010, at an academic year salary of $87,500.

Dr. Manal Nicolas-Jilwan, as Assistant Professor of Radiology, for one year, effective July 1, 2010, at an annual salary of $100,000.

Ms. Elizabeth J. Opila, as Associate Professor of Materials Science and Engineering, effective August 25, 2010, at an academic year salary of $100,000.

Dr. Deric M. Park, as Assistant Professor of Neurosurgery, for three years, effective April 1, 2010, at an annual salary of $100,000.

Mr. Christopher Ruhm, as Professor of Public Policy, without term, and Professor of Economics, for three academic years, effective December 25, 2010, at an academic year salary of $240,000.

Dr. Bryan G. Sauer, as Assistant Professor of Medicine, for three years, effective July 1, 2010, at an annual salary of $100,000.

Dr. David C. Shonka, as Assistant Professor of Otolaryngology, for three years, effective July 1, 2010, at an annual salary of $100,000.

Dr. Megan K. Starling, as Assistant Professor of Emergency Medicine, for one year, effective August 1, 2010, at an annual salary of $100,000.

Dr. Amita Sudhir, as Assistant Professor of Emergency Medicine, for three years, effective June 25, 2010, at an annual salary of $100,000.

Ms. Sophie Trawalter, as Assistant Professor of Public Policy and Psychology, for three academic years, effective August 25, 2010, at an academic year salary of $90,000.

Ms. Elizabeth R. Varon, as Professor of History, effective August 25, 2010, at an academic year salary of $128,000.

Dr. David B. Weiss, as Associate Professor of Orthopaedic Surgery, for three years, effective June 1, 2010, at an annual salary of $100,000.
Mr. Christopher A. Yung, as Associate Professor of Commerce, effective August 25, 2010, at an academic year salary of $190,000.

**ACTIONS RELATING TO CHAIRHOLDERS**

RESOLVED that the actions relating to the Chairholders are approved as shown below:

(a) Election of Chairholders

**Mr. E. Richard Brownlee II**, as Dale S. Coenen Professor of Free Enterprise, effective August 25, 2010. Mr. Brownlee will continue as Professor of Business Administration, without term.

**Ms. Linda J. Bullock**, as Jeanette Lancaster Alumni Professor of Nursing, effective August 1, 2010, for five years. Ms. Bullock will continue as Professor of Nursing, without term.

**Mr. John J. Dobbins**, as Mayo Distinguished Teaching Professor of Art, for three years, effective August 25, 2010. Mr. Dobbins will continue as Professor of Art, without term.

**Mr. Gary W. Gallagher**, as Cavaliers' Distinguished Teaching Professor, for one year, effective August 25, 2010. Mr. Gallagher will continue as John L. Nau III, Professor in the History of the American Civil War, and Professor of History, without term.

**Ms. Jeanne M. Liedtka**, as United Technologies Professor of Business Administration, effective August 25, 2010. Ms. Liedtka will continue as Professor of Business Administration, without term.

**Mr. Elliot N. Weiss**, as Ethyl Corporation Professor of Business Administration, effective August 25, 2010. Mr. Weiss will continue as Professor of Business Administration, without term.

(b) Change of Title of Chairholders

**Ms. Felicia Gaskin**, from J. Pretlow Darden Professor in the School of Medicine, to Norman J. Knorr Professor in the School of Medicine, effective May 25, 2010. Ms. Gaskin will continue as Professor of Research in Psychiatry and Neurobehavioral Sciences, without term.

**Mr. Jaideep Kapur**, from Harrison Distinguished Teaching Professor of Neurology, to Eugene Meyer III, Professor of Neuroscience, effective July 1, 2010. Mr. Kapur will continue as Professor of Neurology, without term.
Dr. William D. Steers, from Hovey S. Dabney Professor of Urology, to Paul Mellon Professor of Urology, effective July 1, 2010. Dr. Steers will continue as Professor of Urology, without term.

(c) Special Salary Action of Chairholders

Mr. Brian H. Balogh, Dorothy Danforth Compton Professor in the White Burkett Miller Center of Public Affairs, and Professor of History, effective June 25, 2010, at an academic year salary of $96,500.

Mr. Ming-Jer Chen, Leslie E. Grayson Professor of Business Administration, effective November 25, 2010, at an academic year salary of $219,000.

Mr. Daniel P. Hallahan, Charles S. Robb Professor of Education, effective June 25, 2010, at an annual salary of $212,100.

Mr. Jagdish K. Kumar, University Professor and William R. Kenan Jr., Professor of Sociology, effective August 25, 2010, at an academic year salary of $153,200.

Mr. David A. Leblang, J. Wilson Newman Professor of Governance, and Professor of Politics, effective August 25, 2010, at an academic year salary of $165,000.

Mr. Jeffrey W. Legro, Randolph P. Compton Professor in the White Burkett Miller Center of Public Affairs, and Professor of Politics, effective August 25, 2010, at an academic year salary of $132,000.

Mr. Ming D. Li, Jean and Ronald Butcher, M.D. Eminent Scholars Professor of Behavioral Medicine and Psychiatry, effective March 1, 2010, at an annual salary of $205,000.

Mr. James G. Maxham III, Chesapeake & Potomac Telephone Company Associate Professor of Commerce, effective August 25, 2010, at an academic year salary of $157,500.

Ms. Deborah W. Parker, Daniels Family Distinguished Teaching Professor of Arts and Sciences, and Professor of Spanish, Italian and Portuguese, effective August 25, 2010, at an annual salary of $137,000.

Mr. Joseph J. Poon, William Barton Rogers Professor of Physics, effective August 25, 2010, at an academic year salary of $164,200.

Ms. Saras Sarasvathy, Isadore Horween Research Associate Professor of Business Administration, effective November 25, 2010, at an academic year salary of $163,000.

Mr. Michael J. Schill, Robert F. Vandell Research Associate Professor of Business Administration, effective November 25, 2010, at an academic year salary of $198,000.

Mr. Rajkumar Venkatesan, Bank of America Research Associate Professor of Business Administration, effective November 25, 2010, at an academic year salary of $160,000.

Mr. Francis E. Warnock, Paul M. Hammaker Associate Professor of Business Administration, effective November 25, 2010, at an academic year salary of $184,000.

Mr. Andrew C. Wicks, Ruffin Associate Professor of Business Ethics, effective November 25, 2010, at an academic year salary of $170,000.

(d) Retirement of Chairholders

Mr. Hendrik M. Geysen, Alfred Burger Professor of Biological and Medicinal Chemistry, effective May 24, 2010. Mr. Geysen has been a member of the faculty since October 25, 2001.

Dr. William D. Parker Jr., Eugene Meyer III, Professor of Neuroscience, effective June 30, 2010. Dr. Parker has been a member of the faculty since July 1, 1993.

Dr. Ladislau E. Steiner, Alumni Professor of Neurosurgery, effective July 7, 2010. Dr. Steiner has been a member of the faculty since January 1, 1989.

Dr. Dan Theodorescu, Paul Mellon Professor of Urology, effective June 30, 2010. Dr. Theodorescu has been a member of the faculty since July 1, 1995.

CORRECTION TO THE PROMOTION OF DR. DAVID M. KAHLER

RESOLVED, the promotion of Dr. David M. Kahler, from Associate Professor of Orthopaedic Surgery, with term, to Professor of Orthopaedic Surgery, without term, effective July 1, 2010, as stated in the Minutes of the meeting of the Board of Visitors, dated June 11, 2010, be corrected to read as follows:
Dr. David M. Kahler, from Associate Professor of Orthopaedic Surgery, to Professor of Orthopaedic Surgery, effective July 1, 2010.

CORRECTION TO THE PROMOTION OF MR. BYUNGYU PARK

RESOLVED, the promotion of Mr. Byungkyu Park, from Assistant Professor of Civil Engineering, to Associate Professor of Civil Engineering, effective August 25, 2010, as stated in the Minutes of the meeting of the Board of Visitors, dated June 11, 2010, be corrected to read as follows:

Mr. Byungkyu Park, from Assistant Professor of Civil and Environmental Engineering, to Associate Professor of Civil and Environmental Engineering, effective August 25, 2010.

CORRECTION TO THE PROMOTION OF MS. SHAYN M. PEIRCE-COTTLE

RESOLVED, the promotion of Ms. Shayn M. Peirce-Cottler, from Assistant Professor of Biomedical Engineering, with term, to Associate Professor of Biomedical Engineering, without term, effective August 25, 2010, as stated in the Minutes of the meeting of the Board of Visitors, dated June 11, 2010, be corrected to read as follows:

Ms. Shayn M. Peirce-Cottler, from Assistant Professor of Biomedical Engineering, with term, to Associate Professor of Biomedical Engineering, without term, effective July 1, 2010.

CORRECTION TO THE PROMOTION OF MR. NATHAN SWAMI

RESOLVED, the promotion of Mr. Nathan Swami, from Assistant Professor, General Faculty, to Associate Professor, General Faculty, for three years, effective August 25, 2010, as stated in the Minutes of the meeting of the Board of Visitors, dated June 11, 2010, be corrected to read as follows:

Mr. Nathan Swami, from Assistant Professor, General Faculty, to Associate Professor, General Faculty, for three academic years, effective August 25, 2010.

RESCINDMENT OF THE PROMOTION OF MR. NICOLAS SIHLE

RESOLVED, the promotion of Mr. Nicolas Sihle from Assistant Professor of Anthropology, with term, to Associate Professor of Anthropology, without term, effective August 25, 2010, as stated in the Minutes of the meeting of the Board of Visitors dated June 11, 2010, is rescinded.
SPECIAL SALARY ACTIONS

RESOLVED that the following persons shall receive the salary indicated:

Mr. George S. Allayannis, Professor of Business Administration, effective November 25, 2010, at an academic year salary of $209,000.

Mr. Benjamin K. Armentrout, Lecturer, General Faculty, effective November 25, 2010, at an annual salary of $107,100.

Ms. Kate T. Arnold, Professor of Music, General Faculty, effective August 25, 2010, at an academic year salary of $87,600.

Mr. Michael D. Atchison, Professor of Commerce, effective August 25, 2010, at an academic year salary of $143,500.

Mr. Gary A. Ballinger, Assistant Professor of Commerce, effective May 25, 2010, at an academic year salary of $121,700.

Ms. Kimberly C. Bassett, Lecturer, General Faculty, effective July 1, 2010, at an annual salary of $53,000.

Mr. Colin P. Bird, Associate Professor of Politics, effective August 25, 2010, at an academic year salary of $93,000.

Mr. David C. Black, Lecturer, General Faculty, effective May 25, 2010, at an annual salary of $130,000.

Mr. Glenn J. Browne, Associate Professor of Commerce, effective August 25, 2010, at an academic year salary of $140,000.

Mr. Sean Carr, Lecturer, General Faculty, effective November 25, 2010, at an annual salary of $103,300.

Mr. Raul O. Chao, Assistant Professor of Business Administration, effective November 25, 2010, at an academic year salary of $140,000.

Mr. James A. Coan, Assistant Professor of Psychology, effective August 25, 2010, at an academic year salary of $72,000.

Mr. Peter M. Debaere, Associate Professor of Business Administration, effective November 25, 2010, at an academic year salary of $145,000.

Ms. Deirdre M. Enright, Assistant Professor, General Faculty, effective May 17, 2010, at an annual salary of $68,000.
Ms. Nicole P. Eramo, Lecturer, General Faculty, effective May 25, 2010, at an annual salary of $74,000.

Mr. Richard B. Evans, Assistant Professor of Business Administration, effective November 25, 2010, at an academic year salary of $194,000.

Mr. Gregory B. Fairchild, Associate Professor of Business Administration, effective November 25, 2010, at an academic year salary of $164,000.

Mr. Jay W. Fox, Professor of Microbiology, effective June 1, 2010, at an annual salary of $177,500.

Ms. Mary M. Frank, Associate Professor of Business Administration, effective November 25, 2010, at an academic year salary of $187,000.

Mr. Daniel W. Gingerich, Assistant Professor of Politics, effective August 25, 2010, at an academic year salary of $75,000.

Mr. David C. Gist, Assistant Librarian, General Faculty, Alderman Library, effective July 1, 2010, at an annual salary of $59,300.

Mr. Wayne S. Graham, Assistant Librarian, General Faculty, Alderman Library, effective May 25, 2010, at an annual salary of $78,000.

Mr. Jeffrey A. Grossman, Associate Professor of German, effective August 25, 2010, at an academic year salary of $71,000.

Ms. Yael Grushka-Cockayne, Assistant Professor of Business Administration, effective November 25, 2010, at an annual salary of $127,000.

Mr. Thomas L. Hafemeister, Associate Professor of Law, General Faculty, effective July 1, 2010, at an annual salary of $99,100.

Mr. Hossein Haj-Hariri, Professor of Mechanical and Aerospace Engineering, effective May 25, 2010, at an annual salary of $207,200.

Ms. Barbara A. Hampton, Lecturer, General Faculty, effective May 25, 2010, at an annual salary of $56,400.
Mr. Jared D. Harris, Assistant Professor of Business Administration, effective November 25, 2010, at an academic year salary of $146,000.

Dr. James H. Harrison Jr., Associate Professor of Public Health Sciences, effective January 25, 2010, at an annual salary of $249,500.

Ms. Jennifer L. Hoffman, Lecturer, General Faculty, effective April 25, 2010, at an annual salary of $110,000.

Ms. Erika H. James, Associate Professor of Business Administration, effective November 25, 2010, at an academic year salary of $170,000.

Mr. Kelly G. Johnston, Assistant Librarian, General Faculty, Alderman Library, effective July 1, 2010, at an annual salary of $59,300.

Mr. Volker Kaiser, Associate Professor of German, effective August 25, 2010, at an academic year salary of $82,700.

Mr. Jonathan Kipnis, Assistant Professor of Neuroscience, effective May 25, 2010, at an annual salary of $100,000.

Ms. Mary E. Knight, Lecturer, General Faculty, effective May 25, 2010, at an annual salary of $72,000.

Mr. Michael L. Koenig, Lecturer, General Faculty, effective November 25, 2010, at an annual salary of $135,000.

Mr. Daniel S. Lefkowitz, Associate Professor of Anthropology, and Associate Professor of Middle Eastern Languages and Cultures, effective August 25, 2010, at an academic year salary of $64,100.

Mr. Edward G. Lengel, Professor, General Faculty, effective August 25, 2010, at an annual salary of $96,000.

Ms. Jamie L. Leonard, Lecturer, General Faculty, effective July 1, 2010, at an annual salary of $70,000.

Mr. Wei Li, Professor of Business Administration, effective November 25, 2010, at an academic year salary of $196,000.

Mr. Kenneth C. Lichtendahl Jr., Assistant Professor of Business Administration, effective November 25, 2010, at an academic year salary of $136,000.
Mr. Marc L. Lipson, Associate Professor of Business Administration, effective November 25, 2010, at an academic year salary of $200,000.

Ms. Antonia LoLordo, Associate Professor of Philosophy, effective August 25, 2010, at an academic year salary of $75,000.

Ms. Elena Loutsksina, Assistant Professor of Business Administration, effective November 25, 2010, at an annual salary of $192,000.

Ms. Luann J. Lynch, Professor of Business Administration, effective November 25, 2010, at an academic year salary of $210,000.

Mr. Kevin B. McMullan, Lecturer, General Faculty, effective June 25, 2010, at an annual salary of $90,100.

Dr. Veronica E. Michaelsen, Assistant Professor of Research in Medical Education, effective June 25, 2010, at an annual salary of $93,500.

Ms. Farzanneh M. Milani, Professor of Middle Eastern and South Asian Languages and Cultures, effective August 25, 2010, at an academic year salary of $110,000.

Mr. Jeffrey L. Moster, Lecturer, General Faculty, effective June 25, 2010, at an annual salary of $113,500.

Mr. Laurence G. Mueller, Lecturer, General Faculty, effective November 25, 2010, at an annual salary of $79,500.

Mr. Daniel Murrie, Associate Professor of Psychiatry and Neurobehavioral Sciences, effective April 1, 2010, at an annual salary of $86,300.

Ms. Kendra K. Nelsen, Lecturer, General Faculty, effective May 25, 2010, at an annual salary of $78,900.


Mr. Anton Ovchinnikov, Assistant Professor of Business Administration, effective November 25, 2010, at an academic year salary of $134,000.

Mr. James M. Pattie, Lecturer, General Faculty, effective November 25, 2010, at an annual salary of $76,400.

Mr. Dinko Pocanic, Professor of Physics, effective August 25, 2010, at an annual salary of $125,400.
Ms. Elizabeth A. Powell, Assistant Professor of Business Administration, effective November 25, 2010, at an academic year salary of $95,000.

Mr. Gregory M. Propp, Lecturer in American Sign Language, effective August 25, 2010, at an academic year salary of $53,000.

Mr. Ryan W. Quinn, Assistant Professor of Business Administration, effective November 25, 2010, at an annual salary of $150,000.

Ms. Valerie A. Richardson, Lecturer, General Faculty, effective May 23, 2010, at an annual salary of $93,700.

Ms. Jill S. Rockwell, Lecturer, General Faculty, effective February 25, 2010, at an annual salary of $100,000.

Mr. Peter L. Rodriguez, Associate Professor of Business Administration, effective November 25, 2010, at an academic year salary of $161,000.

Mr. John H. Roper, Lecturer, General Faculty, effective June 25, 2010, at an annual salary of $63,500.

Mr. AbdulKareem Said Ramadan, Lecturer, General Faculty, effective August 25, 2010, at an academic year salary of $55,000.

Mr. William T. Scherer, Professor of Systems and Information Engineering, effective August 25, 2010, at an academic year salary of $112,800.

Ms. Nancy A. Scogna, Lecturer, General Faculty, effective May 25, 2010, at an annual salary of $72,000.

Mr. Kenneth W. Scully, Lecturer in Public Health Sciences, effective February 25, 2010, at an annual salary of $91,800.

Mr. Marc J. Selverstone, Associate Professor, General Faculty, effective June 25, 2010, at an annual salary of $85,000.

Ms. Colleen T. Shearer, Lecturer, General Faculty, effective June 25, 2010, at an annual salary of $60,000.

Mr. Howard M. Singerman, Associate Professor of Art, effective August 25, 2010, at an academic year salary of $102,000.

Ms. Karen Sniadecki, Lecturer in Medicine, effective April 25, 2010, at an annual salary of $100,000.
Mr. Philippe L. Sommer, Lecturer, General Faculty, effective June 1, 2010, at an annual salary of $150,000.

Mr. Daniel W. Steeper, Lecturer, General Faculty, effective July 12, 2010, at an annual salary of $85,000.

Ms. Louann W. Stylianopoulos, Assistant Librarian, General Faculty, Alderman Library, effective March 25, 2010, at an annual salary of $67,500.

Mr. Robert W. Tharpe, Lecturer, General Faculty, effective May 1, 2010, at an annual salary of $105,000.

Mr. Siva Vaidhyanathan, Associate Professor of Media Studies, effective August 25, 2010, at an academic year salary of $114,300.

Mr. Marc C. Vanarsdale, Lecturer, General Faculty, effective June 25, 2010, at an annual salary of $60,000.

Mr. Paul L. Walker, Associate Professor of Commerce, effective May 25, 2010, at an academic year salary of $132,500.

Mr. Richard J. Will, Associate Professor of Music, effective August 25, 2010, at an academic year salary of $89,500.

Ms. Barbara H. Wixom, Associate Professor of Commerce, effective August 25, 2010, at an academic year salary of $144,000.

Mr. Xiaoming Yu, Lecturer, General Faculty, effective May 25, 2010, at an annual salary of $74,000.

Mr. Wen Yuan, Assistant Professor of Research in Medicine, effective April 25, 2010, at an annual salary of $79,300.

RESIGNATIONS

The following resignations were announced:

Mr. Shamsuddin Adakkai-Kadavathu, Assistant Professor of Radiation Oncology, effective May 31, 2010, to accept another position.

Ms. Elizabeth N. Arkush, Assistant Professor of Anthropology, effective May 24, 2010, to accept another position.

Dr. Stephen R. Braddock, Professor of Pediatrics, effective June 30, 2010, to accept another position.

Mr. Eric R. Bredo, Professor of Education, effective May 24, 2010, to accept another position.
Dr. Marilyn A. Brown, Assistant Professor of Pediatrics, effective June 30, 2010, for personal reasons.

Dr. Maryanne R. Chrisant, Associate Professor of Pediatrics, effective April 15, 2010, for personal reasons.

Mr. Kenneth G. Crowther, Research Assistant Professor of Systems and Information Engineering, effective August 2, 2010, to accept another position.

Ms. Ginger M. Davis, Assistant Professor of Systems & Information Engineering, effective May 24, 2010, for personal reasons.

Ms. Sarah A. Delgado, Assistant Professor, General Nursing Faculty, effective May 24, 2010, for personal reasons.

Dr. Wendi R. El-Amin, Assistant Professor of Family Medicine, effective August 6, 2010, to accept another position.

Mr. James C. French, Research Associate Professor of Computer Science, effective May 31, 2010, for personal reasons.

Ms. Harriet L. Glosoff, Associate Professor of Education, effective August 24, 2010, to accept another position.

Dr. Thomas D. Henry, Assistant Professor of Radiology, effective May 31, 2010, for personal reasons.

Mr. Sanjay Jain, Assistant Professor of Economics, effective May 24, 2010, for personal reasons.

Mr. John C. Kirchgessner, Assistant Professor, General Nursing Faculty, effective May 24, 2010, to accept another position.

Dr. Lillian D. Kizer, Assistant Professor of Medicine, effective June 30, 2010, for personal reasons.

Dr. Laura W. Lee, Associate Professor of Physical Medicine and Rehabilitation, effective May 23, 2010, for personal reasons.

Mr. Eric H. Maslen, Professor of Mechanical and Aerospace Engineering, effective May 24, 2010, to accept another position.

Dr. Frank J. Mazzeo, Associate Professor of Anesthesiology, effective July 9, 2010, to accept another position.

Mr. Steven McIntosh, Assistant Professor of Chemical Engineering, effective August 24, 2010, to accept another position.
Mr. Luis F. Medina, Assistant Professor of Politics, effective May 24, 2010, to accept another position.

Ms. Laura J. Moore, Assistant Professor of Environmental Sciences, effective May 24, 2010, to accept another position.

Dr. Benjamin B. Peeler, Associate Professor of Surgery, effective October 16, 2009, to accept another position.

Dr. Tereza Poghosyan, Assistant Professor of Radiology, effective July 31, 2010, to accept another position.

Ms. Kamalini Ramdas, Associate Professor of Business Administration, effective August 25, 2010, for personal reasons.

Mr. Fraydoon Rastinejad, Professor of Pharmacology, effective June 30, 2010, to accept another position.

Dr. Mir S. Siadaty, Assistant Professor of Research in Public Health Sciences, effective June 15, 2010, for personal reasons.

Dr. Paul H. Ting, Associate Professor of Anesthesiology, effective April 27, 2010, to accept another position.

Ms. Patricia A. Trimmer, Associate Professor of Research in Neurology, effective July 9, 2010, to accept another position.

RETIREMENTS

The following retirements were announced:

Mr. Richard L. Crozier, Professor of Studio Art, effective January 9, 2011. Mr. Crozier has been a member of the faculty since September 1, 1974.

Mr. Hendrik M. Geysen, Alfred Burger Professor of Biological and Medicinal Chemistry, effective May 24, 2010. Mr. Geysen has been a member of the faculty since October 25, 2001.

Mr. Gary D. Hartwell, Assistant Professor of Research in Radiology, effective April 24, 2010. Mr. Hartwell has been a member of the faculty since January 22, 1975.

Dr. William D. Parker Jr., Eugene Meyer, III, Professor of Neuroscience, effective June 30, 2010. Dr. Parker has been a member of the faculty since July 1, 1993.

Dr. Ladislau E. Steiner, Alumni Professor of Neurosurgery, effective July 7, 2010. Dr. Steiner has been a member of the faculty since July 1, 1989.
Dr. Dan Theodorescu, Paul Mellon Professor of Urology, effective June 30, 2010. Dr. Theodorescu has been a member of the faculty since July 1, 1995.

**APPOINTMENT**

The following appointment was announced:

Mr. W. Mark Crowell, as Executive Director for Innovation Partnerships & Commercialization, for two years, effective May 24, 2010.

**RE-APPOINTMENTS**

The following re-appointments were announced:

Ms. Margaret A. Browne, as Associate General Counsel, for three years, effective October 25, 2010.

Ms. Barbara J. Deily, as Chief Audit Executive, for five years, effective July 25, 2010.

Ms. Evelyn R. Fleming, as Associate General Counsel, for three years, effective October 25, 2010.

Mr. Stephen A. Kimata, as Assistant Vice President for Finance and Comptroller, for three years, effective March 25, 2010.

Ms. Megan K. Lowe, as Assistant to the Executive Vice President and Chief Operating Officer, for three years, effective July 25, 2010.

Mr. Richard F. Schupp, as Director, Risk Management, for three years, effective June 25, 2010.


**RE-ELECTION OF DR. MARCUS L. MARTIN AS INTERIM VICE PRESIDENT AND CHIEF OFFICER FOR DIVERSITY AND EQUITY**

RESOLVED, Dr. Marcus L. Martin is re-elected as Interim Vice President and Chief Officer for Diversity and Equity, for the period June 25, 2010, through June 24, 2011, or until the appointment of a new Chief Officer for Diversity and Equity, whichever occurs first.
ELECTION OF PROFESSORS EMERITI

RESOLVED that the following persons are elected Professor Emeritus:

Mr. Richard L. Crozier, Professor of Studio Art, effective January 9, 2011.

Mr. Hendrik M. Geysen, Alfred Burger Professor of Biological and Medicinal Chemistry, effective May 24, 2010.

Dr. William D. Parker Jr., Eugene Meyer III, Professor of Neuroscience, effective June 30, 2010.

Dr. Ladislau E. Steiner, Alumni Professor of Neurosurgery, effective July 7, 2010.

Dr. Dan Theodorescu, Paul Mellon Professor of Urology, effective June 30, 2010.

DEATHS

The following deaths were announced:

Mr. Furman W. Barton, Professor Emeritus of Civil and Environmental Engineering, died June 1, 2010. Mr. Barton had been a member of the faculty since 1967, until his retirement in 2001.

Mr. Norman A. Graebner, Professor Emeritus of History, died May 10, 2010. Mr. Graebner had been a member of the faculty since 1967, until his retirement in 1986.

Dr. Samuel E. Miller, Professor Emeritus of Family Medicine and Internal Medicine, died June 3, 2010. Dr. Miller had been a member of the faculty since 1971, until his retirement in 1986.

Mr. Andrew C. Ruppel, Professor Emeritus of Management of Information Technology, died May 20, 2010. Mr. Ruppel had been a member of the faculty since 1971, until his retirement in 2001.

THE UNIVERSITY OF VIRGINIA’S COLLEGE AT WISE

ELECTION

RESOLVED that the following person is elected to the faculty:

Ms. Cathleen A. Collins, as Professor of Nursing, The University of Virginia’s College at Wise, for the period July 1, 2010, through June 24, 2012, at an annual salary of $115,000.
RESOLVED that the actions relating to the Chairholders are approved as shown below:

(a) Election of Chairholder

Ms. Cathleen A. Collins, as Kathleen Miller Strunk Professor of Nursing, The University of Virginia's College at Wise, for the period July 1, 2010, through June 24, 2012. Ms. Collins will continue as Professor of Nursing, The University of Virginia's College at Wise, with term.

(b) Resignation of Chairholder

Mr. Brian S. Wills, Kenneth Asbury Professor of History, The University of Virginia's College at Wise, effective May 24, 2010, to accept another position.

SPECIAL SALARY ACTIONS

RESOLVED that the following persons shall receive the salary indicated:

Mr. Thomas M. Costa, Professor of History, The University of Virginia's College at Wise, effective August 25, 2010, at an academic year salary of $80,100.

Mr. Bryan H. Hoyt, Associate Professor of Psychology, The University of Virginia's College at Wise, effective April 16, 2010, at an academic year salary of $58,300.

Mr. Michael K. Hunt, Instructor in Theatre, The University of Virginia's College at Wise, effective August 25, 2010, at an academic year salary of $40,000.

Ms. Rebecca G. Mullins, Instructor in Nursing, The University of Virginia's College at Wise, effective August 25, 2010, at an academic year salary of $55,000.

RESIGNATION

The following resignation was announced:

Mr. George J. Michael, Associate Professor of Administration of Justice, The University of Virginia's College at Wise, effective May 24, 2010, for personal reasons.
RE-APPOINTMENTS

The following re-appointments were announced:

Mr. James K. Fowlkes, as Vice Chancellor for Information Technology and Chief Information Officer, The University of Virginia's College at Wise, for five years, effective June 25, 2010

Mr. Russell D. Necessary, as Vice Chancellor for Enrollment Management, The University of Virginia's College at Wise, for five years, effective June 25, 2010.

The meeting adjourned at 4:30 p.m.

Respectfully submitted,

Susan G. Harris
Secretary

SGH:jb
These minutes have been posted to the University of Virginia's Board of Visitors website. http://www.virginia.edu/bov/publicminutes.html
ADDENDUM TO THE OFFICIAL MINUTES OF THE MEETING OF THE BOARD OF VISITORS OF THE UNIVERSITY OF VIRGINIA

Meeting Date: September 13-14, 2010

CERTIFICATION OF EXECUTIVE MEETING

The Board of Visitors, sitting in Open Session, unanimously adopted a resolution certifying that while meeting in Executive Session – as permitted by the relevant provisions of the Code of Virginia – only public business authorized by its motion and lawfully exempted from consideration were discussed in closed session.

Respectfully submitted,

Susan G. Harris
Secretary
RESOLUTIONS NOT REQUIRING ACTION BY THE FULL BOARD

The following resolutions were adopted in Board Committees and do not have to be approved by the full Board; they are enumerated below as a matter of record.

BUILDINGS AND GROUNDS COMMITTEE – SEPTEMBER 14, 2010

SCHEMATIC DESIGN APPROVAL, NEWCOMB HALL DINING PROJECT

RESOLVED, the schematic design dated September 14, 2010, and prepared by Cole and Denny, Inc., in conjunction with the Architect for the University and others, for the construction of the Newcomb Hall Dining Expansion Project, is approved for further development and construction.

MEDICAL CENTER OPERATING BOARD – JULY 9, 2010

ORGANIZATIONAL RESOLUTION

WHEREAS, the Medical Center Operating Board is the governing body of the University of Virginia Transitional Care Hospital and is responsible for the oversight of its operation and management as necessary to carry out the mission of the Transitional Care Hospital, which is to provide excellence and innovation in the care of patients, the training of health professionals, and the creation and sharing of health knowledge, and the oversight of any strategic planning process for the University of Virginia Transitional Care Hospital; and

WHEREAS, in furtherance of the mission of the University of Virginia Transitional Care Hospital, the Medical Center Operating Board desires to adopt certain resolutions which acknowledge its role (i) in establishing policy for the Transitional Care Hospital, (ii) promoting performance improvement within the Transitional Care Hospital, (iii) providing for organizational management and planning for the Transitional Care Hospital, (iv) addressing its accountabilities and responsibilities to the patient population served by the Transitional Care Hospital, and (v) as otherwise required by regulating agencies, accrediting entities or applicable laws in accordance with the delegation to it by the Board of Visitors;

RESOLVED, the University of Virginia Transitional Care Hospital shall be managed and operated in compliance with all applicable laws and regulations, requirements of the Board of Visitors and the Medical Center Operating Board, applicable University policies and procedures, and University of Virginia Transitional Care Hospital policies and procedures, including the applicable conflict of interest requirements as defined under law; and
RESOLVED FURTHER, the Medical Center Operating Board selects R. Edward Howell as the Chief Executive Officer of the University of Virginia Transitional Care Hospital, and delegates to him the authority to develop a reporting matrix that shows the lines of authority within the Transitional Care Hospital and indicates the key persons involved and to hire and appoint all necessary personnel for the management and operation of the Transitional Care Hospital; and

RESOLVED FURTHER, the Chief Executive Officer of the University of Virginia Transitional Care Hospital shall establish and ensure the necessary resources within and for the University of Virginia Transitional Care Hospital, including the creation of an organizational structure for the delivery of care and for quality and performance improvement, organizational management and planning, financial management, risk management, the use of the Transitional Care Hospital for graduate medical education, and for all other areas needed or required to operate and manage the Transitional Care Hospital and for the provision of patient care; and

RESOLVED FURTHER, the Medical Center Operating Board approves the Clinical Staff Bylaws for the University of Virginia Transitional Care Hospital, attached hereto as Exhibit A, including the delegation of responsibility to the Clinical Staff for the provision of quality care in the Transitional Care Hospital and the creation of the Clinical Staff Executive Committee to serve as the executive committee of the Transitional Care Hospital, all as set forth in the Bylaws; and

RESOLVED FURTHER, the Medical Center Operating Board acknowledges the right of the clinical staff to attendance and voice through a representative at Medical Center Operating Board meetings, and that the President of the Transitional Care Hospital Clinical Staff shall serve as this representative, or in his absence the President-elect of the Clinical Staff shall serve as the representative, and that the initial President of the Clinical Staff for the Transitional Care Hospital shall be Jonathon D. Truwit, M.D., and the initial President-elect of the Clinical Staff for the Transitional Care Hospital shall be Sharon Essau, M.D.; and

RESOLVED FURTHER, the Medical Center Operating Board delegates to and authorizes the Chief Executive Officer of the University of Virginia Transitional Care Hospital to adopt appropriate policies and procedures over administrative matters within the University of Virginia Transitional Care Hospital, and delegates to and authorizes the Clinical Staff Executive Committee of the University of Virginia Transitional Care Hospital to adopt appropriate policies and procedures over clinical matters within the Transitional Care Hospital, with the policies and procedures to include, but not be limited to, insuring a doctor of medicine or osteopathy is on duty or on call at all times, the establishment of a patient grievance process, and the scope and complexity of radiological services offered by the University of Virginia Transitional Care Hospital; and
RESOLVED FURTHER, the Medical Center Operating Board hereby ratifies and approves any and all policies for the Transitional Care Hospital as may have been approved and adopted prior to the date hereof; and

RESOLVED FURTHER, subject to the continuing authority and policies of the Medical Center Operating Board, the Clinical Staff Executive Committee of the University of Virginia Transitional Care Hospital is hereby delegated the authority for (i) determining the appropriate criteria for appointment and reappointment of clinicians to the clinical staff of the Transitional Care Hospital and the appropriate criteria for appointment and reappointment of healthcare professionals practicing within the Transitional Care Hospital, (ii) recommending the appointment and reappointment, in accordance with the established criteria, of qualified clinicians to the clinical staff of the Transitional Care Hospital and qualified healthcare professionals to practice within the Transitional Care Hospital, and (iii) recommending the grant of clinical privileges to the clinical staff of the Transitional Care Hospital and healthcare professionals practicing within the Transitional Care Hospital as determined by the Clinical Staff Executive Committee to be appropriate for each individual; and

RESOLVED FURTHER, the Medical Center Operating Board approves the Fiscal Year 2011 operating and capital budgets for the University of Virginia Transitional Care Hospital as prepared under the direction and involvement of the Medical Center Operating Board, administrative staff, and the Clinical Staff; and

RESOLVED FURTHER, the Medical Center Operating Board hereby delegates to the University of Virginia Transitional Care Hospital Utilization Review Committee all authority and responsibility to carry out the functions of said committee; and

RESOLVED FURTHER, all affiliated organizations providing clinical services or graduate medical education using University of Virginia or University of Virginia Transitional Care Hospital facilities or resources shall, as a condition of their use of such facilities or resources, be subject to the authority of and the policies, including the Clinical Staff Bylaws, adopted by the Medical Center Operating Board with respect to the provision of clinical services and graduate medical education at or in University of Virginia facilities, including the University of Virginia Transitional Care Hospital; and

RESOLVED FURTHER, appropriate officials or employees of the University of Virginia, the University of Virginia Medical Center, and the University of Virginia Transitional Care Hospital are authorized to take all actions necessary to carry out this resolution; and

RESOLVED FURTHER, this resolution shall continue in effect until further repealed or otherwise modified by the Medical Center Operating Board or the Board of Visitors.
MEDICAL CENTER OPERATING BOARD – SEPTEMBER 14, 2010

APPROVAL OF AMENDED AND RESTATED BYLAWS OF THE CLINICAL STAFF OF THE MEDICAL CENTER

RESOLVED, the Medical Center Operating Board approves the Amended and Restated Bylaws of the Clinical Staff of the Medical Center. These amendments, which are appended to this Resolution as Attachment B, shall be effective as of September 14, 2010.

CREDENTIALING AND RECREREDENTIALING ACTIONS – UNIVERSITY OF VIRGINIA MEDICAL CENTER

NEW APPOINTMENTS TO THE CLINICAL STAFF

RESOLVED that the recommendations of the Clinical Staff Executive Committee for appointment to the Clinical Staff of the University of Virginia Medical Center and the granting of specific privileges to the following practitioners are approved:

Aden, Justin M., M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Anesthesiology.

Barker, Jeffrey R., M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Anesthesiology.

Bell, John F., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Medicine.

Bourque, Jamieson M., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Medicine.

Brockmeier, Stephen F., M.D., Orthopedic Surgeon in the Department of Orthopedic Surgery; Attending Staff Status; Period of Appointment: August 12, 2010, through August 11, 2011; Privileged in Orthopedic Surgery.

Cantrell, Leigh A., M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Period of Appointment: August 16, 2010, through August 15, 2011; Privileged in Obstetrics and Gynecology.

Carr, III, Thomas M., M.D., Radiologist in the Department of Radiology; Instructor Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Radiology.
Chaku, Meenakshi, M.D., Ophthalmologist in the Department of Ophthalmology; Instructor Staff Status; Period of Appointment: July 14, 2010, through June 30, 2011; Privileged in Ophthalmology.

Chan, Daniel T., M.D., Physician in Regional Primary Care; Attending Staff Status; Period of Appointment: August 16, 2010, through August 15, 2011; Privileged in Family Medicine.

Charlton, Jennifer R., M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Pediatrics.

Christophel, John J., M.D., Otolaryngologist in the Department of Otolaryngology; Attending Staff Status; Period of Appointment: July 15, 2010, through July 14, 2011; Privileged in Otolaryngology.

Dahle, Nathan A., M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Appointment: August 11, 2010, through July 31, 2011; Privileged in Anesthesiology.

