BYLAWS
OF THE
MEDICAL STAFF

PETERSBURG MEDICAL CENTER

2025

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BYLAWS OF THE MEDICAL STAFF
PETERSBURG MEDICAL CENTER

PREAMBLE

WHEREAS, the Petersburg Medical Center is a community hospital owned by the Borough of Petersburg, Alaska, operated by the Petersburg Medical Center Board and is organized under the laws of the State of Alaska;

WHEREAS, the physicians at the Petersburg Medical Center recognize that they are primarily responsible for the quality of medical care at the hospital; that they must accept and fully discharge this responsibility, subject to the ultimate authority of the Board; and that a cooperative effort of the physicians, allied health professionals, administration and the Board is necessary to fulfill the hospital's obligation to the patients;

THEREFORE, the physicians of the hospital hereby organize themselves as the Medical Staff of the Petersburg Medical Center, in conformity with the laws of the State of Alaska and these Bylaws.

DEFINITIONS

A. ADMINISTRATOR means the person appointed by the Board and responsible for the overall management of the hospital

B. ALLIED HEALTH PROFESSIONAL means a non-physician health care professional with privileges at the hospital.

C. BOARD means the Petersburg Medical Center Board.

D. CHIEF OF STAFF means a member of the Medical Staff who has been elected or appointed, in accordance with these Bylaws, to be the chief medical administrator of the hospital.

E. MEDICAL DIRECTOR means a member of medical staff appointed by the administrator to support the medical staff by performing administrative duties

D. HOSPITAL means the Petersburg Medical Center.

E. MEDICAL STAFF means all physicians who have privileges of any type at the Petersburg Medical Center.

F. MEDICAL STAFF COMMITTEE OF THE WHOLE means all physicians and allied health professionals with active staff privileges at the Petersburg Medical Center.

G. PHYSICIAN means an individual who is licensed to practice medicine by the State of Alaska.

H. PRACTITIONER means a physician or allied health professional with privileges at the hospital.

ARTICLE I: PURPOSE

A. Promote the general health of the community.

B. Ensure that all patients receive care without regard to race, creed, color, age, sex, disability, marital status, sexual orientation or national origin.

C. Discuss and resolve issues of concern to the members of the Medical Staff.

D. Recommend to the Board the adoption of Bylaws, Rules and Regulations for the government of the Medical Staff.

F. Evaluate the clinical practices of all practitioners to assure that the quality of care provided at the hospital meets proper standards.

ARTICLE II: MEMBERSHIP

Section 1. Membership. Membership in the Medical Staff of this hospital is a privilege and:

A. Shall extend only to properly licensed practitioners and dentists whose educational background, skill, experience, attitude and training assures, in the judgment of the Board, that all patients will be given proper care; and

B. Shall be extended only to practitioners and dentists who are professionally competent and who strictly meet, and who continue to meet, all qualifications, standards~~,~~ requirements of the medical professional, including continuing education and meeting all requirements for Medicare participation.

Section 2. Physician and Dentist Qualifications. A physician applicant for membership in the Medical Staff must:

A. Be properly licensed by the State of Alaska to practice medicine, without restriction or limitation.

B. Be of unquestionable moral and professional integrity.

C. Establish his or her qualifications, education, experience, training, ability, and physical and mental health with sufficient adequacy to demonstrate to the Medical Staff and the Board that his or her patients will receive proper care.

D. Provide references and documentation of past experience, education and other qualifications as requested by the Board or the Medical Staff.

E. Have a demonstrated capability to work cooperatively with all practitioners and to participate in the discharge of staff responsibilities.

F. Have been trained in an approved, accredited program according to United States hospital standards; and

G. Be board certified or eligible for board certification.

Section 3. Physician Responsibilities.

A. Each physician's primary responsibility is to the physical, emotional and spiritual health of the patient and of the community.

B. Each physician is responsible for working in a cooperative and constructive manner with the other physicians, the Administrator, the Board, the Medical Staff and the allied health professionals to assure delivery of the best quality patient care at the hospital.

C. Each physician is responsible for complying with these Bylaws, other hospital rules, and all applicable federal, state and municipal laws and regulations.

ARTICLE III: CATEGORIES OF MEDICAL STAFF

Section 1. Active Staff.

A. The active staff consists of licensed physicians who are residents of Petersburg or nearby communities employed by Petersburg Medical Center, who are engaged in the active practice of medicine at PMC as their primary practice and who hold privileges at the hospital. Active staff privileges are recommended by the Medical Staff Committee of the Whole and are granted by the Board.

B. Active staff physicians are required to attend Medical Staff meetings, are voting members of the ~~may vote at~~ Medical Staff ~~meetings~~, may hold Medical Staff office, and may serve on Medical Staff or other hospital committees.

C. Active staff physicians are required to cooperatively schedule, share and provide emergency room coverage, "on call," for the hospital when in Petersburg.

D. Active staff physicians will maintain certification in Basic Life Support (BLS), Pediatric Advanced Life Support (PALS) , Advanced Cardiac Life Support (ACLS) and Advanced Trauma Life Support (ATLS) or Comprehensive

Advanced Life Support (CALS). Recommend Neonatal Resuscitation (NRP). Certification will be consistent with American Heart Association (AHA) standards. A one-month grace period will be granted for certification.

Section 2. Consulting Staff

A. The consulting staff consists of physicians, nurse practitioners, physician assistants, podiatrists and dentists who are recognized and who have signified a willingness to attend patients at the hospital or to act as consultants to the Medical Staff. Consulting staff privileges are recommended by the Medical Staff Committee of the Whole and granted by the Board.

B. Consulting staff physicians, nurse practitioners, physician assistants, podiatrists and dentists are encouraged to attend Medical Staff meetings when in Petersburg, and may, when practicable, serve on Medical Staff or other hospital committees.

Section 3. Locum Tenens Staff

A. The locum tenens staff consists of physicians who substitute for active staff physicians or who are hired by the hospital on a temporary basis. Locum tenens privileges are recommended by the Medical Staff Committee of the Whole and granted by the Board.

