

# **SUMMIT HEALTHCARE**

  

## **MEDICAL STAFF BYLAWS**

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## **APPENDIX A – MEDICAL STAFF CATEGORIES SUMMARY**

## **APPENDIX B – HISTORY AND PHYSICAL EXAMINATIONS**

## ARTICLE 1

GENERAL1.A. DEFINITIONS

Unless otherwise indicated, the capitalized terms used in all of the Medical Staff documents are defined in the Medical Staff Glossary.

1.B. DELEGATION OF FUNCTIONS

- (1) When a function under these Bylaws is to be carried out by a member of the Administrative Leadership, by a Medical Staff Member, or by a Medical Staff committee, including a Peer Review Committee, the individual, or the committee through its chair, may delegate performance of the function to a qualified designee who is a Practitioner or Summit Healthcare employee (or a committee of such individuals). Any such designee must treat and maintain Peer Review Information in a strictly confidential manner and is bound by all other terms, conditions, and requirements of the Medical Staff Bylaws and related policies. The delegating individual or committee is responsible for ensuring that the designee appropriately performs the function in question. Any documentation created by the designee are records of the committee that is ultimately responsible for the review in a particular matter.
- (2) When a Medical Staff Member is unavailable or unable to perform a necessary function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

1.C. SUBSTANTIAL COMPLIANCE

While every effort will be made to comply with all provisions of these Bylaws, technical or minor deviations from the procedures set forth within these Bylaws do not invalidate any review or action taken.

1.D. MEDICAL STAFF STIPENDS

In recognition of the time commitment required of the members of the MEC, the Credentials Committee, and the Department Chairs and Division Chiefs, a stipend may be provided, to be determined by the MEC, and approved by a simple majority of the Medical Staff. The stipend may, at least in part, be derived from the Medical Staff Fund.

## ARTICLE 2

CATEGORIES OF THE MEDICAL STAFF2.A. GENERAL

Only those individuals who satisfy the applicable qualifications for Appointment contained in Section 2.A.1 of the Practitioner Procedural Policy are eligible to apply for Appointment to one of the categories listed below. All categories, with the respective rights and obligations of each, are summarized in the chart attached as **Appendix A** to these Bylaws. In addition, all Medical Staff and Adjunct Professional Staff members are expected to carry out the applicable responsibilities outlined in Section 2.B.1 of the Practitioner Procedural Policy.

2.B. ACTIVE STAFF2.B.1. Qualifications:

The Active Staff shall consist of members who:

- (a) regularly admit patients to, or otherwise regularly provide professional services in a hospital setting; and
- (b) maintain a residence and a professional practice within the primary service area of Summit Healthcare and are able to provide timely and appropriate care for hospital patients.

2.B.2. Prerogatives and Responsibilities:

Active Staff members:

- (a) may admit patients consistent with their specific delineation of Clinical Privileges;
- (b) may exercise such Clinical Privileges as are granted to them;
- (c) may hold office, serve as Department Chairs, Division Chiefs, serve on Medical Staff committees, and serve as chairs of committees;
- (d) may attend and vote in all general and special meetings of the Medical Staff and applicable department, division, and committee meetings;
- (e) must provide specialty coverage for the Emergency Department (as indicated in the Summit Healthcare On Call Policy) and accept referrals from the Emergency Department for follow-up care of patients treated in the Emergency Department; and

- (f) shall pay applicable application fees and dues.

## 2.C. ACTIVE OUTPATIENT STAFF

### 2.C.1. Qualifications:

The Active Outpatient Staff shall consist of members who have an active employment agreement or contract to provide outpatient services within Summit Healthcare or its subsidiary, but who do not wish to exercise Clinical Privileges on an inpatient basis.

### 2.C.2. Prerogatives and Responsibilities:

Active Outpatient Staff members:

- (a) may be granted appropriate office-based outpatient Clinical Privileges in the Summit Healthcare facility where they are practicing, but are not permitted to: admit inpatients, attend inpatients, exercise inpatient Clinical Privileges, write inpatient orders or progress notes, perform inpatient consultations, assist in surgery, or otherwise participate in the provision or management of clinical care to inpatients in a hospital setting;
- (b) may hold office, serve as Department Chairs, Division Chiefs, serve on Medical Staff committees, and serve as chairs of committees;
- (c) may attend and vote in all general and special meetings of the Medical Staff and applicable department, division, and committee meetings;
- (d) may attend educational activities sponsored by the Medical Staff and Summit Healthcare;
- (e) may refer patients to members of the Active Staff for admission and/or inpatient care;
- (f) may review the medical records and test results (via paper or electronic access) for hospitalized patients;
- (g) are encouraged to communicate with hospitalists and/or Active Staff members about the care of any patients referred for inpatient care;
- (h) may refer patients to Summit Healthcare's diagnostic facilities; and
- (i) shall pay applicable application fees and dues.



## 2.D. CONSULTING STAFF

### 2.D.1. Qualifications:

The Consulting Staff shall consist of members who:

- (a) possess clinical expertise or are recognized specialists and who come to Summit Healthcare when scheduled or when called to render a clinical opinion within their competence; and
- (b) are members in good standing of the Active Medical Staff of another accredited hospital, although exceptions to this requirement may be made by the MEC for good cause.

### 2.D.2. Prerogatives and Responsibilities:

Consulting Staff members:

- (a) may admit patients for up to 24 hours provided the Consulting Physician is locally available for patient management through discharge. Stays longer than 24 hours will require transfer of care to an appropriate member of the Active Staff or to another facility if necessary;
- (b) may exercise such Clinical Privileges as are granted;\*
- (c) may not hold office or serve as Department Chairs, Division Chiefs, or committee chairs;
- (d) may be invited to serve on committees (with vote);
- (e) may attend Medical Staff, department, and division meetings (without vote);
- (f) are excused from providing specialty coverage for the Emergency Department (as indicated in the Summit Healthcare On Call Policy) and providing care for Unassigned Patients; and
- (g) shall pay applicable application fees and dues.