Dahman, Mohamed I., M.D., Surgeon in the Department of Surgery; Instructor Staff Status; Period of Appointment: July 6, 2010, through June 30, 2011; Privileged in Surgery.

Dillon, Patrick M., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Appointment: August 12, 2010, through August 11, 2011; Privileged in Medicine.

Dougherty, Patrick B., M.D., Radiologist in the Department of Radiology; Instructor Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Radiology.

Enfield, Kyle B., M.D., Physician in Medicine in the Department of Medicine; Attending Staff Status; Period of Appointment: July 21, 2010, through July 20, 2011; Privileged in Medicine.

Erickson, Sarah H., M.D., Radiologist in the Department of Radiology; Attending Staff Status; Period of Appointment: July 21, 2010, through July 20, 2011; Privileged in Radiology.

Foff, Erin P., M.D., Neurologist in the Department of Neurology; Instructor Staff Status; Period of Appointment: July 14, 2010, through June 30, 2011; Privileged in Neurology.

Gilliland, Lawrence L., M.D., Radiologist in the Department of Radiology; Instructor Staff Status; Period of Appointment: July 2, 2010, through June 30, 2011; Privileged in Radiology.

Hackworth, Jordan M., M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Anesthesiology.
Hedrick, Traci L., M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Surgery.

Hom, Benjamin K., M.D., Radiologist in the Department of Radiology; Instructor Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Radiology.

Hom, Stacy N., M.D., Physician in the Department of Family Medicine; Instructor Staff Status; Period of Appointment: August 4, 2010, through July 11, 2011; Privileged in Family Medicine.

Huang, Anna L., M.D., Physician in the Department of Family Medicine; Instructor Staff Status; Period of Appointment: July 20, 2010, through June 30, 2011; Privileged in Family Medicine.

Huynh, Bang H., M.D., Radiologist in the Department of Radiology; Instructor Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Radiology.

Isbell, Rebecca L., M.D., Pediatrician in Regional Primary Care; Attending Staff Status; Period of Appointment: July 12, 2010, through July 11, 2011; Privileged in Pediatrics.

Kaliney, Ryan W., M.D., Radiology in the Department of Radiology; Instructor Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Radiology.

Kapnadak, Siddhartha G., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Medicine.

Khot, Rachita, M.D., Radiologist in the Department of Radiology; Instructor Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Radiology.

Knight, William S., M.D., Physician in the Department of Medicine; Consulting Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Medicine.

Kripalani, Sanjay B., M.D., Physician in the Department of Emergency Medicine; Attending Staff Status; Period of Appointment: August 3, 2010, through August 2, 2011; Privileged in Emergency Medicine.

Kumer, Sean C., M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Surgery.

Landesman, Barbara A., M.D., Neurologist in the Department of Neurology; Consulting Staff Status; Period of Appointment: August 6, 2010, through August 5, 2011; Privileged in Neurology.
Laughlin, Mary J., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Appointment: July 23, 2010, through July 22, 2011; Privileged in Medicine.

Liu, Kenneth C., M.D., Neurosurgeon in the Department of Neurosurgery; Attending Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Neurosurgery.

Logan, Ashley F., M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Appointment: August 5, 2010, through August 4, 2011; Privileged in Pediatrics.

Lowe, Gregory J., M.D., Urologist in the Department of Urology; Instructor Staff Status; Period of Appointment: July 21, 2010, through June 30, 2011; Privileged in Urology.

Malik, Shaneela, M.D., Neurologist in the Department of Orthopedic Surgery; Instructor Staff Status; Period of Appointment: July 21, 2010, through June 30, 2011; Privileged in Neurology.

Maranki, Jennifer L., M.D., Physician in the Department of Medicine; Instructor Staff Status; Period of Appointment: July 2, 2010, through June 30, 2011; Privileged in Medicine.

Masia, Shawn L., M.D., Neurologist in the Department of Neurology; Consulting Staff Status; Period of Appointment: June 3, 2010, through June 2, 2011; Privileged in Neurology.

Michael, Glen E., M.D., Physician in the Department of Emergency Medicine; Instructor Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Emergency Medicine.

Moshiri, Sara T., M.D., Radiologist in the Department of Radiology; Attending Staff Status; Period of Appointment: August 2, 2010, through August 1, 2011; Privileged in Radiology.

Nguyen, Van H., M.D., Anesthesiologist in the Department of Anesthesiology; Instructor Staff Status; Period of Appointment: July 8, 2010, through June 30, 2011; Privileged in Anesthesiology.

Park, Deric M., M.D., Neurologist in the Department of Neurology; Attending Staff Status; Period of Appointment: May 27, 2010, through May 26, 2011; Privileged in Neurology.

Rajkumar, John S., M.D., Physician in the Department of Emergency Medicine; Instructor Staff Status; Period of Appointment: July 8, 2010, through June 30, 2011; Privileged in Emergency Medicine.

Salerno, Michael, M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Appointment: July 6, 2010, through July 5, 2011; Privileged in Medicine.
Scagnelli, John R., M.D., Neurologist in the Department of Neurology; Instructor Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Neurology.

Shonka, David C., Jr., M.D., Otolaryngologist in the Department of Otolaryngology; Attending Staff Status; Period of Appointment: July 12, 2010, through July 11, 2011; Privileged in Otolaryngology.

Sibre, Kelly E., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Appointment: September 1, 2010, through August 31, 2011; Privileged in Medicine.

Simmers, Mary E., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Appointment: August 16, 2010, through August 15, 2011; Privileged in Medicine.

Skelton, Brandon M., M.D., Radiologist in the Department of Radiology; Instructor Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Radiology.

Snyder, Bryan R., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Appointment: July 23, 2010, through July 11, 2011; Privileged in Medicine.

Starling, Megan K., M.D., Physician in the Department of Emergency Medicine; Attending Staff Status; Period of Appointment: August 2, 2010, through August 1, 2011; Privileged in Emergency Medicine.

Stone, James R., M.D., Radiologist in the Department of Radiology; Attending Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Radiology.

Sumler, Michele L., M.D., Anesthesiologist in the Department of Orthopedic Surgery; Attending Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Anesthesiology.

Tache-Leon, Carlos A., M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Appointment: July 6, 2010, through July 5, 2011; Privileged in Surgery.

Tiouririne, Nassima, M.D., Psychiatrist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Period of Appointment: June 10, 2010, through June 9, 2011; Privileged in Psychiatry.

Tracci, Margaret C., M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Appointment: July 1, 2010, through June 30, 2011; Privileged in Surgery.
Upchurch, Gilbert R., M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Appointment: August 15, 2010, through August 14, 2011; Privileged in Surgery.

Weiss, David B., M.D., Orthopedic Surgeon in the Department of Orthopedic Surgery; Attending Staff Status; Period of Appointment: June 10, 2010, through June 9, 2011; Privileged in Orthopedic Surgery.

REAPPOINTMENTS TO THE CLINICAL STAFF

RESOLVED that the recommendations of the Clinical Staff Executive Committee for reappointment to the Clinical Staff of the University of Virginia Medical Center and the granting of specific privileges to the following practitioners are approved:

Altes, Talissa A., M.D., Radiologist in the Department of Radiology; Attending Staff Status; Period of Reappointment: October 31, 2010, through October 30, 2012; Privileged in Radiology.

Arnold, III, William P., M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: December 1, 2010, through November 30, 2011; Privileged in Anesthesiology.

Balogun, Rasheed A., M.B.B.S., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: October 1, 2010, through September 30, 2012; Privileged in Medicine.

Bateman, Bruce G., M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Period of Reappointment: November 25, 2010, through November 24, 2011; Privileged in Obstetrics and Gynecology.

Baum, Lora D., Ph.D., Psychologist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Period of Reappointment: October 1, 2010, through September 30, 2012; Privileged in Psychology.

Brown, Sue A., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: December 1, 2010, through November 30, 2012; Privileged in Medicine.

Cherry, Kenneth J., M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Reappointment: December 1, 2010, through November 30, 2012; Privileged in Surgery.

Crosby, Ivan K., M.B.B.S., Surgeon in the Department of Surgery; Attending Staff Status; Period of Reappointment: July 1, 2010, through June 30, 2011; Privileged in Surgery.
Davis, Walter S., M.D., Physiatrist in the Department of Physical Medicine; Attending Staff Status; Period of Reappointment: November 25, 2010, through November 24, 2012; Privileged in Physical Medicine.

de Souza, Duncan G., M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: October 3, 2010, through October 2, 2012; Privileged in Anesthesiology.

Douvas, Michael G., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 1, 2010, through October 31, 2012; Privileged in Medicine.

Eden, Clara S., M.D., Physician in the Department of Medicine; Consulting Staff Status; Period of Reappointment: December 1, 2010, through November 30, 2012; Privileged in Medicine.

Erdbruegger, Uta, M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: December 1, 2010, through January 22, 2011; Privileged in Medicine.

Fisher, Joseph D., M.D., Pediatrician in Regional Primary Care; Attending Staff Status; Period of Reappointment: November 1, 2010, through October 31, 2012; Privileged in Pediatrics.

Garza-Gongora, Ricardo D., M.D., Radiologist in the Department of Radiology; Instructor Staff Status; Period of Reappointment: July 1, 2010, through June 30, 2012; Privileged in Radiology.

Giuliano, Vincent, M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 1, 2010, through October 31, 2012; Privileged in Medicine.

Gonder-Frederick, Linda, Ph.D., Psychologist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Period of Reappointment: October 1, 2010, through September 30, 2012; Privileged in Psychology.

Gregg, Vanessa H., M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Period of Reappointment: September 25, 2010, through September 24, 2011; Privileged in Obstetrics and Gynecology.

Hobbs, William R., M.D., Psychiatrist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Period of Reappointment: December 1, 2010, through November 30, 2011; Privileged in Psychiatry.

Ingersoll, Karen S., Ph.D., Psychologist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Period of Reappointment: November 4, 2010, through November 3, 2011; Privileged in Psychology.
Kahaleh, Michel, M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: December 8, 2010, through December 7, 2012; Privileged in Medicine.

Kedes, Dean H., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: December 1, 2010, through November 30, 2012; Privileged in Medicine.

Kent, Katherine W., M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Period of Reappointment: November 25, 2010, through November 24, 2011; Privileged in Obstetrics and Gynecology.

Kramer, Christopher M., M.D., Radiologist in the Department of Radiology; Attending Staff Status; Period of Reappointment: October 4, 2010, through October 3, 2012; Privileged in Radiology.

Leslie, Catherine A., M.D., Psychiatrist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Period of Reappointment: November 25, 2010, through November 24, 2011; Privileged in Psychiatry.

Littlewood, Keith E., M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: November 25, 2010, through November 24, 2012; Privileged in Anesthesiology.

McCall, Anthony L., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: October 1, 2010, through September 30, 2012; Privileged in Medicine.

McDonald, Jay A., M.D., Pediatrician in Regional Primary Care; Attending Staff Status; Period of Reappointment: October 16, 2010, through October 15, 2012; Privileged in Pediatrics.

Mackey, Daniel J., M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: November 2, 2010, through November 1, 2012; Privileged in Pediatrics.

Messinger, R. Benjamin, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: October 1, 2010, through September 30, 2012; Privileged in Anesthesiology.

Netland, Peter A., M.D., Ph.D., Ophthalmologist in Chief in the Department of Ophthalmology; Attending Staff Status; Period of Reappointment: November 1, 2010, through October 31, 2012; Privileged in Ophthalmology.

Nunley, Wallace C., M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status;
Oldfield, Edward H., M.D., Neurosurgeon in the Department of Neurosurgery; Attending Staff Status; Period of Reappointment: October 1, 2010, through September 30, 2012; Privileged in Neurosurgery.

Pollart, Susan M., M.D., Physician in the Department of Family Medicine; Attending Staff Status; Period of Reappointment: November 1, 2010, through October 31, 2012; Privileged in Family Medicine.

Poulter, Melinda D., M.D., Pathologist in the Department of Pathology; Attending Staff Status; Period of Reappointment: October 7, 2010, through October 6, 2012; Privileged in Pathology.

Raghavan, Prashant, M.B.B.S., Radiologist in the Department of Radiology; Attending Staff Status; Period of Reappointment: November 10, 2010, through November 9, 2012; Privileged in Radiology.

Raphael, Jacob Y., M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: October 3, 2010, through October 2, 2012; Privileged in Anesthesiology.

Richards, Cynthia G., M.D., Physician in the Department of Medicine; Consulting Staff Status; Period of Reappointment: September 18, 2010, through September 17, 2011; Privileged in Medicine.

Roche, James K., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 25, 2010, through November 24, 2011; Privileged in Medicine.

Smagalski, Gary W., D.D.S., Dentist in the Department of Dentistry; Attending Staff Status; Period of Reappointment: October 1, 2010, through September 30, 2012; Privileged in Dentistry.

Stemland, Christopher J., M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: October 1, 2010, through September 30, 2012; Privileged in Anesthesiology.
Stovall, Dale W., M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Period of Reappointment: October 1, 2010, through March 31, 2011; Privileged in Obstetrics and Gynecology.

Strayer, Scott M., M.D., Physician in the Department of Family Medicine; Attending Staff Status; Period of Reappointment: October 1, 2010, through September 30, 2012; Privileged in Family Medicine.

Thomas, Christopher Y., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: December 3, 2010, through December 2, 2012; Privileged in Medicine.

Thomas, Cornelius W., M.D., Psychiatrist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Period of Reappointment: November 2, 2010, through July 31, 2012; Privileged in Psychiatry.

Tribastone, Andrea D., M.D., Physician in the Department of Family Medicine; Attending Staff Status; Period of Reappointment: November 25, 2010, through November 24, 2012; Privileged in Family Medicine.

Verghese, George M., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: October 11, 2010, through October 10, 2012; Privileged in Medicine.

Warmouth, Grant M., M.D., Neurologist in the Department of Neurology; Attending Staff Status; Period of Reappointment: October 1, 2010, through September 30, 2012; Privileged in Neurology.

Warren, Cirle A., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 25, 2010, through November 24, 2011; Privileged in Medicine.

Wehrli, Gay, M.D., Pathologist in the Department of Pathology; Attending Staff Status; Period of Reappointment: December 1, 2010, through November 30, 2011; Privileged in Pathology.

Willson, Douglas F., M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: October 1, 2010, through September 30, 2012; Privileged in Pediatrics.

Wintermark, Max, M.D., Radiologist in the Department of Radiology; Attending Staff Status; Period of Reappointment: November 1, 2010, through October 31, 2012; Privileged in Radiology.

Winther, Birgit, M.D., Otolaryngologist in the Department of Otolaryngology; Attending Staff Status; Period of Reappointment: November 25, 2010, through November 24, 2011; Privileged in Otolaryngology.
Young, Denise S., M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Period of Reappointment: October 1, 2010, through September 30, 2011; Privileged in Obstetrics and Gynecology.

SECONDARY REAPPOINTMENTS TO THE CLINICAL STAFF

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the secondary reappointment to the clinical staff of the University of Virginia Medical Center and the granting of specific privileges to the following practitioner are approved:

Kramer, Christopher M., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Appointment: November 1, 2010, through October 30, 2012; Privileged in Cardiology.

Schlager, Theresa A., M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Appointment: November 1, 2010, through October 30, 2012; Privileged in Pediatrics.

STATUS CHANGES TO CLINICAL STAFF

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the status changes in clinical privileges to the following practitioners are approved:

Alson, Amy R., M.D., Psychiatrist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Date of Reappointment Changed to June 1, 2010 through May 31, 2011; Privileged in Psychiatry.

Barber, Jack W., M.D., Psychiatrist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Date of Reappointment Changed to July 1, 2010 through June 30, 2011; Privileged in Psychiatry.

Henry, Thomas D., M.D., Radiologist in the Department of Radiology; Attending Staff Status; Date of Reappointment Changed to June 1, 2010 through May 31, 2011; Privileged in Radiology.

Houlihan, Christine M., M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Date of Reappointment Changed to August 25, 2010 through June 29, 2012; Privileged in Pediatrics.

Jane, John A., M.D., Neurosurgeon in the Department of Neurosurgery; Attending Staff Status; Date of Reappointment Changed to July 15, 2010 through July 14, 2011; Privileged in Neurosurgery.

McLaren, Nancy M., M.D., Pediatrics in the Department of Pediatrics; Attending Staff Status; Date of Reappointment Changed to February 24, 2010 through February 24, 2012; Privileged in Pediatrics.
Sauer, Bryan, M.D., Physician in the Department of Medicine; Attending Staff Status; Date of Status Changed to July 1, 2010 through June 30, 2012; Privileged in Medicine.

Solorzano, Guillermo E., M.D., Neurologist in the Department of Neurology; Attending Staff Status; Date of Status Changed to July 1, 2010 through June 30, 2012; Privileged in Neurology.

Wehrli, Gay, M.D., Pathologist in the Department of Pathology; Attending Staff Status; Date of Reappointment Changed to January 2, 2010 through November 30, 2010; Privileged in Pathology.

RESIGNATIONS FROM THE CLINICAL STAFF

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the resignation and expiration of clinical privileges to the following practitioners are approved:

Althoff, Seth O., M.D., Physician in the Department of Emergency Medicine; Instructor Staff Status; Effective date of Resignation: June 30, 2010.

Asebiomo, Bankole S., M.D., Physician in the Department of Medicine; Consulting Staff Status; Effective date of Resignation: June 30, 2010.

Ayoob, Andres R., M.D., Radiologist in the Department of Radiology; Instructor Staff Status; Effective date of Resignation: June 30, 2010.

Baglio, Robert J., D.P.M., Podiatrist in the Department of Medicine; Attending Staff Status; Effective date of Resignation: July 30, 2010.

Bailey, Russell C., M.D., Neurologist in the Department of Neurology; Instructor Staff Status; Effective date of Resignation: August 2, 2010.

Balin, Jefferson I., M.D., Radiologist in the Department of Radiology; Instructor Staff Status; Effective date of Resignation: June 30, 2010.

Bartelt, Luther A., M.D., Physician in the Department of Medicine; Attending Staff Status; Effective date of Resignation: May 23, 2010.

Bertogetti, John C., M.D., Radiologist in the Department of Radiology; Instructor Staff Status; Effective date of Resignation: June 30, 2010.
Blank, Susan K., M.D., Physician in the Department of Medicine; Instructor Staff Status; Effective date of Resignation: August 2, 2010.

Bomma, Chandra S., M.D., Physician in the Department of Medicine; Instructor Staff Status; Effective date of Resignation: June 30, 2010.

Braddock, Stephen R., M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Effective date of Resignation: June 30, 2010.

Brown, Marilyn A., M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Effective date of Resignation: June 30, 2010.

Carricaburu, Sarah L., M.D., Physician in the Department of Family Medicine; Attending Staff Status; Effective date of Resignation: June 30, 2010.

Chance, Joseph F., M.D., Physician in the Department of Medicine; Consulting Staff Status; Effective date of Resignation: June 30, 2010.

Cleaveland, E., Catherine, M.D., Physician in the Department of Emergency Medicine; Instructor Staff Status; Effective date of Resignation: July 31, 2010.

Crook, Margaret K., M.D., Radiologist in the Department of Radiology; Instructor Staff Status; Effective date of Resignation: July 30, 2010.

Diduch, Barry K., M.D., Physician in the Department of Family Medicine; Attending Staff Status; Effective date of Resignation: June 30, 2009.

Dumont, Aaron S., M.D., Neurosurgeon in the Department of Neurosurgery; Attending Staff Status; Effective date of Resignation: June 30, 2010.

Eastin, Travis R., M.D., Physician in the Department of Emergency Medicine; Attending Staff Status; Effective date of Resignation: March 1, 2010.

Eisenhuth, Kathryn K., M.D., Pediatrician in the Department of Pediatrics; Instructor Staff Status; Effective date of Resignation: June 30, 2010.

El-Amin, Wendi W., M.D., Physician in the Department of Family Medicine; Attending Staff Status; Effective date of Resignation: August 6, 2010.
Foster, William C., M.D., Orthopedic Surgeon in the Department of Orthopedic Surgery; Attending Staff Status; Effective date of Resignation: June 30, 2010.

Garza-Gongora, Ricardo D., M.D., Physician in the Department of Medicine; Instructor Staff Status; Effective date of Resignation: July 2, 2010.

Gaughen, Cheryl, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Effective date of Resignation: June 1, 2010.

Goins, Matthew D., M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Effective date of Resignation: August 8, 2010.

Gross, Charles W., M.D., Otolaryngologist in the Department of Otolaryngology; Attending Staff Status; Effective date of Resignation: June 30, 2010.

Guirguis, Adel B., M.D., Urologist in the Department of Urology; Attending Staff Status; Effective date of Resignation: June 30, 2010.

Gutgesell, Howard P., M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Effective date of Resignation: June 30, 2010.

Herndon, Steve E., M.D., Physician in the Department of Medicine; Consulting Staff Status; Effective date of Resignation: May 31, 2010.

Ho, Christopher P., M.D., Radiologist in the Department of Radiology; Instructor Staff Status; Effective date of Resignation: June 30, 2010.

Indihar, Maria V., M.D., Physician in the Department of Medicine; Consulting Staff Status; Effective date of Resignation: June 30, 2010.

Jesteadt, Gregory C., M.D., Physician in the Department of Family Medicine; Attending Staff Status; Effective date of Resignation: June 18, 2010.

Jorgenson, Aric S., M.D., Anesthesiologist in the Department of Medicine; Instructor Staff Status; Effective date of Resignation: July 18, 2010.

Kavoussi, Parviz, K., M.D., Urologist in the Department of Urology; Attending Staff Status; Effective date of Resignation: June 30, 2010.

Kightlinger, Rebecca S., D.O., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Effective date of Resignation: June 30, 2010.
King, Joshua D., M.D., Physician in the Department of Medicine; Instructor Staff Status; Effective date of Resignation: May 23, 2010.

Kizer, Lillian D., M.D., Physician in the Department of Medicine; Attending Staff Status; Effective date of Resignation: June 30, 2010.

Lawrence, Scott D., M.D., Ophthalmologist in the Department of Ophthalmology; Instructor Staff Status; Effective date of Resignation: June 30, 2010.

Lee, Laura W., M.D., Physiatrist in the Department of Physical Medicine; Attending Staff Status; Effective date of Resignation: May 23, 2010.

Lutterbie, Mark A., M.D., Physician in the Department of Family Medicine; Attending Staff Status; Effective date of Resignation: June 30, 2010.

Mandell, Elizabeth H., M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Effective date of Resignation: June 30, 2010.

Martz, Gabriel U., M.D., Neurologist in the Department of Neurology; Instructor Staff Status; Effective date of Resignation: June 30, 2010.

Mattern, John Q., D.O, Physician in the Department of Medicine; Consulting Staff Status; Effective date of Resignation: June 30, 2010.

Mazzeo, Frank J., M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Effective date of Resignation: July 9, 2010.

Miceli, Kurt P., M.D., Psychiatrist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Effective date of Resignation: June 30, 2010.

Mikolaenko, Ivan, M.D., Neurologist in the Department of Neurology; Attending Staff Status; Effective date of Resignation: June 30, 2010.

Miller-Ferguson, Nikki M., M.D., Pediatrician in the Department of Pediatrics; Instructor Staff Status; Effective date of Resignation: April 8, 2010.

Moran, Ruth E., M.D., Radiologist in the Department of Radiology; Attending Staff Status; Effective date of Resignation: June 30, 2010.

Much, Jason W., M.D., Ophthalmologist in the Department of Ophthalmology; Instructor Staff Status; Effective date of Resignation: June 30, 2010.
Older, Robert A., M.D., Radiologist in the Department of Radiology; Attending Staff Status; Effective date of Resignation: June 30, 2010.

Packer, Roger J., M.D., Neurosurgeon in the Department of Neurosurgery; Attending Staff Status; Effective date of Resignation: June 15, 2010.

Pendleton, Amber L., M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Effective date of Resignation: June 30, 2010.

Pendleton, M Eli, M.D., Physician in the Department of Family Medicine; Attending Staff Status; Effective date of Resignation: June 30, 2010.

Petrey, Wilkes B., M.D., Radiologist in the Department of Radiology; Instructor Staff Status; Effective date of Resignation: June 30, 2010.

Pham, Dao G., M.D., Physician in the Department of Medicine; Instructor Staff Status; Effective date of Resignation: June 30, 2010.

Poghosyan, Tereza, M.D., Radiologist in the Department of Radiology; Attending Staff Status; Effective date of Resignation: July 31, 2010.

Prichard, Jennifer M., M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Effective date of Resignation: May 19, 2010.

Rottkamp, Daniele M., M.D., Physician in the Department of Medicine; Instructor Staff Status; Effective date of Resignation: May 23, 2010.

Schustek, Samuel H., D.P.M., Podiatrist in the Department of Medicine; Attending Staff Status; Effective date of Resignation: July 30, 2010.

Shaffer, Hubert A., M.D., Radiologist in the Department of Radiology; Attending Staff Status; Effective date of Resignation: June 30, 2010.

Stephens, Tausha, M.D., Radiologist in the Department of Radiology; Instructor Staff Status; Effective date of Resignation: June 30, 2010.

Steiner, Ladislau E., M.D., Neurosurgeon in the Department of Neurosurgery; Attending Staff Status; Effective date of Resignation: June 30, 2010.
Theodorescu, Dan, M.D., Urologist in the Department of Urology; Attending Staff Status; Effective date of Resignation: June 30, 2010.

Wallace, Kevin L., M.D., Physician in the Department of Emergency Medicine; Attending Staff Status; Effective date of Resignation: June 30, 2010.

Wang, David T., M.D., Radiologist in the Department of Radiology; Instructor Staff Status; Effective date of Resignation: July 12, 2010.

Willoughby, Christopher B., M.D., Physician in the Department of Emergency Medicine; Instructor Staff Status; Effective date of Resignation: June 30, 2010.

Zimmermann, Jay A., M.D., Physician in Regional Primary Care; Attending Staff Status; Effective date of Resignation: July 31, 2010.

Zivony, Adam S., M.D., Physician in the Department of Medicine; Instructor Staff Status; Effective date of Resignation: May 23, 2010.

RESIGNATION FROM SECONDARY CLINICAL STAFF APPOINTMENT

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the resignation and expiration of clinical privileges to the following practitioners are approved:

Hayden, Frederick G., M.D., Pathologist in the Department of Pathology; Attending Staff Status; Effective date of Resignation: June 30, 2010.

PRIVILEGES FOR NEW ALLIED HEALTH PROFESSIONALS

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the granting of privileges to the following Allied Health Professionals are approved:

Hayden, Mary L., R.N., N.P., Family Nurse Practitioner in Allergy and Immunology; Period of Privileging: August 2, 2010, through August 2, 2011, Privileged as a Family Nurse Practitioner.

Metsch, Caroline, P.A., Physician Assistant in the Department of Neurosurgery; Period of Privileging: July 15, 2010, through July 6, 2011, Privileged as a Physician Assistant.


Wilson, Chad, P.A., Physician Assistant in the Department of Orthopedic Surgery; Period of Privileging: June 14, 2010, through May 31, 2011, Privileged as a Physician Assistant.

RENEWAL OF PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the renewal of privileges to the following Allied Health Professionals are approved:

Accord, Barbara, R.N., N.P., Certified Nurse Anesthetist in the Operating Room; Period of Privileging: August October 6, 2010, through October 5, 2012; Privileged as a Certified Nurse Anesthetist.

Apprey, Maurice, Ph.D., Licensed Professional Counselor in the Department of Psychiatry and Neurobehavioral Sciences; Period of Privileging: October 1, 2010, through September 30, 2012; Privileged as a Licensed Professional Counselor.

Benes, Judith K., R.N., N.P., Certified Nurse Anesthetist in the Operating Room; Period of Privileging: December 5, 2010, through December 4, 2012; Privileged as a Certified Nurse Anesthetist.

Bopp, Jane S., R.N., N.P., Family Nurse Practitioner in Nephrology Clinical Research; Period of Privileging: October 9, 2010, through October 8, 2012; Privileged as a Family Nurse Practitioner.

Cage, Dorothy L., R.N., N.P., Acute Care Nurse Practitioner in the Department of Radiology; Period of Privileging: February 1, 2011, through January 31, 2013; Privileged as an Acute Care Nurse Practitioner.

Crews, Tammy, R.N., N.P., Certified Nurse Anesthetist in the Operating Room; Period of Privileging: October 26, 2010, through October 25, 2012; Privileged as a Certified Nurse Anesthetist.

Gleason, Ann T., Ph.D., Audiologist in the Otolaryngology Clinic; Period of Privileging: October 16, 2010, through October 15, 2012; Privileged as an Audiologist.
Griffith, Mary J., R.N., N.P., Geriatric Nurse Practitioner in the Cancer Center; Period of Privileging: October 18, 2010, through October 17, 2012; Privileged as a Geriatric Nurse Practitioner.


Laurie, Lisa J., R.N., N.P., Family Nurse Practitioner in Cardiology; Period of Privileging: December 6, 2010, through December 5, 2012; Privileged as a Family Nurse Practitioner.

Lewis, Rose M., R.N., N.P., Acute Care Nurse Practitioner on 4 West; Period of Privileging: October 5, 2010, through October 4, 2012; Privileged as an Acute Care Nurse Practitioner.


Marohn, Patricia E., R.N., N.P., Acute Care Nurse Practitioner in Orthopedic Surgery; Period of Privileging: November 6, 2010, through November 5, 2012; Privileged as an Acute Care Nurse Practitioner.

Mercer, David M., R.N., N.P., Acute Care Nurse Practitioner in Wound and Ostomy; Period of Privileging: December 19, 2010, through December 18, 2012; Privileged as an Acute Care Nurse Practitioner.

Murugesan, Maheswa, R.N., N.P., Acute Care Nurse Practitioner in Cardiology; Period of Privileging: November 9, 2010, through November 8, 2012; Privileged as an Acute Care Nurse Practitioner.

Myers, Lara J., R.N., N.P., Acute Care Nurse Practitioner in the Department of Anesthesiology; Period of Privileging: November 2, 2010, through May 16, 2011; Privileged as an Acute Care Nurse Practitioner.

Nail, Carmel J., R.N., N.P., Family Nurse Practitioner in Human Immune Therapy; Period of Privileging: December 9, 2010, through December 8, 2012; Privileged as a Family Nurse Practitioner.

Neese, Patrice Y., R.N., N.P., Adult Nurse Practitioner in the Department of Surgery; Period of Privileging: October 1, 2010, through September 30, 2012; Privileged as an Adult Nurse Practitioner.


Porterfield, Patricia B., L.C.S.W., Licensed Clinical Social Worker in the Department of Psychiatry and Neurobehavioral Sciences; Period of Privileging: November 25, 2010, through November 24, 2012; Privileged as a Licensed Clinical Social Worker.

Reigle, Juanita, R.N., N.P., Acute Care Nurse Practitioner in Heart Center Cardiology Clinic; Period of Privileging: December 1, 2010, through November 30, 2012; Privileged as an Acute Care Nurse Practitioner.

Riley, Dorothy T., R.N., N.P., Certified Nurse Anesthetist in the Operating Room; Period of Privileging: November 5, 2010, through November 4, 2012; Privileged as a Certified Nurse Anesthetist.

Simpson, Virginia B., R.N., N.P., Family Nurse Practitioner in Surgical Services, 5 West; Period of Privileging: December 1, 2010, through November 30, 2012; Privileged as a Family Nurse Practitioner.


Wayner, Leah J., R.N., N.P., Acute Care Nurse Practitioner in Infectious Diseases Clinic; Period of Privileging: November 26, 2010, through November 25, 2012; Privileged as an Acute Nurse Practitioner.


STATUS CHANGES FOR ALLIED HEALTH PROFESSIONALS

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the status change in privileges to the following Allied Health Professional are approved:

Bahrman, Deana, P.A., Physician Assistant in the Department of Orthopedics; Privileges Changed to July 1, 2010 through June 30, 2012; Privileged as a Physician Assistant.

Bruen, Denise, R.N., N.P., Adult Nurse Practitioner in Neurology; Privileges Changed to June 21, 2010 through June 20, 2011; Privileged as an Adult Nurse Practitioner.

Exline, Charlene G., R.N., N.P., Family Nurse Practitioner in the Department of Neurosurgery; Privileges Changed to May 19, 2010 through June 20, 2011; Privileged as a Family Nurse Practitioner.
Hollingsworth, Jacqueline, R.N., N.P., Certified Nurse Anesthetist in the Operating Room; Privileges Changed to August 10, 2010 through August 9, 2012; Privileged as a Certified Nurse Practitioner.

Horlacher, Lindsay, R.N., N.P., Family Nurse Practitioner in Obstetrics and Gynecology; Privileges Changed to July 1, 2010 through June 30, 2012; Privileged as a Family Nurse Practitioner.

Myers, Lara J., R.N., N.P., Acute Care Nurse Practitioner in the Department of Anesthesiology; Privileges Changed to November 2, 2010 through May 16, 2011; Privileged as an Acute Care Nurse Practitioner.

Rabinowitz, Steven, R.N., N.P., Certified Nurse Anesthetist in the Operating Room; Privileges Changed to August 10, 2010 through August 9, 2012; Privileged as a Certified Nurse Practitioner.

Radigan, Amy E., P.A., Physician Assistant at Fontaine; Privileges Changed to September 1, 2010 through August 31, 2012; Privileged as a Physician Assistant.

RESIGNATIONS OF ALLIED HEALTH PROFESSIONALS

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the resignation and expiration of privileges to the following Allied Health Professionals are approved:

Cohen, Kenneth, R.N., N.P., Certified Nurse Anesthetist in the Operating Room; Effective Date of Resignation: March 25, 2010.

Delgado, Sarah A., R.N., N.P., Acute Care Nurse Practitioner in the Infectious Diseases Clinic; Effective Date of Resignation: May 24, 2010.


Nakamura, Martha, R.N., N.P., Certified Nurse Anesthetist in the Operating Room; Effective Date of Resignation: February 20, 2010.

Overstreet, Dana, R.N., N.P., Family Nurse Practitioner in the Urology Clinic; Effective Date of Resignation: July 19, 2010.

Rudolph, Dorothy A., L.C.S.W., Licensed Clinical Social Worker in the Department of Family Medicine; Effective Date of Resignation: June 30, 2010.

Sorensen, Eric L., R.N., N.P., Acute Care Nurse Practitioner in the Department of Surgery; Effective Date of Resignation: June 18, 2010.

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Teeple-Pauly, Carolyn J., R.N., N.P., Acute Care Nurse Practitioner in the Cancer Center; Effective Date of Resignation: February 27, 2010.

Zschaebitz, Elke S., R.N., N.P., Family Nurse Practitioner in the Cancer Center; Effective Date of Resignation: July 1, 2010.

CREDENTIALING ACTIONS
UNIVERSITY OF VIRGINIA TRANSITIONAL CARE HOSPITAL

NEW APPOINTMENTS TO THE CLINICAL STAFF

RESOLVED that the recommendations of the Clinical Staff Executive Committee for appointment to the Clinical Staff of the University of Virginia Transitional Care Hospital and the granting of specific privileges to the following practitioners are approved:

Abel-Rahman, Emaad M., M.D., Physician in the Department of Medicine; Provisional Staff Status; Period of Appointment: August 1, 2010, through July 31, 2011; Privileged in Medicine.

Abdullah, David C., M.D., Physician in the Department of Radiology; Provisional Staff Status; Period of Appointment: August 1, 2010, through July 31, 2011; Privileged in Radiology.

Abel, Mark F., M.D., Orthopedic Surgeon in Chief in the Department of Orthopedic Surgery; Provisional Staff Status; Period of Appointment: August 1, 2010, through July 31, 2011; Privileged in Orthopedic Surgery.

Akosah, Kwame O., M.D., Physician in the Department of Medicine; Provisional Staff Status; Period of Appointment: August 1, 2010 through July 31, 2011; Privileged in Medicine.

Alfano, Alan P., M.D., Physiatrist in the Department of Physical Medicine; Provisional Staff Status; Period of Appointment: August 1, 2010, through July 31, 2011; Privileged in Physical Medicine.

Alford, Bennett A., M.D., Radiologist in the Department of Radiology; Provisional Staff Status; Period of Appointment: August 1, 2010, through July 31, 2011; Privileged in Radiology.

Altes, Talissa A., M.D., Radiologist in the Department of Radiology; Provisional Staff Status; Period of Appointment: August 1, 2010, through July 31, 2011; Privileged in Radiology.

Anderson, Mark W., M.D., Radiologist in the Department of Radiology; Provisional Staff Status; Period of Appointment: August 1, 2010, through July 31, 2011; Privileged in Radiology.
Angle, John F., M.D., Radiologist in the Department of Radiology; Provisional Staff Status; Period of Appointment: August 1, 2010, through July 31, 2011; Privileged in Radiology.

Annex, Brian H., M.D., Physician in the Department of Medicine; Provisional Staff Status; Period of Appointment: August 1, 2010, through July 31, 2011; Privileged in Medicine.

Arlet, Vincent M., M.D., Orthopedic Surgeon in the Department of Orthopedic Surgery; Provisional Staff Status; Period of Appointment: August 1, 2010, through July 31, 2011; Privileged in Orthopedic Surgery.

Attassi, Fadi, M.D., Physician in the Department of Medicine; Provisional Staff Status; Period of Appointment: August 5, 2010, through July 31, 2011; Privileged in Medicine.

Balogun, Rasheed A, M.B.B.S., Physician in the Department of Medicine; Provisional Staff Status; Period of Appointment: August 1, 2010, through July 31, 2011; Privileged in Medicine.

Barclay, Joshua S., M.D., Physician in the Department of Medicine; Provisional Staff Status; Period of Appointment: August 1, 2010, through July 31, 2011; Privileged in Medicine.

Barr, Michelle S., M.D., Radiologist in the Department of Radiology; Provisional Staff Status; Period of Appointment: August 1, 2010, through July 31, 2011; Privileged in Radiology.

Barrett, Eugene, M.D., Physician in the Department of Medicine; Provisional Staff Status; Period of Appointment: August 1, 2010, through July 31, 2011; Privileged in Medicine.

Barth, Jeffrey T., Ph.D., Psychologist in the Department of Psychiatry and Neurobehavioral Sciences; Provisional Staff Status; Period of Appointment: August 1, 2010, through July 31, 2011; Privileged in Psychology.

