Dayton Children’s Hospital Executive Summary

New Professional Staff Bylaws

February 12, 2018

Adoption of a new set of Professional Staff governing documents for Dayton Children’s Hospital is proposed consistent with best practice and applicable laws, rules, regulations, and accreditation standards. An overview of material provisions in the new Professional Staff Bylaws is set forth below.

The pending draft Professional Staff Bylaws should be reviewed in addition to this summary. In the event this summary conflicts with a provision(s) in the new Professional Staff Bylaws, the Professional Staff Bylaws will control.

**PROFESSIONAL STAFF BYLAWS**

Definitions [See Article II]

* A list of defined terms used throughout the Professional Staff documents was added. There are no defined terms in the current Professional Staff Bylaws.
* Note that the term “Practitioner” means a Physician, Dentist, Podiatrist, or Psychologist and that the term “Advanced Practice Provider” or “APP” means a physician assistant, an advanced practice registered nurse, and other designated APPs who are granted Clinical Privileges to practice at the Hospital.
* Note that the term “Appointee” means a Physician, Dentist, Podiatrist, or Psychologist who has been granted appointment to the Professional Staff (*i.e.,* who is a Professional Staff member).

Appointment and Privileges [See Article IV]

* Baseline qualifications for Professional Staff appointment and Clinical Privileges were established as follows:
	+ Have and maintain a current, valid Ohio license/certificate or other credentials required to practice his/her respective profession and meet the continuing education requirements for such licensure as determined by the applicable State licensure board. There is a limited exception for:
		- Active duty military physicians.
		- Applicants for appointment to the consulting peer review Professional Staff category.
	+ Have and maintain, if necessary for the Privileges requested, a current, valid Drug Enforcement Administration (“DEA”) registration and Ohio OARRS registration.
	+ Provide documentation of having successfully completed his/her professional education.
	+ Provide, if applicable, documentation of successful completion of a residency of at least three (3) years approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association in the specialty or specialties in which the Applicant seeks Privileges. Practitioners shall also provide documentation of successful completion of other training programs, internships, and/or fellowships, as applicable.
	+ Provide, if applicable, documentation of board eligibility or certification and maintain certification in his/her area(s) of practice at the Hospital by the appropriate specialty/subspecialty board(s) in accordance with the requirements set forth in the Credentials Policy.
	+ Be able to read and understand the English language, to communicate effectively and intelligibly in English (written and verbal), and be able to prepare medical record entries and other required documentation in a legible and professional manner.
	+ Have and maintain current, valid Professional Liability Insurance.
	+ Be eligible to participate in Federal Healthcare Programs.
	+ Have and maintain a provider number for Medicaid issued by the Ohio Department of Medicaid.
	+ Have not been convicted of or pled guilty to any of the violations described in division (A)(4) of Section 109.572 of the Ohio Revised Code which disqualify the Applicant from employment or appointment at a children’s hospital pursuant to Section 2151.86 of the Ohio Revised Code as such laws may be amended from time to time.
* Additional qualifications to be considered for purposes of Professional Staff appointment and Clinical Privileges were articulated as follows:
	+ Provide documentation evidencing an ongoing ability to provide patient care, treatment, and services consistent with acceptable standards of practice and available resources including current experience, clinical results, and utilization practice patterns.
	+ Demonstrate an ability to work with and relate to others in a cooperative, professional manner that maintains and promotes an environment of quality and efficient patient care.
	+ Agree to fulfill, and fulfill, the responsibilities of Professional Staff appointment and/or Privileges as set forth in these Professional Staff Bylaws.
	+ Document and demonstrate an ability to exercise the Privileges requested safely and competently with or without a reasonable accommodation.
	+ Comply with the Hospital’s conflict of interest policy, if any, as applicable.
	+ Satisfy such other qualifications as are set forth in the applicable Professional Staff category, Delineation of Clinical Privileges/Privilege set, and as otherwise provided in the Professional Staff Bylaws or Policies.
* Practitioners shall fulfill the following responsibilities as applicable to the Professional Staff appointment and/or Clinical Privileges granted:
	+ Provide his or her patients with continuous care at the level of quality and efficiency generally recognized as appropriate at facilities such as the Hospital.
	+ Abide by the Professional Staff Bylaws and Policies, the Hospital governing documents, Hospital policies and procedures (including, but not limited to, conflict of interest, compliance, HIPAA/the Hospital’s Notice of Privacy Practices prepared and distributed to patients as required by the federal patient privacy regulations, *etc.*), applicable laws, and accreditation standards.
	+ Discharge such Professional Staff, Department, committee, and Hospital functions for which the Practitioner is responsible by Professional Staff category assignment, appointment, election, or otherwise.
	+ Prepare and complete in timely fashion the medical and other required records for patients he or she admits or provides care, treatment, and/or services for at the Hospital consistent with the requirements of the Professional Staff Bylaws and Policies and applicable Hospital policies.
	+ Incorporate into practice use of the Hospital’s electronic medical record and technologic advances (including, but not limited to, computerized order entry) in the electronic medical record as they are made available to the Professional Staff for completion and review of the medical record.
	+ As a precondition to the exercise of Privileges, a Practitioner must designate another Practitioner with comparable Privileges who has agreed to provide back-up coverage for the Practitioner's patients in the event the Practitioner is not available. This requirement may be waived by the PSEC, at the PSEC’s sole discretion, in exceptional circumstances.
	+ Participate in and cooperate with the Hospital’s quality assessment, utilization review, performance improvement, corporate compliance, accreditation compliance, and HIPAA compliance programs.
	+ Abide by the ethical principles of his or her profession as endorsed by his or her profession’s recognized national association.
	+ Cooperate with the Hospital in complying with requirements of third-party payers and in assisting, as needed, to ensure that third-party payments are made.
	+ Work in a cooperative, professional, and civil manner and refrain from any behavior or activity that is disruptive to Hospital operations.
	+ Satisfy the ongoing continuing education requirements, as applicable, established by the Professional Staff or as otherwise required to maintain licensure.
	+ Assist with any Professional Staff approved education programs for students, interns, and residents, if applicable.
	+ Promptly notify the Professional Staff Office if/when any of the information set forth in his/her current application for Professional Staff appointment and/or Privileges changes.
	+ Cooperate in any relevant or required review of a Practitioner’s (including his/her own) credentials, qualifications, or compliance with the Professional Staff Bylaws and Policies and refrain from directly or indirectly interfering, obstructing, or hindering any such review, whether by threat of harm or liability, by withholding information, or by refusing to perform or participate in assigned responsibilities or otherwise.
	+ Be immunized in accordance with the requirements set forth in the applicable Hospital policy/policies.
	+ Attend meetings as required by the Professional Staff Bylaws or Policies.
	+ Complete educational sessions, as required, on the Epic Clinical Information Systems (CIS).
	+ Failure to satisfy any of these basic obligations is grounds, as warranted by the circumstances, for corrective action or denial of reappointment/regrant of Privileges.
* Section 4.11 of the draft Bylaws sets forth the:
	+ Effect of an adverse change in Professional Staff appointment and/or Clinical Privileges on continuation of a contractual or employment relationship.
	+ Effect of expiration or termination of a contract or employment upon the Practitioner’s Professional Staff appointment and/or Clinical Privileges at the Hospital.