B. Locum tenens physicians are encouraged to attend Medical Staff meetings but may not vote at Medical Staff meetings and may not hold Medical Staff office. Locum tenens physicians may serve on Medical Staff or other hospital committees when requested to do so by the Chief of Staff or the Board.

C. Locum tenens physicians are required to cooperatively schedule, share and provide emergency room coverage, "on call," for the hospital. Locum tenens physicians will maintain certification in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) and will maintain that certification at all times. Recommend Neonatal Resuscitation (NRP), Advanced Trauma Life Support (ATLS) or CALS and Pediatric Advanced Life Support (PALS). Certification will be consistent with American Heart Association (AHA) standards.

Section 5. Honorary Staff

A. The honorary staff consists of physicians who are not in the active practice of medicine at the hospital but who, by virtue of past service, wisdom and experience are granted emeritus status and designated as honory staff physicians. Honorary staff physicians have no assigned duties or responsibilities. Honorary Staff may not admit or care for patients at Petersburg Medical Center. Honorary staff designation is recommended by the Medical Staff Committee of the Whole and are granted by the Board.

B. Honorary staff physicians may be requested to attend Medical Staff meetings by the Chief of Staff and may serve on Medical Staff or other hospital committees, at the discretion of the Chief of Staff or the Board. Honorary staff physicians may not vote at Medical Staff meetings and may not hold Medical Staff office.

Section 6. Allied Staff

A. The allied staff consists of non-physician health professionals, advanced nurse practitioners and licensed practitioners who provide care to patients of this hospital. The allied staff includes CRNAs, nurse midwives, psychologists, physician assistants, optometrists, chiropractors, Master of Social Work and other licensed practitioners who have been granted limited privileges at the hospital. Allied staff privileges are recommended by the Medical Staff Committee of the Whole and granted by the Board.

B. Allied staff members may attend Medical Staff meetings and may serve on Medical Staff or other hospital committee, at the discretion of the Chief of Staff or the Board. Allied staff members may not hold Medical Staff office. ~~The Medical Staff Committee of the Whole may authorize individual members of the allied staff to vote at Medical Staff meetings. Unless authorized by the Board, an allied staff member may not vote at Medical Staff meeting.~~

C. An allied staff member, if required by state license and scope of practice, must have a physician approve all orders for admissions, laboratory and radiology services.

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Section 7. Medical Residents

A. Medical Resident is defined as a MD (allopathic) or DO (osteopathic) who is enrolled and in good standing at a graduate medical educational program to study or practice of medicine.

B. Resident physicians may attend Medical Staff meetings.

C. All Medical Residents will adhere to the regulations of Petersburg Medical Center and the organized PMC Medical Staff.

ARTICLE IV: APPOINTMENT AND REAPPOINTMENT

Section 1. Application.

A. The Administrator or Medical Staff Coordinator will supply an applicant for privileges with a Board approved application and copies of the Medical Staff Bylaws, Rules and Regulations.

B. An applicant must provide the hospital with a truthful and complete summary of the applicant's education and all of the applicant's institutional affiliations, including dates of commencement and completion.

C. An applicant must provide the hospital with a statement that the applicant has read and agrees to abide by the Medical Staff Bylaws, Rules and Regulations.

D. An applicant must inform the hospital if the applicant has ever had privileges denied, revoked, suspended, reduced, limited, placed on probation, or not renewed by any hospital or any other health care institution. An applicant must provide the hospital with truthful, detailed and complete information about all such incidents.

E. An applicant must inform the hospital if the applicant's professional license(s) have ever been revoked, suspended, reduced, limited, placed on probation, or not renewed by any federal, state, provincial or other licensing authority, or if any application for such licensure has ever been denied or refused. An applicant must provide truthful, detailed and complete information about all such incidents.

F. By applying for appointment to the Medical Staff, an applicant

1) If requested, agrees to appear for interviews in regard to his or her application.

2) Authorizes the hospital to consult with the members of the medical staff and administration of all other hospitals with which the applicant has been associated and with all others who may have information bearing on the applicant's professional competence, character and ethical qualifications.

3) Releases from liability all individuals and organizations who provide information in good faith and without malice to the hospital or the Medical Staff concerning the applicant's competence, ethics, character, and qualifications for staff appointment or clinical privileges, including otherwise privileged or confidential information.

4) Agrees to produce any and all information requested in the application form, by the Administrator or by the Medical Staff.

5) Agrees to provide a copy for the applicant's current State of Alaska professional license, any controlled substance license, and evidence of malpractice liability insurance coverage.

6) The applicant has the burden of producing information and evidence satisfactory to the Board and the Medical Staff concerning his or her competence, character, ethics, and other qualifications.

Section 2. Temporary Privileges

A. The Administrator may approve temporary privileges to the Medical Staff with the concurrence of the Chief of Staff at the time an application for privileges is submitted. Temporary privileges may not exceed ninety days or until a provisional appointment is made, whichever comes first. Temporary privileges may be withdrawn at any time by the Chief of Staff or the Administrator in conjunction with the Chief of Staff, for any reason.

Section 3. Provisional appointment.

A. The Administrator shall forward each complete application and supporting material to the Medical Staff Committee of the Whole.

B. The Medical Staff Committee of the Whole shall review the application and determine whether the applicant is qualified for privileges at the hospital. The committee may recommend the acceptance, rejection or deferral of the application, in whole or part.

C. If the recommendation of the Medical Staff Committee of the Whole is favorable, the Administrator shall forward the application and recommendation to the Board.

D. If recommendation of the Medical Staff Committee of the Whole is to defer the application, the application will not be forwarded to the Board for sixty days. Within that period, the committee may direct such investigation or further consideration of the application as it deems appropriate. At the conclusion of the further investigation or consideration, the committee shall make a final recommendation. The Administrator shall forward the application and final recommendation to the Board.

E. If the recommendation of the Medical Staff Committee of the Whole is to reject the application, either initially or after deferral, the recommendation and application shall be sent to the Board. The committee shall provide the Board with a statement of reasons for its rejection of the application.