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ATTACHMENT A

BYLAWS
OF THE CLINICAL STAFF
OF THE
UNIVERSITY OF VIRGINIA TRANSITIONAL CARE HOSPITAL

July 9, 2010
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BYLAWS
OF THE CLINICAL STAFF
OF THE UNIVERSITY OF VIRGINIA TRANSITIONAL CARE HOSPITAL

PREAMBLE

WHEREAS, the University of Virginia Transitional Care Hospital is an integral part of the University of Virginia, which is a public corporation organized under the laws of the Commonwealth of Virginia and an agency of the Commonwealth; and

WHEREAS, the Transitional Care Hospital is a long term acute care hospital as designated by the Operating Board of the University of Virginia Transitional Care Hospital; and

WHEREAS, the Operating Board of the University of Virginia Transitional Care Hospital is the governing body for the Transitional Care Hospital and has delegated to the Clinical Staff the responsibility for the provision of quality clinical care it provides throughout the Transitional Care Hospital; and

WHEREAS, these Bylaws set forth the requirements for membership on the Clinical Staff, including a mechanism for reviewing the qualifications of Applicants for Clinical Privileges and a process for their continuing review and evaluation, and provide for the internal governance of the Clinical Staff;

NOW, THEREFORE, these Bylaws are adopted by the Clinical Staff and approved by the Operating Board to accomplish the aims, goals, and purposes set forth in these Bylaws.

ARTICLE I
DEFINITIONS

“Active Clinical Staff” mean those Members of the Clinical Staff who meet the criteria set forth in Section 3.5 of these Bylaws.

“Administrative Clinical Staff” mean those Members of the Clinical Staff who meet the criteria set forth in Section 3.6 of these Bylaws.

“Adverse Action” means the reduction, restriction (including the requirement of prospective or concurrent consultation), suspension, revocation, or denial of Clinical Privileges of a Member that constitute grounds for a hearing as provided in Section 8.2 of these Bylaws. Adverse Action shall not include warnings, letters of admonition, letters of reprimand or recommendations or actions taken as a result of an individual’s failure to satisfy specified objective credentialing criteria that are applicable to all similarly situated individuals.

“Allied Health Professionals” may include, but are not limited to, Optometrists, Audiologists, Certified Substance Abuse Counselors, Licensed Professional Counselors, Licensed Clinical
Social Workers, Nurse Practitioners, Physician Assistants, and Certified Registered Nurse Anesthetists.

“Allied Health Professionals Manual” means the Transitional Care Hospital Allied Health Professionals Staff Credentialing Manual, as such may be in effect from time to time. The Allied Health Professionals Manual is incorporated by reference into these Bylaws.

“Applicant” means a person who is applying for appointment or reappointment of Clinical Staff membership and may also mean a person who is applying for Clinical Privileges to practice within the University of Virginia Transitional Care Hospital, as the context requires.

“Associate Chief of Long Term Acute Care” is the person appointed by the Chief Executive Officer to serve as the Associate Chief of Long Term Acute Care.

“Board of Visitors” means the governing body of the University of Virginia as appointed by the Governor of Virginia.

“Bylaws” means these Bylaws of the Clinical Staff of the University of Virginia Transitional Care Hospital, as amended from time to time.

“Case Review” means a full review and analysis of an event related to a single patient’s experience in the Transitional Care Hospital and may also mean a review of multiple patient cases involving a single procedure, as the context requires.

“Chief Executive Officer” or “CEO” means the individual appointed by the Medical Center Operating Board, as applicable, to serve as its representative in the overall administration of the Transitional Care Hospital.

“Clinical Privileges” means the permission granted to a Member or Non-Member to render specific diagnostic, therapeutic, medical, dental, or surgical services for patients of the Transitional Care Hospital.

“Clinical Staff” or “Staff” means those Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists and Ph.D. Clinical Pathologists who hold a faculty appointment in the School of Medicine and have obtained membership status as provided in these Bylaws.

“Clinical Staff Executive Committee” or “Executive Committee” or “CSEC” means the executive committee of the Clinical Staff as more particularly described in Article X of these Bylaws.

“Clinical Staff Office” means the administrative office of the Medical Center responsible for the administration of the Clinical Staff, including the process for membership and the granting of Clinical Privileges for the Transitional Care Hospital.

“Clinical Staff Representatives” means those representatives selected by the Clinical Staff to serve on the Clinical Staff Executive Committee as provided in Article X.

“Clinical Staff Year” shall coincide with the fiscal year of the Transitional Care Hospital,
currently July 1 to June 30, as such fiscal year may be changed from time to time. “CMS” means the Center for Medicare and Medicaid Services.

“Code of Conduct” means the Code of Conduct for the Clinical Staff as it may exist from time to time.

“Code of Ethics” means the Transitional Care Hospital Code of Ethics that is described and contained in Transitional Care Hospital Policy No. 0263.

“Committees” means those standing Committees of the Clinical Staff as described in Article XII of these Bylaws.

“Compliance Code of Conduct” means the Medical Center Compliance Code of Conduct that is described in Transitional Care Hospital Policy No. 0235.

“Credentialing Manual” means the Procedures for Appointment and Reappointment to the Clinical Staff and Delineation of Appropriate Clinical Privileges as such may be in effect from time to time. The Credentialing Manual is incorporated by reference into these Bylaws.

“DEA” means the Federal Drug Enforcement Agency, or any successor agency.

“Dean” means the Vice President and Dean of the School of Medicine of the University of Virginia.

“Dentist” means any individual who has received a degree in and is currently licensed to practice dentistry in the Commonwealth of Virginia.

“Department” means a clinical department.

“Department Chair” or “Chair” means the Active Member appointed by the Dean of the School of Medicine who has the responsibility for overseeing his or her Department and who is the liaison between the Members in his or her Department and the Clinical Staff Executive Committee.

“Division” means a subdivision of a Department.

“Emergency Privileges” means those Clinical Privileges granted during an emergency as more specifically provided in Section 5.8 of these Bylaws.

“Fellow” means a Physician, Dentist or Ph.D. Clinical Psychologist in a program of graduate medical education that is beyond the requirements for eligibility for first board certification in the discipline.

“Focused Professional Practice Evaluation (“FPPE”)” means an evaluation of the privilege-specific competence of a member of the Clinical Staff who does not have documented evidence of competently performing the requested privilege, or when a question arises regarding the ability of a currently privileged member of the Clinical Staff to provide safe, effective high
quality care. See **Transitional Care Hospital Policy No. 0279** and the **Credentialing Manual**.

“GME Manual” means the University of Virginia Medical Center Graduate Medical Education Manual, as such may be in effect from time to time.

“Graduate Medical Trainees” mean Residents and Fellows.

“HCQIA” means the Health Care Quality Improvement Act of 1986, 42 U.S.C. Sections 11101 - 11152, as such law may be amended from time to time.

“Hearing Entity” means the entity appointed by the Clinical Staff Executive Committee to conduct an evidentiary hearing upon the request of a Member who has been the subject of an Adverse Action that is grounds for a hearing in accordance with Article VIII herein.

“Joint Commission” means the hospital accrediting body whose standards are referred to in these Bylaws.

“Medical Center” means the University of Virginia academic medical center comprised of the hospital, inpatient and outpatient clinics, clinical outreach programs, and related health care facilities as designated by the Medical Center Operating Board from time to time.

“Medical Center Operating Board” or “Operating Board” or “MCOB” means the governing body of the Transitional Care Hospital as designated by the Board of Visitors.

“Member” means any Physician, Dentist, Podiatrist, Ph.D. Clinical Psychologist or Ph.D. Clinical Pathologist who is a member of the Clinical Staff of the University of Virginia Transitional Care Hospital.

“National Practitioner Data Bank” or “NPDB” means the national clearinghouse established pursuant to HCQIA, as amended from time to time, for obtaining and reporting information with respect to adverse actions or malpractice claims against physicians or other practitioners.

“Non-Member” means any Physician, Dentist, Podiatrist, Ph.D. Clinical Psychologist or Ph.D. Clinical Pathologist who does not qualify as a Member of the Clinical Staff but who is required to have Clinical Privileges in order to provide patient care in the Transitional Care Hospital.

“Officer” means an elected official of the Clinical Staff as more particularly described in Article IX of these Bylaws.

“Ongoing Professional Practice Evaluation (“OPPE”)” means a process that allows identification of professional practice trends of members of the Clinical Staff that impact on quality of care and patient safety on an ongoing basis and focuses on the individual member’s performance and competence related to his or her Clinical Staff privileges. **Transitional Care Hospital Policy No. 0279** and the **Credentialing Manual**.
“Peer” means a practitioner or clinician whose interest and expertise as documented by clinical practice or academic rank and/or post graduate degree(s) is reasonably determined to be equivalent in scope and emphasis to that of another practitioner or clinician.

“Peer Review” means a systematic review of a practitioner’s or clinician’s clinical practice or professionalism, or a review of a portion of the clinical practice or professionalism, by a Peer or Peers of the individual practitioner or clinician.

“Ph.D. Clinical Pathologist” means an individual who has been awarded a Ph.D. degree in the field of pathology.

“Ph.D. Clinical Psychologist” means an individual who has been awarded a Ph.D. degree or equivalent terminal degree in Clinical Psychology and who holds a current license to practice clinical psychology issued by the Virginia Board of Psychology.

“Physician” means any individual who has received a Doctor of Medicine or Doctor of Osteopathy degree and holds a current license to practice medicine in the Commonwealth of Virginia.

“Podiatrist” means an individual who has received a Doctor of Podiatric Medicine degree and who holds a current license to practice podiatry issued by the Virginia Board of Medicine.

“President” means the most senior elected Officer of the Clinical Staff as described in Article IX of these Bylaws.

“President-elect” means the president-elect of the Clinical Staff as described in Article IX of these Bylaws.

“Resident” means a Physician, Dentist or Ph.D. Clinical Psychologist in a program of graduate medical education in anticipation of fulfilling the requirements for first board certification.

“School of Medicine” means the medical school at the University of Virginia.

“Temporary Privileges” means those Clinical Privileges granted for a period not to exceed 120 days as more specifically described in Section 5.7 of these Bylaws.

“Transitional Care Hospital” means the University of Virginia Transitional Care Hospital which is a long term acute care facility.

“Transitional Care Hospital Policy Manual” means the manual containing the administrative and various patient care policies of the Transitional Care Hospital.

“University” or “University of Virginia” means the corporation known as The Rector and Visitors of the University of Virginia, which is an agency of the Commonwealth of Virginia.
ARTICLE II
GOVERNANCE OF THE TRANSITIONAL CARE HOSPITAL

2.1 Governing Board

The Medical Center Operating Board is the governing body of the Transitional Care Hospital. Each Member of the Clinical Staff assumes his or her responsibilities subject to the authority of the MCOB. The MCOB shall be constituted as directed by the Board of Visitors of the University from time to time.

2.2 Clinical Staff Executive Committee

The Clinical Staff Executive Committee serves as the executive committee of the Clinical Staff and reports to the MCOB. In this role, the Clinical Staff Executive Committee oversees the quality of the clinical care delivered within the Transitional Care Hospital and delineates and adopts clinical policy within the Transitional Care Hospital. It is responsible for communications to Members of the Clinical Staff and other Non-Members regarding clinical practice issues and it represents the interests of the Clinical Staff to the MCOB. The Clinical Staff Executive Committee is empowered to act for the Clinical Staff in the intervals between Clinical Staff meetings and independently with respect to those matters over which it is given authority in these Bylaws. The Clinical Staff Executive Committee shall be constituted and have the other duties as described in Article X hereof.

ARTICLE III
CLINICAL STAFF PURPOSE AND MEMBERSHIP

3.1 Purposes of Organization

The purposes of the Clinical Staff of the University of Virginia Transitional Care Hospital shall be:

(a) to provide a system of Clinical Staff governance and patient care whereby patients treated in the Transitional Care Hospital shall receive quality health care;

(b) to provide a mechanism for reviewing the qualifications of Applicants for Clinical Staff membership and a process regarding recommendations to the MCOB for the admission and termination of membership to the Clinical Staff as provided in these Bylaws;

(c) to provide a mechanism for reviewing the qualifications of Applicants for Clinical Privileges and a process regarding recommendation to the MCOB for the granting of Clinical Privileges as provided in these Bylaws and in the Credentials Manual;

(d) to provide a mechanism for ongoing review and evaluation of the performance of each
Member and Non-Member providing professional services to patients to ensure a high level of professional and ethical performance, and to recommend corrective action when any Member's or Non-Member’s performance falls below the standards established for such professionals;

(e) to provide an appropriate educational setting that will maintain scientific standards and promote continuous advancement in professional knowledge and skill; and

(f) to fulfill such other missions as the MCOB may adopt for the Transitional Care Hospital from time to time.

3.1.1 Nature of Clinical Staff Membership

Membership on the Clinical Staff is a privilege that is extended to professionally competent practitioners who continuously meet the qualifications, obligations, responsibilities, standards and requirements stated in these Bylaws and the Credentials Manual. Membership implies active participation in Clinical Staff activities to an extent commensurate with the exercise of the Clinical Staff Member’s privileges and as may be required by the Clinical Staff Member’s Department and Division.

3.2 Eligibility for Clinical Staff Membership

Membership on the Clinical Staff may be extended only to Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists and Ph.D. Clinical Pathologists who maintain a faculty appointment in the School of Medicine and meet the other requirements for Clinical Staff membership as provided in these Bylaws. No person shall be entitled automatically to membership solely on the basis of licensure to practice in the Commonwealth of Virginia or any other state; membership in any professional organization; certification by any clinical board; or staff membership at any health care facility or practice setting. No Applicant for membership on the Clinical Staff shall be granted or denied membership or clinical privileges on the basis of sex, race, age, creed, color, national origin, sexual orientation, religion, veteran status or disability.

3.3 Categories and Assignment of Clinical Staff

The categories of Clinical Staff membership shall be:

- Active Clinical Staff
- Administrative Clinical Staff
- Ph.D. Clinical Pathologist Staff

Each Member shall be categorized as Active, Administrative, or Ph.D. Clinical Pathologist as proposed and approved as provided in these Bylaws. All Active and Ph.D. Clinical Pathologist Members shall be assigned to a specific clinical Department or other clinical enterprise within the University of Virginia. Joint appointments between clinical Departments and/or other clinical enterprises within the University shall be considered on an individual basis.
3.4 Basic Responsibilities of Clinical Staff Membership

3.4.1 Delivery of Health Care

Active and Ph.D. Clinical Pathologist Members are responsible for the quality of health care delivered within the Transitional Care Hospital and accept this responsibility subject to the ultimate authority of and accountability to the MCOB. Ongoing responsibilities for the delivery of health care by Members in accordance with the privileges granted them, shall include but are not limited to the following:

(a) providing patients with the quality of care that meets the professional standards and volume standard consistent with reasonably active clinical practice of the Clinical Staff of the Transitional Care Hospital;

(b) abiding by these Bylaws, the Code of Conduct, the Compliance Code of Conduct, the Transitional Care Hospital’s Code of Ethics and Transitional Care Hospital policies, procedures, rules and regulations;

(c) complying with Procedures for Appointment and Reappointment to the Clinical Staff as set forth in the Credentialing Manual;

(d) preparing in legible form, completing within prescribed timelines and maintaining the confidentiality of medical records for all the patients to whom the Member provides care in the Transitional Care Hospital as required by Transitional Care Hospital policies;

(e) working collaboratively and collegially with Members, non-Members, nurses, Allied Health Professionals, Graduate Medical Trainees, Transitional Care Hospital administration and employees, and others so as not to adversely affect patient care;

(f) retaining responsibility for the continuous care and supervision of the Member’s patients, including securing appropriate coverage when he or she is unavailable, or arranging a suitable alternative;

(g) refusing to engage in improper inducements for patient referrals;

(h) participating in such emergency service coverage or consultation panels as may be determined by the Clinical Staff Executive Committee;

(i) complying with federal and state laws regarding the treatment of patients with emergency medical conditions in the Transitional Care Hospital;

(j) avoiding actual, potential or perceived conflicts of interest in the delivery of patient care in accordance with federal and state laws and Transitional Care Hospital policies;

(k) conducting histories and physicals as required by Transitional Care Hospital Policy No. 0094, which is incorporated herein by reference; and
(l) performing all patient care related tasks required by the CMS Medicare and Medicaid Conditions of Participation or the Joint Commission that are applicable to the Member’s patients or required for the Transitional Care Hospital to remain a participant in the Medicare and Medicaid programs and to be accredited by the Joint Commission.

3.4.2 Professional Ethics and Conduct

Each Member of the Clinical Staff shall demonstrate 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; delegating the responsibility for diagnosis and care of patients to a practitioner 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; failing to adhere to standards of appropriate professional behavior; and failing to follow appropriate requirements for billing and reimbursement for professional services. All members of the Clinical Staff are expected to fully comply with state and federal laws and accreditation requirements and to adhere to all University of Virginia and University of Virginia Transitional Care Hospital policies, procedures, rules and regulations.

3.4.3 Supervision of Graduate Medical Trainees

The Clinical Staff shall supervise participants in the Graduate Medical Education program in the performance of clinical activities within the Transitional Care Hospital. Such supervision requirements are contained in the GME Manual and applicable Medical Center and Departmental policies and as required by the ACGME and noted on the ACGME website.

3.4.4 Proposing, Adopting and Amending Clinical Policies of the Transitional Care Hospital

In addition to the policy and procedures set forth in Transitional Care Hospital Policy No. 0001 regarding the adoption of or amendment to Transitional Care Hospital policies, the Clinical Staff may from time to time propose the adoption of or amendment to clinical policies of the Transitional Care Hospital whenever the Active Clinical Staff votes at a special meeting of the Clinical Staff called for such purpose to approve such proposals as provided in this Section 3.4.4.

(a) Any Member of the Clinical Staff may propose the adoption of a new Transitional Care Hospital clinical policy or the amendment of a current Transitional Care Hospital clinical policy by notifying the President of the Clinical Staff, in writing, of the proposed policy or policy amendment.

(b) Upon receipt of the proposed policy or policy amendment, the
President will seek legal review of the proposal to ensure legal sufficiency and compliance. Any changes necessitated by law or regulation shall be made to the proposed policy or policy amendment.

(c) Once the legal review is complete, the Clinical Staff Office shall circulate the proposed policy or policy amendment to all members of the Active Clinical Staff for review.

(d) In accordance with the provisions of Article XIII of these Bylaws, if not less than fifteen percent (15%) of the Active Clinical Staff request a special meeting to consider the policy or policy amendment, the President shall call a special meeting of the Clinical Staff. If not, the policy or policy amendment shall not proceed.

(e) A quorum for any such meeting of the Clinical Staff to approve a policy or policy amendment shall be two thirds (2/3) of the Active Clinical Staff. If a quorum is present at the special meeting, and a majority of the Active Clinical Staff present at the special meeting approves the proposed policy or policy amendment, then the proposal shall be submitted to the Committee of the Clinical Staff (e.g., Credentials Committee, Quality Committee, etc.) that is responsible for the clinical area to which the proposal relates in accordance with Transitional Care Hospital Policy No. 0001.

(f) If the appropriate Clinical Staff Committee approves the proposed policy or policy amendment, it shall be forwarded to the Clinical Staff Executive Committee for proposed adoption in accordance with the provisions of Transitional Care Hospital Policy No. 0001.

3.4.5 Delegating and Removing Authority of the Clinical Staff Executive Committee

In accordance with the provisions of Article XIII of these Bylaws, a special meeting of the Clinical Staff may be called to consider any proposal to delegate additional duties to the Clinical Staff Executive Committee and/or to remove any of the duties specified in Article X for which the Clinical Staff Executive Committee is responsible. A quorum for any such meeting of the Clinical Staff to delegate or remove the authority of the Clinical Staff Executive Committee shall be two thirds (2/3) of the Active Clinical Staff. Any decision to add or remove any duties of the Clinical Staff Executive Committee shall require a vote of two-thirds (2/3) of the Active Clinical Staff and shall require approval of the Medical Center Operating Board.

3.4.6 Other Member Responsibilities

Additional responsibilities of Members may include, as appropriate:

(a) abiding by the Standards of Professional Conduct of the Virginia Boards of Medicine, Psychology and Dentistry, as appropriate, and ethical requirements of
the Medical Society of Virginia, the American Board of Medical Specialties (as applicable), or the other professional associations of dentists, podiatrists, and psychologists, as appropriate;

(b) engaging in conduct that is professional, cooperative, respectful and courteous of others and is consistent with and reinforcing of the missions of the Transitional Care Hospital;

(c) participating in any Clinical Staff approved educational programs for medical students, Graduate Medical Trainees, Members, non-Members, nurses, Allied Health Professionals, and other Transitional Care Hospital personnel;

(d) attending meetings of the Clinical Staff, Department, Division, as applicable, and committees to which a Member has been appointed, as required; and

(e) participating in recognized functions of Clinical Staff appointment, including quality improvement activities, FPPE as necessary, OPPE, Case Review and Peer Review and discharging other Clinical Staff functions as may be required from time to time by the Department Chair, the Division Chief, the Clinical Staff, the Clinical Staff Executive Committee or the MCOB.

3.5 Active Clinical Staff Members

3.5.1 Qualifications

The Active Clinical Staff shall consist of Physicians, Dentists, Podiatrists, and Ph.D. Clinical Psychologists, each of whom:

(a) is appointed a member of the full-time or part-time faculty of the School of Medicine and is appointed to an appropriate clinical Department;

(b) is licensed by the appropriate Commonwealth of Virginia licensing board for his or her profession, and has obtained a controlled substances registration from the DEA unless not required for the scope of professional practice of the Active Member;

(c) documents relevant training or experience, current licensure, current competence and ability, as documented by FPPE or OPPE, to perform the privileges requested and demonstrates clinical ability and physical and mental health, all so as to demonstrate to the satisfaction of the Clinical Staff Executive Committee and the MCOB that each is professionally and ethically competent and that patients treated by him or her can reasonably expect to receive quality medical care;

(d) has been granted Clinical Privileges in accordance with Articles V and VI of these Bylaws and the Credentials Manual;

(e) has and maintains professional liability insurance coverage or self-insurance plan in an amount satisfactory to the MCOB, as established by resolution from time to time;
(f) if a Physician, is board certified as required by Transitional Care Hospital Policy No. 0221;

(g) adheres strictly to the ethics of his or her profession; and

(h) is willing to participate and share equitably in the discharge of Clinical Staff responsibilities, including but not limited to Department, Division and committee assignments and on-call patient care responsibilities.

3.5.2 Prerogatives

The prerogatives of an Active Clinical Staff Member shall be to:

(a) participate fully in the care of patients, educational activities and research, within the scope of his or her delineated Clinical Privileges;

(b) if privileged to do so, admit patients to the Transitional Care Hospital;

(c) exercise Clinical Privileges as granted in accordance with these Bylaws and the Credentials Manual, except as otherwise provided in these Bylaws, the Credentials Manual or by specific privilege restriction;

(d) vote on all matters presented at general and special meetings of the Clinical Staff, and of the Department and/or Division and committees to which the Member is appointed;

(e) be considered for election to Clinical Staff office; and

(f) attend Clinical Staff, Department, and as applicable, Division meetings and serve on Clinical Staff Committees.

3.6 Administrative Clinical Staff

3.6.1 Qualifications

The Administrative Clinical Staff shall consist of Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists, and Ph.D. Clinical Pathologists, each of whom is appointed by the Dean and the Chief Executive Officer to participate in the management of the Transitional Care Hospital but has no direct patient care responsibilities.

3.6.2 Prerogatives

The prerogatives of an Administrative Clinical Staff Member shall be to:

(a) vote on all matters presented at general and special meetings of the Clinical Staff, and of the Department and/or Division and Committees to which the Member is appointed, if any; and
(b) attend Clinical Staff, Department, and as applicable, Division meetings and serve on Clinical Staff Committees.

3.6.3 Limitations

Administrative Clinical Staff Members shall not (i) be granted or exercise Clinical Privileges, (ii) attend or admit patients to Transitional Care Hospital facilities, or (iii) hold office in the Clinical Staff.

3.7 Ph.D. Clinical Pathologist Staff

3.7.1 Qualifications

The Ph.D. Clinical Pathologist Staff shall consist of Pathologists who hold a faculty appointment in the School of Medicine and who may, because of scientific skills, contribute to patient care, education or research and each of whom:

(a) is appointed a member of the full-time or part-time faculty of the School of Medicine and is appointed to the Department of Pathology;

(b) documents relevant training or experience and current competence to perform the privileges requested and demonstrates clinical ability and physical and mental health, all so as to demonstrate to the satisfaction of the Clinical Staff and the MCOB that each is professionally and ethically competent. Documents may be in the form of an FPPE or OPPE or can be verified by the Member’s practice at the Medical Center along with a letter from his or her Department Chair or Division Chief. All new appointees will have such documentation reconfirmed at the conclusion of the first year;

(c) has been granted Clinical Privileges in accordance with Articles V and VI of these Bylaws and the Credentials Manual;

(d) has and maintains professional liability insurance coverage or self-insurance plan in an amount satisfactory to the MCOB, as established by resolution from time to time;

(e) adheres strictly to the ethics of his or her profession; and

(f) is willing to participate and share equitably in the discharge of Clinical Staff responsibilities, including but not limited to Department, Division and committee assignments and on-call patient care responsibilities.

3.7.2 Prerogatives

The prerogatives of the Ph.D. Clinical Pathologist Staff Members shall be to:
(a) advise Active Members regarding patient care;

(b) exercise Clinical Privileges as granted in accordance with these Bylaws and the Credentials Manual, except as otherwise provided in these Bylaws, the Credentials Manual or by specific privilege restriction;

(c) participate in educational activities and research;

(d) vote on all matters presented at general and special meetings of the Clinical Staff, and of the Department and/or Division and Committees to which the Member is appointed; and

(e) attend Clinical Staff, Department and, as applicable, Division meetings and serve on Clinical Staff Committees.

3.7.3. Limitations

Ph.D. Clinical Pathologist Staff Members shall not (i) attend or admit patients to Transitional Care Hospital facilities, or (ii) hold office in the Clinical Staff.

3.8 Other Healthcare Professionals

Other healthcare professionals not described above may not be Members of the Clinical Staff.

3.8.1 Non-Members

Non-Members are Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists or Ph.D. Clinical Pathologists who are not Members of Clinical Staff but who are granted privileges to provide care to patients of the Transitional Care Hospital from time to time as provided in these Bylaws and in the Credentials Manual. Non-Members shall have Clinical Privileges as provided in Article V and the Credentials Manual. Non-Members shall have none of the rights conferred on Members in these Bylaws, including but not limited to those provided in Article VIII hereof, but shall be required to follow policies and procedures of the Transitional Care Hospital and the Clinical Departments for patient care.

3.8.2 Graduate Medical Trainees

Graduate Medical Trainees as defined in Article I of these Bylaws, are privileged by the Medical Center under a separate process specified in the GME Manual and are not governed by these Bylaws. Graduate Medical Trainees shall be required to follow policies and procedures of the Medical Center, the Transitional Care Hospital and the clinical Departments both for medical training and patient care. Department Chairs must delineate the specific procedures and activities for which the Graduate Medical Trainee is qualified and provide documentation of Departmental review and assessment that supports the delineation of specific procedures and activities.
3.8.3 Allied Health Professionals

Allied Health Professionals, as defined in Article I of these Bylaws, are privileged under a separate process that is specified in the Allied Health Professionals Manual. Allied Health Professionals are not governed by these Bylaws. All Allied Health Professionals working for or in the Transitional Care Hospital shall be required to follow policies and procedures of the Transitional Care Hospital.

ARTICLE IV
PROCEDURES FOR MEMBERSHIP

4.1 Procedure for Active Clinical Staff Membership

In order to become an Active Member of the Clinical Staff, the individual Physician, Dentist, Podiatrist, or Ph.D. Clinical Psychologist shall follow the applicable procedure in effect from time to time for obtaining an appointment as a Clinical Faculty Member in the School of Medicine, satisfy the criteria set forth in Article III of these Bylaws for an Active Member and follow the procedure for obtaining Clinical Privileges as provided in these Bylaws and the Credentials Manual, all as verified by the Clinical Staff Office. The Dean and the applicable Department Chair shall jointly make the request in writing to the Clinical Staff Office for an individual to be appointed or reappointed as an Active Member in accordance with Article VI of these Bylaws.

The Credentialing Manual establishes requirements for application for Clinical Staff Clinical Privileges. The Credentialing Manual may be amended from time to time by the Chair of the Credentials Committee in consultation with the President of the Clinical Staff and the Chief Executive Officer of the Transitional Care Hospital.

4.2 Procedure for Administrative Clinical Staff Membership

The Clinical Staff Executive Committee shall approve the appointment of any person selected by the Chief Executive Officer or the Dean to be an Administrative Member.

4.3 Procedure for the Ph.D. Clinical Pathologist Staff Membership

In order to become a Ph.D. Clinical Pathologist Staff Member of the Clinical Staff, the Ph.D. Clinical Pathologist shall follow the applicable procedure in effect from time to time for obtaining an appointment as a Clinical Faculty Member in the Department of Pathology in the School of Medicine and satisfy the criteria set forth in Article III of these Bylaws for a Ph.D. Clinical Pathologist Staff Member, as verified by the Clinical Staff Office. The Dean and the Chair of the Department of Pathology shall jointly make the request in writing to the Clinical Staff Office for an individual to be appointed or reappointed as a Ph.D. Clinical Pathologist Staff Member in accordance with Article VI of these Bylaws.

4.4 Leave of Absence

A Member of the Clinical Staff who has obtained a leave of absence from the School of
Medicine, consistent with applicable faculty policies, may also obtain a leave of absence from clinical practice. Contemporaneously with a request for leave of absence from the School of Medicine, the Member shall provide notice to the Credentials Committee of the leave, including the reasons for the leave and the approximate period of leave desired. In addition the Chair of the Member’s Department and the Dean of the School of Medicine shall provide notice to the Credentials Committee of any leave of absence granted to a Member. Such leave of absence is further subject to conditions and limitations that the President of the Clinical Staff, the Chair of the Credentials Committee or the CEO of the Transitional Care Hospital determines to be appropriate. During the leave of absence, the Member shall not exercise his/her Clinical Privileges and his/her Clinical Staff responsibilities and prerogatives shall be inactive. The Department Chair of the Member on leave shall be responsible for arranging for alternative care for the Member’s patients while the Member is on leave.

Prior to returning from a leave of absence, a Member shall notify the Credentials Committee in writing in accordance with the procedures and the timelines set forth in the Credentials Manual and shall provide all necessary information needed for the Credentials Committee to evaluate whether the Member is qualified to resume Clinical Staff membership, including the exercise of Clinical Privileges. A Member who has been on leave of absence may not have his or her Clinical Privileges reactivated until a determination is made by the Credentials Committee that the Member may return to clinical practice and the conditions of the return. If the Clinical Privileges of a Member who has been on leave are not reactivated, the Member shall have access to the procedures outlined in Article VIII of these Bylaws.

Failure, without good cause, to request reinstatement prior to the end of an approved leave of absence shall be deemed a voluntary resignation from the Clinical Staff and voluntary relinquishment of Clinical Privileges. A request for Clinical Staff membership or Clinical Privileges subsequently received from an Applicant deemed to have voluntarily resigned shall be submitted and processed in the manner specified for applications for initial appointment.

4.5 Cessation of Membership

Membership in the Clinical Staff shall cease automatically when the individual no longer meets the criteria set forth in these Bylaws, including failure to be reappointed to the faculty of the School of Medicine or resignation, retirement or termination from the School of Medicine.

ARTICLE V
CATEGORIES OF CLINICAL PRIVILEGES

5.1 Exercise of Clinical Privileges

Every Member, in connection with such membership, shall be entitled to exercise only those delineated Clinical Privileges specifically recommended by the Credentials Committee, recommended by the Clinical Staff Executive Committee and approved by the MCOB, except as provided in Sections 5.7 and 5.8 of this Article V. Every Non-Member shall be entitled to exercise only those delineated Clinical Privileges specifically recommended by the Credentials Committee, recommended by the Clinical Staff Executive Committee and approved by the
MCOB, except as provided in Sections 5.7 and 5.8 of this Article V. The Transitional Care Hospital has the prerogative to audit from time to time Members’ clinical practice to verify that Members are practicing within the scope of the specific Clinical Privileges that have been granted.

5.2  Delineation of Privileges

Every application for Clinical Staff appointment or reappointment (excluding Administrative Members) and every request for Clinical Privileges must contain a request for the specific Clinical Privileges desired by the Applicant. The evaluation of such request shall be based upon the Applicant's education, training, experience, demonstrated competence as documented by evaluations from Peers, supervision or monitoring during a first or provisional year, FPPE and OPPE, references and/or other relevant information, including an appraisal by the clinical Department in which such privileges are sought. The specific procedures set forth in these Bylaws and the Credentials Manual shall be followed throughout the appointment and reappointment process.

5.3  Privileges for Active Staff and Ph.D. Clinical Pathologist Staff

Active Staff and Ph.D. Clinical Pathologist Staff must have Clinical Privileges as more specifically provided in the Credentials Manual.

5.4  Privileges for Non-Members

Non-Members who desire to practice in the Transitional Care Hospital may be granted limited privileges only as specifically permitted by the Credentials Manual or required by the Credentials Committee. Non-Members may be issued Clinical Privileges in one of the following categories: Consulting Privileges or Visiting Privileges.

5.5  Consulting Privileges

5.5.1  Description

Non-Members who may be granted Consulting Privileges shall consist of Physicians, Dentists, Podiatrists, and Ph.D. Clinical Psychologists who will participate in patient care activities for Transitional Care Hospital patients at the request of an Active Member of the Clinical Staff, each of whom shall provide information and documentation required by the Credentials Manual and Transitional Care Hospital policies. Non-Members who are granted Consulting Privileges may include individuals providing care and treatment to Transitional Care Hospital patients through telemedicine.

5.5.2  Prerogatives

The prerogatives of the Non-Member with Consulting Privileges shall be to consult regarding care to patients at the request of an Active Member and only as specifically delineated in his or her Clinical Privileges.
5.5.3 Limitations

The Non-Member with Consulting Privileges shall not admit patients to the Transitional Care Hospital nor serve as the primary attending of record in the Transitional Care Hospital.

5.6 Visiting Privileges

5.6.1 Description

Non-Members who may be granted Visiting Privileges shall consist of Physicians, Dentists, Podiatrists, and Ph.D. Clinical Psychologists who will participate in patient care activities for Transitional Care Hospital patients for a time-limited period at the request of an Active Member of the Clinical Staff, with the support of his or her Chair, each of whom shall provide information and documentation relevant to his or her privilege specific expertise as may be required by the Credentials Committee.

5.6.2 Prerogatives

The prerogatives of the Non-Member with Visiting Privileges shall be to:

(a) participate as applicable in the care of patients, educational activities and research facilities, within the scope of his or her delineated Clinical Privileges;
(b) exercise Clinical Privileges as granted in accordance with these Bylaws and the Credentials Manual, except as otherwise provided in these Bylaws, the Credentials Manual or by specific privilege restriction; and
(c) attend Clinical Staff, Department and as applicable, Division meetings as invited.

5.6.3 Limitations

The Non-Member with Visiting Privileges shall not admit patients to the Transitional Care Hospital nor serve as the primary attending of record in the Transitional Care Hospital.

5.7 Temporary Privileges

5.7.1 Circumstances Under Which Temporary Privileges May Be Granted

Temporary Privileges shall be granted in only two (2) circumstances:

(a) When an important patient care need mandates an immediate authorization to practice, an application for temporary privileges will be considered on a case-by-case basis. (This circumstance includes situations in which a Member with specific skills and expertise becomes ill or takes a leave of absence and an individual knowledgeable about the area of practice is needed to provide certain services to a patient or when a patient’s needs require specific, specialized
expertise that no other Member possesses); or

(b) When the Chair of the Credentials Committee has recommended that an Applicant with a complete application with no indication of adverse information about state licensing actions, DEA registrations, current medical, psychiatric or substance abuse impairments that could affect practice, criminal convictions or verdicts/settlements of concern to the Credentials Committee may be granted specific privileges and that recommendation is awaiting review by the full Credentials Committee and the Clinical Staff Executive Committee and approval of the MCOB.

5.7.2 Application and Review

(a) Where an important patient care need mandates an immediate authorization to practice as contemplated by 5.7.1 (a), the Chair of the Credentials Committee, with the written concurrence of the Department Chair and the President of the Clinical Staff, may grant Temporary Privileges. Such temporary grant of privileges shall not be made unless the following verifications are present:

(i) Letter from the appropriate Department Chair explaining the important nature of the situation and the benefit to a patient or patients as a result of immediate authorization of the specified task(s);
(ii) Copy of current Virginia license;
(iii) Listing of delineated privileges requested with appropriate documentation of competence to perform each of the specified tasks;
(iv) Proof of current liability coverage, showing coverage limits and dates of coverage; and
(v) There exist no state licensing actions, DEA registrations, current medical, psychiatric or substance abuse impairments that could affect practice, criminal convictions or verdicts/settlements of concern to the Credentials Committee.

If the above requirements are not satisfied, Temporary Privileges may not be granted. In addition the Credentials Manual may specify additional verifications required before such Temporary Privileges may be granted.

(b) For all situations arising under 5.7.1 (b), the Chair of the Credentials Committee may grant Temporary Privileges for not more than one hundred twenty (120) days or until such time as the request is officially approved, whichever time is shorter. No such Temporary Privileges may be granted unless there is:

(i) Verification of current licensure, relevant training or experience, documentation of current competence, ability to perform the privileges requested as verified by a evaluations from peers, supervision or monitoring during first or provisional year, FPPE, and a certificate of
insurance for current liability coverage showing coverage limits and dates of coverage;

(ii) Evidence of a completed query to the National Practitioner Data Bank and an analysis of the evaluation of the results of such query; and

(iii) The Applicant has not been subject to involuntary termination of medical staff membership at another organization, has not been subject to involuntary limitation, reduction, denial or loss of Clinical Privileges and has not relinquished Clinical Privileges at another organization while under investigation by that organization.

The Credentials Manual may specify additional documentation required before such Temporary Privileges may be granted.

5.7.3 General Conditions

If granted Temporary Privileges, the Applicant shall act under the supervision of the Department Chair, or his or her designee, to which the Applicant has been assigned, and shall ensure that the Chair, or the Chair’s designee, is kept closely informed as to his or her activities within the Transitional Care Hospital. The Credentials Manual specifies supervisory requirements for the Chair or the Chair’s designee when Temporary Privileges have been granted to an Applicant in the Department.

