

September 14, 2010

MEMORANDUM

TO: The Medical Center Operating Board:

Vincent J. Mastracco 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, Rector

Ex Officio Advisory Members:

Steven T. DeKosky, M.D.
Robert S. Gibson, M.D.

R. Edward Howell
Leonard W. Sandridge

and

The Remaining Members of the Board of Visitors:

A. Macdonald Caputo
Hunter E. Craig
The Honorable Alan A. Diamonstein
Susan Y. Dorsey
W. Heywood Fralin
Marvin W. Gilliam Jr.

Robert D. Hardie
Glynn D. Key
Mark J. Kington
Randal J. Kirk
Austin Ligon
Stewart H. Ackerly

FROM: Susan G. Harris

RE: Minutes of the Meeting of the Medical Center Operating Board
on September 14, 2010

The Medical Center Operating Board of the Board of Visitors of the University of Virginia met, in Open Session, at 8:30 a.m., Tuesday, September 14, 2010, in the Board Room at the Medical Center; Vincent J. Mastracco Jr., Chair, presided.

Ms. Helen E. Dragas, Ms. Sheila C. Johnson, William P. Kanto Jr., M.D., Ms. Constance R. Kincheloe, The Hon. Lewis F. Payne, E. Darracott Vaughan Jr., M.D., and John O. Wynne were present. Randl L. Shure and Randy J. Koporc participated by telephone.

Steven T. DeKosky, M.D., Robert S. Gibson, M.D., R. Edward Howell, and Leonard W. Sandridge, all *ex officio* Members, also were present.

Present as well were Ms. Teresa A. Sullivan, Arthur Garson Jr., M.D., Larry Fitzgerald, Ms. Lynne Fleming, Ms. Sally N. Barber, Robert H. Cofield, Marshall D. Ruffin Jr., M.D., Ms. Susan G. Harris, and Ms. Jeanne Flippo Bailes. A. Macdonald Caputo also participated by telephone.

The Chair welcomed President Sullivan, and introduced Ms. Dragas and Ms. Johnson, who are newly appointed members on the Board. He reminded the Board that they will function in two sessions, one as the Board for the Medical Center and the other as the Board for the Transitional Care Hospital.

Action Item: Signatory Authority for Environmental Services Contract for the Medical Center

The Chair asked Mr. Howell to proceed with the agenda. Mr. Howell explained that the first action item related to the contract for environmental services, which must be approved by the Board because it will exceed delegated signatory authority limits. On motion, the Medical Center Operating Board adopted the resolution and recommended it to the full Board of Visitors for approval.

SIGNATORY AUTHORITY FOR ENVIRONMENTAL SERVICES CONTRACT FOR THE MEDICAL CENTER

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.

Action Item: Amended and Restated Bylaws of the Clinical Staff of the Medical Center

On motion, the Medical Center Operating Board adopted the following resolution:

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 an Attachment, shall be effective as of September 14, 2010.

Vice President and CEO Remarks

Mr. Howell said the Remote Area Medical Clinic (RAM Clinic) was sponsored by the Medical Center for the 10th year. The RAM Clinic provided care to 2,347 individuals. This year the Secretary of Health, Mr. Bill Hazel, and staff from Culpeper Regional Hospital including Mr. Lee Kirk, participated.

The Medical Center will receive the "Silver Medal of Honor" for organ procurement for the U.S. Department of Health and Human Services, said Mr Howell.

He spoke about the US News and World Report's rankings of America's Best Hospitals and pointed out to the Members they had a copy of the magazine at their places. Only 157 hospitals are listed, and seven of the University's clinical specialties are included.

Mr. Howell concluded his remarks by stating that the financial performance in the past year has been solid despite some significant challenges.

Operations, Finance and Write-Offs

Mr. Howell asked Robert Cofield, Marshall Ruffin, M.D., and Larry Fitzgerald to provide the Operations, EpicCare, and Financial reports respectively.

Mr. Cofield spoke briefly about three areas of Operations: 1. patient safety and quality initiatives; 2. patient progression, citing the Patient Progression Leadership Team, which is working to improve the coordination and efficiency of care delivery and includes the Employee Connection program; and 3. operational and financial discipline, citing a Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey on patient satisfaction which reports its results publicly, and the employee engagement "Pulse" survey, which showed no statistical changes from the 2009 survey. Mr. Cofield said the HCAHPS survey results in 2009 gave the University a 66.5% rating, or 37th of 72 University Healthcare Consortium hospitals. The Medical Center's goal for 2011 is 70%, the 75th percentile performance.