F. The Board shall either accept, reject or return the recommendation for further consideration by the Medical Staff Committee of the Whole. If returned, the Board shall set a time within which a second recommendation shall be made by the committee. Upon receipt of the second recommendation, the Board shall make a final decision on the application.

G. The Administrator will notify the applicant in writing if the final action of the Board is adverse to the applicant.

H. At the end of the one-year provisional appointment, the practitioner shall be granted full appointment to the Medical Staff, without future Board action, unless an evaluation review is requested.

Section 4. Duration of appointment.

A. For purposes of these Bylaws, the Medical Staff year begins January 1 and extends through December 31 of the same calendar year.

B. A practitioner's initial appointment shall be provisional for one (1) year for observation of clinical competence and ethical and moral conduct under conditions of supervision as determined by medical Staff.

C. Reappointment and reassignment of privileges shall be for a period not to exceed two (2) years, (or until the appropriate alphabetical group comes due for reappointment).

D. All initial appointments and assignments of privileges shall be for 12 months.
The reappointment schedule will be alphabetical and by your birth month. See chart below:

Revised Re-Appointment Rotation Schedule		
Alphabetical Selection	**Processing Completed by the Board of Directors at the Monthly Meeting By:**	**Expiration Date**
A – N	***Even*** Year	Birth Month, 2022
O – Z	***Odd*** Year	Birth Month, 2021

E. The Medical Staff Committee of the Whole will provide the Board with a statement of reasons if termination or a change in privileges is recommended.

F. The Board, upon the recommendation of the Medical Staff Committee of the Whole, may reappoint a practitioner to the Medical Staff for a period of two years, may change the scope, duration and type of the practitioner's privileges, or may terminate a practitioner's privileges.

G. If the Board changes the scope, duration or type of a practitioner's privileges, or terminates privileges, the determination shall be in writing and shall specify the reasons for the Board's determination. The Board's determination may be supported by copies of questioned charts or other documents. Upon request by the practitioner, the Board's determination shall be considered by the Joint Conference Committee (see Article VII), and may be appealed by the practitioner, in the same manner as a request for corrective action.

Section 5. Performance Review.

A. The Medical Staff Committee of the Whole shall require a physical or psychiatric examination as part of a practitioner's annual performance review when, in the opinion of the committee, such an examination is warranted.

Section 6. National Practitioner Data Bank.

A. A physician, dentist or other health care practitioner who applies for appointment to the Medical Staff authorizes the hospital to request information from the National Practitioners Data Bank (NPDB). The applicant agrees and understands that the hospital will, at a minimum, request information from the NPDB every two years.

B. The applicant agrees and understands that the hospital is required to report the following information to the NPBD:

1) Malpractice payments: Payment under an insurance policy, self-insurance, or otherwise on behalf of a practitioner in the settlement or in satisfaction in whole or in part of a claim or a judgment.

2) Professional review actions: Corrective action based on (i) professional competence or professional conduct that adversely affects the clinical privileges of a physician or dentist for a period longer than 30 days, and (ii) acceptance of a physician's or dentist's voluntary surrender or voluntary restriction of clinical privileges while under investigation. For possible professional incompetence or improper professional conduct; and

3) License actions: Any disciplinary actions by the State of Alaska medical or dental Board, including revocation, suspension, censure, reprimand, probation, or surrender.

ARTICLE V: MALPRACTICE INSURANCE

Section 1. Insurance required

A. As a condition of appointment or reappointment to the Medical Staff and continued exercise of Medical Staff privileges of any type, all Medical Staff, including Allied Staff, shall provide the Administrator with proof of current malpractice liability insurance coverage from an insurance carrier admitted in the State of Alaska.

B. The minimum amount of malpractice liability insurance coverage required is $ 1,000,000 per claim and 3,000,000 annual aggregate

Section 2. Temporary suspension

A. Failure to provide proof of current malpractice liability insurance coverage in the minimum amount shall be grounds for temporary suspension of clinical privileges under Article VIII, Subsection 4.

B. Clinical privileges suspended under this article shall not be reinstated until the physician has:

1) Obtained malpractice insurance coverage in the minimum amount required, and

2) Provided proof of coverage in a form satisfactory to the Board.

ARTICLE VI: CLINICAL PRIVILEGES

Section 1. Clinical Privileges Restricted.

A. A practitioner shall be entitled to exercise only those clinical privileges specifically granted by the Board upon the recommendation of the Medical Staff Committee of the Whole, except as provided below in Section 2, Emergency Privileges, and Section 3, Temporary Privileges.

B. Every initial application for Medical Staff appointment and privileges or for re-determination or renewal of privileges must indicate the specific clinical privileges desired by the applicant. Applications shall be evaluated, and applicant should attest to and be willing to show proof of practice, adequacy and currency of training, experience, demonstrated competence, references and any other relevant information.

C. The applicant has the burden of proof and must establish to the satisfaction of the Medical Staff Committee of the Whole and the Board that the requested privileges should be granted.

D. The Medical Staff Committee of the Whole shall, in its discretion, periodically reevaluate the scope of clinical privileges of any practitioner, and shall, in its discretion, recommend that the Board increase or decrease the scope of any practitioner's privileges.

E. The Medical Staff Committee of the Whole may base its privilege recommendations on any factor that may be considered in evaluating and initial application or during any annual performance review. In addition, the committee may base its recommendations on the direct observation of care provided by the practitioner, review of the records of patients treated in this or another hospital, reports of consulting physicians or consultants, physician evaluation forms by hospital staff, other records of the hospital or the Medical Staff, any additional information related to the delivery of patient care by the practitioner.

G. An applicant whose clinical privileges at the hospital have been previously terminated, suspended or limited has the burden of proving by clear and convincing evidence and to the satisfaction of the Medical Staff Committee of the Whole and the Board that his or her privileges should be reinstated or expanded. The applicant may be required to prove that he or she has acquired additional clinical training, experience and qualifications. The applicant must demonstrate current and clear competence in the areas of privileges requested.

H. The Medical Staff Committee of the Whole and the Board may require any applicant to complete additional training or obtain additional education, including supervised practice, before approving the application for privileges.