\* Consulting Staff members who are employed by federally or state-operated health care institutions located within seventy-five (75) miles of Summit Healthcare, with the approval of the MEC and the Board, may receive extended Clinical Privileges to provide clinical or surgical care at Summit Healthcare, which is not available at such federally or state-operated health care institutions, but which can be provided at Summit Healthcare. Consulting Staff members may admit patients for these clinical or surgical procedures for periods of up to 96 hours provided the Consulting Physician is locally available for patient management through discharge. Patient

stays longer than 96 hours will require transfer of care to an appropriate member of the Active Staff or to another facility if necessary.

## 2.E. AFFILIATE STAFF

### 2.E.1. Qualifications:

The Affiliate Staff consists of members who:

- (a) maintain a residence and professional practice within the service area of Summit Healthcare;
- (b) possess clinical expertise or are recognized specialists in their field of medical practice; and
- (c) wish to access Summit Healthcare's services for their patients by referring their patients to other Practitioners at Summit Healthcare for admission, evaluation, and/or care and treatment.

Once an individual is appointed to the Affiliate Staff, that status is ongoing. As such, there is no need for the individual to submit a Reappointment application/Reappointment processing. In addition, members of the Affiliate Staff are not required to meet any of the other eligibility criteria outlined in Section 2.A.1 of the Practitioner Procedural Policy.

### 2.E.2. Prerogatives and Responsibilities:

Affiliate Staff members:

- (a) may visit patients, review medical records and discuss care with the Attending Physician for their admitted patients;
- (b) may order tests and procedures on an outpatient basis;
- (c) may not hold office or serve as Department Chairs, Division Chiefs, or committee chairs;
- (d) may not actively participate in the direct provision of patient care, write inpatient orders, or perform surgery;
- (e) may not exercise Clinical Privileges at Summit Healthcare;
- (f) may attend Medical Staff, department, and division meetings (without vote);
- (g) are entitled to attend educational programs of the Medical Staff and Summit Healthcare; and

- (h) are not required to pay applicable application fees and dues.

## 2.F. HONORARY STAFF

### 2.F.1. Qualifications:

- (a) The Honorary Staff shall consist of members who the MEC believes deserve special recognition for their contributions to the community or the field of medicine after they have retired in good standing from the Medical Staff or Adjunct Professional Staff at Summit Healthcare.
- (b) Members of the Honorary Staff are not required to have an active license to practice or meet any of the other eligibility criteria outlined in Section 2.A.1 of the Practitioner Procedural Policy.
- (c) Once an individual is appointed to the Honorary Staff, that status is ongoing. As such, there is no need for the individual to submit a Reappointment application/Reappointment processing.

### 2.F.2. Prerogatives and Responsibilities:

Honorary Staff members:

- (a) may not consult, admit, or attend to patients;
- (b) may not exercise Clinical Privileges at Summit Healthcare;
- (c) may not hold office or serve as Department Chairs, Division Chiefs, or committee chairs;
- (d) may be appointed to committees (with vote);
- (e) may attend Medical Staff, department, and division meetings (without vote);
- (f) are entitled to attend educational programs of the Medical Staff and Summit Healthcare; and
- (g) are not required to pay any application fees or dues.

## 2.G. TELEMEDICINE STAFF

### 2.G.1. Qualifications:

The Telemedicine Staff shall consist of Practitioners who are licensed (or authorized pursuant to A.R.S. 36-3606 A-D) to practice medicine in Arizona and who meet all of the

qualifications for Telemedicine Privileges for distant-site Practitioners outlined in the Practitioner Procedural Policy.

#### 2.G.2. Prerogatives and Responsibilities:

Telemedicine Staff members:

- (a) may exercise Telemedicine Privileges granted;
- (b) may not hold office or serve as Department Chairs, Division Chiefs, or committee chairs;
- (c) may not be invited to serve on committees;
- (d) may attend Medical Staff, department, and division meetings (without vote); and
- (e) are excused from providing specialty coverage for the Emergency Department (as indicated in the Summit Healthcare On Call Policy).

#### 2.H. ADJUNCT PROFESSIONAL STAFF

##### 2.H.1. Qualifications:

The Adjunct Professional Staff shall consist of Advanced Practice Providers and Allied Health Professionals who are authorized by law and by Summit Healthcare to provide patient care services at Summit Healthcare. The Adjunct Professional Staff is not a category of the Medical Staff but is included in this Article of the Bylaws for convenient reference.

##### 2.H.2. Prerogatives and Responsibilities:

Adjunct Professional Staff members:

- (a) may function at Summit Healthcare as permitted by their license (or authorized pursuant to A.R.S. 36-3606 A-D) and Clinical Privileges and under the oversight of a Supervising Physician, where applicable;
- (b) may not hold office or serve as a Department Chair or Division Chief;
- (c) may be appointed to committees (with vote) and may serve as a committee chair if appointed;
- (d) may attend Medical Staff, department, and division meetings (without vote); and
- (e) must pay applicable application fees and dues.



## ARTICLE 3

OFFICERS3.A. DESIGNATION

The officers of the Medical Staff shall be the Chief of Staff, Vice Chief of Staff, and Treasurer.

3.B. ELIGIBILITY CRITERIA

Only those members of the Active or Active Outpatient Staffs who satisfy the following criteria initially and continuously shall be eligible to serve as a Medical Staff Officer, unless a waiver is recommended by the MEC and approved by the Board. Preference will be given to those with experience in a leadership position or who have other involvement in performance improvement functions on the Medical Staff, where possible. They must:

- (1) demonstrate a willingness to attend continuing education relating to Medical Staff leadership, credentialing, and/or Peer Review functions prior to or during the term of the office;
- (2) not be subject to a current Performance Improvement Plan;
- (3) have no past or pending adverse recommendations concerning Appointment or Clinical Privileges;
- (4) have excellent administrative and communication skills;
- (5) not presently be serving as a Medical Staff Officer, an MEC or Board member, a department chair, or committee chair at any other hospital that is not affiliated with Summit Healthcare and shall not so serve during their term of office;
- (6) have a demonstrated ability to work well with others and in compliance with the professional conduct policies of Summit Healthcare;
- (7) be willing to faithfully discharge the duties and responsibilities of the position;
- (8) disclose any financial relationship (i.e., an ownership or investment interest or a compensation arrangement) with an entity that competes with Summit Healthcare or any affiliate. This does not apply to services provided within a Medical Staff Member's office and billed under the same provider number used by the Medical Staff Member. The MEC shall assess any such conflicts to determine whether they are such that they render the individual ineligible for the position; and

- (9) not have a conflict of interest that would prohibit them from serving as a Medical Staff Officer.