Mr. Cofield introduced Marshall Ruffin, M.D., who said the EpicCare Ambulatory rollout was on time and within budget. The "Go Live" date for this part of the project is September 28, 2010. The budget over 7 years is \$121.991 million. Upon completing 3 years, through July 1, 2011, the University will have spent \$72 million.

Mr. Fitzgerald gave the financial report using June fiscal year 2010 numbers. He said there was a 5.7% margin on operating income plus a \$15 million reserve adjustment. Expenses were well controlled this past year, coming in 2.6% under budget. The case mix index (CMI) was 1.88 on a budget of 1.85. Admissions did not meet budgeted numbers, which is due mostly to Medicine and Psychiatry. Surgery was flat, which is more profitable than Medicine and Psychiatry. He said market share is down in Medicine, primarily Cardiology, and up in Surgery. This reflects a nationwide trend, although the Medical Center is down a little more than nationwide. Ms. Dragas asked Mr. Fitzgerald to provide numbers in the future so the Board can benchmark the Medical Center's performance against others.

Mr. Fitzgerald said net income was \$115 million, however, length of stay is above budget and above the prior year. He said July admissions have begun to trend up.

Report by the President of the Clinical Staff

The Chair introduced Robert Gibson, M.D., to provide a report from the clinical staff. Dr. Gibson said since the June meeting, the Clinical Staff office has been unusually busy in four areas: 1. processing of 400 physician privileging applications; 2. The organization and completion of several professional practice evaluations; 3. Revising the Clinical Staff Bylaws to meet Joint Commission standards; and 4. Restructuring several clinical staff committees, including Patient Safety, Quality, and Professional Practice Evaluations. He said the leadership shown by the new Chief Quality & Process Improvement Officer, Susan Huerta, and the dedication of the staff, made this work possible.

The clinical staff office has also played an important role in facilitating the engagement, education, and training of about 700 physician members in transitioning to the EpicCare electronic medical record. Virtually 100% are on a successful completion track.

Dr. Gibson's concluding comments were about changes related to the functioning of the Clinical Staff Executive Committee (CSEC). The clinical department chairs, Dean DeKosky, Mr. Howell, Mr. Cofield, Dr. Truwit and the Chief Nursing Officer Lorna Facteau, as well as 7 elected representatives of the physician and nursing communities, are members of the CSEC. All standing clinical staff committees report to the CSEC. Dr. Gibson explained the role of the CSEC, and said with the Medical Center Operating Board's consent and help he would like to begin the process of reframing the operating principles of the CSEC so it becomes more of a working committee, an educated coalition of key leaders that is more proactive and prescriptive in helping to guide and drive greater patient safety and higher quality throughout the organization. He said the CSEC also should be involved in identifying some of the strategic investments that might be necessary to achieve top quartile performance in the mortality index, the patient safety index, and other goals set by the Medical Center Operating Board Quality Subcommittee. He asked the Medical Center Operating Board to endorse this change and declare its support for those prioritized strategic initiatives that might accelerate the pace of improvement in key performance indicators.

Following Dr. Gibson's presentation, Dr. Truwit said in order to show that they are serious about quality measures, they are putting 20% of a physician's stipend at risk. The quality metrics include mortality, complications, and length of stay.

Dr. Gibson made a motion that the Medical Center Operating Board endorse his recommended changes to the operation of the CSEC. The motion was approved by the Medical Center Operating Board.

EXECUTIVE SESSION

After adopting the following motions enabling it to meet in Closed Session, the Medical Center Operating Board went into Executive Session at 10:15 a.m.:

That the Medical Center Operating Board go into Closed Session to discuss proprietary, business-related information pertaining to Medical Center personnel, financial, fundraising, market and resource considerations and efforts regarding the Medical Center, including potential strategic joint ventures or other competitive efforts, and the proposed dissolution and sale of the Medical Center's interest in a joint venture where public disclosure would adversely affect the Medical Center's competitive position; to consider confidential information and data related to the adequacy and quality of professional services, patient safety in clinical care, review of proprietary Medical Center performance measures and metrics and patient grievances all for the purpose of improving patient care; and, in consultation with legal counsel, the Medical Center's compliance

with relevant federal reimbursement regulations, licensure and accreditation standards, and negotiations concerning performance of a contract and related litigation, which will also involve proprietary business information of the Medical Center, and evaluation of the performance of specific Medical Center personnel and where disclosure at this time would adversely affect the competitive position of the Medical Center. The foregoing motion is authorized by Sections 2.2-3711 (A) (1), (6), (7), (8) and (22) of the Code of Virginia. The Closed Session of the Medical Center Operating Board is further privileged under Section 8.01-581.17 of the Code of Virginia.