(a) Temporary Privileges shall automatically terminate at the end of the designated period, unless earlier terminated by the Credentials Committee upon recommendation of the Department Chair, the President or the Chief Executive Officer, or unless affirmatively renewed following the procedure set forth in Section 6.2.

(b) Requirements for proctoring and monitoring, including FPPE or OPPE, may be imposed on such terms as may be appropriate under the circumstances upon any Member granted Temporary Privileges by the Chair of the Credentials Committee after consultation with the Department Chair or his or her designee.

(c) At any time, Temporary Privileges may be terminated by the Clinical Staff Executive Committee. In such cases, the appropriate Department Chair shall assign a Member to assume responsibility for the care of such practitioner’s patient(s). The preferences of the patient shall be considered in the choice of a replacement Member.

(d) A person shall not be entitled to the procedural rights afforded by Article VIII because a request for Temporary Privileges is refused or because all or any portion of Temporary Privileges are terminated or suspended.

(e) All persons requesting or receiving Temporary Privileges shall be bound by the Bylaws, the Credentials Manual, and the policies, procedures, rules and regulations of the Transitional Care Hospital.
5.8 Emergency Privileges

In the case of unpredictable emergencies, including but not limited to those caused by natural disasters and bioterrorism, which result in the activation of the Transitional Care Hospital Emergency Management Plan, any clinician, to the degree permitted by his or her license and regardless of service or staff status or the lack thereof, shall perform services to save the life of a patient, using every facility of the Medical Center and the Transitional Care Hospital necessary, including the calling of any consultation appropriate or desirable. The Chief Executive Officer, the President of the Clinical Staff or the Chair of the Credentials Committee may grant Emergency Privileges for the period required to supplement normal patient care services during the emergency as more specifically provided in the Credentials Manual. When the emergency situation no longer exists, any such clinician must apply for the staff privileges necessary to continue to treat the patient(s). In the event such privileges are denied or are not requested, the patient(s) shall be assigned to another Member.

5.9 Telemedicine Credentialing and Privileging

All Members who diagnose or treat patients via telemedicine link are subject to the credentialing and privileging processes of the organization that receives the telemedicine service, or by the Transitional Care Hospital in accordance with a written agreement with the organization receiving the telemedicine service.

ARTICLE VI
APPPOINTMENT AND REAPPOINTMENT

6.1 Procedure for Initial Appointment

When the Dean and a Department Chair have mutually agreed upon a candidate (hereinafter referred to as “Applicant”) for his or her Department, the Dean and the Chair jointly shall forward a copy of the offer letter and a request for appointment and privileges to the Credentials Committee for an initial period not to exceed one (1) year. All required information and documentation shall be submitted in accordance with the Credentials Manual, including the deadlines set forth therein using the application form or other forms required thereby. No application shall be considered until all required information and documentation is completed within the timeframes specified in the Credentialing Manual.

The Credentials Committee shall then follow the credentialing procedures set forth in the Credentials Manual including the process related to the information required in an application for initial appointment and the processing of the application. Upon receipt and review of all necessary credentialing documentation, the Credentials Committee shall recommend to the Clinical Staff Executive Committee that such Applicant should either be granted or denied initial privileges in the Transitional Care Hospital. The Clinical Staff Executive Committee shall then review the Credentials Committee’s recommendation and all applicable documentation. If the Credentials Committee and the Clinical Staff Executive Committee are both in favor of granting privileges to the Applicant, the favorable recommendation shall be forwarded to the MCOB for final action.
6.2 Provisional Appointment Status

Initial appointments and all initially granted Clinical Privileges for Active and Ph.D. Clinical Pathologist Staff shall be provisional for a period of one year. During this provisional period, the individual’s performance and clinical competence shall be observed and evaluated through FPPE and OPPE by the Chair, Division Chief, or Peer designee of the applicable Department. If at the end of the year the Active or Ph.D. Clinical Pathologist Staff satisfies the requirements to become an active Member as more specifically provided in these Bylaws and the Credentials Manual, the provisional status ceases. If at the end of the year the Active or Ph.D. Clinical Pathologist Staff does not satisfy the requirements to become an active Member as required by these Bylaws and the Credentials Manual, then membership in the Clinical Staff and Clinical Privileges for that individual shall cease. Failure to achieve active status from provisional status shall not give rise to the procedural rights, afforded by Article VIII of these Bylaws.

6.3 Procedure for Reappointment

Periodic redetermination of Clinical Privileges for Active and Ph.D. Clinical Staff Members, and the increase or curtailment of same, shall be based upon the reappointment procedures set forth in the Credentials Manual, including deadlines for submission of information and documentation and the forms required thereby. Criteria to be considered at the time of reappointment may include specific information derived from the Department’s direct observation of care provided, information gathered through FPPE and OPPE, review of records of patients treated in this or other medical centers, review of the records of the Departmental Clinical Staff as compared to the records of the particular Member and an appropriate comparison of the performance of the Member with his or her professional colleagues in the Department. If a Member chooses not to seek reappointment or renew privileges, the procedures set forth in Articles VII and VIII shall not apply.

6.4 Active Status

An Active or Ph.D. Clinical Pathologist Staff Member may become an active Member with Clinical Privileges upon the satisfactory conclusion of provisional status as provided in these Bylaws and the Credentials Manual, which appointment shall be for no more than two (2) years at a time and as more specifically provided in the Credentials Manual.

6.5 Changes in Qualification

If during the course of any period of appointment, the qualifications of the Member change, or the Department learns of Adverse Action taken by an official licensing or certification body or Medicare or Medicaid, then those changes in qualification or Adverse Action must be reported immediately to the Member's Department Chair and the Credentials Committee who will review the information and determine whether the Member's privileges should be revoked, revised, or suspended. The provisions of Section 7.6 or Article VIII may apply.

6.6 New or Additional Clinical Privileges

Requests for new or additional Clinical Privileges, including those related to the use of new technology or a new procedure, technique or treatment modality, shall be processed only when
the Applicant meets the Transitional Care Hospital approved criteria. In the event there are no approved criteria, the Transitional Care Hospital shall first determine whether it will allow the new or additional Clinical Privilege, and if so the procedure described in the Credentials Manual or Transitional Care Hospital policy for new or additional Clinical Privileges shall be followed. Applications for new or additional Clinical Privileges must be in writing and submitted by the Applicant as well as by the appropriate Department Chair. All applications for new or additional Clinical Privileges shall be submitted on a form prescribed by the Credentials Committee upon which the type of Clinical Privileges desired and, among other things, the Member’s relevant recent training and/or experience are set out, together with any other information required by the Credentials Manual or the Credentials Committee. Such applications shall be processed as provided in the Credentials Manual, including the timeline for processing. The Credentials Committee shall determine the conditions and requirements upon which any new or additional Clinical Privileges shall be granted, including but not limited to, how current competence will be demonstrated and any proctoring or other monitoring requirements, and will recommend the requirements to the Clinical Staff Executive Committee for consideration. In turn CSEC shall make appropriate recommendations regarding new or additional Clinical Privileges to the Medical Center Operating Board for final determination. A decision not to approve a new or additional Clinical Privilege to be performed within the Transitional Care Hospital and/or to be added to the Transitional Care Hospital privilege list shall not be deemed an Adverse Action or a denial of privileges nor entitle any individual to the hearing rights set forth in Article VIII of these Bylaws.

6.7 **Burden of Producing Information**

In connection with all applications for appointment of membership and for Clinical Privileges, the Applicant shall have the burden of producing information for an adequate evaluation of the Applicant’s qualifications and suitability for the Clinical Privileges requested, of resolving any reasonable doubts about these matters, and of satisfying requests for information. This burden may include submission to a medical or psychological examination, at the Applicant’s expense, if deemed appropriate by the Department Chair, the President of the Clinical Staff, the Chair of the Credentials Committee, the Chief Executive Officer of the Transitional Care Hospital, the Dean of the School of Medicine, or the Director of the Physician Wellness Program. The President of the Clinical Staff, the Chair of the Credentials Committee, the Chief Executive Officer of the Transitional Care Hospital, or the Director of the Physician Wellness Program shall select the examining physician, program, and/or site of the examination.

The Applicant or Member has a duty to advise the Credentials Committee, within fifteen (15) days, of any change in information previously submitted by him or her related to his or her credentials. The Applicant’s failure to sustain these duties shall be grounds for denial of the application or termination of a Member’s Clinical Staff membership and a Member or Non-Member’s Clinical Privileges.

6.8 **Acknowledgment of Applicant**

Each Applicant shall sign and specifically acknowledge his or her agreement:

(a) to provide for appropriate continuous care and supervision of his or her patients;
(b) to abide by the Clinical Staff Bylaws, the Transitional Care Hospital Policy Manual, the Code of Conduct, the Compliance Code of Conduct, the Code of Ethics and all other Transitional Care Hospital policies, procedure, rules, or regulations applicable to the Clinical Staff or to Non-Members;

(c) to comply with procedures for appointment and reappointment to the Clinical Staff as set forth in the Credentials Manual or otherwise deemed appropriate by the Credentials Committee;

(d) to participate in quality improvement and Peer Review activities of the Transitional Care Hospital and to accept committee assignments, as applicable;

(e) to release from liability, to the fullest extent permitted by law, all persons for their acts performed in connection with investigating and evaluating the Applicant;

(f) to submit to a mental or physical health examination as requested by the Department Chair, the President of the Clinical Staff, the Chair of the Credentials Committee, the Chief Executive Officer of the Transitional Care Hospital, the Dean of the School of Medicine, or the Director of the Physician Wellness Program; and

(g) to abide by all requirements contained in the Appointment Acceptance Form and all other requirements contained in the Credentials Manual.

ARTICLE VII
CORRECTIVE ACTION FOR MEMBERS AND NON-MEMBERS WITH CLINICAL PRIVILEGES

7.1 Criteria for Initiation

A Member’s and Non-Member’s Clinical Privileges may be reduced, suspended or terminated for activities or professional conduct considered to be lower than the standards of the Transitional Care Hospital and the Clinical Staff, or to be disruptive to operations of the Transitional Care Hospital, or for violation of these Bylaws, directives of the Clinical Staff Executive Committee or the MCOB, the Code of Conduct, or policies, procedures, rules or regulations of the Transitional Care Hospital or the applicable Clinical Department. Any person may provide information to a Department Chair, the Clinical Staff Executive Committee, the Chief Executive Officer, the Dean, the President, the President-elect, the MCOB, the Associate Chief of Long Term Acute Care, or any member of the administration of the Transitional Care Hospital about the conduct, performance, or competence of any Member or Non-Member who has been granted Clinical Privileges. A request for initiation of investigation or action against such Member or Non-Member shall be made by written request from any other Member, including the President, or from the Chief Executive Officer or the Associate Chief of Long Term Acute Care. Upon receipt of a written request for investigation or action, the individual or entity that received such request shall immediately forward the matter to the Credentials Committee for investigation when the information provided indicates that such Member or Non-Member may have exhibited acts,
demeanor, or conduct reasonably likely to be: (a) detrimental to patient safety or to the delivery of quality patient care; (b) unethical; (c) contrary to the Transitional Care Hospital’s policies and procedures, these Bylaws, or the Code of Conduct; (d) disruptive to the operation of the Transitional Care Hospital; (e) below applicable professional standards; or (f) the result of impairment of the Member or Non-Member by reason of illness, use of drugs, narcotics, alcohol, chemicals or other substances or as a result of any physical or mental condition that impairs the Member’s or Non-Member’s clinical practice. To the extent possible, the identity of the individual requesting initiation of investigation shall not be disclosed.

7.2 **Alternatives to Corrective Action**

Initial collegial efforts may be made prior to resorting to formal corrective action, when appropriate. Such collegial interventions on the part of Clinical Staff leaders in addressing the conduct or performance of an individual shall not constitute corrective action, shall not afford the individual subject to such efforts to the right to a fair hearing, and shall not require reporting to the NPDB, except as otherwise provided in these Bylaws or required by law. Alternatives to corrective action may include:

(a) Informal discussions or formal meetings regarding the concerns raised about conduct or performance, including the actions outlined in these Bylaws or Transitional Care Hospital policies that may be taken to address disruptive conduct;

(b) Written letters of guidance, reprimand, or warning regarding the concerns about conduct or performance;

(c) Notification that future conduct or performance shall be closely monitored and notification of expectations for improvement;

(d) Suggestions or requirements that the individual seek continuing education, consultations, or other assistance in improving performance;

(e) Warnings regarding the potential consequences of failure to improve conduct or performance; and/or

(f) Requirements to seek assistance for impairment, as provided in these Bylaws.

7.3 **Initiating Evaluation and/or Investigation of Possible Impairing Conditions**

At any time, a Department Chair, the President, the Chief Executive Officer, the Dean, the Chair of the Credentials Committee, or the Director of the Physicians’ Wellness Program may require that a Member or Non-Member who has been granted Clinical Privileges undergo a physical and/or mental examination(s) by one or more qualified practitioners or programs specified by the individual requiring the evaluation. If the Member or Non-Member refuses to undergo the examination, his/her Clinical Privileges shall be automatically suspended and there shall be no further consideration of continued privileges until the examination is performed. The Member or Non-Member shall authorize the qualified practitioner(s), to submit reports of the evaluation(s), as appropriate, to the Chair of the Credentials Committee, the Department Chair, the President, the Chief Executive Officer, the Dean, the Director of the Physician’s Wellness Program and the person or entity requesting the examination(s). Any time limit for action by the Credentials Committee, as specified in Section 7.4 below, shall be extended for the number of days from the request for the examination(s) to the receipt of the examination report(s).
The MCOB and the Clinical Staff Executive Committee recognize the need to assist Members or Non-Members who have been granted Clinical Privileges regarding their physical and mental health issues as well as to protect patients from harm. Accordingly, upon the recommendation of the Department Chair, the President, the Dean or the Chief Executive Officer, or on its own initiative, the Credentials Committee shall investigate any Member or Non-Member who appears to suffer from a potentially impairing condition. Any such Member or Non-Member is encouraged to seek assistance from the Physicians’ Wellness Program and/or the Employee Assistance Program or any successor program thereto.

The Credentials Committee may also require periodic monitoring after completion of the initial treatment/rehabilitation. If the Member or Non-Member does not complete the initial treatment/rehabilitation program or does not comply with the required monitoring, the provisions of Article 7.4 or 7.5 shall be applicable. In addition, the Credentials Committee shall strictly adhere to any state or federal statutes or regulations containing mandatory reporting requirements.

The purpose of the evaluation and investigation process concerning potential impairing conditions is to protect patients and to aid the Member or Non-Member in retaining or regaining optimal professional functioning. If the Member or Non-Member in question seeks such assistance, the Credentials Committee shall report to the Clinical Staff Executive Committee that he/she is voluntarily seeking treatment and has agreed to appropriate monitoring.

If at any time during the diagnosis, treatment, or rehabilitation phase of the process it is determined that a Member or Non-Member is unable to safely perform the Clinical Privileges he or she has been granted, the Credentials Committee shall proceed in accordance with Sections 7.4 or 7.5, as appropriate, below. Additionally, the Credentials Committee shall strictly adhere to any state or federal statutes or regulations containing mandatory reporting requirements.

7.4 Initiating Evaluation and Recommendation for Corrective Action

7.4.1 Investigation

Upon receipt of the request for initiation of corrective action, the Credentials Committee shall conduct a thorough investigation of the Member or Non-Member who has been granted Clinical Privileges in question. The Member or Non-Member shall be notified in writing that an investigation is being conducted. In addition the applicable Department Chair, the Dean, and the Chief Executive Officer shall be notified of the investigation. The Member or Non-Member shall provide to the Credentials Committee all available information that it requests. Failure to provide such requested information will itself be considered grounds for corrective action. The Credentials Committee may, but is not obligated to, review medical files or other documents and conduct interviews with witnesses; however, such investigation shall not constitute a “hearing” as that term is used in Article VIII, nor shall the procedural rules with respect to hearings or appeals apply. The Credentials Committee may, in its sole discretion, request an interview with the Member or Non-Member under investigation and, during such interview, question the Member or Non-Member about matters under investigation. A record of such interview shall be made by the Credentials Committee. Within forty (40) days of the receipt of the
request for initiation of investigation, the Credentials Committee shall report to the Clinical Staff Executive Committee on the progress of the investigation and the estimated time required to complete the investigation. In most instances, the investigation shall not last longer than ninety (90) days. However, for good cause, the Chair of the Credentials Committee may ask the Clinical Staff Executive Committee to extend the time for completion of the investigation. At the completion of the investigation, the Chair of the Credentials Committee shall submit to the Clinical Staff Executive Committee the Credentials Committee’s findings and recommendations resulting from the investigation.

The Clinical Staff Executive Committee may accept, reject or modify the findings and recommendations of the Credentials Committee and recommend to the MCOB approval of a final action. The Member and Chair of the Clinical Department to which the Member is assigned shall be notified in writing of the recommendation of the Clinical Staff Executive Committee.

7.4.2 Recommendation

The Credentials Committee’s written recommendation to the Clinical Staff Executive Committee of action to be taken on the matter may include, without limitation:
(a) determining that no further action is necessary on the matter;
(b) issuing a warning, a letter of admonition, or a letter of reprimand;
(c) recommending terms of probation or requirements of consultation;
(d) recommending reduction, suspension or revocation of Clinical Privileges in accordance with Sections 7.5 or 7.6 herein;
(e) recommending reduction of Clinical Staff category or limitation of any Staff prerogatives directly related to patient care;
(f) recommending suspension or revocation of Clinical Staff membership;
(g) recommending concurrent monitoring or retrospective auditing;
(h) requiring additional training;
(i) requiring evaluation by a physician assessment organization or individual; or
(j) requiring a proctor for all procedures.

Any corrective action in accordance with subsections (c) through (f) of this Section shall entitle the Member to the procedural rights provided in Article VIII of these Bylaws.

7.5 Precautionary Summary Suspension

(i) Whenever the conduct of a Member or a non-Member who has been granted Clinical Privileges reasonably appears to pose an imminent threat that requires that immediate action be
taken to protect the health, life or well-being of patients or prospective patients, or any other
person in or associated with the Transitional Care Hospital, or (ii) whenever the conduct of a
Member or a Non-Member who has been granted Clinical Privileges reasonably appears to pose
a substantial likelihood of harm to the life, health and safety of any patient or prospective patient,
or (iii) whenever the Member or Non-Member who has been granted Clinical Privileges refuses
to follow these Bylaws, the Credentials Manual, the policies, procedures, rules and regulations of
the Clinical Staff and/or the Transitional Care Hospital, or (iv) whenever a Member or Non-
Member has made a material misrepresentation on the application for Clinical Staff membership
or Clinical Privileges, then in any such event the President, the Chair of the Credentials
Committee, or the Chief Executive Officer may summarily restrict or suspend the Clinical Staff
membership or Clinical Privileges of such Member of non-Member. Unless otherwise stated,
such summary suspension shall become effective immediately upon imposition, and the person
responsible shall promptly give written notice of the suspension or restriction to the Member or
non-Member in question, the Chair of the Department and the Division Chief, if applicable, to
which the Member is assigned, the Chief Executive Officer, the Associate Chief of Long Term
Acute Care, and the Clinical Staff Executive Committee. The summary restriction or suspension
may be limited in duration and shall remain in effect for the period stated or, if not so limited,
shall remain in effect until resolved by the procedures specified in Article VIII with respect to
Members only. Unless otherwise indicated by the terms of the summary restriction or
suspension, the President or his/her designee shall assign the patients of the Member or Non-
Member in question to another Member.

### 7.5.1 Procedure for Members

No later than thirty (30) days after the date of the precautionary summary suspension, and
if the precautionary summary suspension still remains in effect, the Clinical Staff
Executive Committee shall convene to review and consider the action; provided,
however, that the Clinical Staff Executive Committee may extend the 30 day period for
review for good cause if so requested by either a Member or the Chair of the Credentials
Committee. Upon request and on such terms and conditions as the Clinical Staff
Executive Committee may impose, the Member may attend and make a statement
concerning the issues that led to the precautionary summary suspension, although in no
event shall any meeting of the Clinical Staff Executive Committee, with or without the
Member, constitute a “hearing” within the meaning of Article VIII, nor shall any
procedural rules apply except those adopted by the Clinical Staff Executive Committee.
The Member’s failure without good cause to attend any Clinical Staff Executive
Committee meeting upon request shall constitute a waiver of his or her rights under
Article VIII. The Clinical Staff Executive Committee may modify, continue, or
terminate the summary restriction or suspension, but in any event it shall furnish the
Member with notice of its decision.

Unless the Clinical Staff Executive Committee terminates the summary restriction or
suspension within ninety (90) working days of such restriction or suspension, the
Member shall be entitled to the procedural rights afforded by Article VIII of these
Bylaws.
7.5.2 Procedure for Non-Members

A Non-Member whose Clinical Privileges are summarily suspended pursuant to Section 7.5 shall be notified in writing of the suspension and the grounds for the suspension. Within ten (10) working days of such suspension, the Non-Member may request a meeting with the Chair of the Credentials Committee in order to discuss the suspension. In any event, the Chair of the Credentials Committee shall refer the matter to the Credentials Committee at its next scheduled meeting. The Non-Member shall not be entitled to the procedural rights afforded by Article VIII of the Bylaws.

7.6 Automatic Suspension

In the following instances, the Member’s or Non-Member’s Clinical Privileges may be automatically suspended or limited, as specifically described by the President, the Chair of the Credentials Committee or the Chief Executive Officer. In addition, in each of the instances listed below, the Member’s Clinical Staff Membership shall be suspended or limited, as specifically described by the President, the Chair of the Credentials Committee or the Chief Executive Officer:

7.6.1 Change in Licensure

7.6.1.1 Revocation or Suspension

Whenever a Member’s or Non-Member’s license authorizing practice in the Commonwealth of Virginia is revoked or suspended by the applicable health regulatory board, Clinical Privileges shall be automatically revoked or suspended as of the date such action becomes effective.

7.6.1.2 Probation and Other Restriction

If a Member’s or Non-Member’s license authorizing practice in the Commonwealth of Virginia is placed on probation by the applicable health regulatory board, his or her Clinical Privileges shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its duration.

Whenever a Member’s or Non-Member’s license authorizing practice in the Commonwealth of Virginia is limited or restricted by the applicable health regulatory board, any Clinical Privileges that the Member or Non-Member has been granted by the Medical Center that are within the scope of such limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such licensing or certifying authority’s action becomes effective and throughout its duration.
7.6.2 Change in DEA Certificate Status

7.6.2.1 Revocation or Suspension

If a Member’s or Non-Member’s DEA certificate is revoked, limited, or suspended, the Member or Non-Member shall automatically be divested of the right to prescribe medications covered by the certificate as of the date such action becomes effective and throughout its term.

7.6.2.2 Probation

If a Member’s or a Non-Member’s DEA certificate is subject to probation, the Member’s or Non-Member’s right to prescribe such medications automatically shall become subject to the same terms of the probation, as of the date such action becomes effective and throughout its term.

7.6.3 Lack of Required Professional Liability Insurance

Failure to maintain professional liability insurance in amounts and of a type required by the MCOB, as such amounts shall be defined from time to time, shall be a basis for automatic suspension of a Member’s or a Non-Member’s Clinical Privileges. If within 30 days after written warnings of such delinquency, the Member or Non-Member does not provide evidence of the required professional liability insurance, such individual’s Clinical Privileges shall be automatically terminated.

7.6.4 Federal Program Exclusion

If a Member of a Non-Member is convicted of a crime pursuant to the Medicare and Medicaid Protection Act of 1987, Pub. L. 100-93, or a crime related to the provision of health care items or services for which one may be excluded under 42 U.S.C. Section 1320a7(a), or is suspended, excluded, debarred or otherwise declared ineligible to participate in Medicare or Medicaid or other federal or state health care or other programs, such Member’s or Non-Member’s Clinical Privileges shall be automatically suspended as of the date such conviction or action with respect to the Medicare or Medicaid federal program becomes effective.

7.6.5 Loss of Faculty Appointment

If a Member’s faculty appointment in the School of Medicine is terminated for any reason or for any length of time, his/her membership and Clinical Privileges within the Transitional Care Hospital shall be automatically revoked or suspended as of the date such loss of faculty appointment becomes effective. Loss of faculty appointment shall not give rise to a hearing under Article VIII as such appointment is a prerequisite to membership. Due process procedures applicable to contesting the loss of a faculty appointment are set forth in the University of Virginia Faculty Handbook.
7.6.6 Failure to Undergo Physical and/or Mental Examination

If a Member or Non-Member fails or refuses to undergo a physical and/or mental examination as required by Section 7.3 of these Bylaws, such failure or refusal shall result in automatic suspension of the Clinical Privileges of the Member or Non-Member.

7.6.7 Article VIII Inapplicable

When a Member’s or Non-Member’s privileges are restricted pursuant to any of the circumstances set out in this Section 7.6, the hearing and appeal rights of Article VIII shall not apply and the action shall be effective for the time specified. If the Member believes that any such automatic restriction of privileges is the result of an error, the Member may request a meeting with the Clinical Staff Executive Committee. A Non-Member shall have no right to a meeting with the Clinical Staff Executive Committee.

ARTICLE VIII
HEARING AND APPELLATE REVIEW FOR MEMBERS

8.1 General Provisions

8.1.1 Right to Hearing and Appellate Review

(a) When any Member receives notice of a recommendation of the Clinical Staff Executive Committee that, if approved by the MCOB, will adversely affect his or her appointment to or status as a Member or his or her exercise of Clinical Privileges, he or she shall be entitled to a hearing before a hearing committee appointed by the Chair or Vice Chair of the Clinical Staff Executive Committee. If the recommendation of the Clinical Staff Executive Committee following such hearing is still adverse to the affected Member, he or she shall then be entitled to an appellate review by the MCOB or a committee appointed by the Chair of the MCOB, before the MCOB makes a final decision on the matter. Such review shall be made based on the evidentiary record, unless the MCOB or the committee appointed by the MCOB to hear the appeal requests additional information.

(b) All hearings and appellate reviews shall be in accordance with the procedural safeguards set forth in Article VIII to assure that the affected Member is accorded all rights to which he or she is entitled.

8.1.2 Exhaustion of Remedies

If Adverse Action described in Section 8.2 is taken or recommended, the Applicant or Member must exhaust the remedies afforded by these Bylaws before resorting to legal action. For purposes of Article VIII, the term “Member” may include “Applicant”, as appropriate under the circumstances.
8.2 Grounds For Hearing

Except as otherwise specified in these Bylaws, the following recommended actions or actions shall be deemed Adverse Actions and constitute grounds for a hearing, if such action is based on professional conduct, professional competence, or character:

(a) denial of Clinical Staff Membership;
(b) denial of Clinical Staff reappointment (excluding failure to obtain active status following provisional status);
(c) suspension of Clinical Staff Membership;
(d) revocation of Clinical Staff Membership;
(e) denial of requested Clinical Privileges (excluding Temporary Privileges) for a Member;
(f) involuntary reduction of current Clinical Privileges (excluding Temporary Privileges) for a Member;
(g) suspension of Clinical Privileges (excluding Temporary Privileges) for a Member; or
(h) termination of all Clinical Privileges (excluding Temporary Privileges and excluding loss of faculty appointment) for a Member.

However, actions described above in this Section that are the result of automatic suspension imposed pursuant to Section 7.6 of these Bylaws, shall not be considered an Adverse Action for purposes of Article VIII.

8.3 Requests For Hearing; Waiver

8.3.1 Notice of Proposed Action

In all cases in which a recommendation has been made as set forth in Section 8.2, the Chair or Vice Chair of the Clinical Staff Executive Committee shall send a Member affected by an Adverse Action written notice of (a) his or her right to a hearing if requested by him or her within thirty (30) days of the notice, (b) clear and concise reasons for the Adverse Action recommended, including the acts or omissions with which the Member is charged and a list of the medical charts in question, if applicable, and (c) his or her rights at such a hearing, including the hearing procedures described in Section 8.4. Such notice shall be sent by personal delivery or certified mail, return receipt requested.

8.3.2 Request for Hearing

The Member shall have thirty (30) days following receipt of notice of such action to request a hearing. The request shall be in writing addressed to the Chair of the Clinical Staff Executive Committee. The request shall contain a statement signed by the
Member that the Member shall maintain confidentiality of all documents provided to the Member during the hearing process and shall not disclose or use the documents for any purpose outside the hearing process. Unless the Member is under summary suspension, he or she shall retain existing rights and privileges until all steps provided for in Sections 8.4 through 8.4.8 of Article VIII of these Bylaws below have concluded. If, however, the Member’s reappointment term is scheduled to expire during the hearing process, the Member’s membership and privileges shall expire unless (i) the Clinical Staff Executive Committee extends the reappointment until the hearing is concluded, or (ii) the Member is reappointed according to final action by the MCOB.

8.3.3 Waiver of Hearing

In the event the Member does not request a hearing within the time and manner described, the Member shall be deemed to have waived any right to a hearing and accepted the recommendation involved. The recommendation of the Clinical Staff Executive Committee shall then become final and effective as to the Member when it is approved by the MCOB.

8.3.4 Notice of Time, Place and Procedures for Hearing

Upon receipt of a request for hearing, the Chair or Vice Chair of the Clinical Staff Executive Committee shall schedule a hearing and give notice to the Member of the time, place and date of the hearing, which shall not be less than thirty (30) days after the date of the notice. Each party shall provide the other with a list of witnesses within fifteen (15) days of the hearing date, unless both parties agree otherwise. Witness lists shall be finalized no later than five (5) working days before the hearing. Notwithstanding the foregoing, the Hearing Entity shall have the right to call such witnesses as it deems appropriate and necessary. Unless extended by the Chair of the Hearing Entity, described in Section 8.3.5 below, the date of the commencement of the hearing shall be not less than thirty (30) days, nor more than ninety (90) days from the date of receipt of the request for a hearing; provided, however, that when the request is received from a Member who is under summary suspension, the hearing shall be held as soon as the arrangements may reasonably be made and provided further that the parties may agree to a mutually convenient date beyond the ninety (90) day period.

8.3.5 Hearing Entity

The Chair of the Clinical Staff Executive Committee may, in his or her discretion and in consultation with the Chair of the Credentials Committee, the Chief Executive Officer and other members of CSEC as he or she deems appropriate, direct that the hearing be held: (1) before a panel of no fewer than three (3) Members who are appointed by the Chair of the Clinical Staff Executive Committee and the Chief Executive Officer and if possible are Peers of the Member in clinical practice or academic rank and are not in direct economic competition with the Member involved, or (2) by an independent Peer Review panel from outside the Transitional Care Hospital whose members are not in direct economic competition with the Member involved, or (3) a panel consisting of a combination of (1) and (2). Each type of panel described in the preceding sentence shall
be referred to hereinafter as the “Hearing Entity.” Knowledge of the matter involved shall not preclude a Clinical Staff Member from serving as a member of the Hearing Entity; however each member must certify at the time of appointment and also on the record at the hearing that any prior knowledge he or she may have does not preclude rendering a fair and impartial decision. The Chair of the Clinical Staff Executive Committee shall designate the chair of the Hearing Entity. At least three-quarters of the members of the Hearing Entity shall be present when the hearing takes place and no member may vote by proxy. In the event of any conflict involving the Chair of the Clinical Staff Executive Committee, the Vice Chair of CSEC shall be responsible for performing the duties described in this paragraph. In the event of any conflict or conflicts involving both the Chair and the Vice Chair of the Clinical Staff Executive Committee, the Chief Executive Officer or designee shall be responsible for performing the duties described in this paragraph.

8.3.6 Failure to Attend and Proceed

Failure without good cause of the affected Member to personally attend and proceed at such a hearing shall be deemed to constitute voluntary acceptance of the recommendations involved and his or her request for a hearing shall be deemed to have been withdrawn.

8.3.7 Postponements and Extensions

Once a request for hearing is initiated, postponements and extensions of time beyond the times permitted in these Bylaws may be permitted by the Hearing Entity, or its chairperson, acting upon its behalf. Such decisions are solely within the discretion of the Hearing Entity or its presiding officer and may only be granted for good cause.

8.4 Hearing Procedure

8.4.1 Representation

The hearings provided for in these Bylaws are for the purpose of intra-professional resolution of matters bearing on professional conduct, professional competency or character. Nevertheless, if requested by either the affected Member or the Credentials Committee, both sides may be represented by legal counsel. In lieu of legal counsel, the Member may be represented by another person of the Member’s choice.

8.4.2 The Hearing Officer

The President may appoint a hearing officer to preside at the hearing. In the sole discretion of the President, the hearing officer may be an attorney qualified to preside over a quasi-judicial hearing. If requested by the Hearing Entity, the hearing officer may participate in the deliberations of the Hearing Entity and be an advisor to it, but the hearing officer shall not be entitled to vote.
8.4.3 The Presiding Officer

The Hearing Entity shall have a presiding officer. If the President appoints a hearing officer pursuant to Section 8.4.2, then the hearing officer shall serve as the presiding officer. If no hearing officer is appointed, then the Chair of the Hearing Entity shall serve as the presiding officer. The presiding officer shall strive to assure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained. The presiding officer shall be entitled to determine the order of or procedure for presenting evidence and argument during the hearing and shall have the authority and discretion to make all rulings on questions that pertain to matters of law, procedure, or the admissibility of evidence. If the presiding officer determines that either side in a hearing is not proceeding in an efficient and expeditious manner, the presiding officer may take such discretionary action as seems warranted by the circumstances.

8.4.4 Record of the Hearing

An official reporter shall be present to make a record of the hearing proceedings. The cost of attendance of the reporter shall be borne by the Transitional Care Hospital, but the cost of the transcript, if any, shall be borne by the party requesting it.

8.4.5 Rights of the Parties

Within reasonable limitations imposed by the presiding officer, the Credentials Committee, the Hearing Entity and the affected Member may call and examine witnesses for relevant testimony, introduce relevant exhibits or other documents, cross-examine or impeach witnesses who have testified orally on any matter relevant to the issues and otherwise rebut evidence. The Member may be called by the Credentials Committee or the Hearing Entity, as appropriate, and be examined as if under cross-examination.

(a) Burden of Proof. The Credentials Committee shall appoint one of its members to represent it at the hearing, to present facts in support of its adverse recommendation and to examine witnesses. Where the issue concerns the denial of initial Clinical Staff membership, it shall be the obligation of the affected practitioner to present appropriate evidence in support of his or her application, but the Credentials Committee representative shall then be responsible for showing that evidence exists to support the decision and that the Credentials Committee appropriately exercised its authority under these Bylaws and other applicable rules or regulations of the Transitional Care Hospital. In all other situations outlined in Section 8.2 above, it shall be the obligation of the Credentials Committee representative to present appropriate evidence in support of the adverse recommendation, but the affected Member shall then be responsible for supporting his or her challenge to the adverse recommendation by providing appropriate evidence showing that the grounds for the decision lacked support in fact or that such grounds or action based upon such grounds is either arbitrary or capricious.
(b) **Written Statement.** Each party shall have the right to submit a written statement at the close of the hearing.

(c) **Written Decision.** Upon completion of the hearing, the affected Member shall be informed in writing by the Clinical Staff Executive Committee of the recommendation of the Hearing Entity, including a statement of the basis for the recommendation, and shall be informed in writing of the decisions of the Clinical Staff Executive Committee and the MCOB, including a statement of the basis for the decision.

### 8.4.6 Evidence

Judicial rules of evidence and procedure relating to the conduct of the hearing, examination of witnesses, and presentation of evidence shall not apply to a hearing conducted under Article VIII of these Bylaws. Any relevant evidence, including hearsay, shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. The Hearing Entity may question the witnesses or call additional witnesses if it deems such action appropriate. At its discretion, the Hearing Entity may request both parties to file written arguments.

### 8.4.7 Recess and Conclusion

After consultation with the Hearing Entity, the presiding officer may recess the hearing and reconvene the same at such times and intervals as may be reasonable, with due consideration for reaching an expeditious conclusion to the hearing. Upon conclusion of the presentation of oral and documentary evidence and the receipt of any closing written arguments, the hearing shall be closed. The Hearing Entity shall, at a time convenient to itself, conduct its deliberations outside the presence of the parties. The Hearing Entity may seek legal counsel during its deliberations and the preparation of its report. Upon conclusion of its deliberations, the hearing shall be declared finally adjourned.

### 8.4.8 Decision of the Hearing Entity

Within fifteen (15) days after final adjournment of the hearing, the Hearing Entity shall render a decision, which shall be accompanied by a report in writing and shall be delivered to the Clinical Staff Executive Committee. If the affected Member is currently under summary suspension, the Hearing Entity shall render a decision and report to the Clinical Staff Executive Committee within five (5) working days after final adjournment. A copy of the decision shall also be forwarded to the MCOB and the affected Member. The report shall contain a concise statement of the reasons supporting the decision.

### 8.4.9 Decision of Clinical Staff Executive Committee and MCOB

At its next regularly scheduled meeting, the Clinical Staff Executive Committee shall review the report and decision of the Hearing Entity and shall, within thirty (30) days of such meeting, give notice of its recommendation to the MCOB and the Member. The
Clinical Staff Executive Committee may affirm, modify or reverse the decision of the Hearing Entity.

8.4.10 Appeal

The Member may submit to the Chief Executive Officer a written appeal statement detailing the findings of fact, conclusions, and procedural matters with which he/she disagrees, and his/her reasons for such disagreement. This written appeal statement may cover any matters raised at any step in the hearing process, and legal counsel may assist in its preparation. The statement shall be delivered by hand or by certified or registered mail to the Chief Executive Officer and received no later than fourteen (14) days after the Member’s receipt of the recommendation of the Clinical Staff Executive Committee. The Chief Executive Officer shall promptly provide a copy of the Member’s statement to the MCOB. In response to the statement submitted by the affected Member, the Clinical Staff Executive Committee may also submit a written statement to the MCOB and shall provide a copy of any such written statement to the Member.

8.4.11 Decision by the Operating Board

(a) At a regularly scheduled meeting following receipt of the Member’s written appeal statement (or the expiration of the time in which the Member had the opportunity to submit a written statement) and the Clinical Staff Executive Committee’s written statement, the MCOB shall render a decision in writing and shall forward copies thereof to each party involved in the hearing. The decision of the MCOB shall include a statement of the basis for its decision.