Section 2. Emergency Privileges

A. In an emergency, any member of the Medical Staff, whether or not he or she has been granted full hospital privileges, shall do all in his or her power to save the life of a patient, including calling such qualified consultants as may be necessary or desirable. When the emergency no longer exists, continued care of the patient shall be provided by a practitioner with appropriate clinical privileges.

B. For the purpose of this section, "emergency" is defined as a condition in which serious permanent harm should result to a patient, or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

Section 3. Temporary Privileges

A. Temporary privileges may be granted by the Administrator, upon the recommendation of the Chief of Staff, to visiting qualified practitioners who desire to treat patients in the hospital but have not applied for Medical Staff membership. Temporary privileges may only be granted for a specific period of time, not to exceed ninety days.

B. A practitioner exercising temporary privileges shall be directly responsible to the Chief of Staff or to any active staff physician designated by the Chief of Staff, and shall abide by the Medical Staff Bylaws, Rules and Regulations. Supervision and reporting may be required as directed by the Chief of Staff.

C. Temporary privileges may be terminated by any member of the Joint Conference Committee when it appears to be in the best interest of patient care. The Chief of Staff shall assign a member of the Medical Staff to assume responsibility for care of the practitioner's patients until discharged from the hospital. The patients' wishes shall be considered.

Section 4. Appeal

A. A practitioner may appeal an adverse decision of the Board under Section 1 of this Article to the Joint Conference Committee (see Article VII) under Article VIII. In an appeal under this section:

1. The burden of proof in an appeal shall be upon the applicant as provided in this article, and
2. The decision of the Board shall remain in effect until the appeal is finally concluded.

B. Notice of appeal shall be in writing and filed with the Administrator within thirty days of the date of the decision. The Administrator shall distribute copies of the notice of appeal together with the Board's decision and any supporting documents to the Joint Conference Committee (see Article VII) and the practitioner in the same manner as a request for corrective action.

Section 5. Credentialing and Privileging of Telehealth Providers

A. The Medical Staff may recommend the granting of clinical privileges to distant-site telehealth practitioners, either through the hospital's standard credentialing process or, when appropriate, through credentialing and privileging by proxy, in accordance with 42 CFR §485.616(c) and other applicable federal or state regulations.

B. If credentialing by proxy is utilized, it shall be governed by a written agreement with the distant-site hospital or telemedicine entity. The process shall follow the procedures outlined in the hospital's **Telehealth Credentialing and Privileging Policy**.

C. All telehealth practitioners providing care to patients at Petersburg Medical Center must be appropriately credentialed and privileged prior to delivering services.

ARTICLE VII: JOINT CONFERENCE COMMITTEE (JCC)

Section 1. Purpose

The Joint Conference Committee (JCC) shall serve as a forum for communication between the Board, the Medical Staff and the administration.

Section 2. Duties

The JCC shall discuss issues of concern to the Board, the administration or the Medical Staff; shall endeavor to foster a mutual understanding of those issues; and may make recommendations at the Board's request or on its own initiative. The JCC shall perform other duties as assigned by the Board or prescribed by these Bylaws and the Board Bylaws.

Section 3. Membership

The members of the JCC are the President of the Board, the Chief of Staff, Medical Director and the Administrator. The President shall serve as chair in even-numbered years and the Chief of Staff shall serve as chair in odd-numbered years.

Section 4. Meetings

The JCC shall meet at the request of the President or the Chief of Staff. Meetings will be held following of a new appointment and on an as needed basis.

ARTICLE VIII: CORRECTIVE ACTION

Section 1. Requests for Corrective Action

A. The Chief of Staff, the Administrator, or a member of the Medical Staff may request corrective action concerning a practitioner.

B. Corrective action shall be requested if the Chief of Staff, the Administrator or a member of the Medical Staff believes that any act, pattern of activities, or the overall conduct of a practitioner is not in the best interest of patient care, does not further quality health care, or is disruptive to hospital operations.

C. A request for corrective action shall be in writing and shall specify the acts, activities or conduct in question and the reasons for the proposed action. The request for corrective action may be supported by copies of questioned charts or other documents.

D. A request for corrective action shall be filed with the Administrator, who shall distribute copies of the request and any supporting documents to the practitioner and may refer to the JCC members or adjudicating body

Section 2. Procedure

A. The JCC or adjudicating body shall investigate a request for corrective action within thirty days after the date the request is distributed. They may utilize counsel from the hospital's attorney, malpractice insurance or state medical group.

B. During its investigation, the JCC or adjudicating body shall make a reasonable effort to obtain the facts of the matter. The JCC or adjudicating body shall interview the practitioner whose action, activities, or conduct are questioned and shall invite the practitioner to discuss, explain, or refute the request for corrective action. The JCC or adjudicating body may review charts or documents, may interview other persons, and may conduct further investigation as it believes reasonable to obtain the facts of the matter. The JCC's or adjudicating body investigation shall be conducted informally.

C. At the conclusion of its investigation, the JCC or adjudicating body shall issue a notice of proposed professional review action proposing to take any of the following steps, singly or in combination:

1) Deny the request for corrective action.

2) Issue a letter of admonition, reprimand or warning to the practitioner.

3) Require the practitioner to consult with, receive instruction from, or be supervised by other practitioners, professionals, counselors or experts.

4) Place the practitioner on probation, and impose conditions of probation; or

5) Decide that there is probably cause that the practitioner's privileges should be limited, suspended or revoked, in whole or part.

D. The JCC's or adjudicating body notice of proposed professional review action shall: inform the practitioner that a professional review action has been proposed; state the nature of the proposed action; state the reasons for the proposed action; advise the practitioner that the practitioner may request a hearing not later than thirty (30) days of the date the notice of proposed action is issued; and provide a summary of the practitioner's rights to a hearing.

E. The Administrator shall deliver a copy of the JCC's or adjudicating body's notice of proposed professional review action to the practitioner by hand or by first class mail to the practitioner's current address on file with the Medical Center.

