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# Medical Staff Bylaws: Complying With CMS, NPDB and Joint Commission

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Today's faculty features:

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**MEDICAL STAFF BYLAWS:  
COMPLYING WITH  
CMS, NPDB AND  
THE JOINT COMMISSION**

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# COMPLY WITH:

## CMS

- Adoption/Approval
- Categories
- Unification
- MS Organization
- Qualifications
- H&Ps
- Privileging
- MSB applies to members

## TJC MS 01.01.01

- Structure
- Qualifications
- Dispute Resolution
- Privileging
- Categories
- H&Ps
- Voting rights
- Officer + s/election
- MEC
- Amendment Process
- Credentialing
- Membership
- Suspensions
- Hearing & Appeals
- Department Chairs
- Unification

## NPDB

- Investigation
- Surrender
- Notice
- Leave of Absence

## COMPLY WITH:

### STATE LAW

- Peer Review Protections
- Hearing Elements
- Composition

### FED LAW

- HCQIA
- ADA
- FDEA

# AND BEYOND COMPLIANCE:

## BEST PRACTICES

- Conflict of Interest
- Compliance Code
  - Code of Conduct
- Employed Physicians

## DON'T DO THIS

- Mandatory MOC
- Age Limits

FEATURING

THE MASSACHUSETTS MEDICAL  
SOCIETY  
MODEL MEDICAL STAFF BYLAWS

# DEFINITIONS

## EFFICIENCY

- STREAMLINE SECTIONS

## CLARIFY REPEATED TERMS

- DON'T DEFINE TERMS NOT USED

## CONSISTENCY

- CAN RESOLVE LEGAL ISSUES



# SAMPLE BYLAWS: INVESTIGATION

Investigation: formal review instigated solely by the medical executive committee to evaluate and act on requests for corrective action, as part of the peer review process. Activities of departments, the medical staff health committee and other medical staff committees, preliminary peer review, including deliberations or inquiries of the medical executive committee to determine whether to order an investigation do not constitute an investigation under these medical staff bylaws. An investigation begins when the medical executive committee acts to initiate it, unless it identifies another starting point, and continues until the committee or individual conducting the investigation closes the investigation, or the board takes a final action in the matter.

*MMS MMSB*

# THE MEDICAL STAFF GOVERNANCE DOCUMENTS

- Medical Staff Bylaws
- Medical Staff Rules And Regulations
- Medical Staff Department Rules And Regulations
- Medical Staff Section Rules And Regulations
- Medical Staff Policy

## SAMPLE BYLAWS:PREVENT INCONSISTENT REQUIREMENTS

These medical staff bylaws, the medical staff rules and regulations and any medical staff department or section rules and regulations, and medical staff policy are the medical staff governance documents, and as such contain the only authorized processes and requirements for clinical standards, medical staff membership, clinical privileges, peer review, medical staff governance and all medical staff organization functions.

*MMS MMSB Article I*

## AMENDMENT PROCESSES

Under JC standard MS.01.01.03, neither the organized medical staff nor the governing body may unilaterally amend the medical staff bylaws or rules and regulations.

# AMENDMENT PROCESSES: BYLAWS, RULES AND REGULATIONS AND POLICIES

## Committee Process



## Direct Medical Staff Process

per JC Standard MS 01.01.01 Element of Performance 8: “The organized medical staff has the ability to adopt medical staff bylaws, rules and regulations, and policies, and amendments thereto, and to propose them directly to the governing body”



## SAMPLE BYLAWS: MSB AMENDMENT PROCESSES

Only amendments initiated under these bylaws can be approved or enforced. The medical staff bylaws cannot be amended by the action of the medical staff or the board or any other entity acting unilaterally.

### a) Committee Process

Proposals to revise the medical staff bylaws are drafted, or, if prepared for committee review by medical staff counsel, reviewed and finalized for recommendation, by the bylaws committee. Bylaws committee recommendations are submitted to the medical executive committee for action at its next meeting, which may return the recommendations to the bylaws committee for revision with written questions or directions. If the medical executive committee accepts or rejects the bylaws committee recommendations, or chooses to take no action on the recommendations, it forwards the recommendations to the medical staff for action. The medical executive committee has the recommendations, along with an explanation of the reason for each change and for the medical executive committee's action, submitted to all medical staff members by email, by mail, or by other effective means at least 4 weeks in advance of the medical staff meeting at which the recommendations will be acted on. Amendments are approved by the medical staff if adopted by vote, when a quorum is reached, of two-thirds of the qualified voting members.