(b) The MCOB may affirm, modify, or reverse the decision of the Clinical Staff Executive Committee for reconsideration. If the matter is remanded to the Hearing Entity for further review and recommendation, such Hearing Entity shall conduct its review within fifteen (15) working days and make its recommendations to the MCOB. This further review and the time required to report back shall not exceed sixty (60) days except as the parties may otherwise agree, for good cause, as jointly determined by the Chair of the MCOB and the Hearing Entity or Clinical Staff Executive Committee. The Executive Committee, or remand the matter to the Hearing Entity or the Clinical Staff MCOB shall thereafter make its final decision.

(c) The decision of the MCOB as reflected in paragraphs (a) or (b) above shall constitute final action. This decision shall be immediately effective and shall not be subject to further hearing, appellate or judicial review.

8.4.12 Right to One Hearing and One Appeal

No Member shall be entitled to more than one evidentiary hearing and one appeal on any matter that shall have been the subject of Adverse Action or recommendation.
ARTICLE IX
OFFICERS OF THE CLINICAL STAFF

9.1 Identification of Officers

As the Transitional Care Hospital is a new facility, the initial Officers of its Clinical Staff shall be appointed by the MCOB for one year terms and may be appointed as Officers prior to appointment as Members. Thereafter the Officers shall be elected as set forth in these Bylaws. The Officers of the Clinical staff shall be:

(a) President
(b) President-elect

9.2 Qualifications of Officers

Officers must be Members of the Active Clinical Staff in good standing at the time of their election and must remain Members of the Active Clinical Staff in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

9.3 Nominations

After the first year all nominations for Officers shall be made by the Nominating Committee (which is described in Article XII of these Bylaws) with the concurrence of the Chief Executive Officer and the Dean. Any Active Clinical Staff or Ph.D. Clinical Pathologist Staff may submit the name or names of any Member(s) of the Active Clinical Staff to the Nominating Committee for consideration as an Officer candidate. The Nominating Committee shall nominate one or more candidates for each office at least thirty (30) days prior to the election.

The Nominating Committee shall report its nominations for Officers to the Clinical Staff Executive Committee, with the approval of the Chief Executive Officer and the Dean, prior to the election and shall mail or deliver the nominations to the Clinical Staff at least ten (10) days prior to the election. Nominations for Officers shall not be accepted from the floor at the time of the election if voting occurs at a meeting.

9.4 Elections

The Officers shall be elected by electronic ballot. Only members of the Active Clinical Staff and Ph.D. Clinical Pathologist Staff shall be eligible to vote. The nominee receiving the most votes shall be elected. In the case of a tie, a majority vote of the Clinical Staff Executive Committee shall decide the election by secret written ballot at its next meeting or a special meeting called for that purpose.

9.5 Terms of Office

The Officers shall take office on the first day of July following election to office. The Officers
shall serve for terms of three (3) years, unless any one of them shall resign sooner or be removed from office. The Officers each shall be eligible for re-election for one additional three (3) year term.

9.6 Vacancies in Office

If there is a vacancy in the office of the President, the President-elect shall serve during the vacancy. If there is a vacancy in the office of the President-elect, the Clinical Staff Executive Committee shall appoint an Active Member of the Clinical Staff to serve as President-elect until a special election to fill the position shall occur at a special meeting of the Clinical Staff, called for such purpose, or at a regular Clinical Staff meeting. The replacement Officer shall serve out the term of the original Officer.

9.7 Removing Elected Officers

Elected Officers may be removed by a two-thirds (2/3) vote of the Members of the Active and Ph.D. Clinical Pathologist Staff, or by a majority vote of the MCOB.

Permissible bases for removal of an elected Officer of the Clinical Staff include, but are not limited to:
(a) failure to perform the duties of the position in a timely and appropriate manner;
(b) failure to satisfy continuously the qualifications for the position;
(c) having an automatic or summary suspension, or corrective action imposed that adversely affects the Officer's membership or privileges;
(d) failure to follow the Clinical Staff Bylaws, Credentials Manual, the Code of Conduct, the Compliance Code of Conduct, the Code of Ethics or Transitional Care Hospital policies, procedures, rules, or regulations; or
(e) conduct or statements inimical or damaging to the best interests of the Clinical Staff or the Transitional Care Hospital, including but not limited to violations of state or federal law or Transitional Care Hospital policy related to conflict of interest or relationships with vendors.

9.8 Duties of Officers

9.8.1 Duties of the President

The President shall be the spokesperson for the Clinical Staff and shall:
(a) act in coordination and cooperation with the Chief Executive Officer and Transitional Care Hospital senior leadership in all matters of mutual concern within the Transitional Care Hospital;
(b) call, preside at, and be responsible for the agenda of all general meetings of the
Clinical Staff;

(c) subject to the desire by the MCOB, serve on the MCOB as a nonvoting advisory member;

(d) serve as the Chair of the Clinical Staff Executive Committee and as ex-officio member of all other Clinical Staff committees;

(e) represent the views, policies, needs and grievances of the Clinical Staff to the MCOB, the Clinical Staff Executive Committee, and senior administration of the Transitional Care Hospital, including the presentation to the MCOB of a report of the Clinical Staff at every meeting of the MCOB or as otherwise requested by the MCOB;

(f) provide oversight of Clinical Staff affairs, including the Clinical Staff application process, committee performance, compliance with Joint Commission on Accreditation of Healthcare Organizations and licensure requirements as they pertain to clinical practice and physician and patient concerns regarding clinical services;

(g) jointly with the Chief Executive Officer, appoint individuals to committees of the Clinical Staff, unless otherwise provided in these Bylaws; and

(h) perform such other functions as may be assigned to him or her by these Bylaws, the Clinical Staff Executive Committee or the MCOB.

9.8.2 Duties of the President-elect

The President-elect shall serve as the Chair of the Credentials Committee and the Vice-Chair of the Clinical Staff Executive Committee. In the absence of the President, the President-elect shall assume all the duties and have the authority of the President. The President-elect shall perform such other duties as the President may assign or as may be delegated by these Bylaws, the Clinical Staff Executive Committee or the MCOB.

ARTICLE X
CLINICAL STAFF EXECUTIVE COMMITTEE

10.1 Duties of the Clinical Staff Executive Committee

Subject to the overall authority of the MCOB, the Clinical Staff Executive Committee shall be the executive committee of the Clinical Staff with the following duties:

(a) monitor, oversee and, where appropriate, manage the quality of clinical care delivered within the Transitional Care Hospital;

(b) communicate to Members and Non-Members of the Clinical Staff regarding clinical practice issues and present the interests of the Clinical Staff to the MCOB;
(c) act for and on behalf of the Clinical Staff in the intervals between Clinical Staff meetings and independently with respect to those matters over which CSEC is given authority in these Bylaws;

(d) establish, review, and enforce the policies applicable to the Clinical Staff, including the Bylaws, the Code of Conduct, the Code of Ethics and all other Transitional Care Hospital clinical policies regarding patient care;

(e) control and monitor the membership of the Clinical Staff through oversight of the appointment, credentialing, and privileging process;

(f) coordinate the activities and general clinical policies of the Transitional Care Hospital to support an institutional and integrated approach to patient care within the Transitional Care Hospital;

(g) oversee the functions of performance improvement of the professional services provided by the Clinical Staff within the Transitional Care Hospital;

(h) advise the Transitional Care Hospital management regarding the allocation and distribution of clinical resources, including assignments of beds, clinics, operating rooms, and other elements that are important to efficient and effective medical care within the Transitional Care Hospital;

(i) provide Clinical Staff representation and participation in any Transitional Care Hospital deliberation affecting the discharge of Clinical Staff responsibilities;

(j) report to the MCOB, as required, on the activities of the Clinical Staff Executive Committee and the Clinical Staff and makes specific recommendations to the MCOB relating to the clinical efforts of the Transitional Care Hospital;

(k) approve the creation of and oversee committees of the Clinical Staff as necessary for compliance with accreditation standards, regulatory requirements and governance of the Clinical Staff;

(l) receive and act on reports and recommendations from the Clinical Staff committees and Departments; and

(m) perform such other duties as may be assigned to it by the MCOB.

10.2 Membership of the Clinical Staff Executive Committee

The membership of the Clinical Staff Executive Committee shall consist of the following individuals, all of whom shall be voting members

- President of the Clinical Staff
- President-elect of the Clinical Staff
Associate Chief of Long Term Acute Care
Chair of the Ethics Committee
Chair of the Quality Committee
Director of Clinical Operations

In the event that any of the positions listed above are renamed, then the newly named position shall be substituted automatically in lieu of the old position without the necessity for an amendment of these Bylaws.

10.3 Meetings of the Clinical Staff Executive Committee

The Clinical Staff Executive Committee shall meet monthly at a time and place as designated by the Chair of the Clinical Staff Executive Committee, and the expectation is the each member of the Clinical Staff Executive Committee will attend these monthly meetings. Fifty-one percent (51%) of the membership of the Clinical Staff Executive Committee shall constitute a quorum. Attendance at the Clinical Staff Executive Committee meetings is not assignable for voting purposes. A substitute may attend a meeting for purposes of information sharing but may not vote by proxy and will not count in the quorum.

10.4 Duties of the Chair of the Clinical Staff Executive Committee

The President shall serve as the Chair of the Clinical Staff Executive Committee. The duties of the Chair are to:

(a) set the agenda for meetings of the Clinical Staff Executive Committee;
(b) preside at the meetings of the Clinical Staff Executive Committee;
(c) jointly with the Chief Executive Officer, coordinate and appoint committee members to all standing, special and multi-disciplinary committees of the Clinical Staff Executive Committee;
(d) report as appropriate to the Clinical Staff on the activities of the Clinical Staff Executive Committee;
(e) in conjunction with the Chief Executive Officer, appoint individuals to serve on the Clinical Staff Committees described in Article XII or otherwise created by the Clinical Staff Executive Committee; and
(f) report to the MCOB, as required, on the activities of the Clinical Staff Executive Committee and the Clinical Staff.

10.5 Duties of the Vice Chair of the Clinical Staff Executive Committee

The President-elect shall serve as the Vice Chair of the Clinical Staff Executive Committee. The duties of the Vice Chair are to:
(a) preside at the meetings of the Clinical Staff Executive Committee in the absence of the Chair;
(b) present a monthly Credentials Committee report to the Clinical Staff Executive Committee;
(c) assume all the duties and have the authority of the Chair in the event of the Chair’s temporary inability to perform his/her duties due to illness, absence from the community or unavailability for any other reason;
(d) assume all the duties and have the authority of the Chair in the event of his/her resignation as until such time as a successor is designated; and
(e) perform such other duties as may be assigned by the Chair.

10.6 Duties of the Secretary of the Clinical Staff Executive Committee
The Chair of the Clinical Staff Executive Committee shall appoint a Secretary of the Clinical Staff Executive Committee. The Secretary is not required to be a Member. The duties of the Secretary are to:

(a) keep accurate and complete minutes of the meetings of the Clinical Staff Executive Committee;
(b) maintain a roster of the members of the Clinical Staff Executive Committee;
(c) send notices of meetings to the members of the Clinical Staff Executive Committee;
(d) attend to all correspondence of the Clinical Staff Executive Committee; and
(e) perform such other duties as ordinarily pertain to the office of secretary.

ARTICLE XI
CLINICAL DEPARTMENTS

11.1. Organization of Clinical Departments

(a) The Members of the Clinical Staff of the Transitional Care Hospital have faculty appointments in the School of Medicine, and all Clinical Staff are required to have faculty appointments in the School of Medicine as a condition of appointment to the Clinical Staff. Exceptions to this requirement will be considered only when practitioners are requesting Temporary Privileges under emergency circumstances to meet patient care needs as provided in the Bylaws, or such other exceptional circumstances as may be approved by the Chief Executive Officer, the President or the Chair of the Credentials Committee.

(b) The Clinical Staff is divided into clinical Departments, and some Departments are further subdivided into clinical Divisions. Each Department is organized as a separate
component of the Clinical Staff and shall have a Chair selected and entrusted by the
Dean, with the authority, duties and responsibilities specified in Section 11.6. A Division
of a Department is directly responsible to the Department within which it functions, and
each Division has a Division Chief selected and entrusted with the authority, duties and
responsibilities specified in Section 11.10.

(c) Departmental status, including the creation, elimination, modification or combination
thereof, shall be designated by the Dean. Division status shall be designated upon
recommendation of the Chair or Chairs of the applicable Department(s) and approved by
the Dean.

11.2 Departments

The current clinical Departments whose faculty provide clinical services at the
Transitional Care Hospital are:

(m) Anesthesiology
(n) Dentistry
(o) Dermatology
(p) Family Medicine
(q) Medicine
(r) Neurological Surgery
(s) Neurology
(t) Obstetrics and Gynecology
(u) Ophthalmology
(v) Orthopaedic Surgery
(w) Pathology
(x) Physical Medicine and Rehabilitation
(y) Plastic and Maxillofacial Surgery
(z) Psychiatric Medicine
(aa) Radiology
(bb) Surgery
(cc) Urology

11.3 Assignments

Each Member shall be assigned to at least one Department, and if applicable, to a Division
within such Department. Members may be granted membership and/or Clinical Privileges in
more than one Department or Division consistent with practice privileges granted. For Members
with joint appointments, the Chairs from each Department shall sign off on the faculty
appointment and recommendation of Clinical Privileges.

11.4 Functions of Departments and Divisions

The general functions of each Department and Division, as applicable, include:
(a) conducting patient care reviews for the purpose of analyzing and evaluating the quality
and appropriateness of care and treatment provided to patients within the Department and
Division. The number of such reviews to be conducted during the year shall be as
determined by the Clinical Staff Executive Committee in consultation with other
appropriate committees. The Department, and as applicable, the Division, shall routinely
collect information about important aspects of patient care provided in the Department or
Division, periodically assess this information, and develop objective criteria for use in
evaluating patient care. Patient care reviews shall include all clinical work performed
under the jurisdiction of the Department or Division, regardless of whether the Member
whose work is subject to such review is a member of that Department or Division;

(b) recommending to the Credentials Committee criteria for the granting of Clinical
Privileges (both core privileges and privileges outside the core as well as new or
additional Clinical Privileges) and the performance of specified services within the
Department or Division;

(c) evaluating and making appropriate recommendations regarding the qualifications of
Applicants seeking appointment or reappointment to the Clinical Staff and Clinical
Privileges within that Department or Division;

(d) reviewing and evaluating departmental adherence to Clinical Staff and Transitional Care
Hospital policies and procedures and sound principles of clinical practice;

(e) coordinating and integrating patient care provided by the Department’s or Division’s
members with patient care provided in other Departments or Divisions and with nursing
and ancillary patient care services;

(f) submitting written reports to the Clinical Staff Executive Committee concerning: (i) the
Department’s and/or Division’s review and evaluation of activities, actions taken thereon,
and the results of such actions; and (ii) recommendations for maintaining and improving
the quality of care provided in the Department and/or Division and the Transitional Care
Hospital;

(g) having at least quarterly meetings for the purpose of considering patient care review
findings and the results of the Department’s other review and evaluation activities, as
well as reports on other Department and Clinical Staff functions;

(h) taking appropriate action when important problems in patient care and clinical
performance or opportunities to improve care are identified;

(i) accounting to the Clinical Staff Executive Committee for all professional activities within
the Department;

(j) appointing such committees or other mechanisms as may be necessary or appropriate to
conduct Department functions;

(k) formulating recommendations for Departmental or Division rules and regulations
reasonably necessary for the proper discharge of its responsibilities, subject to
compliance with Transitional Care Hospital policies; and
(l) encouraging the continuing education of Members of the Clinical Staff in the Department.

11.5 Department Chairs

Each Department shall have a Chair who is a Member of the Active Clinical Staff and is appointed by the Dean of the School of Medicine. Department Chairs shall be certified as diplomats of their specialty board or be equivalently qualified. Each Chair shall report to the Dean and shall be accountable to the Clinical Staff Executive Committee and the MCOB for all clinical matters in his or her Department.

11.6 Duties of Department Chairs

Each Chair shall be board certified as required by Transitional Care Hospital Policy No. 0021 and has the following authority, duties, and responsibilities and shall otherwise perform such duties as may be assigned to him or her:

(a) act as presiding officer at Departmental meetings, which shall be held at least quarterly for the purpose of quality monitoring and reporting and such other purposes as may be required by the Department;

(b) attend monthly meetings of the Clinical Staff Executive Committee and other special meetings of the Clinical Staff Executive Committee as may be called from time to time;

(c) report to the Dean and be accountable to the Clinical Staff Executive Committee and the MCOB regarding all professional and administrative activities within the Department;

(d) make recommendations regarding the overall clinical policies of the Clinical Staff and the Medical Center;

(e) make specific recommendations regarding criteria-based privileges and suggestions regarding physician faculty within his or her Department and Divisions therein;

(f) assure compliance within his or her Department and any Divisions therein with these Bylaws, the Credentials Manual and Transitional Care Hospital policies, procedure, rules and regulations, including but not limited to, implementing a process for effectively communicating to Members of his or her Department and Divisions therein any amendment or revision of these Bylaws, the Credentials Manual, the Code of Conduct, the Compliance Code of Conduct, the Code of Ethics and any new or revised Transitional Care Hospital policy, procedure, rule or regulation;

(g) sign off and transmit to the Credentials Committee the Department’s recommendations concerning and required documentation in support of Member appointment and classification, reappointment, criteria for Clinical Privileges, results of any investigation or corrective action with respect to Members with Clinical Privileges in his or her Department. Chairs may delegate this responsibility to a senior level designee within the
Department subject to prior written notification to and approval by the Chair of the Credentials Committee. Chairs shall ensure that files on each of their faculty with Clinical Privileges that include documentation of FPPE and OPPE data and other activities are securely maintained and support the specifically delineated Clinical Privileges requested;

(h) implement within his or her Department appropriate actions taken by the Clinical Staff Executive Committee or the MCOB;

(i) generally monitor the quality of patient care and professional performance rendered by Members with Clinical Privileges in the Department through a planned and systematic process, including but not limited to, FPPE and OPPE, and oversee the effective conduct of the patient care, evaluation, and monitoring functions delegated to the Department by the Clinical Staff Executive Committee, the Dean or the President, including evaluating the quality of clinical work performed by each practitioner in the Department at least annually;

(j) develop, support and implement Departmental programs for retrospective patient care review, ongoing monitoring of clinical and ethical practice, credentials review and privileges delineation, medical education, utilization review, and quality assurance and performance improvement, all as part of the Peer Review process;

(k) abide by the supervisory requirements when temporary privileges have been granted to a Member in his or her Department or Division;

(l) participate in every phase of administration of his or her Department, including cooperation with the nursing service and the Medical Center administration in matters such as personnel, supplies, and special regulations, standing orders, and techniques;

(m) prepare and submit reports pertaining to his or her Department as may be required by the Credentials Committee, the Clinical Staff Executive Committee or the MCOB;

(n) be responsible for the teaching, education and research programs in his or her Department;

(o) ensure that Members and Graduate Medical Trainees within his or her Department and the Divisions therein practice within the scope of their Clinical Privileges, are educated to deliver patient-centered and family-centered care as members of interdisciplinary teams, emphasizing professional and ethical conduct, evidence-based practice, quality improvement approaches and informatics;

(p) facilitate Graduate Medical Trainees’ education and training to achieve those competencies identified as necessary by the ACGME or other applicable entity;

(q) keep appropriate records of all Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists and Ph.D. Clinical Pathologist practicing within his or her Department; and

(r) assessing and recommending to the Transitional Care Hospital resources needed for patient care or treatment;
integration of the Department into the primary functions of the Transitional Care Hospital and coordination and integration of interdepartmental and intradepartmental services; and

perform such other duties commensurate with the office as may from time to time be reasonably requested by the Dean, the President, the Clinical Staff Executive Committee or the MCOB.

11.7 Committees of the Departments

The affairs of each Department may be delegated to a designee or to a committee of Department members appointed by the Chair of the Department.

11.8 Division Chiefs

Each Division shall have a Chief who shall be a Member of the Active Clinical Staff in good standing and a member of the Division which he or she is to head, and shall be qualified by training, experience and demonstrated current ability in the clinical area covered by the Division. The Chair of the Department in which the Division functions shall select and remove the Division Chief, and the Division Chief either reports to the Chair of the Department or directly to the Dean in some cases. Division Chiefs shall be certified as diplomates of their specialty Board or be equivalently qualified.

11.9 Duties of Division Chiefs

Each Division Chief shall:

(a) act as presiding officer at Division meetings, to be held as reasonably necessary;

(b) assist in the development and implementation, in cooperation with Department Chairs, of programs to carry out the quality review and evaluation and monitoring functions of the Division, including credentials review and criteria-based privilege delineation, medical education, utilization review, and quality assurance and performance improvement, all as part of the Peer Review process;

(c) evaluate the quality of clinical work performed by each practitioner in the Division at least annually;

(d) conduct investigations and submit reports and recommendations to the Department Chair regarding complaints from other Members, Non-Members, or others regarding Members of the Division as well as regarding the Clinical Privileges to be exercised within his or her Division by Members or Applicants;

(e) submit reports of the patient care and quality monitoring activities of his or her Division to the Department Chair as required by the Department Chair;

(f) perform any of the duties of the Department Chair described in Section 11.6 above if the Chair has delegated such duties to the Division Chief;
(g) perform such other duties commensurate with the office as may from time to time be reasonably requested by the Department Chair, the Dean, the Clinical Staff Executive Committee or the MCOB or as otherwise contemplated by these Bylaws or the Credentials Manual; and

(h) sign off and transmit to the Chair the Division’s recommendations concerning and required documentation in support of Member appointment and classification, reappointment, criteria for Clinical Privileges, results of any investigation or corrective action with respect to Members with Clinical Privileges in his or her Division. Division Chiefs shall ensure that files on each of their faculty with Clinical Privileges that include documentation of FPPE and OPPE data and other activities are securely maintained and support the specifically delineated Clinical Privileges requested.

ARTICLE XII
CLINICAL STAFF STANDING COMMITTEES

12.1 Structure

The standing Committees of the Clinical Staff are as set forth in these Bylaws.

12.1.1 Reporting and Accountability to Clinical Staff Executive Committee

All Clinical Staff Committees report, and are accountable, to the Clinical Staff Executive Committee. The Chair of each Clinical Staff Committee shall report its activities to the Clinical Staff Executive Committee by submitting a written report on an annual basis, and upon request, submitting a copy of the minutes of each meeting, or as it is otherwise requested by the Chair or Vice Chair of the Clinical Staff Executive Committee, or as otherwise provided by these Bylaws.

12.1.2 Membership

The membership of the Clinical Staff Committees may consist of Members, Allied Health Professionals, Medical Center administration and administrative staff members, and other professional staff or employees of the Transitional Care Hospital appointed as provided in these Bylaws. The President and the Chief Executive Officer shall be ex-officio members of all Clinical Staff Committees unless otherwise provided in these Bylaws.

12.1.3 Appointments

Except as otherwise provided in these Bylaws, all chairpersons and members of Clinical Staff Committees shall be appointed jointly by the President and the Chief Executive Officer. Appointments to Clinical Staff Committees shall be for an indefinite period, subject to the discretion of the President and the Chief Executive Officer, or the resignation of the Clinical Staff Committee member. Each appointment shall be annually reviewed by the President of the Clinical Staff and the Chief Executive Officer.
12.1.4 Quorum, Voting and Meetings

A quorum for each Clinical Staff Committee shall be thirty percent (30%) of the members currently serving. All voting and decisions ordinarily shall occur in meetings of the Clinical Staff Committee, but decisions may be made by electronic means as may be reasonably necessary from time to time. Except as otherwise provided in these Bylaws, all Clinical Staff Committees shall meet at least quarterly and as otherwise called by the chair of the Clinical Staff Committee.

12.2 Bylaws Committee

The Bylaws Committee shall ensure that the Bylaws of the Clinical Staff are consistent with the Transitional Care Hospital’s operational needs, current Joint Commission Standards, applicable CMS Conditions of Participation and other CMS requirements and the policies, procedures, rules and regulations of the Medical Center. In performing this function, the Bylaws Committee shall: (a) review the Bylaws on at least an annual basis; (b) review proposed Bylaws amendments that may be proposed by Members of the Clinical Staff; (c) develop draft revisions and recommendations regarding proposed amendments to the Bylaws; (d) present proposed revisions to the Clinical Staff Executive Committee and the MCOB for review and approval; and (e) provide each Member a current copy of the Bylaws.

The Bylaws Committee shall meet as necessary, but not less than once per year.

12.3 Credentials Committee

The Credentials Committee shall review and evaluate the qualifications of each Applicant for initial appointment, reappointment or modification of appointment to the Clinical Staff in accordance with the procedures outlined in the Credentials Manual and these Bylaws. The Credentials Committee shall recommend to the Clinical Staff Executive Committee and the MCOB appointment or denial of all Applicants to the Clinical Staff and the granting of Clinical Privileges.

The Credentials Committee shall review and make recommendations for revisions to the Credentials Manual from time to time; provided however the Chair of the Credentials Committee, in consultation with the President and the Chief Executive Officer, shall have the authority to amend the Credentials Manual. The Credentials Committee shall also serve as the investigatory body for all matters set forth in Article VII of these Bylaws.

The President-elect shall serve as chair of the Credentials Committee. Only Members of the Clinical Staff serving on the Credentials Committee shall be eligible to vote on Credentials Committee matters.

12.4 Nominating Committee

The Nominating Committee shall nominate Members to serve as Officers of the Clinical Staff and shall nominate Members for the Clinical Staff Representatives, as provided in these Bylaws.
12.5 Quality Committee

The Quality Committee shall oversee quality of care and performance improvement projects within the Transitional Care Hospital. The Quality Committee (i) prioritizes performance improvement projects for the Transitional Care Hospital based upon institutional performance data and trends and approved benchmark data, (ii) oversees implementation and compliance with approved performance improvement recommendations, (iii) collaborates with other Clinical Staff Committees and Departments to facilitate performance improvement and ensure compliance with regulatory and accreditation requirements and (iv) engages in such other quality assurance/performance improvement activities as are determined by the Clinical Staff Executive Committee or the MCOB.

12.6 Other Committees

The Clinical Staff Executive Committee may designate such other standing committees of the Clinical Staff as may be necessary from time to time for compliance with accreditation standards, regulatory requirements and governance of the Clinical Staff. In such event, each such committee shall be subject to the provisions of Section 12.1. In addition, the Medical Center may create, from time to time, any committees deemed necessary.

ARTICLE XIII
MEETINGS OF THE CLINICAL STAFF

13.1 Regular Meetings

Regular meetings of the Clinical Staff shall be held at a time mutually determined by the President and the Chief Executive Officer but no less than annually. One week prior to the time of the meeting a written or printed notice shall be delivered either personally, by mail or by electronic mail to each Member stating the date, time and place of the meeting. The attendance of a Member at a meeting shall constitute a waiver of notice of such meeting.

13.2 Special Meetings

The President or President-elect of the Clinical Staff, the Chief Executive Officer, the Clinical Staff Executive Committee, or the MCOB may call a special meeting of the Clinical Staff at any time. The President of the Clinical Staff shall call a special meeting within fourteen (14) days after receipt by him or her of a written request for same signed by not less than fifteen percent (15%) of the Active Clinical Staff and stating the purpose for such meeting.

At least twenty-four (24) hours prior to the meeting a written or printed notice stating the date, time and place of the special meeting of the Clinical Staff shall be delivered, either personally, by mail, or by electronic mail to each Member. The attendance of a Member at a meeting shall constitute a waiver of notice of such meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.
13.3 Quorum

Except as otherwise provided herein where a higher quorum is required, the presence of ten (10) Members entitled to vote at any regular or special meeting shall constitute a quorum. No official business may be taken without a quorum except as otherwise provided herein.

13.4 Attendance Requirements

Each Member of the Active and Ph.D. Clinical Pathologist Staffs is encouraged to attend all regular Clinical Staff meetings in each year unless unusual circumstances prevent their attendance as well as meetings of all committees to which they have been appointed as members. Attendance at special meetings will be counted toward the attendance requirement. The Honorary Clinical Staff are encouraged to but are not required to attend. A Member of the Active or Ph.D. Clinical Pathologist Staff who is compelled to be absent from any regular Clinical Staff meeting shall promptly submit to the President of the Clinical Staff, in writing, his/her reason for such absence. Unless excused for cause by the President of the Clinical Staff, the failure to meet the foregoing annual attendance requirements shall be grounds for corrective action as outlined in Article VII herein, which may lead to revocation of Clinical Staff membership. Reinstatement of Members whose membership has been revoked because of absence from Clinical Staff meetings shall be made only upon application, and all such applications shall be processed in the same manner as applications for original appointment.

13.5 Action by Electronic Means

Unless otherwise required by these Bylaws, whenever these Bylaws require the vote of or action by the Clinical Staff or by the Clinical Staff Executive Committee, such vote or action may be taken by electronic means.

ARTICLE XIV
CONFIDENTIALITY, IMMUNITY, AND RELEASES

14.1 Authorization and Conditions

By applying for or exercising Clinical Privileges within this Transitional Care Hospital, an Applicant:

(a) authorizes the Transitional Care Hospital, the Clinical Staff, the Clinical Staff Executive Committee, the MCOB, the MCOB Quality Subcommittee, and the Board of Visitors, and their members and authorized representatives, to solicit, provide, and act upon information bearing upon, or reasonably believed to bear upon, the Applicant’s professional ability and qualifications and any other matter within the scope of this Article;

(b) authorizes all persons and organizations to provide information concerning such Applicant to the Transitional Care Hospital, the Clinical Staff, the Clinical Staff
Executive Committee, the MCOB, the MCOB Quality Subcommittee, and the Board of Visitors, and their members and authorized representatives;

(c) agrees to be bound by the provisions of this Article and to waive all legal claims against any third party, the Clinical Staff, the Transitional Care Hospital, the Clinical Staff Executive Committee, the MCOB, the MCOB Quality Subcommittee, and the Board of Visitors, along with their members and authorized representatives, for any matter within the scope of this Article; and

(d) acknowledges that the provisions of this Article are express conditions to an application for Clinical Staff membership, the continuation of such membership, and to the exercise of Clinical Privileges at the Transitional Care Hospital.

14.2 Confidentiality of Information; Breach of Confidentiality

(a) Clinical Staff, Department, Division, Committee, Clinical Staff Executive Committee, MCOB, MCOB Quality Subcommittee, Board of Visitors, or any other applicable minutes, files, and records within the scope of this Article shall, to the fullest extent permitted by law, be confidential. Dissemination of such information and records shall only be made where permitted by law, or pursuant to officially adopted policies of the Transitional Care Hospital or Clinical Staff, or, where no officially adopted policy exists, only with the express approval of the Clinical Staff Executive Committee or its designee, or to the appropriate University personnel and officers in connection with the discharge of their official duties.

(b) Because effective Peer Review and consideration of the qualifications of Members and Applicants to perform specific procedures must be based on free and candid discussions, any breach of confidentiality of the discussions or deliberations of Clinical Staff Departments, Divisions, or committees, is outside appropriate standards of conduct for this Clinical Staff and will be deemed disruptive to the operations of the Transitional Care Hospital. If it is determined that such a breach has occurred, the Clinical Staff Executive Committee may undertake such corrective action as it deems appropriate.

14.3 Immunity

The Clinical Staff, the Transitional Care Hospital, the Clinical Staff Executive Committee, the MCOB, the MCOB Quality Subcommittee, and the Board of Visitors, along with their members and authorized representatives and all third parties, shall be immune, to the fullest extent permitted by law, from liability to an Applicant or Member for damages or other relief for any matter within the scope of this Article.

For the purpose of this Article, “third parties” means both individuals and organizations from whom information has been requested by the Transitional Care Hospital, the Clinical Staff, the Clinical Staff Executive Committee, the MCOB, the MCOB Quality Subcommittee, or the Board of Visitors, or any of their members or authorized representatives.
14.4 **Scope of Activities and Information Covered**

The confidentiality and immunity provided by this Article shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with this or any other health care facility’s or organization’s activities concerning, but not limited to:

(a) the application for appointment to the Clinical Staff for the granting of Clinical Privileges;

(b) periodic reappraisals for reappointment to the Clinical Staff or renewals of Clinical Privileges;

(c) corrective action, including summary or automatic suspension;

(d) hearings and appeals;

(e) medical care evaluations;

(f) utilization reviews;

(g) other Transitional Care Hospital, Department, or Division, committee, or Clinical Staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct;

(h) FPPE, OPPE and other Peer Review activities and organizations Virginia Board of Medicine, the National Practitioner Data Bank pursuant to HCQIA, and similar reports; and

(i) to the greatest extent permitted by law, all other actions taken in pursuit of activities provided for under these Bylaws.

The acts, communications, reports, recommendations, and disclosure referred to in this Section may relate to a practitioner’s professional qualifications, clinical competency, character, mental and emotional stability, physical condition, ethics, malpractice claims and suits, and any other matter that might directly or indirectly have an effect on patient care.

14.5 **Releases**

Each Applicant or Member shall, upon request of the Clinical Staff or Transitional Care Hospital, execute general and specific releases in accordance with the express provisions and general intent of this Article. Execution of such releases shall not be deemed a prerequisite to the effectiveness of this Article.
ARTICLE XV
ADOPTION AND AMENDMENT OF BYLAWS

15.1 Adoption

These Bylaws shall be adopted by the approval of the MCOB and shall be effective as of the date of such approval.

15.2 Amendment

15.2.1 Annual Update

The Clinical Staff Bylaws shall be reviewed at least annually by the Bylaws Committee and updated as necessary.

15.2.2 Process for Amendment

(a) Consideration shall be given to amendment of these Bylaws upon the request of the President, the President-elect, the Chief Executive Officer, the Associate Chief of Long Term Acute Care, the Clinical Staff Executive Committee, the MCOB, upon a written petition signed by at least ten percent (10%) of the Active Clinical Staff entitled to vote, or upon recommendation by the Bylaws Committee.

(b) All proposed amendments to the Bylaws shall be delivered to the Clinical Staff Executive Committee, which shall review and approve, disapprove, or offer modification, as appropriate.

(c) Any amendment(s) to the Bylaws adopted by the Clinical Staff Executive Committee shall be submitted to the Active Clinical Staff and the MCOB for review and approval, disapproval, or modification, as appropriate.

(d) Amendments to these Bylaws shall become effective only upon approval by the Clinical Staff Executive Committee, the Active Clinical Staff, and the MCOB.

(e) The vote of a minimum of ten (10) Active Clinical Staff shall be required to approve any amendments on behalf of the Clinical Staff, which vote may be by electronic means.

15.3 Distribution of Bylaws

Each Member shall be provided with on-line access to these Clinical Staff Bylaws. If at any time amendments are made to the Bylaws, each Member shall be notified and provided with on-line access to such amendments.
ATTACHMENT B

AMENDED AND RESTATED

BYLAWS

OF THE CLINICAL STAFF

OF THE

UNIVERSITY OF VIRGINIA MEDICAL CENTER

September 19, 2002
REVISED September 1, 2005
REVISED October 2, 2008
REVISED February 5, 2009
REVISED September 14, 2010
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PREAMBLE

WHEREAS, the University of Virginia Medical Center is an integral part of the University of Virginia, which is a public corporation organized under the laws of the Commonwealth of Virginia and an agency of the Commonwealth; and

WHEREAS, the Medical Center is an academic medical center comprised of a teaching hospital, a Children’s Hospital within that hospital, outpatient clinics, clinical outreach programs, and related health care facilities, as designated by the Operating Board of the University of Virginia Medical Center from time to time, which provide inpatient and outpatient medical and dental services, and health sciences education and related clinical research in conjunction with the University of Virginia School of Medicine and the University of Virginia School of Nursing; and

WHEREAS, the Operating Board of the University of Virginia Medical Center is the governing body for the Medical Center and has delegated to the Clinical Staff the responsibility for the provision of quality clinical care it provides throughout the Medical Center; and

WHEREAS, these Bylaws set forth the requirements for membership on the Clinical Staff, including a mechanism for reviewing the qualifications of Applicants for Clinical Privileges and a process for their continuing review and evaluation, and provide for the internal governance of the Clinical Staff;

NOW, THEREFORE, these Bylaws are adopted by the Clinical Staff and approved by the Operating Board to accomplish the aims, goals, and purposes set forth in these Bylaws.
ARTICLE I
DEFINITIONS

“Active Clinical Staff” mean those Members of the Clinical Staff who meet the criteria set forth in Section 3.5 of these Bylaws.

“Administrative Clinical Staff” mean those Members of the Clinical Staff who meet the criteria set forth in Section 3.6 of these Bylaws.

“Adverse Action” means the reduction, restriction (including the requirement of prospective or concurrent consultation), suspension, revocation, or denial of Clinical Privileges of a Member that constitute grounds for a hearing as provided in Section 8.2 of these Bylaws. Adverse Action shall not include warnings, letters of admonition, letters of reprimand or recommendations or actions taken as a result of an individual’s failure to satisfy specified objective credentialing criteria that are applicable to all similarly situated individuals.

“Allied Health Professionals” may include, but are not limited to, Optometrists, Audiologists, Certified Substance Abuse Counselors, Licensed Professional Counselors, Licensed Clinical Social Workers, Nurse Practitioners, Physician Assistants, and Certified Registered Nurse Anesthetists.

“Allied Health Professionals Manual” means the Medical Center Allied Health Professionals Staff Credentialing Manual, as such may be in effect from time to time. The Allied Health Professionals Manual is incorporated by reference into these Bylaws.

“Applicant” means a person who is applying for appointment or reappointment of Clinical Staff membership and may also mean a person who is applying for Clinical Privileges to practice within the University of Virginia Medical Center, as the context requires.

“Board of Visitors” means the governing body of the University of Virginia as appointed by the Governor of Virginia.

“Bylaws” means these Amended and Restated Bylaws of the Clinical Staff of the University of Virginia Medical Center, as amended from time to time.

“Case Review” means a full review and analysis of an event related to a single patient’s experience in the Medical Center and may also mean a review of multiple patient cases involving a single procedure, as the context requires.

“Chief Executive Officer” or “CEO” means the individual appointed by the Board of Visitors or the Medical Center Operating Board, as applicable, to serve as its representative in the overall administration of the Medical Center.

“Chief Medical Officer” means that Member appointed by the CEO to serve as the Chief Medical Officer for the Medical Center.
“Children’s Hospital” means a hospital within the Medical Center that is comprised of all inpatient and outpatient services, diagnostic services, clinical outreach programs and related healthcare services and staff that are specifically dedicated to providing healthcare to children in a patient and family centered care environment.

