LEE MEMORIAL HEALTH SYSTEM

Lee Memorial Hospital

Medical Staff Bylaws

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LEE HEALTH

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PART I: GOVERNANCE

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1.1 Purposes

The purposes of the Medical Staffs of Lee Memorial Health System d/b/a Lee Health ("Lee Health" or the "System") are to:

1.1.1 Serve as the formal organizational structure of those Practitioners granted the privilege of practicing in the hospitals and other facilities of the System.

1.1.2 Serve as the primary means for accountability to the Board for the professional performance, the quality of medical care provided to patients, and ethical conduct of its Medical Staff Members. The Board shall have the ultimate responsibility for the quality of medical care provided to patients and the ultimate authority to approve the granting of Medical Staff Membership and/or Clinical Privileges, and to approve the adoption of Medical Staff Bylaws and Rules and Regulations. Such authority will be exercised based on the standard set forth in Part I, Section 1.2.

1.1.3 Provide a means through which Medical Staff Members may address with the Board those aspects of policy that involve professional practice or may affect the care of patients.

1.2 Authority

The Medical Staffs of Lee Health are authorized by the Lee Memorial Health System Board of Directors ("Board") to exercise such power as is necessary to discharge their responsibilities under these Bylaws.

The Board recognizes that a well-organized, self-governing Medical Staff that provides oversight of care, treatment, and services provided by Practitioners with privileges is in the best interest of patients. When acting with respect to matters of the Medical Staff, the Board shall at all times comply with the Medical Staff Bylaws, the Rules and Regulations of the Medical Staff, and applicable law.

1.3 Definitions

The Appendix sets forth the definitions of terms used throughout the Medical Staff Bylaws.

1.4 Computation of Time Periods

In computing any period of time prescribed or allowed by these Bylaws, or by any Rule of the Medical Staff or its Departments, the Day of the act or event from which the designated period of time begins to run is not to be included. The last Day of the period so computed shall be counted, unless it is a Saturday, Sunday, or a legal holiday, in which event the period shall run until the end of the next business Day. When the period of time prescribed

or allowed is seven (7) Days or less, intermediate Saturdays, Sundays, and legal holidays shall be excluded in the computation. If the period of time is more than seven (7) Days, all computed Days shall be calendar Days unless the last Day is a Saturday, Sunday, or legal holiday.

SECTION 2 MEDICAL STAFF MEMBERSHIP

2.1 Nature of Medical Staff Membership

Medical Staff Membership is a privilege that shall be extended only to professionally competent physicians (M.D. or D.O.), dentists, podiatrists and/or psychologists who continuously meet the qualifications, standards, and requirements set forth in these Bylaws and associated Medical Staff Policies and Hospital Policies. Medical Staff Membership is a privilege and not a right of any Practitioner or other person. Medical Staff Membership and the exercise of Clinical Privileges in connection therewith shall be extended only to Practitioners who continuously meet the requirements of these Bylaws. The Board makes decisions regarding Medical Staff matters, based on Medical Staff recommendations, in accordance with these Bylaws. Membership on the Medical Staff shall confer on the Medical Staff Member only such rights as set forth in the Bylaws. No person shall admit patients to a System Hospital unless he or she is appointed to the Medical Staff of such System Hospital. Medical Staff Members granted Medical Staff Membership and/or Clinical Privileges at a System Hospital, which has services and facilities that are provider based to a main provider, are authorized to exercise those Clinical Privileges at the main provider.

2.2 Qualifications for Membership and/or Clinical Privileges

2.2.1 In addition to the ongoing requirements set forth in Part I, Section 2.7, the qualifications for Medical Staff Membership and/or Clinical Privileges are delineated in Part III of these Bylaws (Credentialing Procedures).

2.3 Nondiscrimination

2.3.1 No Automatic Entitlement

No person shall be automatically entitled to Medical Staff Membership or to the exercise of Clinical Privileges merely because he/she is licensed to practice, is a member of any professional organization, is certified by any board, or previously (but not currently) held Medical Staff Membership and/or Clinical Privileges at a System Hospital or at any other health care facility. The burden shall be on the Applicant to establish his/her qualifications. Acceptance of Medical Staff Membership and/or exercise of Clinical Privileges shall constitute an agreement to strictly abide by these Bylaws, the applicable Medical Staff Policies, the Rules and Regulations, and the Principles of Medical Ethics set forth in Appendix A hereof and all other appropriate ethical standards governing the Practitioner's practice. No person shall be initially granted Medical Staff Membership and/or Clinical Privileges if the hospitals are unable to provide adequate facilities and supportive

services for the Applicant and his /her patients. Medical Staff Membership and/or Clinical Privileges shall not be denied based on sex, race, creed, color, national origin, religion, marital status, age, disability, or economic credentialing, or any other area protected by law at initial appointment or reappointment.

2.4 Conditions and Duration of Appointment

2.4.1 The Board shall act on appointment and reappointment only after the Medical Staff has had an opportunity to submit a recommendation from the Medical Executive Committee ("MEC"). Appointment and reappointment to the Medical Staff shall be for no more than twenty-four (24) calendar months.