### b) Medical Staff Process

The medical staff may adopt amendments to the medical staff bylaws to be recommended for adoption by the board, without prior review or action by the medical executive committee, by vote, when a quorum is reached, of two-thirds of the qualified voting members.

### c) Board Approval

Only those medical staff bylaws amendments adopted by either medical staff amendment process can be considered for approval by the board. Only those medical staff bylaws amendments approved by the board amend the medical staff bylaws. Board approval of medical staff bylaws amendments is not withheld unreasonably.

*MMS MMSB I.A.2*

# MEDICAL STAFF MEMBERSHIP

Required to qualify:

- Licensure to practice profession authorized for medical staff membership under state law
- Education
- Training
- Experience
- Core Competence, including Ability
- Professional Liability Insurance
- No current Medicare exclusion

NOT required to qualify:

- Hospital employment or contract
- DEA for members who do not prescribe
- Board certification



## SAMPLE BYLAWS: BOARD CERTIFICATION AS QUALIFICATION FOR MEMBERSHIP

Departments and Sections may require higher level of training in a specialty or subspecialty and/or board certification for granting clinical privileges.

...

If board certification requirements are included in criteria, departments specify which specialty/subspecialty medical and osteopathic board, oral and maxillofacial surgery, dental, podiatric, or other professional boards are designated, how recent trainees are accommodated, and whether recertification is required.

*MMS MMSB §IIB, IV.A.2*

# CATEGORIES OF MEMBERSHIP

## TYPICAL

- Active
- Provisional
- Consulting
- Courtesy
- Honorary/Emeritus

## OPTIONS

- General/Low Volume
- Call Coverage

# SAMPLE BYLAWS: ACTIVE CATEGORY

The active medical staff consists of members who actively support the medical staff by contributing to medical staff operations in at least two of the following areas:

- Currently serve as a medical staff officer, representative, department chairman, section chief, or medical staff committee chair;
- Admit at least [ ] patients per calendar year;
- Currently serve as a member of the hospital board;
- Currently serve as a medical staff committee member other than as chairman;
- Serve as a proctor during the last two years;
- Serve as a peer reviewer during the last two years;
- Currently serve on a hospital or system committee as appointed by the president;
- Provide education to fellow medical staff members, by presenting grand rounds or formal educational session or publishing in the medical staff newsletter or website within the last two years.

*MMS MMSB II.F.1*

# SAMPLE BYLAWS: HOSPITAL EMPLOYED MEMBERS

Members employed by the hospital, on a full-time or part-time basis, to provide clinical services to patients or to provide back-up call or other coverage, referred to as “employed members,” must meet all qualifications in, and otherwise comply with, the medical staff bylaws. Any incentive offered by the hospital to any employed, contracted or other medical staff member is subject to review and authorization by the medical executive committee to assure that it will not adversely affect patient care. Employed members may qualify for election to medical staff leadership and appointment to committees, but must disclose their employment relationships as potential conflicts of interest and to allow for balance in committee appointments. Selection of peer reviewers, including hearing committee membership, and eligibility to serve and service as medical staff officers and representatives cannot be limited to members who are either employed by or under contract to the hospital. Employed members will not be subject to employment termination, retaliation or other penalties as a result of carrying out leadership and other medical staff responsibilities in good faith. Employed members are not exempt from corrective action, and are entitled to the same rights of hearing and appeals provided in these bylaws to all members.

*MMS MMSB 11.H*

# SAMPLE BYLAWS: VOTING

## 1. Voting Rights

All members can vote in medical staff meetings, and in departments, sections and committees of which they are members. Only medical staff members can vote in meetings of the medical staff, its departments, sections and committees.

## 2. Electronic Means

Voting and participation may be accomplished by email or other internet communication, or other electronic and/or telephonic means where permitted by the chair of the meeting on either an individual or group basis.

## 3. No Proxy or Absentee Voting

No vote by proxy or absentee ballot may be counted in any vote of the medical staff, its departments, sections or committees.

*MMS MMSB II.K*

# CREDENTIALING/RE-CREDENTIALING PROCESSES

- Applicant's Burden of Producing Information
- Application Fee
- Application Content
- Data Bank Query
- Verification of Information
- Medical Staff Section/Department Review
- Credentials Committee Review
- MEC Action



# SAMPLE BYLAWS: CREDENTIALS FILES

## 1. Storage of Medical Staff Records in the Event of Hospital Closure

Should the hospital be closed, the board will arrange for the credentials files and other medical staff records to be placed with an appropriate custodian for a minimum of two years after closure, during which time the records will be maintained as confidential but the members will be permitted access. At least thirty days in advance of closure of the hospital, the administrator notifies all medical staff members of the arrangements for storage and appropriate access.