### 3.C. DUTIES

#### 3.C.1. Chief of Staff:

The Chief of Staff shall:

- (a) act in coordination and cooperation with the Administrative Leadership in matters of mutual concern involving the care of patients at Summit Healthcare;
- (b) represent and communicate the views, policies and needs, and report on the activities, of the Medical Staff to the CEO and the Board;
- (c) call, preside at, and be responsible for the agenda of all Medical Staff meetings and meetings of the MEC;
- (d) chair the MEC and the Leadership Council (both with vote) and be a member of all other Medical Staff committees, *ex officio*, without vote except in case of a tie;
- (e) represent the Medical Staff on the Board of Directors of Summit Healthcare Association;
- (f) promote adherence to the Bylaws, policies, Rules and Regulations of the Medical Staff and with the policies and procedures of Summit Healthcare; and
- (g) perform all functions authorized in all applicable policies, including Collaborative Leadership Efforts and Collegial Interventions in the Practitioner Procedural Policy.

#### 3.C.2. Vice Chief of Staff:

The Vice Chief of Staff shall:

- (a) assume all duties of the Chief of Staff and act with full authority as Chief of Staff when the Chief of Staff is unavailable or absent;
- (b) serve on the MEC and the Leadership Council, with vote;
- (c) serve as an *ex officio* member of the Credentials Committee (with vote) and present the Credentials Committee recommendations to the MEC;
- (d) assume the position of Chief of Staff on the completion of the preceding Chief of Staff's term, by confirmation of the majority of votes cast by the Voting Staff; and

- (e) assume all such additional duties as are assigned to him or her by the Chief of Staff or the MEC.

### 3.C.3. Treasurer:

The Treasurer shall:

- (a) serve on the MEC and Leadership Council, with vote;
- (b) oversee the use of Medical Staff funds, and provide an updated report at least yearly; and
- (c) serve as an *ex officio* member of the Peer Review Committee (with vote).

### 3.D. NOMINATIONS

- (1) A call for qualified nominees for any vacancies in Office shall be sent to the members of the Voting Staff at least 45 Days prior to the election. The names of potential nominees may be submitted by any member of the Voting Staff within 15 Days. In order for a nominee to be added to the ballot, the candidate must, in the judgment of the MEC, meet the qualifications in Section 3.B and be willing to serve. The top three qualified nominees shall be added to the ballot.
- (2) If no qualified nominees have been submitted by the members of the Voting Staff, the MEC may identify its own nominees.
- (3) Notice of all qualified nominees shall be provided to the Medical Staff at least 10 Days prior to the election. Nominations from the floor shall not be accepted.

### 3.E. ELECTION

- (1) Elections shall occur at called meetings of the Medical Staff. Candidates receiving a majority of votes cast at the meeting by those members of the Voting Staff present and voting at that meeting shall be elected, subject to Board confirmation, which confirmation shall signify that the individual is entitled to legal protections and indemnification by the Board for acting in a Medical Staff leadership role. If no candidate receives a simple majority vote on the first ballot, a run-off election shall be held promptly between the two candidates receiving the highest number of votes.
- (2) In the alternative, and in the discretion of the MEC, the election may be held without a meeting by paper, electronic, and/or online ballots. Regardless of the methodology used, ballots will be provided to all members of the Voting Staff and completed ballots must be received in Medical Staff Services by the date indicated on the ballot. Paper ballots may be returned in person, by mail, or by facsimile. Those who receive a majority of the votes cast shall be elected, subject to Board confirmation, which confirmation shall signify that the individual is entitled to legal



protections and indemnification by the Board for acting in a Medical Staff leadership role. If no candidate receives a simple majority vote on the first ballot, a run-off election shall be held promptly between the two candidates receiving the highest number of votes.

### 3.F. TERM OF OFFICE

- (1) Officers shall serve for a term of two years or until a successor is elected or appointed. The term of office shall commence on the first day of the Medical Staff year following election; however, each newly elected officer will serve as an officer-elect for the four months prior to the commencement date of his or her term, when possible.
- (2) Officers may serve a maximum of two consecutive terms.

### 3.G. REMOVAL

- (1) Failure to continue to satisfy any of the criteria in Section 3.B of these Bylaws will result in automatic removal from office. In addition, the MEC may make a motion for removal on its own or where a petition to remove an Officer has been approved by a two-thirds vote of the Voting Staff. Grounds for removal shall be:
  - (a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
  - (b) failure to perform the duties of the position held;
  - (c) conduct detrimental to the interests of Summit Healthcare and/or its Medical Staff; or
  - (d) an infirmity that renders the individual incapable of fulfilling the duties of that office.
- (2) At least 10 Days prior to the initiation of any removal action, the individual shall be given Notice of the date of the meeting at which action is to be considered. The individual shall be afforded an opportunity to speak to the MEC prior to a vote on removal.

### 3.H. VACANCIES

The following protocols will be followed when there is a vacancy in office:

- (1) If there is a vacancy in the office of the Chief of Staff, the Vice Chief of Staff shall succeed to that office. The Vice Chief of Staff's succession to Chief of Staff shall be confirmed by a majority vote of the Voting Staff at a special election held for this purpose.

- (2) If there is a vacancy in the office of the Vice Chief of Staff, the Treasurer shall fill that office until the position is filled at a special election held for this purpose.
- (3) If there is a vacancy in the office of the Treasurer, the position will be filled at a special election held for this purpose.

## ARTICLE 4

CLINICAL DEPARTMENTS4.A. ORGANIZATION

The Medical Staff shall be organized into departments as determined by the MEC and listed in the Organization Manual. The MEC may create new departments, eliminate departments, create or eliminate divisions within departments, or otherwise reorganize the department structure.