“Clinical Privileges” means the permission granted to a Member or Non-Member to render specific diagnostic, therapeutic, medical, dental, or surgical services for patients of the Medical Center.

“Clinical Staff” or “Staff” means those Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists and Ph.D. Clinical Pathologists who hold a faculty appointment in the School of Medicine and have obtained membership status as provided in these Bylaws.

“Clinical Staff Executive Committee” or “Executive Committee” or “CSEC” means the executive committee of the Clinical Staff as more particularly described in Article X of these Bylaws.

“Clinical Staff Office” means the administrative office of the Medical Center responsible for the administration of the Clinical Staff, including the process for membership and the granting of Clinical Privileges.

“Clinical Staff Representatives” means those representatives selected by the Clinical Staff to serve on the Clinical Staff Executive Committee as provided in Article X.

“Clinical Staff Year” shall coincide with the fiscal year of the Medical Center, currently July 1 to June 30, as such fiscal year may be changed from time to time.

“CMS” means the Center for Medicare and Medicaid Services.

“Code of Conduct” means the Code of Conduct for the Clinical Staff as it may exist from time to time.

“Code of Ethics” means the Medical Center Code of Ethics that is described and contained in the Medical Center Policy No. 0263.

“Committees” means those standing Committees of the Clinical Staff as described in Article XII of these Bylaws.

“Community Medicine” means Community Medicine University of Virginia, LLC, a Virginia limited liability company.

“Compliance Code of Conduct” means the Medical Center Compliance Code of Conduct that is described in the Medical Center Policy No. 0235.

“Credentials Manual” means the Clinical Staff and Resource Manual as such may be in effect from time to time. The Credentials Manual is incorporated by reference into these Bylaws.
“DEA” means the Federal Drug Enforcement Agency, or any successor agency.

“Dean” means the Vice President and Dean of the School of Medicine of the University of Virginia.
“Dentist” means any individual who has received a degree in and is currently licensed to practice dentistry in the Commonwealth of Virginia.
“Department” means a clinical department within the Medical Center.
“Department Chair” or “Chair” means the Active Member appointed by the Dean of the School of Medicine who has the responsibility for overseeing his or her Department and who is the liaison between the Members in his or her Department and the Clinical Staff Executive Committee. “Department Chair” also shall mean the Medical Director of Regional Primary Care with respect to Regional Primary Care and the Chief Medical Officer with respect to Community Medicine.
“Division” means a subdivision of a Department.

“Emergency Privileges” means those Clinical Privileges granted during an emergency as more specifically provided in Section 5.8 of these Bylaws.

“Fellow” means a Physician, Dentist or Ph.D. Clinical Psychologist in a program of graduate medical education that is beyond the requirements for eligibility for first board certification in the discipline.

“Focused Professional Practice Evaluation (“FPPE”)” means an evaluation of the privilege-specific competence of a member of the Clinical Staff who does not have documented evidence of competently performing the requested privilege, or when a question arises regarding the ability of a currently privileged member of the Clinical Staff to provide safe, effective high quality care. See Medical Center Policy No. 0279 and the Credentials Manual.

“GME Manual” means the University of Virginia Medical Center Graduate Medical Education Manual, as such may be in effect from time to time and that is found online at http://www.healthsystem.virginia.edu/alive/gme/doc/Manual_GradMedTrainee_Nov2007.pdf.

“Graduate Medical Trainees” mean Residents and Fellows.

“HCQIA” means the Health Care Quality Improvement Act of 1986, 42 U.S.C. Sections 11101 - 11152, as such law may be amended from time to time.

“Hearing Entity” means the entity appointed by the Clinical Staff Executive Committee to conduct an evidentiary hearing upon the request of a Member who has been the subject of an Adverse Action that is grounds for a hearing in accordance with Article VIII herein.

“Honorary Clinical Staff” means those Members of the Clinical Staff who meet the criteria set forth in Section 3.7 of these Bylaws.

“Joint Commission” means the hospital accrediting body whose standards are referred to in these Bylaws.
“Medical Center” means the University of Virginia academic medical center comprised of the hospital, inpatient and outpatient clinics, clinical outreach programs, and related health care facilities as designated by the Medical Center Operating Board from time to time.

“Medical Center Operating Board” or “Operating Board” or “MCOB” means the governing body of the Medical Center as designated by the Board of Visitors.

“Medical Center Operating Board Quality Subcommittee” or “MCOB Quality Subcommittee” means a Committee of the MCOB with oversight of the quality and safety of care in the Medical Center and as designated by the MCOB from time to time.

“Medical Center Policy Manual” means the manual containing the administrative and various patient care policies of the Medical Center.

“Member” means any Physician, Dentist, Podiatrist, Ph.D. Clinical Psychologist or Ph.D. Clinical Pathologist who is a member of the Clinical Staff of the University of Virginia Medical Center.

“Non-Member” means any Physician, Dentist, Podiatrist, Ph.D. Clinical Psychologist or Ph.D. Clinical Pathologist who does not qualify as a Member of the Clinical Staff but who is required to have Clinical Privileges in order to provide patient care in the Medical Center.

“Officer” means an elected official of the Clinical Staff as more particularly described in Article IX of these Bylaws.

“Ongoing Professional Practice Evaluation (“OPPE”)” means a process that allows identification of professional practice trends of members of the Clinical Staff that impact on quality of care and patient safety on an ongoing basis and focuses on the individual member’s performance and competence related to his or her Clinical Staff privileges. See Medical Center Policy No. 0279 and the Credentials Manual.

“Peer” means a practitioner or clinician whose interest and expertise as documented by clinical practice or academic rank and/or post graduate degree(s) is reasonably determined to be equivalent in scope and emphasis to that of another practitioner or clinician.

“Peer Review” means a systematic review of a practitioner’s or clinician’s clinical practice or professionalism, or a review of a portion of the clinical practice or professionalism, by a Peer or Peers of the individual practitioner or clinician.

“Ph.D. Clinical Pathologist” means an individual who has been awarded a Ph.D. degree in the field of pathology.

“Ph.D. Clinical Psychologist” means an individual who has been awarded a Ph.D. degree or
equivalent terminal degree in Clinical Psychology and who holds a current license to
practice clinical psychology issued by the Virginia Board of Psychology.

“Physician” means any individual who has received a Doctor of Medicine or Doctor of
Osteopathy degree and holds a current license to practice medicine in the Commonwealth
of Virginia.

“Podiatrist” means an individual who has received a Doctor of Podiatric Medicine degree and
who holds a current license to practice podiatry issued by the Virginia Board of Medicine.

“President” means the most senior elected Officer of the Clinical Staff as described in Article
IX of these Bylaws.

“President-elect” means the president-elect of the Clinical Staff as described in Article IX
of these Bylaws.

“Regional Primary Care” means the primary care satellite offices as designated by the Medical
Center from time to time.

“Resident” means a Physician, Dentist or Ph.D. Clinical Psychologist in a program of graduate
medical education in anticipation of fulfilling the requirements for first board certification.

“School of Medicine” means the medical school at the University of Virginia.

“Temporary Privileges” means those Clinical Privileges granted for a period not to exceed
120 days as more specifically described in Section 5.7 of these Bylaws.

“University” or “University of Virginia” means the corporation known as The Rector and
Visitors of the University of Virginia, which is an agency of the Commonwealth of Virginia.
ARTICLE II
GOVERNANCE OF THE MEDICAL CENTER

2.1 Medical Center Operating Board

The Medical Center Operating Board is the governing body of the Medical Center. Each Member of the Clinical Staff assumes his or her responsibilities subject to the authority of the MCOB. The MCOB shall be constituted as directed by the Board of Visitors of the University from time to time.

2.2 Clinical Staff Executive Committee

The Clinical Staff Executive Committee serves as the executive committee of the Clinical Staff and reports to the MCOB. In this role, the Clinical Staff Executive Committee oversees the quality of the clinical care delivered within the Medical Center and delineates and adopts clinical policy within the Medical Center. It is responsible for communications to Members of the Clinical Staff and other Non-Members regarding clinical practice issues and it represents the interests of the Clinical Staff to the MCOB. The Clinical Staff Executive Committee is empowered to act for the Clinical Staff in the intervals between Clinical Staff meetings and independently with respect to those matters over which it is given authority in these Bylaws. The Clinical Staff Executive Committee shall be constituted and have the other duties as described in Article X hereof.

ARTICLE III
CLINICAL STAFF PURPOSE AND MEMBERSHIP

3.1 Purposes of Organization

The purposes of the Clinical Staff of the University of Virginia Medical Center shall be:

(a) to provide a system of Clinical Staff governance and patient care whereby patients treated in any Medical Center facility shall receive quality health care;

(b) to provide a mechanism for reviewing the qualifications of Applicants for Clinical Staff membership and a process regarding recommendations to the MCOB for the admission and termination of membership to the Clinical Staff as provided in these Bylaws;

(c) to provide a mechanism for reviewing the qualifications of Applicants for Clinical Privileges and a process regarding recommendation to the MCOB for the granting of Clinical Privileges as provided in these Bylaws and in the Credentials Manual;

(d) to provide a mechanism for ongoing review and evaluation of the performance of each Member and Non-Member providing professional services to patients to ensure a high level of professional and ethical performance, and to recommend corrective action when any Member’s or Non-Member’s performance falls below the standards established for such professionals;
(e) to provide an appropriate educational setting that will maintain scientific standards and promote continuous advancement in professional knowledge and skill; and

(f) to fulfill such other missions as the MCOB may adopt for the Medical Center from time to time.

3.1.1 Nature of Clinical Staff Membership

Membership on the Clinical Staff is a privilege that is extended to professionally competent practitioners who continuously meet the qualifications, obligations, responsibilities, standards and requirements stated in these Bylaws and the Credentials Manual. Membership implies active participation in Clinical Staff activities to an extent commensurate with the exercise of the Clinical Staff Member’s privileges and as may be required by the Clinical Staff Member’s Department and Division.

3.2 Eligibility for Clinical Staff Membership

Membership on the Clinical Staff may be extended only to Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists and Ph.D. Clinical Pathologists who maintain a faculty appointment in the School of Medicine (excluding Honorary Members who shall be former faculty in the School of Medicine) and meet the other requirements for Clinical Staff membership as provided in these Bylaws. No person shall be entitled automatically to membership solely on the basis of licensure to practice in the Commonwealth of Virginia or any other state; membership in any professional organization; certification by any clinical board; or staff membership at any health care facility or practice setting. No Applicant for membership on the Clinical Staff shall be granted or denied membership or clinical privileges on the basis of sex, race, age, creed, color, national origin, sexual orientation, religion, veteran status or disability.

3.3 Categories and Assignment of Clinical Staff

The categories of Clinical Staff membership shall be:

- Active Clinical Staff
- Administrative Clinical Staff
- Honorary Clinical Staff
- Ph.D. Clinical Pathologist Staff

Each Member shall be categorized as Active, Administrative, Honorary or Ph.D. Clinical Pathologist as proposed and approved as provided in these Bylaws. All Active and Ph.D. Clinical Pathologist Members shall be assigned to a specific clinical Department or other clinical enterprise within the University of Virginia, such as Community Medicine or Regional Primary Care. Joint appointments between clinical Departments and/or other clinical enterprises within the University shall be considered on an individual basis.
3.4  **Basic Responsibilities of Clinical Staff Membership**

### 3.4.1 Delivery of Health Care

Active and Ph.D. Clinical Pathologist Members are responsible for the quality of health care delivered within the Medical Center facilities and accept this responsibility subject to the ultimate authority of and accountability to the MCOB. Ongoing responsibilities for the delivery of health care by Members in accordance with the privileges granted them, shall include but are not limited to the following:

(a) providing patients with the quality of care that meets the professional standards and volume standard consistent with reasonably active clinical practice of the Clinical Staff of the Medical Center;

(b) abiding by these Bylaws, the Code of Conduct, the Compliance Code of Conduct, the Medical Center’s Code of Ethics and Medical Center policies, procedures, rules and regulations;

(c) complying with Procedures for Appointment and Reappointment to the Clinical Staff as set forth in the [Credentials Manual](#);

(d) preparing in legible form, completing within prescribed timelines and maintaining the confidentiality of medical records for all the patients to whom the Member provides care in the Medical Center as required by Medical Center policies;

(e) working collaboratively and collegially with Members, non-Members, nurses, Allied Health Professionals, Graduate Medical Trainees, Medical Center administration and employees, and others so as not to adversely affect patient care;

(f) retaining responsibility for the continuous care and supervision of the Member’s patients, including securing appropriate coverage when he or she is unavailable, or arranging a suitable alternative;

(g) refusing to engage in improper inducements for patient referrals;

(h) participating in such emergency service coverage or consultation panels as may be determined by the Clinical Staff Executive Committee;

(i) complying with federal and state laws regarding the treatment of patients with emergency medical conditions in all Medical Center inpatient and outpatient facilities;
(j) avoiding actual, potential or perceived conflicts of interest in the delivery of patient care in accordance with federal and state laws and Medical Center policies;

(k) conducting histories and physicals and completing all necessary documentation as required by Medical Center Policy No. 0094, which is incorporated herein by reference; and

(l) performing all patient care related tasks required by the CMS Medicare and Medicaid Conditions of Participation or the Joint Commission that are applicable to the Member’s patients or required for the Medical Center to remain a participant in the Medicare and Medicaid programs and to be accredited by the Joint Commission.

3.4.2 Professional Ethics and Conduct

Each Member of the Clinical Staff shall demonstrate 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; delegating the responsibility for diagnosis and care of patients to a practitioner 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; failing to adhere to standards of appropriate professional behavior; and failing to follow appropriate requirements for billing and reimbursement for professional services. All members of the Clinical Staff are expected to fully comply with state and federal laws and accreditation requirements and to adhere to all University of Virginia and University of Virginia Medical Center policies, procedures, rules and regulations.

3.4.3 Supervision of Graduate Medical Trainees

The Clinical Staff shall supervise participants in the Graduate Medical Education program in the performance of clinical activities within the Medical Center. Such supervision requirements are contained in the GME Manual and applicable Medical Center and Departmental policies and as required by the ACGME and noted on the ACGME website.

3.4.4 Proposing, Adopting and Amending Clinical Policies of the Medical Center

In addition to the policy and procedures set forth in Medical Center Policy No. 0001 regarding the adoption of or amendment to Medical Center policies, the Clinical Staff may from time to time propose the adoption of or amendment to clinical policies of the Medical Center whenever the Active Clinical Staff votes at a special meeting of the Clinical Staff called for such purpose to approve such proposals as provided in this Section 3.4.4.
(a) Any Member of the Clinical Staff may propose the adoption of a new Medical Center clinical policy or the amendment of a current Medical Center clinical policy by notifying the President of the Clinical Staff, in writing, of the proposed policy or policy amendment.

(b) Upon receipt of the proposed policy or policy amendment, the President will seek legal review of the proposal to ensure legal sufficiency and compliance. Any changes necessitated by law or regulation shall be made to the proposed policy or policy amendment.

(c) Once the legal review is complete, the Clinical Staff Office shall circulate the proposed policy or policy amendment to all members of the Active Clinical Staff for review.

(d) In accordance with the provisions of Article XIII of these Bylaws, if not less than fifteen percent (15%) of the Active Clinical Staff request a special meeting to consider the policy or policy amendment, the President shall call a special meeting of the Clinical Staff. If not, the policy or policy amendment shall not proceed.

(e) A quorum for any such special meeting of the Clinical Staff shall be as provided in Section 13.3 of these Bylaws. If a quorum is present at the special meeting, and a majority of the Active Clinical Staff present at the special meeting approves the proposed policy or policy amendment, then the proposal shall be submitted to the Committee of the Clinical Staff (e.g., Credentials Committee, Quality Committee, Patient Care Committee, etc.) that is responsible for the clinical area to which the proposal relates in accordance with Medical Center Policy No. 0001.

(f) If the appropriate Clinical Staff Committee approves the proposed policy or policy amendment, it shall be forwarded to the Clinical Staff Executive Committee for proposed adoption in accordance with the provisions of Medical Center Policy No. 0001.

3.4.6 Delegating and Removing Authority of the Clinical Staff Executive Committee

The Clinical Staff may from time to time propose the delegation of additional duties to the Clinical Staff Executive Committee and/or the removal of any of the duties specified in Article X for which the Clinical Staff Executive Committee is responsible whenever the Active Clinical Staff votes at a special meeting of the Clinical Staff called for such purpose to approve such proposals as provided in this Section 3.4.5.
(a) Any Member of the Active Clinical Staff may propose the delegation of additional duties to the Clinical Staff Executive Committee and/or the removal of any of the duties specified in Article X for which the Clinical Staff Executive Committee is responsible by notifying the President of the Clinical Staff, in writing, of the proposal.

(b) Upon receipt of the proposal the President will seek legal review of the proposal to ensure legal sufficiency and compliance. Any changes necessitated by law or regulation shall be made to the proposal.

(c) Once the legal review is complete, the Clinical Staff Office shall circulate the proposal to all members of the Active Clinical Staff for review.

(d) In accordance with the provisions of Article XIII of these Bylaws, if not less than fifteen percent (15%) of the Active Clinical Staff request a special meeting to consider any proposal to delegate additional duties to the Clinical Staff Executive Committee and/or to remove any of the duties specified in Article X for which the Clinical Staff Executive Committee is responsible, the President shall call a special meeting of the Clinical Staff. If not, any such proposal shall not proceed.

(e) A quorum for any such special meeting of the Clinical Staff shall be as provided in Section 13.3 of these Bylaws. If a quorum is present at the special meeting, any decision to add or remove any duties of the Clinical Staff Executive Committee shall require a majority vote in favor of the proposal by those Active Clinical Staff present at the special meeting.

(f) Any such proposal to add or remove any of the duties of the Clinical Staff Executive Committee shall also require the approval of the Medical Center Operating Board.

3.4.6 Other Member Responsibilities

Additional responsibilities of Members may include, as appropriate:

(a) abiding by the Standards of Professional Conduct of the Virginia Boards of Medicine, Psychology and Dentistry, as appropriate, and ethical requirements of the Medical Society of Virginia, the American Board of Medical Specialties (as applicable), or the other professional associations of dentists, podiatrists, and psychologists, as appropriate;

(b) engaging in conduct that is professional, cooperative, respectful and courteous of others and is consistent with and reinforcing of the missions of the Medical Center;
(c) participating in any Clinical Staff approved educational programs for medical students, Graduate Medical Trainees, Members, non-Members, nurses, Allied Health Professionals, and other Medical Center personnel;

(d) attending meetings of the Clinical Staff, Department, Division, as applicable, and committees to which a Member has been appointed, as required; and

(e) participating in recognized functions of Clinical Staff appointment, including quality improvement activities, FPPE as necessary, OPPE, Case Review and Peer Review and discharging other Clinical Staff functions as may be required from time to time by the Department Chair, the Division Chief, the Clinical Staff, the Clinical Staff Executive Committee or the MCOB.

3.5 Active Clinical Staff Members

3.5.1 Qualifications

The Active Clinical Staff shall consist of Physicians, Dentists, Podiatrists, and Ph.D. Clinical Psychologists, each of whom:

(a) is appointed a member of the full-time or part-time faculty of the School of Medicine and is appointed to an appropriate clinical Department;

(b) is licensed by the appropriate Commonwealth of Virginia licensing board for his or her profession, and has obtained a controlled substances registration from the DEA unless not required for the scope of professional practice of the Active Member;

(c) documents relevant training or experience, current licensure, current competence and ability, as documented by FPPE or OPPE, to perform the privileges requested and demonstrates clinical ability and physical and mental health, all so as to demonstrate to the satisfaction of the Clinical Staff Executive Committee and the MCOB that each is professionally and ethically competent and that patients treated by him or her can reasonably expect to receive quality medical care;

(d) has been granted Clinical Privileges in accordance with Articles V and VI of these Bylaws and the Credentials Manual;

(e) has and maintains professional liability insurance coverage or self-insurance plan in an amount satisfactory to the MCOB, as established by resolution from time to time;

(f) if a Physician, is board certified as required by Medical Center Policy No. 0221;

(g) adheres strictly to the ethics of his or her profession; and
(h) is willing to participate and share equitably in the discharge of Clinical Staff responsibilities, including but not limited to Department, Division and committee assignments and on-call patient care responsibilities.

3.5.2 Prerogatives

The prerogatives of an Active Clinical Staff Member shall be to:

(a) participate fully in the care of patients, educational activities and research, within the scope of his or her delineated Clinical Privileges;

(b) if privileged to do so, admit patients to the Medical Center inpatient facilities;

(c) exercise Clinical Privileges as granted in accordance with these Bylaws and the Credentials Manual, except as otherwise provided in these Bylaws, the Credentials Manual or by specific privilege restriction;

(d) vote on all matters presented at general and special meetings of the Clinical Staff, and of the Department and/or Division and committees to which the Member is appointed;

(e) be considered for election to Clinical Staff office; and

(f) attend Clinical Staff, Department, and as applicable, Division meetings and serve on Clinical Staff Committees.

3.6 Administrative Clinical Staff

3.6.1 Qualifications

The Administrative Clinical Staff shall consist of Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists, and Ph.D. Clinical Pathologists, each of whom is appointed by the Dean and the Chief Executive Officer to participate in the management of the Medical Center but has no direct patient care responsibilities.

3.6.2 Prerogatives

The prerogatives of an Administrative Clinical Staff Member shall be to:

(a) vote on all matters presented at general and special meetings of the Clinical Staff, and of the Department and/or Division and Committees to which the Member is appointed, if any; and

(b) attend Clinical Staff, Department, and as applicable, Division meetings and serve on Clinical Staff Committees.
3.6.3 Limitations

Administrative Clinical Staff Members shall not (i) be granted or exercise Clinical Privileges, (ii) attend or admit patients to Medical Center facilities, or (iii) hold office in the Clinical Staff.

3.7 Honorary Clinical Staff

3.7.1 Qualifications

The Honorary Clinical Staff shall consist of Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists and Ph.D. Clinical Pathologists, each of whom is a former Member of the Clinical Staff who has retired or withdrawn from practice and has been nominated to be an Honorary Member by the current Chair of the Department in which the person practiced or by the Dean in recognition of his or her noteworthy contributions to the Medical Center; and

(a) was a member in good standing of the Clinical Staff at the time of his or her retirement or withdrawal from practice; and

(b) continues to adhere strictly to the ethics of his or her profession.

3.7.2 Prerogatives

Honorary Clinical Staff may:

(a) attend Clinical Staff, Department and as applicable, Division meetings but they are not required to do so; and

(b) serve on Clinical Staff Committees.

3.7.3 Limitations

Honorary Clinical Staff Members shall not (i) be granted or exercise Clinical Privileges, (ii) attend or admit patients to Medical Center facilities, (iii) vote or (iv) hold office in the Clinical Staff.

3.8 Ph.D. Clinical Pathologist Staff

3.8.1 Qualifications

The Ph.D. Clinical Pathologist Staff shall consist of Pathologists who hold a faculty appointment in the School of Medicine and who may, because of scientific skills, contribute to patient care, education or research and each of whom:

(a) is appointed a member of the full-time or part-time faculty of the School of Medicine and is appointed to the Department of Pathology;
(b) documents relevant training or experience, current competence, as documented by FPPE or OPPE, to perform the privileges requested and demonstrates clinical ability and physical and mental health, all so as to demonstrate to the satisfaction of the Clinical Staff and the MCOB that each is professionally and ethically competent;

(c) has been granted Clinical Privileges in accordance with Articles V and VI of these Bylaws and the Credentials Manual;

(d) has and maintains professional liability insurance coverage or self-insurance plan in an amount satisfactory to the MCOB, as established by resolution from time to time;

(e) adheres strictly to the ethics of his or her profession; and

(f) is willing to participate and share equitably in the discharge of Clinical Staff responsibilities, including but not limited to Department, Division and committee assignments and on-call patient care responsibilities.

3.8.2 Prerogatives

The prerogatives of the Ph.D. Clinical Pathologist Staff Members shall be to:

(a) advise Active Members regarding patient care;

(b) exercise Clinical Privileges as granted in accordance with these Bylaws and the Credentials Manual, except as otherwise provided in these Bylaws, the Credentials Manual or by specific privilege restriction;

(c) participate in educational activities and research;

(d) vote on all matters presented at general and special meetings of the Clinical Staff, and of the Department and/or Division and Committees to which the Member is appointed; and

(e) attend Clinical Staff, Department and, as applicable, Division meetings and serve on Clinical Staff Committees.

3.8.3 Limitations

Ph.D. Clinical Pathologist Staff Members shall not (i) attend or admit patients to Medical Center facilities, or (ii) hold office in the Clinical Staff.
3.9  Children’s Hospital Clinical Staff

The Children’s Hospital Clinical Staff shall consist of Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists and Ph.D. Clinical Pathologists who are Members of the Clinical Staff, each of whom is self-identified as being willing to:

(a) provide a system of coordination and patient care whereby all patients admitted to or treated in any Children’s Hospital facility shall receive the highest quality health care in a safe and patient and family-centered care environment, and

(b) provide the forum and mechanisms that enable communications and sharing of information and to assess and formulate recommendations on matters of common interest regarding the provision of care and services to children.

Meetings of the Children’s Hospital Clinical Staff may be called from time to time by the Chair of the Children’s Hospital Clinical Practice Committee.

3.10  Other Healthcare Professionals

Other healthcare professionals not described above may not be Members of the Clinical Staff.

3.10.1  Non-Members

Non-Members are Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists or Ph.D. Clinical Pathologists who are not Members of Clinical Staff but who are granted privileges to provide care to patients of the Medical Center from time to time as provided in these Bylaws and in the Credentials Manual. Non-Members shall have Clinical Privileges as provided in Article V and the Credentials Manual. Non-Members shall have none of the rights conferred on Members in these Bylaws, including but not limited to those provided in Article VIII hereof, but shall be required to follow policies and procedures of the Medical Center and the Clinical Departments for patient care.

3.10.2  Graduate Medical Trainees

Graduate Medical Trainees as defined in Article I of these Bylaws, are privileged by the Medical Center under a separate process specified in the GME Manual and are not governed by these Bylaws. Graduate Medical Trainees shall be required to follow policies and procedures of the Medical Center and the clinical Departments both for medical training and patient care. Department Chairs must delineate the specific procedures and activities for which the Graduate Medical Trainee is qualified and provide documentation of Departmental review and assessment that supports the delineation of specific procedures and activities.
3.10.3 Allied Health Professionals

Allied Health Professionals, as defined in Article I of these Bylaws, are privileged under a separate process that is specified in the Allied Health Professionals Manual. Allied Health Professionals are not governed by these Bylaws. All Allied Health Professionals working for or in the Medical Center shall be required to follow policies and procedures of the Medical Center.

ARTICLE IV
PROCEDURES FOR MEMBERSHIP

4.1 Procedure for Active Clinical Staff Membership

In order to become an Active Member of the Clinical Staff, the individual Physician, Dentist, Podiatrist, or Ph.D. Clinical Psychologist shall follow the applicable procedure in effect from time to time for obtaining an appointment as a Clinical Faculty Member in the School of Medicine, satisfy the criteria set forth in Article III of these Bylaws for an Active Member and follow the procedure for obtaining Clinical Privileges as provided in these Bylaws and the Credentials Manual, all as verified by the Clinical Staff Office. The Dean and the applicable Department Chair shall jointly make the request in writing to the Clinical Staff Office for an individual to be appointed or reappointed as an Active Member in accordance with Article VI of these Bylaws.

The Credentials Manual establishes requirements for application for Clinical Staff Clinical Privileges. The Credentials Manual may be amended from time to time by the Chair of the Credentials Committee in consultation with the President of the Clinical Staff and the Chief Executive Officer of the Medical Center.

4.2 Procedure for Administrative Clinical Staff Membership

The Clinical Staff Executive Committee shall approve the appointment of any person selected by the Chief Executive Officer or the Dean to be an Administrative Member.

4.3 Procedure for Honorary Clinical Staff Membership

In order to become an Honorary Member of the Clinical Staff, the individual who satisfies the criteria set forth in Article III of these Bylaws shall be nominated by his or her former Chair or the Dean and approved by the Clinical Staff Executive Committee.

4.4 Procedure for the Ph.D. Clinical Pathologist Staff Membership

In order to become a Ph.D. Clinical Pathologist Staff Member of the Clinical Staff, the Ph.D. Clinical Pathologist shall follow the applicable procedure in effect from time to time for obtaining an appointment as a Clinical Faculty Member in the Department of Pathology in the School of Medicine and satisfy the criteria set forth in Article III of these Bylaws for a Ph.D.
Clinical Pathologist Staff Member, as verified by the Clinical Staff Office. The Dean and the Chair of the Department of Pathology shall jointly make the request in writing to the Clinical Staff Office for an individual to be appointed or reappointed as a Ph.D. Clinical Pathologist Staff Member in accordance with Article VI of these Bylaws.

4.5 Leave of Absence

A Member of the Clinical Staff who has obtained a leave of absence from the School of Medicine, consistent with applicable faculty policies, may also obtain a leave of absence from clinical practice. Contemporaneously with a request for leave of absence from the School of Medicine, the Member shall provide notice to the Credentials Committee of the leave, including the reasons for the leave and the approximate period of leave desired. In addition the Chair of the Member’s Department and the Dean of the School of Medicine shall provide notice to the Credentials Committee of any leave of absence granted to a Member. Such leave of absence is further subject to conditions and limitations that the President of the Clinical Staff, the Chair of the Credentials Committee or the CEO of the Medical Center determines to be appropriate. During the leave of absence, the Member shall not exercise his/her Clinical Privileges and his/her Clinical Staff responsibilities and prerogatives shall be inactive. The Department Chair of the Member on leave shall be responsible for arranging for alternative care for the Member’s patients while the Member is on leave.

Prior to returning from a leave of absence, a Member shall notify the Credentials Committee in writing in accordance with the procedures and the timelines set forth in the Credentials Manual and shall provide all necessary information needed for the Credentials Committee to evaluate whether the Member is qualified to resume Clinical Staff membership, including the exercise of Clinical Privileges. A Member who has been on leave of absence may not have his or her Clinical Privileges reactivated until a determination is made by the Credentials Committee that the Member may return to clinical practice and the conditions of the return. If the Clinical Privileges of a Member who has been on leave are not reactivated, the Member shall have access to the procedures outlined in Article VIII of these Bylaws.

Failure, without good cause, to request reinstatement prior to the end of an approved leave of absence shall be deemed a voluntary resignation from the Clinical Staff and voluntary relinquishment of Clinical Privileges. A request for Clinical Staff membership or Clinical Privileges subsequently received from an Applicant deemed to have voluntarily resigned shall be submitted and processed in the manner specified for applications for initial appointment.

4.6 Cessation of Membership

Membership in the Clinical Staff shall cease automatically when the individual no longer meets the criteria set forth in these Bylaws, including failure to be reappointed to the faculty of the School of Medicine (excluding Honorary Members) or resignation, retirement or termination from the School of Medicine (excluding Honorary Members).
ARTICLE V
CATEGORIES OF CLINICAL PRIVILEGES

5.1 Exercise of Clinical Privileges

Every Member, in connection with such membership, shall be entitled to exercise only those delineated Clinical Privileges specifically recommended by the Credentials Committee and the Clinical Staff Executive Committee and approved by the MCOB, except as provided in Sections 5.7 and 5.8 of this Article V. Every Non-Member shall be entitled to exercise only those delineated Clinical Privileges specifically recommended by the Credentials Committee, recommended by the Clinical Staff Executive Committee and approved by the MCOB, except as provided in Sections 5.7 and 5.8 of this Article V. The Medical Center has the prerogative to audit from time to time Members’ clinical practice to verify that Members are practicing within the scope of the specific Clinical Privileges that have been granted.

5.2 Delineation of Privileges

Every application for Clinical Staff appointment or reappointment (excluding Administrative and Honorary Members) and every request for Clinical Privileges must contain a request for the specific Clinical Privileges desired by the Applicant. The evaluation of such request shall be based upon the Applicant's education, training, experience, demonstrated competence as documented by evaluations from Peers, supervision or monitoring during a first or provisional year, FPPE and OPPE, references and other relevant information, including an appraisal by the clinical Department in which such privileges are sought. The specific procedures set forth in these Bylaws and the Credentials Manual shall be followed throughout the appointment and reappointment process.

5.3 Privileges for Active Staff and Ph.D. Clinical Pathologist Staff

Active Staff and Ph.D. Clinical Pathologist Staff must have Clinical Privileges as more specifically provided in the Credentials Manual.

5.4 Privileges for Non-Members

Non-Members who desire to practice in the Medical Center may be granted limited privileges only as specifically permitted by the Credentials Manual or required by the Credentials Committee. Non-Members may be issued Clinical Privileges in one of the following categories: Consulting Privileges or Visiting Privileges.

5.5 Consulting Privileges

5.5.1 Description

Non-Members who may be granted Consulting Privileges shall consist of Physicians, Dentists, Podiatrists, and Ph.D. Clinical Psychologists who will participate in patient care activities for Medical Center patients at the request of an Active Member of the Clinical
Staff, each of whom shall provide information and documentation required by the
Credentials Manual and Medical Center policies. Non-Members who are granted
Consulting Privileges may include individuals providing care and treatment to Medical
Center patients through telemedicine or individuals providing care and treatment to
patients who are receiving services in Medical Center hospital units located within other
healthcare entities.

5.5.2 Prerogatives

The prerogatives of the Non-Member with Consulting Privileges shall be to consult
regarding care to patients at the request of an Active Member and only as specifically
delineated in his or her Clinical Privileges.

5.5.3 Limitations

The Non-Member with Consulting Privileges shall not admit patients to an inpatient
facility of the Medical Center nor serve as the primary attending of record in Medical
Center facilities.

5.6 Visiting Privileges

5.6.1 Description

Non-Members who may be granted Visiting Privileges shall consist of Physicians,
Dentists, Podiatrists, and Ph.D. Clinical Psychologists who will participate in patient care
activities for Medical Center patients for a time-limited period at the request of an Active
Member of the Clinical Staff, with the support of his or her Chair, each of whom shall
provide information and documentation relevant to his or her privilege specific expertise
as may be required by the Credentials Committee.

5.6.2 Prerogatives

The prerogatives of the Non-Member with Visiting Privileges shall be to:

(a) participate as applicable in the care of patients, educational activities and research
facilities, within the scope of his or her delineated Clinical Privileges;

(b) exercise Clinical Privileges as granted in accordance with these Bylaws and the
Credentials Manual, except as otherwise provided in these Bylaws, the
Credentials Manual or by specific privilege restriction; and

(c) attend Clinical Staff, Department and as applicable, Division meetings as invited.
5.6.3 Limitations

The Non-Member with Visiting Privileges shall not admit patients to an inpatient facility of the Medical Center nor serve as the primary attending of record in Medical Center facilities.

5.7 Temporary Privileges

5.7.1 Circumstances Under Which Temporary Privileges May Be Granted

Temporary Privileges shall be granted in only two (2) circumstances:

(a) When an important patient care need mandates an immediate authorization to practice, an application for temporary privileges will be considered on a case-by-case basis. (This circumstance includes situations in which a Member with specific skills and expertise becomes ill or takes a leave of absence and an individual knowledgeable about the area of practice is needed to provide certain services to a patient or when a patient’s needs require specific, specialized expertise that no other Member possesses); or

(b) When the Chair of the Credentials Committee has recommended that an Applicant with a complete application with no indication of adverse information about state licensing actions, DEA registrations, current medical, psychiatric or substance abuse impairments that could affect practice, criminal convictions or verdicts/settlements of concern to the Credentials Committee may be granted specific privileges and that recommendation is awaiting review by the full Credentials Committee and the Clinical Staff Executive Committee and approval of the MCOB.

5.7.2 Application and Review

(a) Where an important patient care need mandates an immediate authorization to practice as contemplated by 5.7.1 (a), the Chair of the Credentials Committee, with the written concurrence of the Department Chair and the President of the Clinical Staff, may grant Temporary Privileges. Such temporary grant of privileges shall not be made unless the following verifications are present:

(i) Letter from the appropriate Department Chair explaining the important nature of the situation and the benefit to a patient or patients as a result of immediate authorization of the specified task(s);

(ii) Copy of current Virginia license;

(iv) Listing of delineated privileges requested with appropriate documentation of competence to perform each of the specified tasks;

(iv) Proof of current liability coverage, showing coverage limits and dates of coverage; and
(v) There exist no state licensing actions, DEA registrations, current medical, psychiatric or substance abuse impairments that could affect practice, criminal convictions or verdicts/settlements of concern to the Credentials Committee.

If the above requirements are not satisfied, Temporary Privileges may not be granted. In addition the Credentials Manual may specify additional verifications required before such Temporary Privileges may be granted.

(b) For all situations arising under 5.7.1 (b), the Chair of the Credentials Committee may grant Temporary Privileges for not more than one hundred twenty (120) days or until such time as the request is officially approved, whichever time is shorter. No such Temporary Privileges may be granted unless there is:

(i) Verification of current licensure, relevant training or experience, documentation of current competence, ability to perform the privileges requested as verified by a evaluations from peers, supervision or monitoring during first or provisional year, FPPE, and a certificate of insurance for current liability coverage showing coverage limits and dates of coverage;

(ii) Evidence of a completed query to the National Practitioner Data Bank and an analysis of the evaluation of the results of such query; and

(iii) The Applicant has not been subject to involuntary termination of medical staff membership at another organization, has not been subject to involuntary limitation, reduction, denial or loss of Clinical Privileges and has not relinquished Clinical Privileges at another organization while under investigation by that organization.

The Credentials Manual may specify additional documentation required before such Temporary Privileges may be granted.

5.7.3 General Conditions

If granted Temporary Privileges, the Applicant shall act under the supervision of the Department Chair, or his or her designee, to which the Applicant has been assigned, and shall ensure that the Chair, or the Chair’s designee, is kept closely informed as to his or her activities within the Medical Center. The Credentials Manual specifies supervisory requirements for the Chair or the Chair’s designee when Temporary Privileges have been granted to an Applicant in the Department.
(a) Temporary Privileges shall automatically terminate at the end of the designated period, unless earlier terminated by the Credentials Committee upon recommendation of the Department Chair, the President or the Chief Executive Officer, or unless affirmatively renewed following the procedure set forth in Section 6.2.