## 2. Access

Access to medical staff credentials files is limited to those identified here, under the circumstances identified here.

### a) By Others

Only those medical staff leaders and administrative personnel carrying out peer review and other medical staff operations have access to credentials files, and only as needed to fulfill their legitimate duties.

### b) By Members

Medical staff members are granted access to their own credentials files upon request, but only for review in the medical staff office, at a time convenient to the member and the medical staff office director or designee, in whose presence the member's review will take place. The member may receive a copy of only those documents provided by or addressed personally to the member. The member may request in writing that the medical executive committee either correct or delete information in the member's credentials file. Information supporting the request should be included. The member is notified promptly, in writing, of the decision of the medical executive committee. In the event a notice of action or proposed action is filed against a member, applicant, or holder of clinical privileges, access to that member's credentials file is governed by the hearing procedures established in the medical staff bylaws.

*MMS MMSB III.L*

# PRIVILEGES

- Privileges Criteria
  - Process for Criteria Determination
- Process for Privileges Delineation
- History and Privileges Privileges
- Admitting Privileges
- Temporary Privileges
- Disaster Privileges
- Telemedicine Privileges
- Exclusive Privileges

# SAMPLE BYLAWS: EXCLUSIVE PRIVILEGES

## 1. Medical Staff Advises

Whenever the hospital plans to issue a contract, exclusive or otherwise, to provide services delivered under clinical privileges, it informs the medical executive committee as to which specialties and services will be affected. The medical executive committee (or an ad hoc committee formed for this purpose) collects information from the members that would be affected, from the hospital administration, and from other interested parties, to make an informed recommendation as to whether those services should be closed or discontinued, or provided through a contract, and, should a contract arrangement be recommended, what contract sources should be utilized. The actual terms of any contract and any financial information related to the contract, including but not limited to the remuneration to be paid to medical staff members under contract, are not relevant and therefore are neither disclosed to the medical executive committee nor discussed as part of this contracting evaluation process. Unless the recommendation is arbitrary or capricious, the board's action regarding the contract is consistent with the recommendation of the medical executive committee.

## 2. No Existing Exclusive

To the extent that any such contract confers the exclusive right to perform specified services at a Hospital on the other party to the contract, no one will be permitted to submit an application for clinical privileges to perform the specified services while the contract is in effect. If the exclusive contract to be granted is in an area where no exclusive contract already exists, then any member who holds any privilege that would be made exclusive under the contract will be given notice of the exclusive contract and have the right to meet with the board or a committee designated by the board to discuss the matter prior to the effective date of the contract in question. At the meeting, the affected member is entitled to present any information relevant to the decision to enter into the exclusive contract. In any event, the contract does not adversely affect any privileges currently held by members not under exclusive contract with the hospital, and these members will be permitted to renew their existing privileges without limitations from the exclusive contract.

## 3. Existing Exclusive

If the exclusive contract to be granted replaces an already existing exclusive contract, then all members that were participating in the exclusive contract that is to be replaced lose those privileges they had held exclusively under that contract, and, unless they hold or apply for other privileges, their medical staff memberships. That member whose exclusive contract was replaced will not be entitled to any other procedural rights with respect to the decision or the effect of the new contract on his/her clinical privileges, unless the basis of the decision would entitle the member to hearing rights under these bylaws, notwithstanding any other provision of the bylaws. The loss of clinical privileges because of the termination of an exclusive contract that is replaced by a new exclusive contract is not a matter that requires a report to the state licensure board or to the National Practitioner Data Bank.

## CHANGES OF MEMBERSHIP OR PRIVILEGES

- Changing Membership Category
- Adding Privileges
- Resignation
- Leave of Absence

## SAMPLE BYLAWS: RESIGNATION

Resignation from the medical staff and/or resignation of any privilege(s) is effective [the date stipulated in] [immediately on receipt of] the resignation by any one of the following: the president, the chief of the member's department or section, or any representative of the medical staff office. The member shall be informed in writing whether the resignation will be reported to the National Practitioner Data Bank due to an on-going investigation, and given the opportunity to rescind the resignation, which will not be reported.