4.B. ASSIGNMENT TO DEPARTMENTS AND DIVISIONS

- (1) Upon initial Appointment to the Medical Staff, each Medical Staff Member shall be assigned to a clinical department and applicable division. Assignment to a particular department or division does not preclude a Medical Staff Member from seeking and being granted Clinical Privileges typically associated with another department or division if they are eligible to do so.
- (2) A Medical Staff Member may request a change in department and/or division assignment to reflect a change in his or her clinical practice.

4.C. FUNCTIONS OF DEPARTMENTS

The departments shall be organized for the purpose of implementing processes (i) to monitor and evaluate the quality and appropriateness of the care of patients served by the departments, (ii) to monitor the practice of all those with Clinical Privileges in a given department, and (iii) to assure emergency call coverage for all patients.

4.D. QUALIFICATIONS OF ELECTED DEPARTMENT CHAIRS AND VICE CHAIRS

Each Department Chair and Vice Chair shall:

- (1) be a member of the Active or Active Outpatient Staff; and
- (2) be certified by an appropriate specialty board or possess comparable competence (e.g., board eligible), as determined through the credentialing and privileging process.

4.E. APPOINTMENT AND REMOVAL OF DEPARTMENT CHAIRS AND VICE CHAIRS

- (1) Appointment.
  - (a) Except as otherwise provided by contract, Department Chairs shall be nominated and elected by the voting members of the department. In order

for a nomination to be added to the ballot, the candidate must, in the judgment of the MEC, meet the qualifications in Section 4.D and be willing to serve.

- (b) The names of the nominees will be circulated to all the voting members of the relevant department at least 15 Days prior to the department meeting where the election will be held by hand, written, and/or absentee ballot. Alternatively, the election may be held without a meeting by paper, electronic, and/or online ballots. Paper ballots may be returned in person, by mail, or by facsimile by the date indicated on the ballot. In either case, those who receive a majority of the votes cast shall be elected, subject to Board confirmation, which confirmation shall signify that the individual is entitled to legal protections and indemnification by the Board for acting in a Medical Staff leadership role. If no candidate receives a simple majority vote on the first ballot, a run-off election shall be held promptly between the two candidates receiving the highest number of votes.
- (c) Unless otherwise determined by department custom, the Vice Chair position will be filled by the immediate past Department Chair.
- (d) Elected Department Chairs and Vice Chairs shall serve a term of two years and may be reelected for up to two additional consecutive terms.

(2) Removal.

- (a) Failure to continue to satisfy any of the criteria in Section 4.D of these Bylaws will result in automatic removal from office. In addition, the MEC may make a motion for removal on its own or where a petition to remove a Department Chair or Vice Chair has been approved by a two-thirds vote of the department. Grounds for removal shall be:
  - (i) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
  - (ii) failure to perform the duties of the position held;
  - (iii) conduct detrimental to the interests of Summit Healthcare and/or its Medical Staff;
  - (iv) agree to a Performance Improvement Plan;
  - (v) become the subject of an adverse recommendation concerning Appointment or Clinical Privileges; or
  - (vi) an infirmity that renders the Medical Staff Member incapable of fulfilling the duties of that office.

- (b) Whenever the removal of a Department Chair or Vice Chair is being considered, the MEC shall invite him or her to meet with the Committee. Notice of this meeting shall be given at least 10 Days prior to the date of the meeting. The Department Chair or Vice Chair shall be afforded an opportunity to speak to the MEC prior to a vote on such removal being taken. A two-thirds vote of the MEC is required to institute a removal.

#### 4.F. DUTIES OF DEPARTMENT CHAIRS

Department Chairs shall work in collaboration with Medical Staff Leaders and other Summit Healthcare personnel to collectively be responsible for the following:

- (1) all clinically-related activities of the department;
- (2) all administratively-related activities of the department, unless otherwise provided for by Summit Healthcare;
- (3) the development and implementation of policies and procedures that guide and support the provision of care, treatment and services;
- (4) reviewing the performance of all individuals in the department who have delineated Clinical Privileges;
- (5) recommending criteria for Clinical Privileges that are relevant to the care provided in the department;
- (6) participating in the interviewing, reviewing and reporting on applications for Initial Appointment, Reappointment, and Clinical Privileges, as necessary;
- (7) as authorized by the Practitioner Procedural Policy and other related Medical Staff policies, performing functions on behalf of Peer Review Committees, including (but not limited to) case reviews and assessments, monitoring clinical practice, and collegial education and intervention activities; and
- (8) performing such other functions as are assigned to it by these Bylaws, the Practitioner Procedural Policy, the MEC or other applicable policies.

#### 4.G. DUTIES OF DEPARTMENT VICE CHAIRS

Vice Chairs shall carry out the duties requested by Department Chairs. Upon request, these duties may include, but are not limited to:

- (1) assisting with the review of applications for initial Appointment, Reappointment, and Clinical Privileges, including interviewing applicants;

- (2) participating in the development of criteria for Clinical Privileges;
- (3) reviewing and reporting on the professional performance of individuals practicing within the department; and
- (4) serving in the absence of the Department Chair.

#### 4.H. CLINICAL DIVISIONS

##### 4.H.1. Division Requirements:

Divisions shall generally have no meeting or minutes requirements. Only when divisions are making formal recommendations to a department will a report be required from the division leader.

##### 4.H.2. Division Activities:

Divisions may perform any of the following activities:

- (a) continuing education;
- (b) performance improvement opportunities;
- (c) grand rounds;
- (d) discussion of policy or equipment needs; and/or
- (e) development of recommendations for a department.

##### 4.H.3. Division Chiefs:

Division Chiefs shall be appointed and may be removed in the same manner as Department Chairs.

## ARTICLE 5

MEDICAL STAFF COMMITTEES AND  
PERFORMANCE IMPROVEMENT FUNCTIONS5.A. MEDICAL STAFF COMMITTEES AND FUNCTIONS

This Article and the Medical Staff Organization Manual outline the Medical Staff committees that carry out Peer Review and other performance improvement functions that are delegated to the Medical Staff by the Board.