F. A request for hearing must be delivered to the Administrator not more than thirty (30) days after the date of the JCC notice of proposed professional review action. If a request for a hearing is not delivered to the Administrator within that time, the JCC proposed action is final and binding.

Section 3. Request for Hearing

A. The practitioner may obtain a hearing concerning a JCC or adjudicating body's proposed professional review action by delivering a request for hearing to the Administrator not more than thirty (30) days after the date of the notice of the proposed action. The request for hearing shall be in writing and shall be signed by the practitioner.

B. A hearing concerning a JCC proposed professional review action to issue a letter of admonition, reprimand, or warning to the practitioner, or to require consultation by the practitioner, or to place the practitioner on probation shall be heard by the Board following the procedures of Article X.

C. A hearing concerning a JCC or adjudicating body's proposed professional review action that the practitioner's privileges should be limited, suspended, or revoked, or that the summary suspension of the practitioner's privileges should be continued in effect, shall be heard by a hearing panel following the procedures of Article IX.

Section 4. Summary Suspension

A. The Chief of Staff, the Administrator or the Board President shall summarily suspend all or part of a practitioner's privileges for a period of up to fourteen (14) days whenever the Chief of Staff, the Administrator or the Board President believes, after a reasonable effort to obtain the facts of the matter, that the failure to take such an action may result in an imminent danger to the health of any individual.

B. A decision to summarily suspend a practitioner's privileges under this section:
1) shall be in writing.
2) shall specify the acts, activities or conduct in question.
3) shall state the reasons for the decision to summarily suspend; and
4) may be supported by copies of questioned charts or other documents.

C. The decision to summarily suspend shall be filed with the Administrator, who shall distribute copies of the decision and any supporting documents to the practitioner and to the JCC members. The decision to summarily suspend shall be investigated by the JCC or adjudicating body in the same manner as a request for corrective action. The JCC shall complete its investigation and issue a proposed professional review action recommending that the summary suspension be continued, modified or terminated. The JCC's or adjudicating body's recommendation shall be issued within seven days of the decision to suspend.

D. The Board shall meet and act upon the JCC's or adjudicating body's proposed professional review action within seven days of the date of the JCC or adjudicating body's proposed professional review action. A summary suspension shall remain in effect until and unless the practitioner's privileges are reinstated by the Board.

E. If the summary suspension is not terminated by the Board, the Administrator shall promptly issue a notice of hearing to the practitioner following the procedures of Article IX.

F. Immediately upon the imposition of a summary suspension, the Chief of Staff shall arrange for care of the suspended practitioner's patients. The patients' wishes shall be considered.

Section 5. Automatic Suspension

A. An automatic suspension of admitting privileges shall be imposed whenever a practitioner fails to complete medical records within thirty days of a patient's discharge. Situations will arise of physician being absent that this rule will not be applied.

B. The automatic suspension shall begin when the practitioner and the Administrator are notified by the medical records director of the incomplete records, and shall remain in effect until the medical records are complete

C. The Chief of Staff or the Administrator for good cause shown may waive an automatic suspension.

ARTICLE IX: HEARING PANEL

Section 1. Hearing Panel

A. Hearings under this article shall be heard by a panel consisting of three members. At least two members shall be physicians. The third member shall be a physician, a member of a hospital board, a hospital administrator, or a judicial officer.

B. After receipt of a timely request for hearing, the Administrator shall provide a list of individuals willing to serve as panel members to the Board. The Board shall, in its discretion, place additional names on the list. Each Board member shall then vote for three individuals from the list to serve on the panel. Those individuals with the highest number of votes shall be contacted by the Administrator in descending order until the panel is complete. The first three individuals that agree to serve, including at least two physicians, shall constitute the hearing panel.

C. A potential panel member shall not serve on the hearing panel if he or she has substantial personal knowledge about the particular matters at issue, has a financial interest in the outcome of the hearing, is in direct economic competition with the practitioner involved, or has such a substantial bias against a person involved that the potential panel member does not believe that he or she could be fair. No other grounds for disqualification are allowed.

D. The hospital may reimburse panel members for actual out-of-pocket expenses and may pay such honoraria or fees as the Administrator deems appropriate and necessary to secure a panel for the hearing.

E. All hearing deliberations are in Executive Session.

Section 2. Notice of Hearing

A. As soon as practical after the panel members have been identified, the Administrator shall prepare a notice of hearing containing the following:

1) A statement of time, place and date of the hearing, which may not be less than thirty days from the date of the notice of hearing.

2) The names of the panel members.

3) A concise written statement of the reasons for the proposed action, including any additional issues concerning the practitioner that have arisen or have come to the attention of the Administrator or Chief of Staff since the JCC recommendation was issued.

4) A written statement that the right to a hearing will be forfeited if the physician fails, without good cause, to appear.

5) A statement that in the hearing the practitioner has the right
   (a) to representation by an attorney or other person of the practitioner's choice
   (b) to have a record made of the proceedings, copies of which may be obtained by the practitioner upon payment of any reasonable charges, including transcription costs
   (c) to call, examine and cross-examine witnesses
   (d) to present any evidence determined to be relevant by the hearing panel, regardless of its admissibility in a court of law
   (e) to submit a written statement at the close of the hearing
   (f) to receive a written recommendation from the hearing panel, including a statement of the basis for its recommendations
   (g) to receive a written decision from the board, including a statement of the basis of its decisions; and

6) A list of the witnesses, if any, expected to testify at the hearing in support of the proposed action.

B. The Administrator shall deliver the notice of hearing to the practitioner by hand or by First Class mail with return receipt sent to the practitioner's latest address on file with the hospital. The Administrator shall distribute copies of the notice of hearing to the panel members.

C. Postponement of the hearing beyond the time set in the notice of hearing may be made only with the approval of a majority of the hearing panel and for good cause shown by the party requesting the postponement.

Section 3. Procedure

A. Hearings under this article are intended to resolve matters of competency, patient care, and professional conduct on an informal, collegial and inter-professional basis. The hearing and appeal procedures in these Bylaws are to be interpreted in a manner consistent with that intent.