# PEER REVIEW

- Peer Reviewers
  - Conflict of Interest Discernment for Peer Reviewers
  - Which Committees Review
  - How to Use External Review
- Medical Staff Standards
- Triggering Peer Review (FPPE/OPPE)
- Conduct Standards
- Corrective Action

## SAMPLE BYLAWS: CORRECTIVE ACTION

Where deviation from standards is found as a result of peer review or an investigation, or if deviation from standards and medical staff bylaws, rules and regulations or policy is reasonably alleged, corrective action can be requested by any person. Requests for corrective action are acted upon by the medical executive committee, which can initiate an investigation, assigning the investigation to an officer or to the medical staff peer review committee, or, if it determines that it has sufficient information regarding the request, take action on the request. The medical executive committee may deny the request as being specious, not meriting action. If the medical executive committee finds that improvement of conduct or competence is warranted, it takes action to require the member to fulfill specific educational, training or behavior modification requirements. If the medical executive committee determines that restraint of the member's practice at the hospital is the only means of protecting patient care and safety, it may recommend action that if taken, would constitute an adverse action against membership or privileges, giving rise to hearing rights under these bylaws. Under no circumstances can corrective action be taken as punishment or retaliation, or for any reason other than protecting and improving patient safety and quality patient care.

*MMS MMSB VI.E*

# HEARING & APPEALS

- Right to Hearing & Appeal
- Notice of Action
- Notice of Hearing
- Composition of Hearing Committee
- Hearing Officer
- Conduct of Hearing
- Hearing Committee Decision
- Appeals to Governing Body
- Reporting Final Actions



## ADEQUATE NOTICE & HEARING

The physician is given written notice of the proposed action, stating

- That a professional review action has been proposed to be taken against the physician;
- The reasons for the proposed action;
- That the physician has the right to request a hearing on the proposed action;
- Any time limit (of not less than 30 days) within which to request such a hearing, and
- A summary of rights in the hearing.

*Federal Health Care Quality Improvement Act of 1986, 42 USC 11101, et seq*

## ADEQUATE NOTICE & HEARING.2

If a hearing is requested, the physician must be given notice of hearing, stating:

The place, time and date of the hearing, which date shall not be less than 30 days after the date of the notice of hearing; and

A list of the witnesses (if any) expected to testify at the hearing on the part of the professional review body.

If a hearing is requested, the hearing shall be held (as determined by the health care entity)

Before an arbitrator mutually acceptable to the physician and the health care entity;

Before a hearing officer who is appointed by the entity and who is not in direct economic competition with the physician involved; or

Before a panel of individuals who are appointed by the entity and are not in direct economic competition with the physician involved.

*Federal Health Care Quality Improvement Act of 1986, 42 USC 11101, et seq*

## ADEQUATE NOTICE & HEARING.3

- In the hearing, the physician involved has the right
  - To representation by an attorney or other person of the physician's choice,
  - To have a record made of the proceeding, copies of which may be obtained by the physician upon payment of any reasonable charges associated with the preparation of the record,
  - To call, examine and cross-examine witnesses,
  - To present evidence determined to be relevant by the hearing officer, regardless of its admissibility in a court of law, and
  - To submit a written statement at the close of the hearing.
- Upon completion of the hearing, the physician has the right
  - To receive the written recommendation of the hearing body, including a statement of the basis for the recommendation, and
  - To receive the written decision of the hospital or health care entity, including a statement of the basis for the decision.

*Federal Health Care Quality Improvement Act of 1986, 42 USC 11101, et seq*

## SAMPLE BYLAWS: HEARING OFFICER

The medical executive committee recommends a hearing officer to the administrator to appoint on behalf of the board. The hearing officer is an attorney at law qualified to preside over an administrative hearing such as this, but attorneys from a firm regularly utilized by the hospital, the medical staff or the involved medical staff member or applicant for membership, for legal advice regarding their affairs and activities are not eligible to serve as hearing officer. The hearing officer gains no direct financial benefit from the outcome and must not act as a prosecuting officer or as an advocate. The hearing officer endeavors 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 hearing officer determines the order of or procedure for presenting evidence and argument during the hearing and has the authority and discretion to make all rulings on questions pertaining to matters of law, procedure or the admissibility of evidence. If the hearing officer finds that either side in a hearing is not proceeding in an efficient and expeditious manner, the hearing officer may take such discretionary action as seems warranted by the circumstances. The hearing officer participates in the deliberations of such committee, is its legal advisor regarding compliance with federal and state peer review law, and drafts the report at the committee's direction. The hearing officer does not have a vote.