(b) Requirements for proctoring and monitoring, including FPPE or OPPE, may be imposed on such terms as may be appropriate under the circumstances upon any Member granted Temporary Privileges by the Chair of the Credentials Committee after consultation with the Department Chair or his or her designee.

(c) At any time, Temporary Privileges may be terminated by the Clinical Staff Executive Committee. In such cases, the appropriate Department Chair shall assign a Member to assume responsibility for the care of such practitioner’s patient(s). The preferences of the patient shall be considered in the choice of a replacement Member.

(d) A person shall not be entitled to the procedural rights afforded by Article VIII because a request for Temporary Privileges is refused or because all or any portion of Temporary Privileges are terminated or suspended.

(e) All persons requesting or receiving Temporary Privileges shall be bound by the Bylaws, the Credentials Manual, and the policies, procedures, rules and regulations of the Medical Center.

5.8 Emergency Privileges

In the case of unpredictable emergencies, including but not limited to those caused by natural disasters and bioterrorism, which result in the activation of the Medical Center Emergency Management Plan, any clinician, to the degree permitted by his or her license and regardless of service or staff status or the lack thereof, shall perform services to save the life of a patient, using every facility of the Medical Center necessary, including the calling of any consultation appropriate or desirable. The Chief Executive Officer, the President of the Clinical Staff or the Chair of the Credentials Committee may grant Emergency Privileges for the period required to supplement normal patient care services during the emergency as more specifically provided in the Credentials Manual. When the emergency situation no longer exists, any such clinician must apply for the staff privileges necessary to continue to treat the patient(s). In the event such privileges are denied or are not requested, the patient(s) shall be assigned to another Member.

5.9 Telemedicine Credentialing and Privileging

All Members who diagnose or treat patients via telemedicine link are subject to the credentialing and privileging processes of the organization that receives the telemedicine service, or by the Medical Center in accordance with a written agreement with the organization receiving the telemedicine service.
ARTICLE VI
APPPOINTMENT AND REAPPOINTMENT

6.1 Procedure for Initial Appointment

When the Dean and a Department Chair have mutually agreed upon a candidate (hereinafter referred to as “Applicant”) for his or her Department, the Dean and the Chair jointly shall forward a copy of the offer letter and a request for appointment and privileges to the Credentials Committee for an initial period not to exceed one (1) year. All required information and documentation shall be submitted in accordance with the Credentials Manual, including the deadlines set forth therein using the application form or other forms required thereby. No application shall be considered until all required information and documentation is completed within the timeframes specified in the Credentials Manual.

The Credentials Committee shall then follow the credentialing procedures set forth in the Credentials Manual including the process related to the information required in an application for initial appointment and the processing of the application. Upon receipt and review of all necessary credentialing documentation, the Credentials Committee shall recommend to the Clinical Staff Executive Committee that such Applicant should either be granted or denied initial privileges in the Medical Center. The Clinical Staff Executive Committee shall then review the Credentials Committee’s recommendation and all applicable documentation. If the Credentials Committee and the Clinical Staff Executive Committee are both in favor of granting privileges to the Applicant, the favorable recommendation shall be forwarded to the MCOB for final action.

6.2 Provisional Appointment Status

Initial appointments and all initially granted Clinical Privileges for Active and Ph.D. Clinical Pathologist Staff shall be provisional for a period of one year. During this provisional period, the individual’s performance and clinical competence shall be observed and evaluated through FPPE and OPPE by the Chair, Division Chief, or Peer designee of the applicable Department. If at the end of the year the Active or Ph.D. Clinical Pathologist Staff satisfies the requirements to become an active Member as more specifically provided in these Bylaws and the Credentials Manual, the provisional status ceases. If at the end of the year the Active or Ph.D. Clinical Pathologist Staff does not satisfy the requirements to become an active Member as required by these Bylaws and the Credentials Manual, then membership in the Clinical Staff and Clinical Privileges for that individual shall cease. Failure to achieve active status from provisional status shall not give rise to the procedural rights, afforded by Article VIII of these Bylaws.

6.3 Procedure for Reappointment

Periodic redetermination of Clinical Privileges for Active and Ph.D. Clinical Staff Members, and the increase or curtailment of same, shall be based upon the reappointment procedures set forth in the Credentials Manual, including deadlines for submission of information and documentation and the forms required thereby. Criteria to be considered at the time of reappointment may include specific information derived from the Department’s direct observation of care provided, information gathered through FPPE and OPPE, review of records of patients treated in this or
other medical centers, review of the records of the Departmental Clinical Staff as compared to the records of the particular Member and an appropriate comparison of the performance of the Member with his or her professional colleagues in the Department. If a Member chooses not to seek reappointment or renew privileges, the procedures set forth in Articles VII and VIII shall not apply.

6.4 **Active Status**

An Active or Ph.D. Clinical Pathologist Staff Member may become an active Member with Clinical Privileges upon the satisfactory conclusion of provisional status as provided in these Bylaws and the Credentials Manual, which appointment shall be for no more than two (2) years at a time and as more specifically provided in the Credentials Manual.

6.5 **Changes in Qualification**

If during the course of any period of appointment, the qualifications of the Member change, or the Department learns of Adverse Action taken by an official licensing or certification body or Medicare or Medicaid, then those changes in qualification or Adverse Action must be reported immediately to the Member's Department Chair and the Credentials Committee who will review the information and determine whether the Member's privileges should be revoked, revised, or suspended. The provisions of Section 7.6 or Article VIII may apply.

6.6 **New or Additional Clinical Privileges**

Requests for new or additional Clinical Privileges, including those related to the use of new technology or a new procedure, technique or treatment modality, shall be processed only when the Applicant meets the Medical Center approved criteria. In the event there are no approved criteria, the Medical Center shall first determine whether it will allow the new or additional Clinical Privilege, and if so the procedure described in the Credentials Manual or Medical Center policy for new or additional Clinical Privileges shall be followed. Applications for new or additional Clinical Privileges must be in writing and submitted by the Applicant as well as by the appropriate Department Chair. All applications for new or additional Clinical Privileges shall be submitted on a form prescribed by the Credentials Committee upon which the type of Clinical Privileges desired and, among other things, the Member’s relevant recent training and/or experience are set out, together with any other information required by the Credentials Manual or the Credentials Committee. Such applications shall be processed as provided in the Credentials Manual, including the timeline for processing. The Credentials Committee shall determine the conditions and requirements upon which any new or additional Clinical Privileges shall be granted, including but not limited to, how current competence will be demonstrated and any proctoring or other monitoring requirements, and will recommend the requirements to the Clinical Staff Executive Committee for consideration. In turn CSEC shall make appropriate recommendations regarding new or additional Clinical Privileges to the Medical Center Operating Board for final determination. A decision not to approve a new or additional Clinical Privilege to be performed within the Medical Center and/or to be added to the Medical Center privilege list shall not be deemed an Adverse Action or a denial of privileges nor entitle any individual to the hearing rights set forth in Article VIII of these Bylaws.

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6.7 **Burden of Producing Information**

In connection with all applications for appointment of membership and for Clinical Privileges, the Applicant shall have the burden of producing information for an adequate evaluation of the Applicant’s qualifications and suitability for the Clinical Privileges requested, of resolving any reasonable doubts about these matters, and of satisfying requests for information. This burden may include submission to a medical or psychological examination, at the Applicant’s expense, if deemed appropriate by the Department Chair, the President of the Clinical Staff, the Chair of the Credentials Committee, the Chief Executive Officer of the Medical Center, the Dean of the School of Medicine, or the Director of the Physician Wellness Program. The President of the Clinical Staff, the Chair of the Credentials Committee, the Chief Executive Officer of the Medical Center, or the Director of the Physician Wellness Program shall select the examining physician, program, and/or site of the examination.

The Applicant or Member has a duty to advise the Credentials Committee, within fifteen (15) days, of any change in information previously submitted by him or her related to his or her credentials. The Applicant’s failure to sustain these duties shall be grounds for denial of the application or termination of a Member’s Clinical Staff membership and a Member or Non-Member’s Clinical Privileges.

6.8 **Acknowledgment of Applicant**

Each Applicant shall sign and specifically acknowledge his or her agreement:

(a) to provide for appropriate continuous care and supervision of his or her patients;

(b) to abide by the Clinical Staff Bylaws, the Medical Center Policy Manual, the Code of Conduct, the Compliance Code of Conduct, the Code of Ethics and all other Medical Center policies, procedure, rules, or regulations applicable to the Clinical Staff or to Non-Members;

(c) to comply with procedures for appointment and reappointment to the Clinical Staff as set forth in the Credentials Manual or otherwise deemed appropriate by the Credentials Committee;

(d) to participate in quality improvement and Peer Review activities of the Medical Center and to accept committee assignments, as applicable;

(e) to release from liability, to the fullest extent permitted by law, all persons for their acts performed in connection with investigating and evaluating the Applicant;

(f) to submit to a mental or physical health examination as requested by the Department Chair, the President of the Clinical Staff, the Chair of the Credentials Committee, the Chief Executive Officer of the Medical Center, the Dean of the School of Medicine, or the Director of the Physician Wellness Program; and

(g) to abide by all requirements contained in the Appointment Acceptance Form and all other requirements contained in the Credentials Manual.
ARTICLE VII
CORRECTIVE ACTION FOR MEMBERS AND NON-MEMBERS WITH CLINICAL PRIVILEGES

7.1 Criteria for Initiation

A Member’s and Non-Member’s Clinical Privileges may be reduced, suspended or terminated for activities or professional conduct considered to be lower than the standards of the Medical Center and the Clinical Staff, or to be disruptive to operations of the Medical Center, or for violation of these Bylaws, directives of the Clinical Staff Executive Committee or the MCOB, the Code of Conduct, or policies, procedures, rules or regulations of the Medical Center or the applicable Clinical Department. Any person may provide information to a Department Chair, the Clinical Staff Executive Committee, the Chief Executive Officer, the Dean, the Chief Medical Officer, the President, the President-elect, the MCOB or any member of the administration of the Medical Center about the conduct, performance, or competence of any Member or Non-Member who has been granted Clinical Privileges.

A request for initiation of investigation or action against such Member or Non-Member shall be made by written request from any other Member, including the President, or from the Chief Executive Officer. Upon receipt of a written request for investigation or action, the individual or entity that received such request shall immediately forward the matter to the Credentials Committee for investigation when the information provided indicates that such Member or Non-Member may have exhibited acts, demeanor, or conduct reasonably likely to be: (a) detrimental to patient safety or to the delivery of quality patient care; (b) unethical; (c) contrary to the Medical Center’s policies and procedures, these Bylaws, or the Code of Conduct; (d) disruptive to the operation of the Medical Center; (e) below applicable professional standards; or (f) the result of impairment of the Member or Non-Member by reason of illness, use of drugs, narcotics, alcohol, chemicals or other substances or as a result of any physical or mental condition that impairs the Member’s or Non-Member’s clinical practice. To the extent possible, the identity of the individual requesting initiation of investigation shall not be disclosed.

7.2 Alternatives to Corrective Action

Initial collegial efforts may be made prior to resorting to formal corrective action, when appropriate. Such collegial interventions on the part of Clinical Staff leaders in addressing the conduct or performance of an individual shall not constitute corrective action, shall not afford the individual subject to such efforts to the right to a fair hearing, and shall not require reporting to the National Practitioner Data Bank, except as otherwise provided in these Bylaws or required by law. Alternatives to corrective action may include:

(a) Informal discussions or formal meetings regarding the concerns raised about conduct or performance, including the actions outlined in these Bylaws or Medical Center policies that may be taken to address disruptive conduct;

(b) Written letters of guidance, reprimand, or warning regarding the concerns about conduct or performance;
(c) Notification that future conduct or performance shall be closely monitored and notification of expectations for improvement;

(d) Suggestions or requirements that the individual seek continuing education, consultations, or other assistance in improving performance;

(e) Warnings regarding the potential consequences of failure to improve conduct or performance; and/or

(f) Requirements to seek assistance for impairment, as provided in these Bylaws.

7.3 Initiating Evaluation and/or Investigation of Possible Impairing Conditions

At any time, a Department Chair, the President, the Chief Executive Officer, the Dean, the Chair of the Credentials Committee, or the Director of the Physicians’ Wellness Program may require that a Member or Non-Member who has been granted Clinical Privileges undergo a physical and/or mental examination(s) by one or more qualified practitioners or programs specified by the individual requiring the evaluation. If the Member or Non-Member refuses to undergo the examination, his/her Clinical Privileges shall be automatically suspended and there shall be no further consideration of continued privileges until the examination is performed. The Member or Non-Member shall authorize the qualified practitioner(s), to submit reports of the evaluation(s), as appropriate, to the Chair of the Credentials Committee, the Department Chair, the President, the Chief Executive Officer, the Dean, the Director of the Physician’s Wellness Program and the person or entity requesting the examination(s). Any time limit for action by the Credentials Committee, as specified in Section 7.4 below, shall be extended for the number of days from the request for the examination(s) to the receipt of the examination report(s).

The MCOB and the Clinical Staff Executive Committee recognize the need to assist Members or Non-Members who have been granted Clinical Privileges regarding their physical and mental health issues as well as to protect patients from harm. Accordingly, upon the recommendation of the Department Chair, the President, the Dean or the Chief Executive Officer, or on its own initiative, the Credentials Committee shall investigate any Member or Non-Member who appears to suffer from a potentially impairing condition. Any such Member or Non-Member is encouraged to seek assistance from the Physicians’ Wellness Program and/or the Faculty and Employee Assistance Program or any successor program thereto.

The Credentials Committee may also require periodic monitoring after completion of the initial treatment/rehabilitation. If the Member or Non-Member does not complete the initial treatment/rehabilitation program or does not comply with the required monitoring, the provisions of Article 7.4 or 7.5 shall be applicable. In addition, the Credentials Committee shall strictly adhere to any state or federal statutes or regulations containing mandatory reporting requirements.

The purpose of the evaluation and investigation process concerning potential impairing conditions is to protect patients and to aid the Member or Non-Member in retaining or regaining optimal professional functioning. If the Member or Non-Member in question seeks such assistance, the Credentials Committee shall report to the Clinical Staff Executive Committee that he/she is voluntarily seeking treatment and has agreed to appropriate monitoring.
If at any time during the diagnosis, treatment, or rehabilitation phase of the process it is determined that a Member or Non-Member is unable to safely perform the Clinical Privileges he or she has been granted, the Credentials Committee shall proceed in accordance with Sections 7.4 or 7.5, as appropriate, below. Additionally, the Credentials Committee shall strictly adhere to any state or federal statutes or regulations containing mandatory reporting requirements.

7.4 **Initiating Evaluation and Recommendation for Corrective Action**

7.4.1 **Investigation**

Upon receipt of the request for initiation of corrective action, the Credentials Committee shall conduct a thorough investigation of the Member or Non-Member who has been granted Clinical Privileges in question. The Member or Non-Member shall be notified in writing that an investigation is being conducted. In addition the applicable Department Chair, the Dean, and the Chief Executive Officer shall be notified of the investigation. The Member or Non-Member shall provide to the Credentials Committee all available information that it requests. Failure to provide such requested information will itself be considered grounds for corrective action. The Credentials Committee may, but is not obligated to, review medical files or other documents and conduct interviews with witnesses; however, such investigation shall not constitute a “hearing” as that term is used in Article VIII, nor shall the procedural rules with respect to hearings or appeals apply. The Credentials Committee may, in its sole discretion, request an interview with the Member or Non-Member under investigation and, during such interview, question the Member or Non-Member about matters under investigation. A record of such interview shall be made by the Credentials Committee. Within forty (40) days of the receipt of the request for initiation of investigation, the Credentials Committee shall report to the Clinical Staff Executive Committee on the progress of the investigation and the estimated time required to complete the investigation. In most instances, the investigation shall not last longer than ninety (90) days. However, for good cause, the Chair of the Credentials Committee may ask the Clinical Staff Executive Committee to extend the time for completion of the investigation. At the completion of the investigation, the Chair of the Credentials Committee shall submit to the Clinical Staff Executive Committee the Credentials Committee’s findings and recommendations resulting from the investigation.

The Clinical Staff Executive Committee may accept, reject or modify the findings and recommendations of the Credentials Committee and recommend to the MCOB approval of a final action. The Member and the Chair of the Clinical Department to which the Member is assigned shall be notified in writing of the recommendation of the Clinical Staff Executive Committee.

7.4.2 **Recommendation**

The Credentials Committee’s written recommendation to the Clinical Staff Executive Committee of action to be taken on the matter may include, without limitation:

(a) determining that no further action is necessary on the matter;

(b) issuing a warning, a letter of admonition, or a letter of reprimand;
(c) recommending terms of probation or requirements of consultation;

(d) recommending reduction, suspension or revocation of Clinical Privileges in accordance with Sections 7.5 and 7.6 herein;

(e) recommending reduction of Clinical Staff category or limitation of any Staff prerogatives directly related to patient care;

(f) recommending suspension or revocation of Clinical Staff membership;

(g) recommending concurrent monitoring or retrospective auditing;

(h) requiring additional training;

(i) requiring evaluation by a physician assessment organization or individual; or

(j) requiring a proctor for all procedures.

Any corrective action in accordance with subsections (c) through (f) of this Section shall entitle the Member to the procedural rights provided in Article VIII of these Bylaws.

7.4.3 Cooperation with Investigation

All Members, Non-Members, and all other individuals working within or providing services to the Medical Center shall cooperate as necessary for the conduct of any investigation. Any individual who hinders or interferes with an investigation or attempts to influence the outcome thereof shall be subject to investigation under these Bylaws or subject to other disciplinary action.

7.5 Precautionary Summary Suspension

(i) Whenever the conduct of a Member or a non-Member who has been granted Clinical Privileges reasonably appears to pose an imminent threat that requires that immediate action be taken to protect the health, life or well-being of patients or prospective patients, or any other person in or associated with the Medical Center, or (ii) whenever the conduct of a Member or a Non-Member who has been granted Clinical Privileges reasonably appears to pose a substantial likelihood of harm to the life, health and safety of any patient or prospective patient, or (iii) whenever the Member or Non-Member who has been granted Clinical Privileges refuses to follow these Bylaws, the Credentials Manual, the policies, procedures, rules and regulations of the Clinical Staff and/or the Medical Center, or (iv) whenever a Member or Non-Member has made a material misrepresentation on the application for Clinical Staff membership or Clinical Privileges, then in any such event the President, the Chair of the Credentials Committee, or the Chief Executive Officer may summarily restrict or suspend the Clinical Staff membership or Clinical Privileges of such Member of non-Member. Unless otherwise stated, such summary suspension shall become effective immediately upon imposition, and the person responsible shall promptly give written notice of the suspension or restriction to the Member or non-Member in question, the Chair of the Department and the Division Chief, if applicable, to which the
Member is assigned, the Chief Executive Officer, and the Clinical Staff Executive Committee. The summary restriction or suspension may be limited in duration and shall remain in effect for the period stated or, if not so limited, shall remain in effect until resolved by the procedures specified in Article VIII with respect to Members only. Unless otherwise indicated by the terms of the summary restriction or suspension, the President or his/her designee shall assign the patients of the Member or Non-Member in question to another Member.

7.5.1 Procedure for Members

No later than 30 days after the date of the precautionary summary suspension and if the precautionary summary suspension still remains in effect, the Chair of the Clinical Staff Executive Committee shall designate a panel of its members to convene for review and consideration of the action; provided, however, that the Clinical Staff Executive Committee may extend the 30 day period for review for good cause if so requested by either the Member or the Chair of the Credentials Committee. Upon request and on such terms and conditions as the panel of the Clinical Staff Executive Committee may impose, the Member may attend and make a statement concerning the issues that led to the precautionary summary suspension, although in no event shall any meeting of the panel of the Clinical Staff Executive Committee, with or without the Member, constitute a “hearing” within the meaning of Article VIII, nor shall any procedural rules apply except those adopted by the panel of the Clinical Staff Executive Committee. The Member’s failure without good cause to attend any meeting of the panel of the Clinical Staff upon request shall constitute a waiver of his or her rights under Article VIII. The panel of the Clinical Staff Executive Committee may recommend to the Clinical Staff Executive Committee that the summary restriction or suspension be modified, continued or terminated. The Clinical Staff Executive Committee shall consider this recommendation at its next scheduled meeting and shall furnish the Member with written notice of its decision.

Unless the Clinical Staff Executive Committee terminates the summary restriction or suspension within ninety (90) working days of such restriction or suspension, the Member shall be entitled to the procedural rights afforded by Article VIII of these Bylaws.

7.5.2 Procedure for Non-Members

A Non-Member whose Clinical Privileges are summarily suspended pursuant to Section 7.5 shall be notified in writing of the suspension and the grounds for the suspension. The Chair of the Credentials Committee shall refer the matter to the Credentials Committee at its next scheduled meeting. The Non-Member shall not be entitled to the procedural rights afforded by Article VIII of the Bylaws.
7.6 Automatic Suspension

In the following instances, the Member’s or Non-Member’s Clinical Privileges may be automatically suspended or limited, as specifically described by the President, the Chair of the Credentials Committee or the Chief Executive Officer. In addition, in each of the instances listed below, the Member’s Clinical Staff Membership shall be suspended or limited, as specifically described by the President, the Chair of the Credentials Committee or the Chief Executive Officer:

7.6.1 Change in Licensure

7.6.1.1 Revocation or Suspension

Whenever a Member’s or Non-Member’s license authorizing practice in the Commonwealth of Virginia is revoked or suspended by the applicable health regulatory board, Clinical Privileges shall be automatically revoked or suspended as of the date such action becomes effective.

7.6.1.2 Probation and Other Restriction

If a Member’s or Non-Member’s license authorizing practice in the Commonwealth of Virginia is placed on probation by the applicable health regulatory board, his or her Clinical Privileges shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its duration.

Whenever a Member’s or Non-Member’s license authorizing practice in the Commonwealth of Virginia is limited or restricted by the applicable health regulatory board, any Clinical Privileges that the Member or Non-Member has been granted by the Medical Center that are within the scope of such limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such licensing or certifying authority’s action becomes effective and throughout its duration.

7.6.2 Change in DEA Certificate Status

7.6.2.1 Revocation or Suspension

If a Member’s or Non-Member’s DEA certificate is revoked, limited, or suspended, the Member or Non-Member shall automatically be divested of the right to prescribe medications covered by the certificate as of the date such action becomes effective and throughout its term.
7.6.2.2 Probation

If a Member’s or a Non-Member’s DEA certificate is subject to probation, the Member’s or Non-Member’s right to prescribe such medications automatically shall become subject to the same terms of the probation, as of the date such action becomes effective and throughout its term.

7.6.3 Lack of Required Professional Liability Insurance

Failure to maintain professional liability insurance in amounts and of a type required by the MCOB, as such amounts shall be defined from time to time, shall be a basis for automatic suspension of a Member’s or a Non-Member’s Clinical Privileges. If within 30 days after written warnings of such delinquency, the Member or Non-Member does not provide evidence of the required professional liability insurance, such individual’s Clinical Privileges shall be automatically terminated.

7.6.4 Federal Program Exclusion

If a Member of a Non-Member is convicted of a crime pursuant to the Medicare and Medicaid Protection Act of 1987, Pub. L. 100-93, or a crime related to the provision of health care items or services for which one may be excluded under 42 U.S.C. Section 1320a7(a), or is suspended, excluded, debarred or otherwise declared ineligible to participate in Medicare or Medicaid or other federal or state health care or other programs, such Member’s or Non-Member’s Clinical Privileges shall be automatically suspended as of the date such conviction or action with respect to the Medicare or Medicaid federal program becomes effective.

7.6.5 Loss of Faculty Appointment

If a Member’s faculty appointment in the School of Medicine is terminated for any reason or for any length of time, his/her membership and Clinical Privileges within the Medical Center shall be automatically revoked or suspended as of the date such loss of faculty appointment becomes effective. Loss of faculty appointment shall not give rise to a hearing under Article VIII as such appointment is a prerequisite to membership. Due process procedures applicable to contesting the loss of a faculty appointment are set forth in the University of Virginia Faculty Handbook.

7.6.6 Failure to Undergo Physical and/or Mental Examination

If a Member or Non-Member fails or refuses to undergo a physical and/or mental examination as required by Section 7.3 of these Bylaws, such failure or refusal shall result in automatic suspension of the Clinical Privileges of the Member or Non-Member.

7.6.7 Article VIII Inapplicable

When a Member’s or Non-Member’s privileges are restricted pursuant to any of the circumstances set out in this Section 7.6, the hearing and appeal rights of Article VIII shall not apply and the action shall be effective for the time specified. If the Member
believes that any such automatic restriction of privileges is the result of an error, the Member may request a meeting with the Clinical Staff Executive Committee. A Non-Member shall have no right to a meeting with the Clinical Staff Executive Committee.

ARTICLE VIII
HEARING AND APPELLATE REVIEW FOR MEMBERS

8.1 General Provisions

8.1.1 Right to Hearing and Appellate Review

(a) When any Member receives notice of a recommendation of the Clinical Staff Executive Committee that, if approved by the MCOB, will adversely affect his or her appointment to or status as a Member or his or her exercise of Clinical Privileges, he or she shall be entitled to a hearing before a hearing committee appointed by the Chair or Vice Chair of the Clinical Staff Executive Committee. If the recommendation of the Clinical Staff Executive Committee following such hearing is still adverse to the affected Member, he or she shall then be entitled to an appellate review by the MCOB or a committee appointed by the Chair of the MCOB, before the MCOB makes a final decision on the matter. Such review shall be made based on the evidentiary record, unless the MCOB or the committee appointed by the MCOB to hear the appeal requests additional information.

(b) All hearings and appellate reviews shall be in accordance with the procedural safeguards set forth in Article VIII to assure that the affected Member is accorded all rights to which he or she is entitled.

8.1.2 Exhaustion of Remedies

If Adverse Action described in Section 8.2 is taken or recommended, the Applicant or Member must exhaust the remedies afforded by these Bylaws before resorting to legal action. For purposes of Article VIII, the term “Member” may include “Applicant”, as appropriate under the circumstances.

8.2 Grounds For Hearing

Except as otherwise specified in these Bylaws, the following recommended actions or actions shall be deemed Adverse Actions and constitute grounds for a hearing, if such action is based on professional conduct, professional competence, or character:

(a) denial of Clinical Staff Membership;

(b) denial of Clinical Staff reappointment (excluding failure to obtain active status following provisional status);

(c) suspension of Clinical Staff Membership;
(d) revocation of Clinical Staff Membership;

(e) denial of requested Clinical Privileges (excluding Temporary Privileges) for a Member;

(f) involuntary reduction of current Clinical Privileges (excluding Temporary Privileges) for a Member;

(g) suspension of Clinical Privileges (excluding Temporary Privileges) for a Member; or

(h) termination of all Clinical Privileges (excluding Temporary Privileges and excluding loss of faculty appointment) for a Member.

However, actions described above in this Section that are the result of automatic suspension imposed pursuant to Section 7.6 of these Bylaws, shall not be considered an Adverse Action for purposes of Article VIII.

8.3 Requests For Hearing; Waiver

8.3.1 Notice of Proposed Action

In all cases in which a recommendation has been made as set forth in Section 8.2, the Chair or Vice Chair of the Clinical Staff Executive Committee shall send a Member affected by an Adverse Action written notice of (a) his or her right to a hearing if requested by him or her within thirty (30) days of the notice, (b) clear and concise reasons for the Adverse Action recommended, including the acts or omissions with which the Member is charged and a list of the medical charts in question, if applicable, and (c) his or her rights at such a hearing, including the hearing procedures described in Section 8.4. Such notice shall be sent by personal delivery or certified mail, return receipt requested.

8.3.2 Request for Hearing

The Member shall have thirty (30) days following receipt of notice of such action to request a hearing. The request shall be in writing addressed to the Chair of the Clinical Staff Executive Committee. The request shall contain a statement signed by the Member that the Member shall maintain confidentiality of all documents provided to the Member during the hearing process and shall not disclose or use the documents for any purpose outside the hearing process. Unless the Member is under summary suspension, he or she shall retain existing rights and privileges until all steps provided for in Sections 8.4 through 8.4.8 of Article VIII of these Bylaws below have concluded. If, however, the Member’s reappointment term is scheduled to expire during the hearing process, the Member’s membership and privileges shall expire unless (i) the Clinical Staff Executive Committee extends the reappointment until the hearing is concluded, or (ii) the Member is reappointed according to final action by the MCOB.
8.3.3 Waiver of Hearing

In the event the Member does not request a hearing within the time and manner described, the Member shall be deemed to have waived any right to a hearing and accepted the recommendation involved. The recommendation of the Clinical Staff Executive Committee shall then become final and effective as to the Member when it is approved by the MCOB.

8.3.4 Notice of Time, Place and Procedures for Hearing

Upon receipt of a request for hearing, the Chair or Vice Chair of the Clinical Staff Executive Committee shall schedule a hearing and give notice to the Member of the time, place and date of the hearing, which shall not be less than thirty (30) days after the date of the notice. Each party shall provide the other with a list of witnesses within fifteen (15) days of the hearing date, unless both parties agree otherwise. Witness lists shall be finalized no later than five (5) working days before the hearing. Notwithstanding the foregoing, the Hearing Entity shall have the right to call such witnesses as it deems appropriate and necessary. Unless extended by the Chair of the Hearing Entity, described in Section 8.3.5 below, the date of the commencement of the hearing shall be not less than thirty (30) days, nor more than ninety (90) days from the date of receipt of the request for a hearing; provided, however, that when the request is received from a Member who is under summary suspension, the hearing shall be held as soon as the arrangements may reasonably be made and provided further that the parties may agree to a mutually convenient date beyond the ninety (90) day period.

8.3.5 Hearing Entity

The Chair of the Clinical Staff Executive Committee may, in his or her discretion and in consultation with the Chair of the Credentials Committee, the Chief Executive Officer and other members of CSEC as he or she deems appropriate, direct that the hearing be held: (1) before a panel of no fewer than three (3) Members who are appointed by the Chair of the Clinical Staff Executive Committee and the Chief Executive Officer and if possible are Peers of the Member in clinical practice or academic rank and are not in direct economic competition with the Member involved, or (2) by an independent Peer Review panel from outside the Medical Center whose members are not in direct economic competition with the Member involved, or (3) a panel consisting of a combination of (1) and (2). Each type of panel described in the preceding sentence shall be referred to hereinafter as the “Hearing Entity.” Knowledge of the matter involved shall not preclude a Clinical Staff Member from serving as a member of the Hearing Entity; however each member must certify at the time of appointment and also on the record at the hearing that any prior knowledge he or she may have does not preclude rendering a fair and impartial decision. The Chair of the Clinical Staff Executive Committee shall designate the chair of the Hearing Entity. At least three-quarters of the members of the Hearing Entity shall be present when the hearing takes place and no member may vote by proxy. In the event of any conflict involving the Chair of the Clinical Staff Executive Committee, the Vice Chair of CSEC shall be responsible for performing the duties described in this paragraph. In the event of any conflict or conflicts
involving both the Chair and Vice Chair of the Clinical Staff Executive Committee, the
Chief Executive Officer or designee shall be responsible for performing the duties
described in this paragraph.

8.3.6 Failure to Attend and Proceed

Failure without good cause of the affected Member to personally attend and proceed at
such a hearing shall be deemed to constitute voluntary acceptance of the
recommendations involved and his or her request for a hearing shall be deemed to have
been withdrawn.

8.3.7 Postponements and Extensions

Once a request for hearing is initiated, postponements and extensions of time beyond the
times permitted in these Bylaws may be permitted by the Hearing Entity, or its
chairperson, acting upon its behalf. Such decisions are solely within the discretion of
the Hearing Entity or its presiding officer and may only be granted for good cause.

8.4 Hearing Procedure

8.4.1 Representation

The hearings provided for in these Bylaws are for the purpose of intra-professional
resolution of matters bearing on professional conduct, professional competency or
character. If requested by either the affected Member or the Credentials Committee in
accordance with Section 8.4.2, however, both sides may be represented by legal counsel.
In lieu of legal counsel, the Member may be represented by another person of the
Member’s choice.

8.4.2 The Hearing Officer

The President of the Clinical Staff may appoint a hearing officer to preside at the
hearing. In the sole discretion of the President, the hearing officer may be an attorney
qualified to preside over a quasi-judicial hearing. If requested by the Hearing Entity,
the hearing officer may participate in the deliberations of the Hearing Entity and be an
advisor to it, but the hearing officer shall not be entitled to vote.

8.4.3 The Presiding Officer

The Hearing Entity shall have a presiding officer. If the President of the Clinical Staff
appoints a hearing officer pursuant to Section 8.4.2, then the hearing officer shall serve as
the presiding officer. If no hearing officer is appointed, then the Chair of the Hearing
Entity shall serve as the presiding officer. The presiding officer shall strive to assure that
all participants in the hearing have a reasonable opportunity to be heard and to present
relevant oral and documentary evidence in an efficient and expeditious manner, and that
proper decorum is maintained. The presiding officer shall be entitled to determine the
order of or procedure for presenting evidence and argument during the hearing and shall
have the authority and discretion to make all rulings on questions that pertain to matters
of law, procedure, or the admissibility of evidence. If the presiding officer determines
that either side in a hearing is not proceeding in an efficient and expeditious manner, the
presiding officer may take such discretionary action as seems warranted by the
circumstances.

8.4.4 Record of the Hearing

An official reporter shall be present to make a record of the hearing proceedings. The
cost of attendance of the reporter shall be borne by the Medical Center, but the cost of the
transcript, if any, shall be borne by the party requesting it.

8.4.5 Rights of the Parties

Within reasonable limitations imposed by the presiding officer, the Credentials
Committee, the Hearing Entity and the affected Member may call and examine witnesses
for relevant testimony, introduce relevant exhibits or other documents, cross-examine or
impeach witnesses who have testified orally on any matter relevant to the issues and
otherwise rebut evidence. The Member may be called by the Credentials Committee or
the Hearing Entity, as appropriate, and be examined as if under cross-examination.

(a) Burden of Proof. The Credentials Committee shall appoint one of its members to
represent it at the hearing, to present facts in support of its adverse
recommendation and to examine witnesses. Where the issue concerns the denial
of initial Clinical Staff membership, it shall be the obligation of the affected
practitioner to present appropriate evidence in support of his or her application,
but the Credentials Committee representative shall then be responsible for
showing that evidence exists to support the decision and that the Credentials
Committee appropriately exercised its authority under these Bylaws and other
applicable rules or regulations of the Medical Center. In all other situations
outlined in Section 8.2 above, it shall be the obligation of the Credentials
Committee representative to present appropriate evidence in support of the
adverse recommendation, but the affected Member shall then be responsible for
supporting his or her challenge to the adverse recommendation by providing
appropriate evidence showing that the grounds for the decision lacked support in
fact or that such grounds or action based upon such grounds is either arbitrary or
capricious.

(b) Written Statement. Each party shall have the right to submit a written statement
at the close of the hearing.

(c) Written Decision. Upon completion of the hearing, the affected Member shall be
informed in writing by the Clinical Staff Executive Committee of the
recommendation of the Hearing Entity, including a statement of the basis for the
recommendation, and shall be informed in writing of the decisions of the Clinical
Staff Executive Committee and the MCOB, including a statement of the basis for
the decision.
8.4.6 Evidence

Judicial rules of evidence and procedure relating to the conduct of the hearing, examination of witnesses, and presentation of evidence shall not apply to a hearing conducted under Article VIII of these Bylaws. Any relevant evidence, including hearsay, shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. The Hearing Entity may question the witnesses or call additional witnesses if it deems such action appropriate. At its discretion, the Hearing Entity may request both parties to file written arguments.

8.4.7 Recess and Conclusion

After consultation with the Hearing Entity, the presiding officer may recess the hearing and reconvene the same at such times and intervals as may be reasonable, with due consideration for reaching an expeditious conclusion to the hearing. Upon conclusion of the presentation of oral and documentary evidence and the receipt of any closing written arguments, the hearing shall be closed. The Hearing Entity shall, at a time convenient to itself, conduct its deliberations outside the presence of the parties. The Hearing Entity may seek legal counsel during its deliberations and the preparation of its report. Upon conclusion of its deliberations, the hearing shall be declared finally adjourned.

8.4.8 Decision of the Hearing Entity

Within fifteen (15) days after final adjournment of the hearing, the Hearing Entity shall render a decision, which shall be accompanied by a report in writing and shall be delivered to the Clinical Staff Executive Committee. If the affected Member is currently under summary suspension, the Hearing Entity shall render a decision and report to the Clinical Staff Executive Committee within five (5) working days after final adjournment. A copy of the decision shall also be forwarded to the MCOB and the affected Member. The report shall contain a concise statement of the reasons supporting the decision.

8.4.9 Decision of Clinical Staff Executive Committee and MCOB

At its next regularly scheduled meeting, the Clinical Staff Executive Committee shall review the report and decision of the Hearing Entity and shall, within thirty (30) days of such meeting, give notice of its recommendation to the MCOB and the Member. The Clinical Staff Executive Committee may affirm, modify or reverse the decision of the Hearing Entity.

8.4.10 Appeal

The Member may submit to the Chief Executive Officer a written appeal statement detailing the findings of fact, conclusions, and procedural matters with which he/she disagrees, and his/her reasons for such disagreement. This written appeal statement may cover any matters raised at any step in the hearing process, and legal counsel may assist in its preparation. The statement shall be delivered by hand or by certified or registered
mail to the Chief Executive Officer and received no later than fourteen (14) days after the Member’s receipt of the recommendation of the Clinical Staff Executive Committee. The Chief Executive Officer shall promptly provide a copy of the Member’s statement to the MCOB. In response to the statement submitted by the affected Member, the Clinical Staff Executive Committee may also submit a written statement to the MCOB and shall provide a copy of any such written statement to the Member.

8.4.11 Decision by the Operating Board

(a) At a regularly scheduled meeting following receipt of the Member’s written appeal statement (or the expiration of the time in which the Member had the opportunity to submit a written statement) and the Clinical Staff Executive Committee’s written statement, the MCOB shall render a decision in writing and shall forward copies thereof to each party involved in the hearing. The decision of the MCOB shall include a statement of the basis for its decision.