5.B. APPOINTMENT OF COMMITTEE CHAIRS AND MEMBERS

- (1) Unless otherwise indicated by a specific committee composition, all committee chairs and members shall be appointed by the MEC who shall also have the authority to remove committee chairs and members and fill any resulting vacancies.
- (2) Adjunct Professional Staff members may be appointed to serve as voting members of Medical Staff committees.
- (3) Committee members shall serve for an initial term of two years and may be appointed for additional terms. Committee members must signify their willingness to meet basic expectations of committee membership as set forth in Section 3.B of the Organization Manual.
- (4) Unless otherwise indicated, the Chief of Staff, CMO, and CEO may attend all Medical Staff committee meetings as *ex officio* members, without vote.
- (5) Unless otherwise indicated, all Summit Healthcare and administrative representatives on a Medical Staff committee shall be appointed by the CMO, in consultation with the Committee Chair. All such representatives shall serve on the committee, without vote.

5.C. MEETINGS, REPORTS AND RECOMMENDATIONS

Unless otherwise indicated, each committee described in these Bylaws or in the Medical Staff Organization Manual shall meet as necessary to accomplish its functions and shall maintain a permanent record of its findings, proceedings, and actions. Each committee shall make a timely written report to the MEC and to other committees and individuals as may be indicated.

5.D. MEDICAL EXECUTIVE COMMITTEE5.D.1. Composition:

- (a) The MEC shall consist of the following voting members:
- Chief of Staff;
  - Vice Chief of Staff;
  - Treasurer;
  - Department Chairs;
  - One member who is selected at-large from the Medical Staff; and\*
  - Two co-opted at-large members who are selected by the MEC\*\*
- \* At-large member shall be nominated and elected in accordance with the same process used for Medical Staff Officers and shall serve a three-year renewable term. If there is a vacancy in an at-large member position, it will be filled at a special election held for this purpose.
- \*\* A maximum of two co-opted at-large members may be selected by the MEC with confirmation by the Voting Medical Staff to represent a particular skill set or area of interest consistent with the composition of the Medical Staff and shall serve a three-year renewable term. If there is a vacancy in a co-opted at-large member position it may be filled by the MEC based on representation needs.
- (b) The CEO, CMO, and other invited members of the Administrative Leadership shall serve as *ex officio*, non-voting members.
- (c) The Chief of Staff will chair the MEC.
- (d) Other Medical Staff Members, Adjunct Professional Staff members, and Summit Healthcare personnel may be invited to attend a particular MEC meeting (as guests, without vote) in order to assist the MEC in its discussions and deliberations regarding an issue on its agenda. These individuals shall be present only for the relevant agenda item and shall be excused for all others. Such individuals are an integral part of the committee's functioning and are bound by the same confidentiality requirements as the standing members of the MEC.

5.D.2. Duties:



The MEC is delegated the primary authority over activities related to the functions of the Medical Staff and performance improvement activities regarding the professional services provided by individuals with Clinical Privileges. This authority may be removed or modified by amending these Bylaws and related policies. The MEC is responsible for the following:

- (a) acting on behalf of the Medical Staff in the intervals between Medical Staff meetings;
- (b) recommending directly to the Board on the following:
  - (1) the Medical Staff's structure, Bylaws, and policies;
  - (2) applicants for Initial Appointment, Reappointment and Clinical Privileges;
  - (3) performance improvement activities and the quality of professional services being provided by the Medical Staff; and
  - (4) other functions described in these Bylaws and associated policies;
- (c) consulting with the CEO on quality-related aspects of contracts for patient care services, as requested;
- (d) receiving and acting on reports and recommendations from Medical Staff committees, departments, and other groups as appropriate, including any reports required by recertifying bodies or government agencies, and making appropriate recommendations for improvement when there are significant departures from established or expected clinical practice patterns;
- (e) unless otherwise indicated, appointing and removing all committee chairs and committee members;
- (f) providing leadership in activities related to patient safety;
- (g) prioritizing continuing medical education activities;
- (h) reviewing, or delegating to a Bylaws Task Force or committee the responsibility to review, at least once every five years, the Bylaws, policies, Rules and Regulations, and associated documents of the Medical Staff and recommending such changes as may be necessary or desirable; and
- (i) performing such other functions as are assigned to it by these Bylaws, the Practitioner Procedural Policy, the Board or other applicable policies.

#### 5.D.3. Meetings:

The MEC shall meet as often as necessary to fulfill its responsibilities. The MEC shall maintain a permanent record of its proceedings and actions.

#### 5.E. CREATION OF STANDING COMMITTEES

The MEC may, by resolution and upon approval of the Board and without amendment of these Bylaws, establish additional committees to perform one or more staff functions. In the same manner, the MEC may dissolve or rearrange committee structure, duties, or composition as needed to better accomplish Medical Staff functions. Any function required to be performed by these Bylaws which is not assigned to an individual Medical Staff Member, a standing committee, or a special committee shall be performed by the MEC.

#### 5.F. SPECIAL COMMITTEES

Special committees shall be created and their members and chairs shall be appointed by the MEC, Chief of Staff, or the CMO. Such special committees shall confine their activities to the purpose for which they were appointed and shall report to the MEC.

## ARTICLE 6

MEETINGS6.A. MEDICAL STAFF YEAR

The Medical Staff year is June 1 to May 31.

6.B. MEDICAL STAFF MEETINGS6.B.1. Meetings as a General Medical Staff:

The Medical Staff shall meet on an as needed basis (but no less than quarterly) as a general medical staff for the purpose of reviewing and evaluating departmental, divisional, and committee reports and recommendations, as well as other informational items (e.g., QI data, education, informational items not requiring discussion, a CMO report), and to act on any other matters placed on the agenda by the Chief of Staff.

6.B.2. Meetings of Departments and Divisions:

Medical Staff departments and divisions will meet to discuss issues relevant to their specialty, as well as other informational items specific to their individual departments and divisions.

6.B.3. Special Meetings Outside of the General Medical Staff Meetings:

Special meetings of the Medical Staff may be called by the Chief of Staff, the MEC, the Board, or by a petition signed by not less than 10% of the Voting Staff. A special meeting of any department or division may be called by or at the request of the Department Chair/Division Chief, the Chief of Staff, the CEO, or by a petition signed by not less than 10% of the Voting Staff members of the department or division, but not by fewer than two members.