B. The parties to the hearing are the practitioner and the charging party. The charging party is the Chief of Staff, if the Chief of Staff or a member of the Medical Staff requested the corrective action; or the Administrator, if the Administrator requested the corrective action. Either party may be represented by an attorney or another person of the party's choice.

C. A hearing shall be in executive session. All evidence and testimony produced at the hearing shall be held in strictest confidence pursuant to United States and Alaska law. Members of the Board, the Chief of Staff or the Administrator may, in their discretion, attending all or part of the hearing.

D. The practitioner must personally attend the hearing. A practitioner who fails, without good cause, to appear at the hearing waives his or her right to the hearing, and his or her right to a hearing is forfeited.

E. The charging party shall bear the burden of proof of establishing by a preponderance of the evidence that the proposed action should be taken.

F. The practitioner is entitled to inspect medical records in regard to their patient before hearing.

Section 4. Conduct of Hearing

A. The panel shall elect one of its members as its chair. The chair shall maintain decorum, rule on admission of evidence, and assure that the practitioner and the charging party have reasonable opportunities to present their cases.

B. The hearing shall have one official recording with no 3rd party recording, electronically or by a court reporter. A party may request copies of the tapes or a transcript of the hearing. The requesting party shall bear the cost of copying or transcription.

C. A majority of the hearing panel shall be present during the hearing and deliberations. Panel members need to be available to participate in the panel's deliberations and decision.

D. During a hearing each party may call and examine witnesses, introduce exhibits, cross-examine witnesses on any matter relevant to the issues and present argument, subject to the procedural direction of the chair. The panel members may ask questions of witnesses, the parties, or counsel concerning any matter related to the hearing, subject to the procedural direction of the chair.

E. The panel shall, in its discretion, recess and reconvene the hearing for the convenience of the participants, to obtain new or additional evidence, or to obtain independent expert consultation.

F. The parties may submit a written statement to the panel at the close of the hearing.

G. After each party has presented his or her case, the panel shall deliberate in executive session. The panel shall recess and reconvene its deliberations as it believes appropriate. A decision of the panel shall be made by majority vote, with no proxy voting allowed. Telephonic voting and deliberations are permitted.

Section 5. Decision

A. The panel shall conclude its deliberations and issue a written decision within fourteen days after the conclusion of the hearing. The panel shall recommend that the Board either accept, reject or modify the request for corrective action, and shall include a statement of the basis for its recommendations.

B. The Administrator shall distribute a copy of the panel decision to all parties and to the Board as soon as practicable.

Section 6 Appeal

A. A panel decision may be appealed to the Board by either party. A notice of appeal shall be delivered to the Administrator not more than thirty (30) days after the date the panel decision is distributed. If a notice of appeal is not delivered to the Administrator within that time, the panel decision is final and binding.

B. Appeal of a panel decision shall be to the Board under Article X of these Bylaws.

ARTICLE X: BOARD APPELLATE REVIEW

Section 1. Appellate Review Hearings

A. Appellate review of a JCC recommendation for proposed action under Article VIII, subsections 2C1), 2), 3), or 4) or of a hearing panel decision under Article IX shall be heard by the Board, sitting as an Appellate Panel.

Section 2. Notice of Appellate Review Hearing

A. As soon as practicable after receiving a notice of appeal from a JCC notice of proposed professional review action or from a hearing panel decision, the Administrator shall prepare and distribute to all parties a notice of appellate review hearing. The notice of appellate review hearing shall include a written statement that the right to a hearing will be forfeited if the practitioner fails, without good cause, to appear at the appellate review hearing, and shall include a written statement that the practitioner has the right
   1. to representation by an attorney or other person of the physician's choice
   2. to have a record made of the proceedings, copies of which may be obtained by the practitioner upon payment of any reasonable charges, including transcription costs
   3. to submit a written statement at the close of the hearing
   4. to receive a written decision from the Board, including a statement of the basis of its decisions.

B. The notice of appellate review hearing must contain a statement of the time, place, and date of the appellate review hearing, which may not be less than thirty days from the date of the notice of appellate review hearing.

C. The notice of appellate review hearing shall be distributed to the parties by hand or by First Class mail sent to their last address on file with the Medical Center.

D. Postponement of the appellate review hearing beyond the time set in the notice of appellate review may be made only with the approval of a majority of the Board and for good cause shown by the party requesting postponement.

Section 3. Burden of Proof.

A. The party appealing a JCC proposed professional review action, or a hearing panel decision bears the burden of proving that the decision was arbitrary, capricious, unreasonable, or contrary to law.

B. Appellate review hearings are on the record established before the JCC or the hearing panel. No discovery is allowed, no new or additional evidence shall be presented, and no new issues shall be raised at the appellate review hearing.

C. A Board member shall not participate in the appellate review if he or she has a financial interest in the outcome of the appeal, participated in the investigation of the that led to the professional review action that is the subject of the appellate review was taken, participated in the decision to take the professional review action, is in direct economic competition with the practitioner involved, or has such a substantial bias against a person involved that the Board member does not believe that he or she could be fair. No other grounds for disqualification are allowed.

Section 4. Conduct of Hearing

A. The Vice President or, in the Vice-President's absence, another officer of the Board, shall serve as chair during the appellate review hearing. The chair shall maintain decorum, determine the order of presentation of argument, and assure that all parties have a reasonable opportunity to argue their case.

B. The appellate review hearing shall be recorded, electronically or by court reporter. Any party may request copies of the tapes or a transcript of the appellate review hearing. The requesting party shall bear the cost of copying or transcription.

C. Any party may submit a written statement to the Board at the close of the appellate review hearing. The written statement may include copies of documents presented at their panel hearing or in the JCC investigation but may not contain new or additional evidence.

D. A majority of the Board shall be presented during the appellate review hearing and deliberation. A Board member who has not heard the arguments presented at the appellate review hearing, either at hearing or by review of the record, shall not participate in the Board's deliberations and decision.

E. The Board shall review the written statements and documents presented by the parties and shall review the record from the panel hearing or the JCC investigation.