Professional Staff Categories [Article V]

* The Professional Staff will be divided into the following categories:
	+ Active (with Privileges)
	+ Active (without Privileges)
	+ Courtesy (with Privileges)
	+ Community (without Privileges)
	+ Consulting Peer Review (without Privileges)
	+ Honorary (without Privileges)
* See attached spreadsheet for additional details.

Collegial Intervention & Informal Remediation [Article VI]

* Collegial intervention and informal remediation provisions were added to the Bylaws to provide the Professional Staff with the flexibility to attempt to resolve a matter informally before initiating formal corrective action.

Formal Corrective Action; Summary Suspension; Automatic Suspension/Termination [Article VI]

* New corrective action and summary suspension procedures were provided consistent with current best practice recommendations.
* Grounds for automatic suspension of Professional Staff appointment and Clinical Privileges are as follows:
	+ Restriction, suspension, or probation of licensure by applicable licensing authority.
	+ Revocation, suspension, limitation, or probation of DEA registration or prescribing authority (automatic suspension impacts right to prescribe medications).
	+ Suspension from participation in a Federal Healthcare Program.
	+ Failure to abide by Professional Staff Policies or Hospital policies (including, but not limited to, the policy regarding delinquent medical records) when the applicable policy provides for an automatic suspension of Professional Staff appointment and/or Privileges. A Practitioner who is automatically suspended as a result of delinquent medical records may:
		- Conclude the management of any patient under his/her care in the Hospital at the time of the effective date of the automatic suspension/limitation of Privileges.
		- Attend to the management of patients under the Practitioner’s carerequiring emergency care and intervention.
		- May perform surgery for any patient under his/her care whose admission or outpatient procedure was scheduled prior to the effective date of the automatic suspension and which occurs within forty-eight (48) hours following the automatic suspension.
	+ If a Practitioner’s Professional Liability Insurance coverage lapses, falls below the required minimum, is terminated, or otherwise ceases to be in effect, in whole or in part.
* The grounds for imposition of an automatic termination of Professional Staff appointment and Privileges are as follows:
	+ Termination of the Practitioner’s license/certificate to practice.
	+ Exclusion from participation in a Federal Healthcare Program.
	+ Failure to provide proof of reinstatement of Professional Liability Insurance coverage within 45 days of an automatic suspension.
	+ Plea of guilty or no contest; or guilty finding with respect to certain offenses set forth in the Bylaws.

Professional Staff Officers [Article VIII]

* The officers of the Professional Staff are: the Professional Staff Chair; the Professional Staff Chair-elect; and the Past Professional Staff Chair.
* Professional Staff officers must be active Appointees with or without Clinical Privileges and must meet such other qualifications for Professional Staff officers as set forth in the Bylaws.
* The procedure for nominating and electing the Professional Staff Chair-elect is set forth in the Bylaws.
* The Professional Staff Chair-elect automatically succeeds to the office of the Professional Staff Chair; the Professional Staff Chair automatically succeeds to the office of Past Professional Staff Chair.
* The term of office for Professional Staff officers is two (2) years.
* The procedures for filling a vacancy in a Professional Staff office; for resignation of Professional Staff office; and for removal of a Professional Staff officer are set forth in the Bylaws.
* The duties of the Professional Staff officers are also outlined in the Bylaws.