6.B.4. Meetings of Committees:

Except as otherwise provided in these Bylaws or in the Medical Staff Organization Manual, each committee shall meet as often as necessary to fulfill its responsibilities, at times set by the committee chair.

6.C. PROVISIONS COMMON TO ALL MEETINGS6.C.1. Notice of Meetings:

- (a) Medical Staff Members shall be provided Notice of all regular meetings of the Medical Staff and regular meetings of departments, divisions, and committees at

least 10 Days in advance of the meetings. The primary mechanism utilized for providing Notice will be e-mail; however, Notice may also be provided by mail, facsimile, hand delivery, posting in a designated electronic or physical location, or telephone at least 10 Days prior to the meetings. All Notices shall provide the date, time, and place of the meetings.

- (b) When a special meeting or vote of the Medical Staff, a department, or a division is called, all of the provisions in paragraph (a) shall apply except that the Notice period shall be reduced to 48 hours and posting may not be the sole mechanism used for providing Notice of a special meeting.
- (c) The attendance of any individual Medical Staff Member at any meeting shall constitute a waiver of that individual's objection to the Notice given for the meeting. When a special meeting of a committee is called, all of the provisions in paragraph (a) shall apply except that the Notice period shall be reduced to an identified number of hours and posting may not be the sole mechanism used for providing Notice of a special meeting.
- (d) At the discretion of the Presiding Officer (Medical Staff Officer, Department Chair, or committee chair, as applicable), when a Practitioner's practice or conduct is scheduled for discussion at a meeting, the Practitioner may be requested to attend. If a suspected deviation from standard practice is involved, the Notice shall be given at least seven Days prior to the meeting and shall include the time and place of the meeting and general indication of the issue(s) involved. At the discretion of the Presiding Officer, the discussion may be postponed for failure of the Practitioner to appear at any meeting to which notice was given and excused upon a showing of good cause. In no case shall postponement be granted for a period longer than that which will elapse until the next regular meeting.

#### 6.C.2. Quorum and Voting:

- (a) For any regular or special meeting of the Medical Staff, department, division, or committee, those voting members present (but not fewer than two) shall constitute a quorum. Exceptions to this general rule are as follows:
  - (1) for meetings of the MEC, the Credentials Committee, the Leadership Council, and the Peer Review Committee, the presence of at least 50% of the voting members of the committee shall constitute a quorum; and
  - (2) for amendments to these Medical Staff Bylaws, at least 20% of the Voting Staff shall constitute a quorum.
- (b) Once a quorum is established, the business of the meeting may continue and all actions taken will be binding, even if attendance drops below a quorum during the course of the meeting.

- (c) Recommendations and actions of the Medical Staff, departments, divisions, and committees shall be by consensus. In the event it is necessary to vote on an issue, that issue will be determined by a majority vote of the voting members present. Voting may be by written, electronic, and/or online ballot at the discretion of the Presiding Officer (Medical Staff Officer, Department Chair, or committee chair, as applicable).
- (d) When determining whether a specific percentage or a majority has been achieved with respect to a vote of the Medical Staff or a department, division, or committee, an individual who has recused himself or herself from participation in the vote shall not be counted as a voting member (for example, if there are ten voting members of a committee and one recuses himself or herself on a particular matter, the majority vote for that matter would be calculated as five of the remaining nine votes).
- (e) The voting members of the Medical Staff, a department, a division, or a committee may also be presented with a question by mail, facsimile, e-mail, hand delivery, website posting, telephone, or other technology approved by the Presiding Officer, and their votes returned to the Presiding Officer by the method designated in the Notice. Except as noted in (a) above, a quorum for purposes of these votes shall be the number of responses returned to the Presiding Officer by the date indicated. The question raised shall be determined in the affirmative if a majority of the responses returned has so indicated.
- (f) At the discretion of the Presiding Officer, one or more Medical Staff Members may participate in a meeting by telephone or video conference. Participation in a meeting by telephone or video conference constitutes the participant's attestation that he or she is in a secure environment where the information and discussion cannot be seen or overheard by anyone who is not a committee member or an invited participant to the meeting. Failure to comply with this requirement may result in the imposition of disciplinary action.

#### 6.C.3. Agenda:

The Presiding Officer for the meeting shall set the agenda for any regular or special meeting of the Medical Staff, department, division, or committee.

#### 6.C.4. Rules of Order:

Robert's Rules of Order may be used for reference at all meetings and elections, but shall not be binding. Specific provisions of these Bylaws and Medical Staff, department, division, or committee custom shall prevail at all meetings, and the Presiding Officer shall have the authority to rule definitively on all matters of procedure.

6.C.5. Minutes, Reports, and Recommendations:

- (a) Minutes of all meetings of the Medical Staff, departments, divisions, and committees shall be prepared and shall include a record of the attendance of members and the recommendations made and the votes taken on each matter. An official copy of the minutes shall be approved by the body as a whole.
- (b) A summary of all recommendations and actions of the Medical Staff, departments, and committees shall be transmitted to the MEC for purposes of keeping the CEO and the Board apprised of the activities of the Medical Staff and its departments and committees.
- (c) A permanent file of the minutes of all meetings shall be maintained by Summit Healthcare.

6.C.6. Confidentiality:

All Medical Staff business conducted by committees, departments, or divisions is considered confidential and proprietary and should be treated as such. However, members of the Medical Staff who have access to, or are the subject of, Peer Review Information understand that this information is subject to heightened sensitivity and, as such, agree to maintain the confidentiality of this information. Peer Review Information must not be disclosed to any individual not involved in the credentialing or Peer Review processes, except as authorized by the Practitioner Procedural Policy or other applicable Medical Staff or Summit Healthcare policy. A breach of confidentiality with regard to any Medical Staff information may result in the imposition of disciplinary action.

6.C.7. Attendance Requirements:

- (a) Attendance at meetings of the MEC, the PRC, the Leadership Council, and the Credentials Committee is required. Members of these committees are required to attend at least 50% of all regular and special meetings. Failure to attend the required number of meetings may result in replacement of the member. Unexcused absence for three consecutive meetings will result in automatic termination of committee membership and/or elected office.
- (b) Each Active Staff and Active Outpatient Staff member is encouraged, but not required, to attend and participate in all Medical Staff meetings and applicable department meetings each year.