F. The parties shall personally attend the appellate review hearing. The Board may question a party on any subject related to the decision being appealed. A party appealing a decision who fails, without good cause, to appear at the appellate review hearing forfeits his or her right to the hearing. The request for appellate review hearing shall be deemed to have been withdrawn and the decision under appeal shall become final without further Board action.

G. An appellate review hearing shall be in executive session. All evidence testimony and argument presented at the hearing shall be held in strictest confidence pursuant to United States and Alaska law. The Chief of Staff or the Administrator may attend all or part of the appellate review hearing, at their discretion.

H. The Board shall, in its discretion, recess and reconvene the appellate review hearing for the convenience of the participants or the Board.

I. After each party has presented his or her case, the Board shall deliberate in executive session. The Board shall recess and reconvene its deliberations as it believes appropriate. A decision of the Board shall be made by majority vote of those present, with no proxy voting allowed. Telephone voting and deliberations are permitted.

Section 5. Final Decision.

A. The Board shall conclude its deliberations and shall issue a written final decision within fourteen days after the conclusion of the appellate review hearing. The Board shall include a statement of the basis of its decision.

B. The Administrator shall promptly distribute a copy of the Board's decision to all parties.

Section 6. Judicial Appeal

A. The Board's decision after appellate review hearing is a final administrative decision of a municipal agency.

B. The Board's decision may be appealed by the practitioner to the Superior Court in accordance with Alaska Statutes and court rules governing appeals from administrative agencies. The Administrator shall notify the practitioner of his or her rights to appeal to the Superior Court at the time the final decision is distributed.

ARTICLE XI: OFFICERS & COMMITTEES

Section 1. Officers

A. The officers of the Medical Staff are the Medical Director and the Chief of Staff. The Medical Director serves in accordance with the duties and obligations set forth in the Addendum to the Medical Director's Employment Agreement with the Hospital. The Chief of Staff is elected for a term of two years by the Medical Staff. The Chief of Staff holds office until a successor is elected by the Medical Staff or is appointed by the Board under subsection B of this section. The Chief of Staff shall be a member of the active Medical Staff.

B. If no member of the active Medical Staff is available to serve as Chief of Staff, the Board shall, in its discretion, appoint a member of the consulting or locum tenens Medical Staff to serve as Chief of Staff.

Section 2. Duties of the Medical Director and the Chief of Staff

A. The duties of the Medical Director are to:

1. Support Medical Staff activities and self-governance functions.

2. Work with the Medical Staff's Chief of Staff and Hospital Department leaders to help accomplish their respective responsibilities and goals.

3. Serves as a liaison between Hospital Administration, the Board of Trustees and the Medical Staff.

4. Oversees the Medical Staff Quality Review, Patient Safety and Risk Management programs and integration into the programs of Hospital.

5. Actively participates in Hospital's strategic planning, policy development and program execution.

6. Oversees any Clinical Research conducted at Hospital; and

7. Oversees and directs the Medical Staff Peer Review Program.

B. The duties of the Chief of Staff are to:

1. Coordinate and cooperate with the Administrator in all matters of mutual concern within the hospital

2. Call and preside at meetings of the Medical Staff and the Medical Staff Committee of the Whole.

3. Serve on or appoint representatives to hospital committees such as quality assurance.

4. Serve on the Joint Conference Committee.

5. Enforce the Medical Staff Bylaws and Rules and Regulations.

6. Report to the Board on issues relating to the Medical Staff, patient care and treatment at the hospital.

7. Supervise educational activities of the Medical Staff.

8. Be the spokesperson for the Medical Staff in all external, professional and public relations.

9. Appoint as secretary of the Medical Staff, a medical record professional, who shall keep written minutes and attendance records of all Medical Staff and committee meetings, and shall maintain those minutes and records as required by law;

10. Appoint an acting Chief of Staff to serve in the Chief of Staff's absence; if one has not been appointed it will default to the previous past Chief of Staff.

11. Determine or appoint a delegate to determine the "on-call rotation" schedule for the active staff and locum tenens physicians, after consultation with those physicians; and

12. Faithfully perform any and all other duties and responsibilities of the Chief of Staff, as required by these Bylaws, by the Medical Staff Rules and Regulations, and by the laws of the State of Alaska or the United States.

13. Attend Hospital Board meetings or appoint a delegate to attend Board meetings in order that the Board have a physician's input to hospital matters.

Section 3. Committees

A. Except as otherwise specified in these Bylaws or in the Rules and Regulations of the Medical Staff, all hospital committee functions will be overseen by the Medical Staff Committee of the Whole. These functions include:

1. Executive, credentials and medical records functions.

(a) Assist and advise in the supervision and organization of all clinical work done in the hospital.

(b) Received, consider and act upon the reports from all committees.

(c) Promote the aims and objectives of the Medical Staff.

(d) Advise the Chief of Staff, the Administrator and the Board on matters relating to clinical organization, medical equipment and all other matters relating to the staff, patient care and hospital administration.

(e) Review the credentials of all applicants for privileges and make recommendations to the Board for staff membership, assignment of service category, and scope of privileges based on recommendation from Medical Staff of the Whole.

(f) Review annually any information available on the performance and clinical competence of Medical Staff members and make recommendations regarding reappointment or changes in privileges.

(g) Coordinate all Medical Staff activities and assure that the quality of patient care and standards of treatment are continually evaluated, maintained, and improved.

(h) Review and evaluate medical records, both qualitatively and quantitatively, and make recommendations to practitioners, the Chief of Staff, the Administrator and the Board, as appropriate.

(i) Make recommendations to the Board for revisions to and updating of these Bylaws and adoption, amendment and repeal of the Rules and Regulations of the Medical Staff.

2. Tissue and transfusion, infection control and utilization review functions.

(a) The Medical Staff Committee of the Whole, with the approval of the Board, may delegate these functions to a multidisciplinary hospital quality improvement committee. The Quality Improvement Committee shall include at least one member of the Medical Staff. The Quality Improvement Committee shall report monthly to the Medical Staff Committee of the Whole, which will review the report and shall, in its discretion, act on any pertinent matters.