# MEDICAL STAFF OPERATIONS

- Medical Staff Leadership
  - Elections
  - Officers
  - Medical Staff Representatives
  - Department Chairs
  - Section Chairs
  - Vacancies in Office
  - Conflicts of Interest
  - Leadership Training
- Medical Staff Meetings
  - Quorum
  - Executive Session
  - Medical Staff Funds
  - Departments & Sections
  - Voting on Unification and Disunification
  - Dispute Management

# UNIFICATION/DISUNIFICATION

## F. Voting on System Medical Staff Unification and Disunification

The medical staff can only be unified or disunified with other medical staffs in a healthcare system according to the following processes.

### I. Unification Process

As soon as unification is under consideration, but no later than six months before submission for vote under these bylaws, the hospital sends written notice of its proposed unification of medical staffs, disclosing the hospital(s) and medical staff(s) involved, any risks and benefits, and schedule, plans and prospects for the system and unified medical staff. The Medical Executive Committee reviews the proposal and shares with all members its analysis of the proposed unification, based on its assessment of the immediate and long-term effects of unification [three months prior to the medical staff vote on unification].

The Medical Staff votes on whether to unify [at a special meeting called for that purpose] [by confidential mail ballot] [by electronic balloting.] No less than two-thirds of all Medical Staff Members with voting rights who hold clinical privileges to practice on-site at the hospital must cast votes in favor of unification, or the medical staff shall not be unified.

If the medical staff votes to accept unification, these medical staff bylaws remain in effect as to the members until the medical staff bylaws are amended or new medical staff bylaws are adopted pursuant to the terms of these bylaws. Massachusetts law applies to all medical staff activities.

### G. Disunification Process

Medical Staff members are informed in writing, as part of their orientation as new members and as part of every subsequent membership renewal process, of the process hereby established for the Medical Staff to opt out of unification. The Medical Staff votes on whether to disunify [at a special meeting called for that purpose] [by confidential mail ballot] [by electronic balloting.] No less than two-thirds of all Medical Staff Members with voting rights who hold clinical privileges to practice on-site at the hospital must cast votes in favor of disunification, or the medical staff shall continue to be unified.

Upon voting to disunify, the medical staff becomes the unique medical staff of the hospital. The medical staff bylaws which were in effect immediately prior to unification resume, pending amendments as needed to update the document, so that special elections to elect officers, department chairs and other medical staff leadership can occur immediately.

*MMS MMSB VIII.FIG*

# MEDICAL STAFF COMMITTEES

- Bioethics
- Bylaws
- Cancer
- Credentials
- Finance
- Infection Control
- Joint Conference
- Medical Executive \*
- Medical Staff Health
- Nominating
- Quality Assessment
- Resource Allocation
- Therapeutics
- Utilization Review

## MEDICAL STAFF HEALTH COMMITTEE

The medical staff health committee includes at least [three] medical staff members who have experience or interest in addiction medicine. No committee member is a department chair, member of the credentials or medical executive committee or otherwise holds a leadership position with authority to limit or suspend a practitioner's privileges.

The medical staff health committee receives reports from any source regarding possible impairment of a member, including self-referrals, and screens out specious or inappropriate reports. As appropriate, the committee refers members to the Physician Health Service, other medical or surgical specialists, or other sources, for evaluation and treatment of condition affecting the member's ability to safely practice. The committee assists members with post-evaluation and treatment monitoring. Referrals, monitoring and all member-related activity by the committee and its members is confidential; however, should a member fail to comply with treatment plans and monitoring or otherwise jeopardize patient safety, the committee refers the member to the medical executive committee for corrective action. The committee organizes staff-wide education about professional impairment issues.

# MEDICAL STAFF MANAGEMENT

- Physician Management
- Medical Staff Office Management
- Medical Staff Management Resources

# SAMPLE BYLAWS : MEDICAL STAFF MANAGEMENT RESOURCES

The hospital, through medical staff and physician management, supports effective and efficient medical staff operations by assuring the following:

## 1. Systems Support

Medical staff management has access to personnel, effective computer systems and other resources to support the requirements set forth in these medical staff bylaws, rules and regulations and policy.

### a) Credentialing and other support

Medical staff management is adequately staffed to meet credentialing deadlines as set forth in these medical staff bylaws, rules and regulations and policy.