ARTICLE 7

INDEMNIFICATION

Summit Healthcare shall indemnify all Practitioners who act for and on behalf of Summit Healthcare in discharging their responsibilities and professional review activities pursuant to these Bylaws, the Practitioner Procedural Policy, the Medical Staff Organization Manual, and/or related Peer Review policies, to the fullest extent permitted by law, in accordance with applicable provisions of Summit Healthcare's corporate bylaws.

## ARTICLE 8

AMENDMENTS8.A. MEDICAL STAFF BYLAWS

- (1) Amendments to these Bylaws may be proposed by a petition signed by at least 20% of the Voting Staff, by a Bylaws Task Force, or by the MEC.
- (2) In the discretion of the MEC, amendments to the Bylaws shall be presented to the Voting Staff in one of the following two ways:
  - (a) Amendments Subject to Vote at a Meeting: The MEC shall report on the proposed amendments either favorably or unfavorably at the next regular meeting of the Medical Staff, or at a special meeting called for such purpose. The proposed amendments may be voted upon at any meeting if Notice has been provided at least 14 Days prior to the meeting. To be adopted, (i) a quorum of at least 20% of the Voting Staff must be present, and (ii) the amendment must receive a majority of the votes cast by the Voting Staff at the meeting.
  - (b) Amendments Subject to Vote via Written or Electronic Ballot: The MEC shall present proposed amendments to the Voting Staff by written or electronic ballot, to be returned to Medical Staff Services by the date indicated on the ballot, which date shall be at least 14 Days after the proposed amendment was provided to the Voting Staff. Along with the proposed amendments, the MEC shall provide a written report on the amendments either favorably or unfavorably. To be adopted, (i) the amendment must be voted on by at least 20% of the Voting Staff, and (ii) the amendment must receive a majority of the votes cast.
- (3) The MEC shall have the power to adopt clarification and technical, non-substantive amendments to these Bylaws and related documents described in Section 8.B that are needed because of reorganization, renumbering, renaming of titles or positions, punctuation, spelling, or errors in grammar or expression.
- (4) All amendments shall be effective only after approval by the Board.
- (5) If the Board has determined not to accept a recommendation submitted to it by the MEC or the Voting Staff, the MEC may request a Joint Conference Committee meeting for the purpose of further communicating the Board's rationale for its contemplated action and permitting the Medical Staff Officers to discuss the rationale for the recommendation. Such a conference will be scheduled by the CEO within two weeks after receipt of a request.



- (6) Neither the MEC, the Medical Staff nor the Board may unilaterally amend these Bylaws.
- (7) In cases of a documented need for urgent amendment to the Bylaws or related policies necessary to comply with law or regulation, the MEC may provisionally adopt and the Board may provisionally approve an urgent amendment without prior notification to the Voting Staff. In such cases, the Voting Staff will be immediately notified by the MEC. The Voting Staff will be given the opportunity for retrospective review of and comment on the provisional amendment.

#### 8.B. OTHER MEDICAL STAFF DOCUMENTS

- (1) In addition to the Medical Staff Bylaws, there shall be policies, procedures and Rules and Regulations that shall be applicable to all Medical Staff Members and other individuals who have been granted Clinical Privileges. All Medical Staff policies, procedures, and Rules and Regulations shall be considered an integral part of the Medical Staff Bylaws and will be amended in accordance with this section. These additional documents include, among other policies, the Medical Staff Glossary, the Practitioner Procedural Policy, and the Medical Staff Organization Manual.
- (2) An amendment to the Medical Staff Glossary, the Practitioner Procedural Policy, the Medical Staff Organization Manual, or the Medical Staff Rules and Regulations may be made by a majority vote of the members of the MEC present and voting at any meeting of that committee where a quorum exists. Notice of all proposed amendments to these documents shall be provided to the Voting Staff at least 14 Days prior to the MEC meeting when the vote is to take place. Any member of the Voting Staff may submit written comments on the amendments to the MEC.
- (3) All other policies of the Medical Staff may be adopted and amended by a majority vote of the MEC. No prior Notice is required.
- (4) Amendments to Medical Staff policies may also be proposed by a petition signed by at least 25% of the Voting Staff. Any such proposed amendments will be reviewed by the MEC, which may comment on the amendments before they are forwarded to the Board for its final action.
- (5) Adoption of and changes to the Practitioner Procedural Policy, Medical Staff Organization Manual, Medical Staff Rules and Regulations, and other Medical Staff policies will become effective only when approved by the Board.

ARTICLE 9

ADOPTION

These Medical Staff Bylaws are adopted and made effective upon approval of the Board, superseding and replacing any and all previous Medical Staff Bylaws, Rules and Regulations, policies, manuals or Summit Healthcare policies pertaining to the subject matter thereof.

Adopted by the Medical Staff: 11/18/2025

Approved by the Board: 11/20/2025

## APPENDIX A

### MEDICAL STAFF CATEGORIES SUMMARY

	Active	Active Outpatient	Consulting	Affiliate	Honorary	Telemedicine	Adjunct
Qualifications	Regularly admit or otherwise provide services in a hospital setting	Have an active employment agreement or contract to provide outpatient services within Summit Healthcare	Possess clinical expertise or are recognized specialists who practice at Summit Healthcare when scheduled or when called to render an opinion	Desire to be associated with Summit Healthcare in order to “refer and follow” their patients	Deserve special recognition for their contributions to the community or the field of medicine, as recommended by the MEC	Licensed/ Authorized pursuant to A.R.S. 36-3606 A-D to practice medicine in Arizona and are eligible for Telemedicine Privileges for distant-site Practitioners	LIPs and APPs who are authorized to provide patient care services at Summit Healthcare
Hold Admitting Privileges	Y	N	Y*	N	N	Y**	N
Hold Clinical Privileges	Y	OP Only	Y*	N	N	Y	Y
Serve as a Medical Staff Officer	Y	Y	N	N	N	N	N
Serve as a Department Chair, Vice Chair, or Division Chief	Y	Y	N	N	N	N	N
Serve as a committee chair	Y	Y	N	N	N	N	Y
Serve on Medical Staff committees (with vote)	Y	Y	Y	N	Y	N	Y
May attend Medical Staff and applicable department meetings	Y	Y	Y	Y	Y	Y	Y
Vote at Medical Staff and applicable department meetings	Y	Y	N	N	N	N	N
Emergency Call Responsibilities	Y	Follow-Up Care	N	No	N	N	N

Y = Yes

N = No

NA = Not Applicable

\* See Section 2.D.2 for specific requirements regarding admissions and Clinical Privileges.