(b) Tissue, transfusion, infection and utilization review functions include:

(1) Auditing professional activities on disease, operations and therapy.

(2) Carrying out the traditional tissue committee functions by studying and reporting on the agreement and disagreement between pre-operative diagnosis and pathology reports.

(3) Reviewing all cases with infections, maintaining a record of the incidence of infection within the hospital and making recommendations to the Administrator as to procedures to minimize the incident of infection.

3. Pharmacy and Therapeutics Functions. The Medical Staff Committee of the Whole shall meet quarterly with the consulting hospital pharmacist and shall:

(a) Serve in an advisory capacity to the Chief of Staff and the Administrator in all matters pertaining to the use of drugs.

(b) Recommend policies and procedures relative to the selection and distribution as well as the safe and effective use and administration of drugs, including the evaluation of new drugs or preparations requested for use in the hospital.

(c) Review reported adverse reactions to drugs administered.

(d) Recommend additions and deletions from the Hospital Formulary accepted for use in the hospital; and

(e) Prevent unnecessary duplication of the same basic drug or its combinations.

4. Other committee Functions. The Medical Staff Committee of the Whole shall perform all other committee and review functions as may be required by law or regulation, or as the Board shall, in its discretion, from time to time assign to the committee.

ARTICLE XII: MEDICAL STAFF MEETINGS

Section 1. Annual Appointment Meeting.

The annual appointment/reappointment meeting of the Medical Staff shall take place in March of each year .At the meeting, the Chief of Staff shall be elected (Chief of Staff is 2 year commitment) and physician appointment to other committees will take place at this time: Emergency Preparedness, Infection Control, Lab & Radiology Liaison, Policy Review, Home Health, Long Term Care Medical Director, Quality Improvement, Physician Patient Satisfaction, Trauma Medical Director

Section 2. Regular meetings.

The Medical Staff Committee of the Whole shall meet monthly, and not less than ten times per year.

Section 3. Special Meetings.

Special meetings may be called at any time by the Chief of Staff, the Board or the Administrator at the request of a member of the active staff. Notice of special meetings shall be given at least forty-eight hours before the time set for the meeting.

Section 4. Attendance.

A. Members of the active staff shall attend a minimum of fifty percent (50%) of Medical Staff committee meetings each year unless excused by the Chief of Staff for good cause. Questions of acceptability of excuses for absences shall be determined by a majority of the Medical Staff present and voting.

B. Unexcused absence from three consecutive meetings shall be grounds for corrective action, including revocation of Medical Staff membership. Reinstatement of staff members whose membership has been revoked because of unexcused absences from Medical Staff meetings shall be made only upon application in the same manner as an application for original appointment, and for good cause shown.

Section 5. Quorum.

Fifty percent (50%) of the active Medical Staff constitutes a quorum.

Section 6. Agenda

A. The agenda at any regular meeting of the medical safe shall be:

1. Call to order
2. Approval of minutes
3. Correspondence
4. Old Business
5. New Business
6. Reports
   (a) Quality Improvement
   (b) Nursing Services
   (c) Laboratory/Radiology
   (d) Administrator
   (e) Utilization Review
   (f) Morbidity /Mortality
   (g) Infection Control
   (h) Trauma Review
   (i) Behavior Health
   (j) Home Health
   (k) Clinic
7. Privileges and Appointment

8. Pharmacy & Therapeutics function (quarterly)
9. Other Business
10. Adjournment

B. The Chief of Staff shall, in his or her discretion, place additional matters on the agenda of any Medical Staff meeting.

Section 7. Private Meetings.

All meetings of the Medical Staff are held in private and are not subject to the Open Meetings Act of Alaska, in accordance with AS 44.62.310(d)(4). All matters discussed, provided, or created for Medical Staff Meetings shall be held in the strictest confidence to the fullest extent permitted by law.

All meetings of the Medical Staff or any committee of a hospital such as a Peer Review Committee, meeting solely to act upon matters of professional qualifications, privileges, or discipline shall be held in private and are not subject to the Open Meetings Act of Alaska, in accordance with AS 44.62.310(d)(5). All matters discussed, provided, or created for these types of reviews shall be held in the strictest confidence to the fullest extent permitted by law. This section includes, but is not limited to, meetings convened pursuant to AS 18.23.030.

ARTICLE XIII: RULES AND REGULATIONS

Section 1. Authority. The Medical Staff shall, in its discretion, adopt Rules and Regulations governing the conduct of its members.

Section 2. Adoption, Amendment and Repeal. Rules and Regulations of the Medical Staff may be adopted, amended or repealed at any regular meeting of the Medical Staff Committee of the Whole, without prior notice, by a majority vote of the member present, and shall become effective upon approval by the Board.

Section 3. Scope. The Rules and Regulations shall address all duties and responsibilities of the Medical Staff required by law and not otherwise addressed in these Bylaws.

ARTICLE XIV: BYLAW AMENDMENTS

Section 1. Authority. These Bylaws may be adopted, amended and repealed by the Medical Staff Committee of the Whole, subject to approval of the Board.

Section 2. Adoption, Amendment and Repeal. Notice of a prospective adoption, amendment or repeal of a bylaw shall be given at any regular meeting of the Medical Staff by the party proposing the change. No action may be taken on the prospective changes until the next regular meeting of the Medical Staff. Changes to the Bylaws require a two-thirds majority of those present and voting and shall become effective only when approved by the Board.

ADOPTION

These Bylaws, together with the appended Rules and Regulations, replace all previous Bylaws of the Medical Staff of the Petersburg Medical Center and, when adopted and approved, shall be equally binding on the Board and upon the Medical Staff.

ADOPTED by the Medical Staff of Petersburg Medical Center on _____ at Petersburg, Alaska

ATTEST:

By: _____
Chief of Staff

By: Kim Randrup, RHIT _____
Secretary of the Medical Staff

APPROVED by the Petersburg Medical Center Board in public session, on _____, at Petersburg, Alaska

ATTEST:

By: _____
President

By: _____
Secretary

APPROVED AS TO FORM on _____, at Petersburg, Alaska.

By: _____
Administrator