Professional Staff Departments and Divisions [Article IX]

* The Departments of the Professional Staff are: the Department of Medicine and the Department of Surgery. Departments may be further divided into Divisions.
* The Department Chair of Medicine and the Department Chair of Surgery must each be an active Appointee with Clinical Privileges and meet such other qualifications for Department Chairs as set forth in the Bylaws.
* Department Chair responsibilities are set forth in the Bylaws and align with accreditation requirements.
* The term of office for Department Chairs is two (2) years.
* The procedures for nominating, electing, and removal of Department Chairs is set forth in the Bylaws. Resignation and filling vacancies is also addressed.
* A Division Chief must be an active Appointee with Clinical Privileges and must meet the same qualifications as the Department Chairs.
* Division Chiefs serve until they resign or are removed from the position.
* Division Chiefs are selected and removed by the Hospital CEO in consultation with the CMO.

Professional Staff Committees [Article X]

* The voting members of the PSEC are as follows: the three (3) Professional Staff officers; the Department Chairs of Medicine and Surgery; the chair of the Department of Pediatrics (WSU/Boonshoft School of Medicine); at least two (2) but not more than four (4) Professional Staff at-large representatives; the Hospital CEO; the Hospital CMO; and the Vice President of Patient Care Services and Chief Nurse Officer.
* Additional Professional Staff committees are set forth in the Professional Staff Organization Policy.
* Active, courtesy, community, and honorary Appointees are eligible to serve as Professional Staff committee members provided, however, that only active Appointees are eligible to serve as members of the PSEC.
* Active and honorary Appointees are eligible to serve as Professional Staff committee chairs; provided, however, that the chair of the APP Committee may be a member of Hospital administration as determined by the PSEC chair. Honorary Appointees may not chair the PSEC.
* APPs may be selected to serve on Professional Staff committees, as needed, at the sole discretion of the Professional Staff Chair.
* Unless otherwise provided in the Professional Staff Bylaws or Policies, all members of a Professional Staff committee who are Professional Staff Appointees shall have the right to vote on matters of the Professional Staff committee of which he/she is a member. APPs who are selected to serve on Professional Staff committees may be given the right to vote on matters of the Professional Staff committee on which the APP serves at the sole discretion of the Professional Staff Chair.
* The Hospital CEO shall serve as an *Ex Officio* member of all Professional Staff committees without voting rights unless otherwise expressly provided.
* The Chief Medical Officer shall serve as an *Ex Officio* member of all Professional Staff committees with voting rights.
* Professional Staff committee members/chairs serve for a term of two (2) years unless otherwise provided.
* Unless otherwise provided in the Professional Staff Bylaws or Policies, a Professional Staff committee member/chair (other than one serving *Ex Officio*) may be removed from the committee by the Professional Staff Chair subject to consultation with and approval by the PSEC. APPs who serve on Professional Staff committees may be removed from such committees at the sole discretion of the Professional Staff Chair.

Meetings [Article XI]

* Procedural requirements with respect to Professional Staff, Department, and Professional Staff committee meetings are set forth in the Bylaws (*e.g.,* manner of communication, manner of action, action without a meeting, meeting options, voting options, *etc.*).
* Quorum requirements are as follows:
	+ Not less than twenty (20) active Professional Staff Appointees, in Good Standing, present and eligible to vote at a regular or special Professional Staff meeting shall constitute a quorum.
	+ Not less than three (3) voting members of a Professional Staff Department, in Good Standing, present and eligible to vote at a Department meeting shall constitute a quorum.
	+ Not less than three (3) members of a Professional Staff committee, in Good Standing, present and eligible to vote at a Professional Staff committee meeting shall constitute a quorum; provided, however, that.
		- The presence of at least fifty percent (50%) of the voting members of the PSEC shall constitute a quorum.
* Attendance requirements are addressed in the Bylaws.

Adoption and Amendment of Professional Staff Governing Documents [Article XIV and XV]

* Adoption and amendment of the new Professional Staff Bylaws must follow the applicable procedure set forth in the current approved Professional Staff Bylaws.
* After the new Professional Staff Bylaws are approved:
	+ Adoption and amendment of the Professional Staff Bylaws thereafter will require approval of the voting members of the Professional Staff and the Board in accordance with the procedure set forth in the Bylaws.
	+ Adoption and amendment of the Professional Staff Policies (*e.g.,* the Credentials Policy, Organization Policy, Fair Hearing Policy, APP Policy, Wellness Policy, Conduct Policy, Peer Review Policy, and Patient Care Policies) thereafter will require approval of the voting members of the PSEC and the Board in accordance with the procedure set forth in the Bylaws.
* Note that the current Professional Staff Rules & Regulations will be renamed Professional Staff Patient Care Policies.