\*\* Approved Telemedicine Staff only

## APPENDIX B

### HISTORY AND PHYSICAL EXAMINATIONS

#### (1) General Documentation Requirements

(a) A complete medical history and physical examination (“H&P”) must be performed and documented in the patient’s medical record within 24 hours after admission or registration (but in all cases prior to surgery or an invasive procedure requiring anesthesia services) by a Practitioner in accordance with State law and Summit Healthcare policies and procedures. Alternatively, if an H&P has been completed within the 30-day period prior to admission or registration, a durable, legible copy of this report may be used in the patient’s medical record if it is updated in accordance with Section (2) below.

(i) The scope of the H&P will include, as pertinent:

- patient identification;
- chief complaint;
- history of present illness;
- review of systems;
- personal medical history, including medications;
- family and social history;
- physical examination;
- assessments; and
- plan of treatment.

(ii) The scope of the H&P for gero-psychiatry patients will also include, as pertinent:

- social history that includes social, educational, vocational, interpersonal, and family relationships; and
- neurological screening and exam that includes neurological problems presented and recorded by major category (cranial nerves, sensory/motor coordination, deep tendon reflexes, etc.).

(b) A focused history and physical examination or outpatient assessment, used for outpatient procedures not requiring anesthesia services, must be performed and documented in the patient's medical record within 24-hours by a Practitioner in accordance with State law and Summit Healthcare policies and procedures. Pain Management, Radiology, and Wound Care patients will have a focused H&P conducted and documented at the time of their first series visits.

- (i) The scope of the focused H&P may include, as pertinent:
- Chief complaint or reason for the outpatient procedure;
  - A description of the present illness;
  - Past medical history, including current medications, allergies, and current diagnoses;
  - Problem-focused physical examination;
  - Assessment or impression;
  - Plan of care/treatment; and
  - Cardiac, respiratory, and other body areas relevant to the diagnosis;

(2) H&Ps Performed Prior to Admission

- (a) If an H&P has been completed within the 30-day period prior to admission or registration, a durable, legible copy of this report may be used in the patient's medical record if it is appropriately updated in accordance with this section. This includes an H&P completed by (i) a referring physician who is not a Medical Staff Member, or (ii) another qualified licensed individual who does not practice at Summit Healthcare but who is acting within the scope his or her license under state law.
- (b) Whenever an H&P that was completed within 30 days prior to an admission or registration is used, the patient must be evaluated within 24 hours of the time of admission/registration or prior to surgery/invasive procedure, whichever comes first, by a Practitioner who has been granted Clinical Privileges by Summit Healthcare to perform H&Ps (e.g., the Attending or Admitting Practitioner) and an update recorded in the medical record.
- (c) The update of the H&P shall be based upon an examination of the patient and must reflect (i) any changes in the patient's condition since the date of the original H&P that might be significant for the planned course of treatment or (ii) state that there have been no changes in the patient's condition.
- (d) Any H&P performed more than 30 days prior to an admission or registration is invalid and may not be entered into the medical record.

(3) Cancellations, Delays, and Emergency Situations

- (a) When the H&P is not recorded in the medical record before a surgical or other invasive procedure, the operation or procedure will be canceled or delayed until an appropriate H&P is recorded in the medical record, unless the Attending Practitioner states in writing that an emergency situation exists.
- (b) In an emergency situation, the Attending Practitioner will complete and document an H&P immediately following the emergency procedure.

(4) Prenatal Records

The current obstetrical record will include a complete prenatal record. The prenatal record may be a legible copy of the admitting physician's office record transferred to Summit Healthcare before admission. An interval admission note must be written that includes pertinent additions to the history and any subsequent changes in the physical findings.

(5) Podiatric Patients

- (a) Summit Healthcare shall require consultation by a Physician member of the Medical Staff for any patient admitted for surgical treatment by a Podiatrist. The responsibility for obtaining such consultation shall be that of the Podiatrist and not the responsibility of Summit Healthcare or the Physician on unassigned call, except that such Physician shall serve as the co-admitter in emergency cases if the patient does not otherwise have an assigned Physician.
- (b) Patients admitted for podiatric care shall receive the same basic medical appraisal as patients admitted for other services. Such appraisal shall include an admission H&P by the Physician on the Medical Staff. This information shall be recorded in the patient's medical record. The admitting podiatrist may perform pre-operative history and physicals for their patients, who meet ASA criteria I or II only. Patients with ASA of III or greater must have an H&P done by an Active Staff member. The Physician on the Medical Staff shall be responsible for the treatment of any medical problems which may be present on admission or arise during hospitalization. He or she shall evaluate the general medical condition of the patient and determine, after consultation if necessary, the overall risk of the pending surgical treatment.

(6) Dental Patients

- (a) Summit Healthcare shall require consultation by a Physician member of the Medical Staff for any patient admitted for surgical treatment by a Dentist. The responsibility for obtaining such consultation shall be that of the Dentist and not the responsibility of Summit Healthcare or the Physician on unassigned call, except that such Physician shall serve as the co-admitter in emergency cases if the patient does not otherwise have an assigned Physician.

- (b) Patients admitted for dental care shall receive the same basic medical appraisal as patients admitted for other services. Such appraisal shall include an admission H&P by the Physician on the Medical Staff. This information shall be recorded in the patient's medical record. The admitting Dentist shall be responsible for that part of the H&P which relates to dentistry. The Physician on the Medical Staff shall be responsible for the treatment of any medical problems which may be present on admission or arise during hospitalization. He or she shall evaluate the general medical condition of the patient and determine, after consultation if necessary, the overall risk of the pending surgical treatment.