(b) The MCOB may affirm, modify, or reverse the decision of the Clinical Staff Executive Committee for reconsideration. If the matter is remanded to the Hearing Entity for further review and recommendation, such Hearing Entity shall conduct its review within fifteen (15) working days and make its recommendations to the MCOB. This further review and the time required to report back shall not exceed sixty (60) days except as the parties may otherwise agree, for good cause, as jointly determined by the Chair of the MCOB and the Hearing Entity or Clinical Staff Executive Committee. The Executive Committee, or remand the matter to the Hearing Entity or the Clinical Staff MCOB shall thereafter make its final decision.

(c) The decision of the MCOB as reflected in paragraphs (a) or (b) above shall constitute final action. This decision shall be immediately effective and shall not be subject to further hearing, appellate or judicial review.

8.4.12 Right to One Hearing and One Appeal

No Member shall be entitled to more than one evidentiary hearing and one appeal on any matter that shall have been the subject of Adverse Action or recommendation.
ARTICLE IX
OFFICERS OF THE CLINICAL STAFF

9.1 Identification of Officers

The Officers of the Clinical staff shall be:

(a) President

(b) President-elect

9.2 Qualifications of Officers

Officers must be Members of the Active Clinical Staff in good standing at the time of their election and must remain Members of the Active Clinical Staff in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

9.3 Nominations

All nominations for Officers shall be made by the Nominating Committee (which is described in Article XII of these Bylaws) with the concurrence of the Chief Executive Officer and the Dean. Any Active Clinical Staff or Ph.D. Clinical Pathologist Staff may submit the name or names of any Member(s) of the Active Clinical Staff to the Nominating Committee for consideration as an Officer candidate. The Nominating Committee shall nominate one or more candidates for each office at least thirty (30) days prior to the election.

The Nominating Committee shall report its nominations for Officers to the Clinical Staff Executive Committee, with the approval of the Chief Executive Officer and the Dean, prior to the election and shall mail or deliver the nominations to the Clinical Staff at least ten (10) days prior to the election. Nominations for Officers shall not be accepted from the floor at the time of the election if voting occurs at a meeting.

9.4 Elections

The Officers shall be elected by electronic ballot. Only members of the Active Clinical Staff and Ph.D. Clinical Pathologist Staff shall be eligible to vote. The nominee receiving the most votes shall be elected. In the case of a tie, a majority vote of the Clinical Staff Executive Committee shall decide the election by secret written ballot at its next meeting or a special meeting called for that purpose.

9.5 Terms of Office

The Officers shall take office on the first day of July following election to office. The Officers shall serve for terms of three (3) years, unless any one of them shall resign sooner or be removed from office. The Officers each shall be eligible for re-election for one additional three (3) year term.
9.6 Vacancies in Office

If there is a vacancy in the office of the President, the President-elect shall serve during the vacancy. If there is a vacancy in the office of the President-elect, the Clinical Staff Executive Committee shall appoint an Active Member of the Clinical Staff to serve as President-elect until a special election to fill the position shall occur at a special meeting of the Clinical Staff, called for such purpose, or at a regular Clinical Staff meeting. The replacement Officer shall serve out the term of the original Officer.

9.7 Removing Elected Officers

Elected Officers may be removed by a two-thirds (2/3) vote of the Members of the Active and Ph.D. Clinical Pathologist Staff, or by a majority vote of the MCOB.

Permissible bases for removal of an elected Officer of the Clinical Staff include, but are not limited to:

(a) failure to perform the duties of the position in a timely and appropriate manner;
(b) failure to satisfy continuously the qualifications for the position;
(c) having an automatic or summary suspension, or corrective action imposed that adversely affects the Officer's membership or privileges;
(d) failure to follow the Clinical Staff Bylaws, Credentials Manual, the Code of Conduct, the Compliance Code of Conduct, the Code of Ethics or Medical Center policies, procedures, rules, or regulations; or
(e) conduct or statements inimical or damaging to the best interests of the Clinical Staff or the Medical Center, including but not limited to violations of state or federal law or Medical Center policy related to conflict of interest or relationships with vendors.

9.8 Duties of Officers

9.8.1 Duties of the President

The President shall be the spokesperson for the Clinical Staff and shall:

(a) act in coordination and cooperation with the Chief Executive Officer and Medical Center senior leadership in all matters of mutual concern within the Medical Center;
(b) call, preside at, and be responsible for the agenda of all general meetings of the Clinical Staff;
(c) subject to the desire by the MCOB, serve on the MCOB as a nonvoting advisory member;
(d) serve as the Chair of the Clinical Staff Executive Committee and as ex-officio member of all other Clinical Staff committees;

(e) represent the views, policies, needs and grievances of the Clinical Staff to the MCOB, the Clinical Staff Executive Committee, and senior administration of the Medical Center, including the presentation to the MCOB of a report of the Clinical Staff at every meeting of the MCOB or as otherwise requested by the MCOB;

(f) provide oversight of Clinical Staff affairs, including the Clinical Staff application process, committee performance, compliance with Joint Commission on Accreditation of Healthcare Organizations and licensure requirements as they pertain to clinical practice and physician and patient concerns regarding clinical services;

(g) jointly with the Chief Executive Officer, appoint individuals to committees of the Clinical Staff, unless otherwise provided in these Bylaws; and

(h) perform such other functions as may be assigned to him or her by these Bylaws, the Clinical Staff Executive Committee or the MCOB.

9.8.2 Duties of the President-elect

The President-elect shall serve as the Chair of the Credentials Committee and the Vice-Chair of the Clinical Staff Executive Committee. In the absence of the President, the President-elect shall assume all the duties and have the authority of the President. The President-elect shall perform such other duties as the President may assign or as may be delegated by these Bylaws, the Clinical Staff Executive Committee or the MCOB.

ARTICLE X
CLINICAL STAFF EXECUTIVE COMMITTEE

10.1 Duties of the Clinical Staff Executive Committee

Subject to the overall authority of the MCOB, the Clinical Staff Executive Committee shall be the executive committee of the Clinical Staff with the following duties:

(a) monitor, oversee and, where appropriate, manage the quality of clinical care delivered within the Medical Center;

(b) communicate to Members and Non-Members of the Clinical Staff regarding clinical practice issues and present the interests of the Clinical Staff to the MCOB;

(c) act for and on behalf of the Clinical Staff in the intervals between Clinical Staff meetings and independently with respect to those matters over which CSEC is given authority in these Bylaws;
(d) establish, review, and enforce the policies applicable to the Clinical Staff, including the Bylaws, the Code of Conduct, the Code of Ethics and all other Medical Center clinical policies regarding patient care;

(e) control and monitor the membership of the Clinical Staff through oversight of the appointment, credentialing, and privileging process;

(f) coordinate the activities and general clinical policies of the Medical Center to support an institutional and integrated approach to patient care within the Medical Center;

(g) oversee the functions of performance improvement of the professional services provided by the Clinical Staff within the Medical Center;

(h) advise the Medical Center management regarding the allocation and distribution of clinical resources, including assignments of beds, clinics, operating rooms, and other elements that are important to efficient and effective medical care within the Medical Center;

(i) provide Clinical Staff representation and participation in any Medical Center deliberation affecting the discharge of Clinical Staff responsibilities;

(j) report to the MCOB, as required, on the activities of the Clinical Staff Executive Committee and the Clinical Staff and makes specific recommendations to the MCOB relating to the clinical efforts of the Medical Center;

(k) approve the creation of and oversee committees of the Clinical Staff as necessary for compliance with accreditation standards, regulatory requirements and governance of the Clinical Staff;

(l) receive and act on reports and recommendations from the Clinical Staff committees and Departments;

(m) develop a procedure for managing such conflict as may arise between the Clinical Staff and the Clinical Staff Executive Committee on issues related to the adoption of or amendment to Clinical Policies of the Medical Center;

(n) notify Members of the Clinical Staff of its adoption of or amendment to Clinical Staff Policies of the Medical Center, and

(o) perform such other duties as may be assigned to it by the MCOB.
10.3 Membership of the Clinical Staff Executive Committee

The membership of the Clinical Staff Executive Committee shall consist of the following individuals, all of whom shall be voting members:

- President of the Clinical Staff
- President-elect of the Clinical Staff
- Chief Executive Officer of the Medical Center
- Associate Vice President for Hospital and Clinics Operations
- Chief Medical Officer of the Medical Center
- Chief Nursing Officer of the Medical Center
- Dean of the School of Medicine
- Designated Institutional Officer for Graduate Medical Education
- Chairs of the Departments of the Medical Center
- Chair, Children’s Hospital Clinical Practice Committee
- Four (4) Clinical Staff Representatives selected by the entire Clinical Staff as provided in Section 10.3
- President of the Nursing Staff
- President of the Clinical Staff of the University of Virginia Transitional Care Hospital
- President-elect of the Clinical Staff of the University of Virginia Transitional Care Hospital

In addition, the President(s) of the Housestaff Executive Council shall serve on the Clinical Staff Executive Committee as a non-voting, ex-officio member(s).

In the event that any of the positions listed above are renamed, then the newly named position shall be substituted automatically in lieu of the old position without the necessity for an amendment of these Bylaws.

10.3 Selection of the Clinical Staff Representatives

There shall be one Member representative on the Clinical Staff Executive Committee from each of the four following areas (the “Clinical Staff Representatives”):

- Primary Care (drawn from General Internal Medicine, General Pediatrics, General Obstetrics, Family Medicine, Regional Primary Care, and Community Medicine)
- Medical Specialties (drawn from Internal Medicine, Pediatrics, Neurology, Psychiatry, and PM&R)
- Surgical Specialties (drawn from Surgery, Orthopaedic Surgery, Neurological Surgery, Urology, Ophthalmology, Otolaryngology, Plastic Surgery, Dentistry, Dermatology, and Obstetrics and Gynecology)
- Hospital-Based Specialties (drawn from Anesthesiology, Pathology, Radiology, Radiation Oncology, and Emergency Medicine)
All Clinical Staff Representatives shall be Active Members of the Clinical Staff in good standing, but may not be Chairs of the clinical Departments of the Medical Center. The Nominating Committee may specify requirements necessary to complete nominations for Clinical Staff Representatives. The Nominating Committee shall solicit nominations for the Clinical Staff Representatives from the Clinical Staff as necessary from time to time. The Nominating Committee shall nominate one or more candidates for each Clinical Staff Representatives for which the term is ending, and the Clinical Staff Office shall mail or deliver the nominations to the Clinical Staff at least ten (10) days prior to the election. At a meeting called for such purpose or by electronic means, each Member shall vote for one nominee from each of the areas enumerated above, for a total of four (4) votes. The nominee receiving the most votes in each of the four (4) enumerated areas shall become the Clinical Staff Representatives of the Clinical Staff Executive Committee.

Each Clinical Staff Representative shall serve for a term of three (3) years and shall serve until the earlier to occur of (a) the end of such period and until his or her successor is appointed, or (b) the resignation or removal of such Clinical Staff Representative. A Clinical Staff Representative may be removed upon a two-third (2/3) vote of the Clinical Staff or upon a majority vote of the MCOB. No Clinical Staff Representative shall serve on the Clinical Staff Executive Committee in the capacity of Clinical Staff Representative for more than two (2) consecutive terms.

10.4 Meetings of the Clinical Staff Executive Committee

The Clinical Staff Executive Committee shall meet monthly at a time and place as designated by the Chair of the Clinical Staff Executive Committee, and the expectation is the each member of the Clinical Staff Executive Committee will attend these monthly meetings. Fifty-one percent (51%) of the membership of the Clinical Staff Executive Committee shall constitute a quorum. Attendance at the Clinical Staff Executive Committee meetings is not assignable for voting purposes. A substitute may attend a meeting for purposes of information sharing but may not vote by proxy and will not count in the quorum.

10.5 Duties of the Chair of the Clinical Staff Executive Committee

(a) The President shall serve as the Chair of the Clinical Staff Executive Committee. The duties of the Chair are to:

(b) set the agenda for meetings of the Clinical Staff Executive Committee;

(c) preside at the meetings of the Clinical Staff Executive Committee;

(d) jointly with the Chief Executive Officer, coordinate and appoint committee members to all standing, special and multi-disciplinary committees of the Clinical Staff Executive Committee;

(e) report as appropriate to the Clinical Staff on the activities of the Clinical Staff Executive Committee;
(f) in conjunction with the Chief Executive Officer, appoint individuals to serve on the Clinical Staff Committees described in Article XII or otherwise created by the Clinical Staff Executive Committee; and

(g) report to the MCOB, as required, on the activities of the Clinical Staff Executive Committee and the Clinical Staff.

10.6 Duties of the Vice Chair of the Clinical Staff Executive Committee

The President-elect shall serve as the Vice Chair of the Clinical Staff Executive Committee. The duties of the Vice Chair are to:

(a) preside at the meetings of the Clinical Staff Executive Committee in the absence of the Chair;

(b) present a monthly Credentials Committee report to the Clinical Staff Executive Committee;

(c) assume all the duties and have the authority of the Chair in the event of the Chair’s temporary inability to perform his/her duties due to illness, absence from the community or unavailability for any other reason;

(d) assume all the duties and have the authority of the Chair in the event of his/her resignation as until such time as a successor is designated; and

(e) perform such other duties as may be assigned by the Chair.

10.7 Duties of the Secretary of the Clinical Staff Executive Committee

The Chair of the Clinical Staff Executive Committee shall appoint a Secretary of the Clinical Staff Executive Committee. The Secretary is not required to be a Member. The duties of the Secretary are to:

(a) keep accurate and complete minutes of the meetings of the Clinical Staff Executive Committee;

(b) maintain a roster of the members of the Clinical Staff Executive Committee;

(c) send notices of meetings to the members of the Clinical Staff Executive Committee;

(d) attend to all correspondence of the Clinical Staff Executive Committee; and

(e) perform such other duties as ordinarily pertain to the office of secretary.
ARTICLE XI
CLINICAL DEPARTMENTS

11.1. Organization of Clinical Departments

(a) The Medical Center and the School of Medicine are components of an academic Medical Center at the University of Virginia. The Members of the Clinical Staff of the Medical Center have faculty appointments in the School of Medicine, and all Clinical Staff are required to have faculty appointments in the School of Medicine as a condition of appointment to the Clinical Staff. Exceptions to this requirement will be considered only when practitioners are requesting Temporary Privileges under emergency circumstances to meet patient care needs as provided in the Bylaws, for Honorary Members, or such other exceptional circumstances as may be approved by the Chief Executive Officer, the President or the Chair of the Credentials Committee.

(b) The Clinical Staff is divided into clinical Departments, and some Departments are further subdivided into clinical Divisions. Each Department is organized as a separate component of the Clinical Staff and shall have a Chair selected and entrusted by the Dean, with the authority, duties and responsibilities specified in Section 11.6. A Division of a Department is directly responsible to the Department within which it functions, and each Division has a Division Chief selected and entrusted with the authority, duties and responsibilities specified in Section 11.9.

(c) Departmental status, including the creation, elimination, modification or combination thereof, shall be designated by the Dean. Division status shall be designated upon recommendation of the Chair or Chairs of the applicable Department(s) and approved by the Dean.

11.2 Current Departments

11.2.1 Departments

The current clinical Departments are:

(a) Anesthesiology
(b) Dentistry
(c) Dermatology
(d) Emergency Medicine
(e) Family Medicine
(f) Medicine
(g) Neurological Surgery
(h) Neurology
(i) Obstetrics and Gynecology
(j) Ophthalmology
(k) Orthopaedic Surgery
(l) Otolaryngology – Head and Neck Surgery
(m) Pathology
11.2.2 Other Clinical Enterprises

For purposes of these Bylaws, Community Medicine and Regional Primary Care shall be treated as “Departments.” The Chief Medical Officer shall be considered the “Chair” of Community Medicine, and the Medical Director of Regional Primary Care shall be considered the “Chair” of Regional Primary Care. The MCOB may designate other clinical enterprises within the Medical Center from time to time that shall be considered Departments for purposes of these Bylaws. In such event, the MCOB shall designate the person to serve as “Chair.”

11.3 Assignments

Each Member shall be assigned to at least one Department, and if applicable, to a Division within such Department. Members may be granted membership and/or Clinical Privileges in more than one Department or Division consistent with practice privileges granted. For Members with joint appointments in two Departments, the Chairs from each Department shall sign off on the faculty appointment and recommendation of Clinical Privileges.

11.4 Functions of Departments and Divisions

The general functions of each Department and Division, as applicable, include:

(a) conducting patient care reviews for the purpose of analyzing and evaluating the quality and appropriateness of care and treatment provided to patients within the Department and Division. The number of such reviews to be conducted during the year shall be as determined by the Clinical Staff Executive Committee in consultation with other appropriate committees. The Department, and as applicable, the Division, shall routinely collect information about important aspects of patient care provided in the Department or Division, periodically assess this information, and develop objective criteria for use in evaluating patient care. Patient care reviews shall include all clinical work performed under the jurisdiction of the Department or Division, regardless of whether the Member whose work is subject to such review is a member of that Department or Division;

(b) recommending to the Credentials Committee criteria for the granting of Clinical Privileges (both core privileges and privileges outside the core as well as new or additional Clinical Privileges) and the performance of specified services within the Department or Division;
(c) evaluating and making appropriate recommendations regarding the qualifications of Applicants seeking appointment or reappointment to the Clinical Staff and Clinical Privileges within that Department or Division;

(d) reviewing and evaluating departmental adherence to Clinical Staff and Medical Center policies and procedures and sound principles of clinical practice;

(e) coordinating and integrating patient care provided by the Department’s or Division’s members with patient care provided in other Departments or Divisions and with nursing and ancillary patient care services;

(f) submitting written reports to the Clinical Staff Executive Committee concerning: (i) the Department’s and/or Division’s review and evaluation of activities, actions taken thereon, and the results of such actions; and (ii) recommendations for maintaining and improving the quality of care provided in the Department and/or Division and the Medical Center;

(g) having at least quarterly meetings for the purpose of considering patient care review findings and the results of the Department’s other review and evaluation activities, as well as reports on other Department and Clinical Staff functions;

(h) taking appropriate action when important problems in patient care and clinical performance or opportunities to improve care are identified;

(i) accounting to the Clinical Staff Executive Committee for all professional activities within the Department;

(j) appointing such committees or other mechanisms as may be necessary or appropriate to conduct Department functions;

(k) formulating recommendations for Departmental or Division rules and regulations reasonably necessary for the proper discharge of its responsibilities, subject to compliance with Medical Center policies; and

(l) encouraging the continuing education of Members of the Clinical Staff in the Department.

11.5 Department Chairs

(a) Each Department other than Community Medicine and Regional Primary Care shall have a Chair who is a Member of the Active Clinical Staff and is appointed by the Dean of the School of Medicine. Department Chairs shall be certified as diplomats of their specialty board or be equivalently qualified. Each Chair shall report and be accountable to the Dean and shall also be accountable to the Clinical Staff Executive Committee and the MCOB for all clinical matters in his or her Department.
(b) For purposes of these Bylaws, the Chair for Community Medicine shall be the Chief Medical Officer, and the Chair for Regional Primary Care shall be its Medical Director. The Chief Medical Officer and the Regional Primary Care Medical Director shall have the same responsibilities as to Department Chairs set forth in these Bylaws, the Rules and Regulations or the Credentials Manual with respect to Community Medicine and Regional Primary Care.

11.6 Duties of Department Chairs

Each Chair has the following authority, duties, and responsibilities and shall otherwise perform such duties as may be assigned to him or her:

(a) act as presiding officer at Departmental meetings, which shall be held at least quarterly for the purpose of quality monitoring and reporting and such other purposes as may be required by the Department;

(b) attend monthly meetings of the Clinical Staff Executive Committee and other special meetings of the Clinical Staff Executive Committee as may be called from time to time;

(c) report to the Dean and be accountable to the Clinical Staff Executive Committee and the MCOB regarding all professional and administrative activities within the Department;

(d) make recommendations regarding the overall clinical policies of the Clinical Staff and the Medical Center;

(e) make specific recommendations regarding criteria-based privileges and suggestions regarding physician faculty within his or her Department and Divisions therein;

(f) assure compliance within his or her Department and any Divisions therein with these Bylaws, the Credentials Manual and Medical Center policies, procedure, rules and regulations, including but not limited to, implementing a process for effectively communicating to Members of his or her Department and Divisions therein any amendment or revision of these Bylaws, the Credentials Manual, the Code of Conduct, the Compliance Code of Conduct, the Code of Ethics and any new or revised Medical Center policy, procedure, rule or regulation;

(g) sign off and transmit to the Credentials Committee the Department’s recommendations concerning and required documentation in support of Member appointment and classification, reappointment, criteria for Clinical Privileges, results of any investigation or corrective action with respect to Members with Clinical Privileges in his or her Department. Chairs may delegate this responsibility to a senior level designee within the Department subject to prior written notification to and approval by the Chair of the Credentials Committee. Chairs shall ensure that files on each of their faculty with Clinical Privileges that include documentation of FPPE and OPPE data and other activities are securely maintained and support the specifically delineated Clinical Privileges requested;
(h) implement within his or her Department appropriate actions taken by the Clinical Staff Executive Committee, the MCOB, or the MCOB Quality Subcommittee;

(i) monitor the quality of patient care and outcomes of care and professional performance rendered by Members with Clinical Privileges in the Department through a planned and systematic process, including but not limited to, FPPE and OPPE, and oversee the effective conduct of the patient care, evaluation, and monitoring functions delegated to the Department by the Clinical Staff Executive Committee, the Dean or the President, including evaluating the quality of clinical work performed by each practitioner in the Department at least annually;

(j) develop, support and implement Departmental programs for retrospective patient care review, ongoing monitoring of clinical and ethical practice, credentials review and privileges delineation, medical education, utilization review, and quality assurance and performance improvement, all as part of the Peer Review process;

(k) abide by the supervisory requirements when temporary privileges have been granted to a Member in his or her Department or Division;

(l) participate in every phase of administration of his or her Department, including cooperation with the nursing service and the Medical Center administration in matters such as personnel, supplies, and special regulations, standing orders, and techniques;

(m) prepare and submit reports pertaining to his or her Department as may be required by the Credentials Committee, the Clinical Staff Executive Committee, the MCOB, or the MCOB Quality Subcommittee;

(n) be responsible for the teaching, education and research programs in his or her Department;

(o) ensure that Members and Graduate Medical Trainees within his or her Department and the Divisions therein practice within the scope of their Clinical Privileges, are educated to deliver patient-centered and family-centered care as members of interdisciplinary teams, emphasizing professional and ethical conduct, evidence-based practice, quality improvement approaches and use of informatics to support practice;

(p) facilitate Graduate Medical Trainees’ education and training to achieve those competencies identified as necessary by the ACGME or other applicable entity;

(q) keep appropriate records of all Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists and Ph.D. Clinical Pathologist practicing within his or her Department;

(r) assess and recommend to the Medical Center resources needed for patient care or treatment;

(s) integrate the Department into the primary functions of the Medical Center to include coordination and integration of interdepartmental and intradepartmental services; and
(t) perform such other duties commensurate with the office as may from time to time be reasonably requested by the Dean, the President, the Clinical Staff Executive Committee, the MCOB, or the MCOB Quality Subcommittee.

11.7 Committees of the Departments

The affairs of each Department may be delegated to a designee or to a committee of Department members appointed by the Chair of the Department.

11.8 Division Chiefs

Each Division shall have a Chief who shall be a Member of the Active Clinical Staff in good standing and a member of the Division which he or she is to head, and shall be qualified by training, experience and demonstrated current ability in the clinical area covered by the Division. The Chair of the Department in which the Division functions shall select and remove the Division Chief, and the Division Chief either reports to the Chair of the Department or directly to the Dean in some cases. Division Chiefs shall be certified as diplomates of their specialty Board or be equivalently qualified.

11.9 Duties of Division Chiefs

Each Division Chief shall:

(a) act as presiding officer at Division meetings, to be held as reasonably necessary;

(b) assist in the development and implementation, in cooperation with Department Chairs, of programs to carry out the quality review and evaluation and monitoring functions of the Division, including credentials review and criteria-based privilege delineation, medical education, utilization review, and outcomes for quality and performance improvement, all as part of the Peer Review process;

(c) evaluate the quality of clinical work performed and outcomes for each practitioner in the Division at least annually;

(d) conduct investigations and submit reports and recommendations to the Department Chair regarding complaints from other Members, Non-Members, or others regarding Members of the Division as well as regarding the Clinical Privileges to be exercised within his or her Division by Members or Applicants;

(e) submit reports of the patient care and quality monitoring activities of his or her Division to the Department Chair as required by the Department Chair;

(f) perform any of the duties of the Department Chair described in Section 11.6 above if the Chair has delegated such duties to the Division Chief;
(g) perform such other duties commensurate with the office as may from time to time be reasonably requested by the Department Chair, the Dean, the Clinical Staff Executive Committee, the MCOB, the MCOB Quality Subcommittee, or as otherwise contemplated by these Bylaws or the Credentials Manual; and

(h) sign off and transmit to the Chair the Division’s recommendations concerning and required documentation in support of Member appointment and classification, reappointment, criteria for Clinical Privileges, results of any investigation or corrective action with respect to Members with Clinical Privileges in his or her Division. Division Chiefs shall ensure that files on each of their faculty with Clinical Privileges that include documentation of FPPE and OPPE data and other activities are securely maintained and support the specifically delineated Clinical Privileges requested.

ARTICLE XII
CLINICAL STAFF STANDING COMMITTEES

12.1 Structure
The standing Committees of the Clinical Staff are as set forth in these Bylaws.

12.1.1 Reporting and Accountability to Clinical Staff Executive Committee
All Clinical Staff Committees report, and are accountable, to the Clinical Staff Executive Committee. The Chair of each Clinical Staff Committee shall report its activities to the Clinical Staff Executive Committee by submitting a written report on an annual basis, and upon request, submitting a copy of the minutes of each meeting, or as it is otherwise requested by the Chair or Vice Chair of the Clinical Staff Executive Committee, or as otherwise provided by these Bylaws.

12.1.2 Membership
The membership of the Clinical Staff Committees may consist of Members, Allied Health Professionals, Medical Center administration and administrative staff members, and other professional staff or employees of the Medical Center appointed as provided in these Bylaws. The President and the Chief Executive Officer shall be ex-officio members of all Clinical Staff Committees unless otherwise provided in these Bylaws.

12.1.3 Appointments
Except as otherwise provided in these Bylaws, all chairpersons and members of Clinical Staff Committees shall be appointed jointly by the President and the Chief Executive Officer. Appointments to Clinical Staff Committees shall be for an indefinite period, subject to the discretion of the President and the Chief Executive Officer, or the resignation of the Clinical Staff Committee member. Each appointment shall be annually reviewed by the President of the Clinical Staff and the Chief Executive Officer.
12.1.4 Quorum, Voting and Meetings

A quorum for each Clinical Staff Committee shall be thirty percent (30%) of the members currently serving. All voting and decisions ordinarily shall occur in meetings of the Clinical Staff Committee, but decisions may be made by electronic means as may be reasonably necessary from time to time. Except as otherwise provided in these Bylaws, all Clinical Staff Committees shall meet at least quarterly and as otherwise called by the chair of the Clinical Staff Committee.

12.2 Bylaws Committee

The Bylaws Committee shall ensure that the Bylaws of the Clinical Staff are consistent with the Medical Center’s operational needs, current Joint Commission Standards, applicable CMS Conditions of Participation and other CMS requirements and the policies, procedures, rules and regulations of the Medical Center. In performing this function, the Bylaws Committee shall: (a) review the Bylaws on at least on an annual basis; (b) review proposed Bylaws amendments that may be proposed by Members of the Clinical Staff; (c) develop draft revisions and recommendations regarding proposed amendments to the Bylaws; (d) present proposed revisions to the Clinical Staff Executive Committee and the MCOB for review and approval; and (e) provide each Member a current copy of the Bylaws.

The Bylaws Committee shall meet as necessary, but not less than once per year.

12.3 Credentials Committee

The Credentials Committee shall review and evaluate the qualifications of each Applicant for initial appointment, reappointment or modification of appointment to the Clinical Staff in accordance with the procedures outlined in the Credentials Manual and these Bylaws. The Credentials Committee shall recommend to the Clinical Staff Executive Committee and the MCOB appointment or denial of all Applicants to the Clinical Staff and the granting of Clinical Privileges.

The Credentials Committee shall review and make recommendations for revisions to the Credentials Manual from time to time; provided however the Chair of the Credentials Committee, in consultation with the President and the Chief Executive Officer, shall have the authority to amend the Credentials Manual. The Credentials Committee shall also serve as the investigatory body for all matters set forth in Article VII of these Bylaws.

The President-elect shall serve as chair of the Credentials Committee. Only Members of the Clinical Staff serving on the Credentials Committee shall be eligible to vote on Credentials Committee matters.
12.4 Nominating Committee

The Nominating Committee shall nominate Members to serve as Officers of the Clinical Staff and shall nominate Members for the Clinical Staff Representatives, as provided in these Bylaws. The Nominating Committee shall consist of (i) the immediate past president of the Clinical Staff, who shall serve as Chair of the Nominating Committee, and (ii) six (6) Members of the Active Clinical Staff chosen by the President, subject to confirmation by the Chief Executive Officer and the Dean.

12.5 Quality Committee

The Quality Committee shall oversee quality of care and performance improvement projects within the Medical Center. The Quality Committee (i) prioritizes performance improvement projects for the Medical Center based upon institutional performance data and trends and approved institutional benchmarks, (ii) oversees implementation and compliance with approved performance improvements recommendations, (iii) collaborates with other Clinical Staff Committees and Departments to facilitate performance improvement and ensure compliance with regulatory and accreditation requirements, and (iv) engages in such other quality assurance or performance improvement activities as determined by the Clinical Staff Executive Committee, the MCOB Quality Subcommittee, or the MCOB.

12.6 Children’s Hospital Clinical Practice Committee

The Children’s Hospital Clinical Practice Committee is an interdisciplinary committee that shall review, coordinate and recommend policies, protocols and practice guidelines that impact all aspects of the clinical and patient- and family-centered care of children.

The Children’s Hospital Clinical Practice Committee may, from time to time, recommend to the Clinical Staff Executive Committee the creation of subcommittees to develop specific recommendations for involving families and children in decision-making, customer service, program development, quality and performance improvement outcomes and practices throughout the Children’s Hospital.

Membership on the Children’s Hospital Clinical Practice Committee may include Members who have chosen to be part of the Children’s Hospital Clinical Staff as well as Allied Health Professionals and Medical Center employees with an interest in children’s health care issues. The President and Chief Executive Officer shall select the Chair of the Committee and all Committee members in accordance with Section 12.1.3. of these Bylaws.

12.7 Other Committees

The Clinical Staff Executive Committee may designate such other standing committees of the Clinical Staff as may be necessary from time to time for compliance with accreditation standards, regulatory requirements and governance of the Clinical Staff. In such event, each such committee shall be subject to the provisions of Section 12.1. In addition, the Medical Center may create, from time to time, any committees deemed necessary.
ARTICLE XIII
MEETINGS OF THE CLINICAL STAFF

13.1 Regular Meetings

Regular meetings of the Clinical Staff shall be held at a time mutually determined by the President and the Chief Executive Officer but no less than annually. One week prior to the time of the meeting a written or printed notice shall be delivered either personally, by mail or by electronic mail to each Member stating the date, time and place of the meeting. The attendance of a Member at a meeting shall constitute a waiver of notice of such meeting.

13.2 Special Meetings

The President or President-elect of the Clinical Staff, the Chief Executive Officer, the Clinical Staff Executive Committee, or the MCOB may call a special meeting of the Clinical Staff at any time. The President of the Clinical Staff shall call a special meeting within fourteen (14) days after receipt by him or her of a written request for same signed by not less than fifteen percent (15%) of the Active Clinical Staff and stating the purpose for such meeting.

At least twenty-four (24) hours prior to the meeting a written or printed notice stating the date, time and place of the special meeting of the Clinical Staff shall be delivered, either personally, by mail, or by electronic mail to each Member. The attendance of a Member at a meeting shall constitute a waiver of notice of such meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

13.3 Quorum

Except as otherwise provided herein where a higher quorum is required, the presence of fifty (50) Members entitled to vote at any regular or special meeting shall constitute a quorum. No official business may be taken without a quorum except as otherwise provided herein.

13.4 Attendance Requirements

Each Member of the Active and Ph.D. Clinical Pathologist Staffs is encouraged to attend all regular Clinical Staff meetings in each year unless unusual circumstances prevent their attendance as well as meetings of all committees to which they have been appointed as members. The Honorary Clinical Staff are encouraged to but are not required to attend.

13.5 Action by Electronic Means

Unless otherwise required by these Bylaws, whenever these Bylaws require the vote of or action by the Clinical Staff or by the Clinical Staff Executive Committee, such vote or action may be taken by electronic means.
ARTICLE XIV
CONFIDENTIALITY, IMMUNITY, AND RELEASES

14.1 Authorization and Conditions

By applying for or exercising Clinical Privileges within this Medical Center, an Applicant:

(a) authorizes the Medical Center, the Clinical Staff, the Clinical Staff Executive Committee, the MCOB, the MCOB Quality Subcommittee, and the Board of Visitors, and their members and authorized representatives, to solicit, provide, and act upon information bearing upon, or reasonably believed to bear upon, the Applicant’s professional ability and qualifications and any other matter within the scope of this Article;

(b) authorizes all persons and organizations to provide information concerning such Applicant to the Medical Center, the Clinical Staff, the Clinical Staff Executive Committee, the MCOB, the MCOB Quality Subcommittee, and the Board of Visitors, and their members and authorized representatives;

(c) agrees to be bound by the provisions of this Article and to waive all legal claims against any third party, the Clinical Staff, the Medical Center, the Clinical Staff Executive Committee, the MCOB, the MCOB Quality Subcommittee, and the Board of Visitors, along with their members and authorized representatives, for any matter within the scope of this Article; and

(d) acknowledges that the provisions of this Article are express conditions to an application for Clinical Staff membership, the continuation of such membership, and to the exercise of Clinical Privileges at the Medical Center.

14.2 Confidentiality of Information; Breach of Confidentiality

(a) Clinical Staff, Department, Division, Committee, Clinical Staff Executive Committee, MCOB, MCOB Quality Subcommittee, Board of Visitors, or any other applicable minutes, files, and records within the scope of this Article shall, to the fullest extent permitted by law, be confidential. Dissemination of such information and records shall only be made where permitted by law, or pursuant to officially adopted policies of the Medical Center or Clinical Staff, or, where no officially adopted policy exists, only with the express approval of the Clinical Staff Executive Committee or its designee, or to the appropriate University personnel and officers in connection with the discharge of their official duties.

(b) Because effective Peer Review and consideration of the qualifications of Members and Applicants to perform specific procedures must be based on free and candid discussions, any breach of confidentiality of the discussions or deliberations of Clinical Staff Departments, Divisions, or committees, is outside appropriate standards of conduct for this Clinical Staff and will be deemed disruptive to the operations of the Medical Center. If it is determined that such a breach has occurred, the Clinical Staff Executive Committee may undertake such corrective action as it deems appropriate.
14.3 Immunity

The Clinical Staff, the Medical Center, the Clinical Staff Executive Committee, the MCOB, the MCOB Quality Subcommittee, and the Board of Visitors, along with their members and authorized representatives and all third parties, shall be immune, to the fullest extent permitted by law, from liability to an Applicant or Member for damages or other relief for any matter within the scope of this Article.

For the purpose of this Article, “third parties” means both individuals and organizations from whom information has been requested by the Medical Center, the Clinical Staff, the Clinical Staff Executive Committee, the MCOB, the MCOB Quality Subcommittee, or the Board of Visitors, or any of their members or authorized representatives.

14.4 Scope of Activities and Information Covered

The confidentiality and immunity provided by this Article shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with this or any other health care facility’s or organization’s activities concerning, but not limited to:

(a) the application for appointment to the Clinical Staff for the granting of Clinical Privileges;

(b) periodic reappraisals for reappointment to the Clinical Staff or renewals of Clinical Privileges;

(c) corrective action, including summary or automatic suspension;

(d) hearings and appeals;

(e) medical care evaluations;

(f) utilization reviews;

(g) other Medical Center, Department, or Division, committee, or Clinical Staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct;

(h) FPPE, OPPE and other Peer Review activities and organizations Virginia Board of Medicine, the National Practitioner Data Bank pursuant to HCQIA, and similar reports; and

(i) to the greatest extent permitted by law, all other actions taken in pursuit of activities provided for under these Bylaws.

The acts, communications, reports, recommendations, and disclosure referred to in this Section may relate to a practitioner’s professional qualifications, clinical competency,
character, mental and emotional stability, physical condition, ethics, malpractice claims and suits, and any other matter that might directly or indirectly have an effect on patient care.

14.5 Releases

Each Applicant or Member shall, upon request of the Clinical Staff or Medical Center, execute general and specific releases in accordance with the express provisions and general intent of this Article. Execution of such releases shall not be deemed a prerequisite to the effectiveness of this Article.

ARTICLE XV
AMENDMENT OF BYLAWS

15.1 Amendment

15.1.1 Annual Update

The Clinical Staff Bylaws shall be reviewed at least annually by the Bylaws Committee and updated as necessary.

15.1.2 Process for Amendment

(a) Consideration shall be given to amendment of these Bylaws upon the request of the President, the President-elect, the Chief Executive Officer, the Clinical Staff Executive Committee, the MCOB, upon a written petition signed by at least ten percent (10%) of the Active Clinical Staff entitled to vote, or upon recommendation by the Bylaws Committee.

(b) All proposed amendments to the Bylaws shall be delivered to the Clinical Staff Executive Committee, which shall review and approve, disapprove, or offer modification, as appropriate.

(c) Any amendment(s) to the Bylaws adopted by the Clinical Staff Executive Committee shall be submitted to the Active Clinical Staff and the MCOB for review and approval, disapproval or modification, as appropriate.

(d) Amendments to these Bylaws shall become effective only upon approval by the Clinical Staff Executive Committee, the Active Clinical Staff, and the MCOB. Neither the Clinical Staff Executive Committee nor the MCOB may unilaterally amend the Bylaws.

(e) A minimum of fifty (50) Members of the Active Clinical Staff shall vote in favor or against any proposed amendments to the Bylaws. In order to approve amendments to the Bylaws, a majority of those members of the Active Clinical Staff who vote must vote in favor. Any vote regarding amendments to the Bylaws may be by electronic means.
15.2 Distribution of Bylaws

Each Member shall be provided with on-line access to these Amended and Restated Clinical Staff Bylaws. If at any time amendments are made to the Bylaws, each Member shall be notified and provided with on-line access to such amendments.