### b) Email and virtual meeting support

Medical staff management has access to secure email, intranet, website and other resources to enable appropriate, efficient communications with the medical staff.

### c) Member access to internet and clinical websites

Members have access to secure email, intranet, website and other resources to enable appropriate, efficient communications among members, committees, departments, sections and leadership of the medical staff.

The medical executive committee prepares and negotiates with the administrator a budget for medical staff management on an annual basis.

## 2. Facilities Access

Members, physician management and medical staff management have access to meeting rooms and other hospital facilities to promote effective and efficient medical staff operations.

MHS MMSB X.C

# ALLIED HEALTH PRACTITIONERS

- Privileges
- Actions Affecting Privileges
  - Member-Affiliated AHPs
  - Hearing and Appeals Process

# SAMPLE BYLAWS: AHP HEARINGS & APPEALS

Whenever the medical executive committee or the board makes a recommendation or takes an action to deny an AHP's application, to terminate or summarily suspend an AHP's clinical privileges, or to restrict any or all privileges for more than thirty days, the administrator provides the AHP written notice of the recommendation or action, the reasons for it, and the time period within which the AHP can request a hearing. If a hearing is requested, the president selects and the administrator appoints a committee of comprised of at least three unbiased medical staff members and AHPs with clinical privileges to hear the AHP's objections to the proposed action or recommendation. The hearing is scheduled no sooner than thirty days from the date of the request, and the AHP and his/her affiliated member, if any, are notified of the date, time and place of the hearing. A record of the hearing is made. The committee provides a written report of its recommendations and the reasons therefor, based on the information presented at the hearing, to the administrator for prompt dissemination to the AHP, the medical executive committee, and the board. The AHP and the medical executive committee have the right to appeal the hearing committee's recommendation by a submitting written statement of the reasons for the appeal to the board, within thirty days of receiving the hearing committee report. The board, or a board committee, reviews the written appeal, and the hearing committee report. If the appeal is reviewed by a committee, it promptly provides the parties and the board with its recommendation. The board considers the appeal, the recommendation and the report and takes final action. The administrator provides all parties with the board's decision, and the reasons therefor, in writing. Final actions regarding AHPs are not reported to the National Practitioner Data Bank.

*MMS MMSB XI*

# IMMUNITY, INDEMNIFICATION, CONFIDENTIALITY AND RELEASE OF INFORMATION

- Immunity
- Indemnification
- Confidentiality
  - Authorization for Release of Information
  - Breach of Confidentiality
  - Releases

# IMMUNITY, INDEMNIFICATION, CONFIDENTIALITY AND RELEASE OF INFORMATION

## **Confidentiality of Information**

### Authorization for Release of Information

Applicants, by initiating the application process, authorize the hospital and medical staff and their representatives to release information as needed to process applications for membership or privileges, and authorize third parties to release information pertaining to the application. Applicants agree to be bound by the provisions of these bylaws, medical staff rules and regulations and policy throughout the application process, its outcome notwithstanding.

### Breach of Confidentiality

The hospital and its employees, directors and contractors, the medical staff and its members and applicants, departments, sections and committees are obligated to maintain the confidentiality of all medical staff records to the fullest extent permitted by law. Breach of confidentiality subjects the member to corrective action under these bylaws and the hospital personnel to disciplinary action under hospital policies.

### Releases

Members will execute such releases, consistent with these bylaws, which are reasonably deemed necessary to conduct peer review, fulfill reporting requirements, and otherwise meet the obligations of the medical staff.

*MMS MMSB XII*

# PARLIAMENTARY AUTHORITY

The currently revised Robert's Rules of Order governs all meetings and elections to the extent they do not conflict with these bylaws, the medical staff rules and regulations or policies. Technical or insignificant deviations from Robert's Rules of Order do not serve to render actions invalid.

Stipulating a parliamentary code can help to resolve disputes or questions regarding the appropriate means of taking an action.

*MMS MMSB XIII*

## BEST PRACTICES: RESOURCES AVAILABLE FOR MEDICAL STAFFS & COUNSEL

- Massachusetts Medical Society Model Medical Staff Bylaws contact : [bhowland@mms.org](mailto:bhowland@mms.org)
- AMA Physician's Guide to Medical Staff Organization Bylaws 6<sup>th</sup> edition
- California Public Protection & Physician Health CPPPH Guidelines <http://www.cppph.org/cppph-guidelines/>
- Check My **BYLAWG** at [snelsonlaw.com](http://snelsonlaw.com)

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