2.5 Medical Staff Membership and/or Clinical Privileges

2.5.1 Requests for Medical Staff Membership and/or Clinical Privileges will be processed only when the potential Applicant meets the current minimum qualifying criteria recommended by the System Credentialing/Privileging Committee and MEC and approved by the Board. Medical Staff Membership and/or Clinical Privileges will be granted and administered as delineated in Part III (Credentialing Procedures) of these Bylaws, including but not limited to, Part III, Sections 3 and 11.3 regarding contracted Practitioners.

2.6 Medical Staff Members' Responsibilities

2.6.1 Duties of Medical Staff Members

Appointment to the Medical Staff shall require that each Practitioner assume such reasonable duties and responsibilities, as the Medical Staff shall require.

2.7 Basic Responsibilities of Applicants and Medical Staff Members

The following basic responsibilities and requirements shall be applicable to every Applicant and Medical Staff Member for Medical Staff appointment or reappointment as a condition of consideration of such application and as a condition of continued Medical Staff appointment if granted:

2.7.1 to provide for appropriate and timely care and supervision to all patients in the Hospital for whom the individual has responsibility (Standard of Care);

2.7.2 to abide by all Bylaws, Rules and Regulations and Policies of the Medical Staff and the Hospital, as shall be in force during the time the individual is appointed to the Medical Staff (Conformance to Rules);

2.7.3 to provide a current cell phone number and email address to be used in accordance with Medical Staff Services Department policy.

2.7.4 to accept committee assignments and such other reasonable duties and responsibilities as shall be assigned (Committee Assignments);

2.7.5 to not participate in illegal fee splitting or other illegal inducements relating to patient referral;

2.7.6 to promptly notify the Medical Staff Services Department within forty-eight (48) hours in the event of any of the following (Notification Requirements):

2.7.6.1 his/her professional license in any state is suspended or revoked;

2.7.6.2 the imposition of any conditions by any state licensing authority on his/her continued ability to practice his/her profession, including probation or limitations on the scope of practice;

2.7.6.3 the loss or restriction of medical staff membership or privileges or the voluntary non-exercise or relinquishment of Medical Staff Membership and/or Clinical Privileges to avoid investigation at any other health care facility;

2.7.6.4 his/her Drug Enforcement Agency ("DEA") license number is suspended, revoked or voluntarily relinquished;

2.7.6.5 any change in eligibility for participation in Federal Health Care Programs including any sanctions imposed or recommended by the Federal Department of Health and Human Services, the Florida Agency for Health Care Administration and/or the receipt of any citation and/or quality denial letter concerning alleged quality problems in patient care;

2.7.6.6 the Practitioner enters, participates in, or against medical advice, leaves or refuses any program of treatment prescribed or required by the Professional Resource Network or Intervention Project for Nurses;

2.7.6.7 the Practitioner is admitted for, seeks, or is undergoing treatment for substance or alcohol abuse or a behavioral health problem. "Substance abuse" shall include but not be limited to, use or ingestion of illegal drugs, or use or ingestion of prescription medications not prescribed in the ordinary course of treatment of injury or disease. "Behavioral health problem" shall mean any condition or disease of a psychiatric or psychological nature which, in the opinion of a qualified psychiatrist, adversely affects the Practitioner's ability to care for patients or practice his/her profession in accordance with the applicable prevailing standard of care; or

2.7.6.8 the Practitioner is arrested, charged with, convicted of or pleads nolo contendere to, a crime (other than a Minor Traffic Violations) in any jurisdiction.

2.7.7 to abide by generally recognized ethical principles applicable to the Applicant's or Medical Staff Member's profession and by the code of ethics set forth in Appendix A (Ethics);

2.7.8 to respect the confidentiality of all information obtained in connection with his/her responsibility as a Practitioner and comply with the requirements of the Health Insurance Portability and Accountability Act ("HIPAA") (Confidentiality);

2.7.9 to provide medical consultation in a timely fashion in accordance with all applicable Rules & Regulations and Medical Staff Policies (Consultation);

2.7.10 to participate in the monitoring and evaluation activities of Clinical Sections and cooperate with other Practitioners and the System, in programs designed to improve the quality of care, to reduce or eliminate waste in the use of scarce System resources and to reduce the risk of injury to patients and others in the provision of care (Quality Review Participation);

2.7.11 to complete in a timely and legible manner the medical records and other required records for all patients as required by these Bylaws, applicable Medical Staff Rules and Regulations, Medical Staff Policies and other applicable Hospital policies (Medical Records);

2.7.12 to complete and document a medical history and physical examination (H&P) for each patient which shall be done no more than thirty (30) days before or twenty-four (24) hours after an admission or registration, and prior to any high-risk procedure, surgery, procedure requiring anesthesia services, or any other procedures requiring an H&P, and placed in the patient's medical record within twenty-four (24) hours after admission. The H&P must be in the medical record prior to any high-risk procedure, surgery, or other procedure requiring anesthesia services. An H&P completed within thirty (30) days prior to admission or registration shall include an update entry in the medical record documenting an examination for any change in the patient's current medical condition completed by a doctor of medicine or osteopathy, oral and maxillofacial surgeon or other qualified individual who has been granted these privileges by the medical staff in accordance with State law (H & P Examination);