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That the Medical Center Operating Board go into Closed Session to consider proposed personnel actions regarding the appointment, reappointment, resignation, assignment, performance, and credentialing of specific clinical staff members and allied health care professionals. The foregoing motion is authorized by Section 2.2-3711 (A) (1), of the Code of Virginia. The Closed Session of the Medical Center Operating Board is further privileged under Section 8.01-581.17 of the Code of Virginia.

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The Medical Center Operating Board resumed its meeting in Open Session at 11:15 a.m., and adopted the following resolution certifying that its discussions in Executive Session had been conducted in accord 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.

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ACTION ITEM: Approval of Credentialing and Recredentialing Actions

The Medical Center Operating Board approved the following Credentialing and Recredentialing resolutions, which were discussed in Executive Session:

CREDENTIALING AND RECREDENTIALING ACTIONS FOR THE
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., Physiatriist 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; Period of Reappointment: October 1, 2010, through September 30, 2011; Privileged in Obstetrics and Gynecology.

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.

Bertozi, 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.

Sedlock, Jacquelyn, P.A., Physician Assistant in the Department of Orthopedics; Period of Privileging: June 10, 2010, through May 31, 2011, Privileged as a Physician Assistant.

Smoltz, Jennifer, R.N., N.P., Acute Care Nurse Practitioner in Medicine/Wound Ostomy; Period of Privileging: June 15, 2010, through June 14, 2011, Privileged as an Acute Care Nurse Practitioner.

Wells, Jodi, P.A., Physician Assistant in the Emergency Department; Period of Privileging: July 7, 2010, through July 5, 2011, Privileged as a Physician Assistant.

Wielar, Amy J., R.N., N.P., Certified Nurse Anesthetist in the Operating Room; Period of Privileging: June 28, 2010, through June 27, 2011, Privileged as a Certified Nurse Anesthetist.

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.

Irons, Amanda S., P.A., Physician Assistant in Cardiology/EP Lab; Period of Privileging: October 3, 2010, through October 2, 2012; Privileged a Physician Assistant.

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.

Mariscal, Carol S., R.N., N.P., Family Nurse Practitioner in Interventional Radiology; Period of Privileging: November 3, 2010, through November 2, 2012; Privileged as a Family 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.

Newberry, Yvonne G., R.N., N.P., Family Nurse Practitioner in the Department of Obstetrics and Gynecology; Period of Privileging: October 1, 2010, through September 30, 2012; Privileged as a Family Nurse Practitioner.

Ottinger, Daniele P., R.N., N.P., Neonatal Nurse Practitioner in the NICU; Period of Privileging: November 3, 2010, through November 2, 2012; Privileged as a Neonatal 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.

Tanguma, Linda, R.N., N.P., Certified Nurse Anesthetist in the Operating Room; Period of Privileging: August 7, 2010, 2010, through August 6, 2012; Privileged as a Certified Nurse Anesthetist.

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.

Williams-Rosenthal, Suzanne, R.N., N.P., Geriatric Nurse Practitioner in Senior Services; Period of Privileging: October 23, 2010, through October 22, 2012; Privileged as a Geriatric 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.

Moss, Lisa Z., R.N., N.P., Acute Care Nurse Practitioner in MSICU; Effective Date of Resignation: May 3, 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.

Teeples-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.

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On motion, the meeting was adjourned at 11:15 a.m.

SGH:lah

These minutes have been posted to the University of Virginia's Board of Visitors website.

<http://www.virginia.edu/bov/mcobminutes.html>



ATTACHMENT

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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**AMENDED AND RESTATED
BYLAWS
OF THE CLINICAL STAFF
OF THE UNIVERSITY OF VIRGINIA MEDICAL CENTER**

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 [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 [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.

“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 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.

3.4.5 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 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;
 - (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 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 APPOINTMENT 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.

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 or 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 or 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.

10.2 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
- 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 Representative 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 Representative 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
- (n) Pediatrics

- (o) Physical Medicine and Rehabilitation
- (p) Plastic and Maxillofacial Surgery
- (q) Psychiatric Medicine
- (r) Radiation Oncology
- (s) Radiology
- (t) Surgery
- (u) Urology

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.