2.7.13 to pay promptly any applicable Medical Staff assessments and dues (Dues);

2.7.14 to participate in continuing medical education ("CME") programs for the benefit of the Applicant or Medical Staff Member and for the benefit of other professionals and System Hospital personnel (CME);

2.7.15 to authorize the release of all information necessary for an evaluation of the Practitioner's qualifications for initial or continued appointment, reappointment, and/or Clinical Privileges (Release of Information);

2.7.16 to submit to an evaluation of his/her physical and/or mental health status by a physician or physicians acceptable to the MEC or Board, whenever the MEC or Board has reason to question the physical and/or mental health status of the Practitioner, as a prerequisite to further consideration of his/her application for appointment or reappointment, the exercise of previously granted privileges or maintenance of his/her Medical Staff Membership and/or Clinical Privileges (Physical/Mental Exam);

2.7.17 to recognize the obligations established to fulfill the Hospital's responsibilities under the Emergency Medical Treatment and Labor Act ("EMTALA"), the Access to Emergency Services and Care Act and/or other applicable regulations, requirements or standards and to share in the responsibility for providing physician coverage on an emergency basis in the Emergency Department, in accordance with the provisions of the Medical Staff Bylaws and all applicable facility-specific Rules & Regulations and Medical Staff Policies (On Call Coverage);

2.7.18 to meet with the MEC upon request (MEC Meeting);

2.7.19 to provide his/her professional services to hospitalized or emergency room patients covered by Medicaid and similar programs of indigent care, or such patients without personal physicians or insurance coverage, in accordance with Medical Staff Rules & Regulations adopted by the MEC delineating the responsibility to provide services to those patients (Services to Indigent Patient);

2.7.20 provide proof of financial responsibility to pay claims or costs associated with the rendering of, or failure to render, medical care or services in compliance with Florida law governing the Practitioner's license to practice in the State of Florida. Proof of financial responsibility shall be provided at the time of initial appointment and on reappointment, at the time the Practitioner changes the method of meeting his/her financial responsibility and at any other time on the request of Medical Staff Services Department (Financial Responsibility);

2.7.21 to behave in a professional and civil manner and conduct himself/herself in a manner conducive to excellent patient care and to work cooperatively with Medical Staff Members, and with other health care professionals, and Hospital personnel, so as not to adversely affect patient care. This requirement is not in any way intended to interfere with a Practitioner's right: (1) to respectfully express opinions freely and to support positions whether or not they are in dispute with those of other Medical Staff members; (2) to engage in honest differences of opinion with respect to diagnosis and treatment; or (3) to engage in a good faith and constructive criticism of others. The following types of behavior, however, which constitute some examples of an inability to interact on a professional basis with others or to

behave in a professional and civil manner, are deemed unacceptable for a Practitioner:

2.7.21.1 conduct that reasonably could be characterized as unlawful harassment or that otherwise involves unwarranted sexual behavior, even if not unlawful;

2.7.21.2 threats of physical assault or actual physical assault or the placing of others in fear by engaging in threatening behavior;

2.7.21.3 the unnecessary, unwarranted and unjustifiable knowing use of loud, profane or abusive language directed toward Medical Staff Members, Practitioners, patients or others;

2.7.21.4 written or oral statements that constitute the intentional expression of falsehoods, or constitute deliberately disparaging statements made with reckless disregard for their truth or for the reputation and feelings of others;

2.7.21.5 doing anything of a similar nature that the Practitioner has been warned not to do by the President or MEC ;

2.7.21.6 conduct that is consistent with intimidation, bullying and/or belittling; and

2.7.21.7 inappropriate entries in the medical records, such as the criticism of others (collectively, Professional and Civil Behavior).

2.7.22 duty to give Notice if the Practitioner is not actively engaged in the practice of his/her profession in Lee County (Lack of Active Practice);

2.7.23 duty to give Notice if Practitioner does not maintain a full-time residence and office in Lee County, unless the residence and office requirements have been waived in accordance with these Bylaws (Residence or Office in Lee County).

2.8 Member Rights

The following basic rights shall apply to Medical Staff Members:

2.8.1 Each Medical Staff Member, in the active category, has the right to a meeting with the MEC and/or the Physician Leadership Council ("PLC") on matters relevant to the responsibilities of the MEC and/or the PLC, provided that the Medical Staff Member has attempted to resolve a matter of concern after working with his/her Department Chair or other appropriate Hospital and/or System Medical Staff leader(s). Upon Notice to the President, two (2) weeks in advance of a regular meeting, the Active Medical Staff Member may meet with the MEC and/or the PLC to discuss the issue.

2.8.2 Each Medical Staff Member, in the active category, has the right to initiate a recall election of a Medical Staff officer by following the procedure outlined in Part I, Section 5.7 of these Bylaws regarding removal and resignation from office.

2.8.3 Each Medical Staff Member, in the active category, may request a special meeting of the Medical Staff, upon presentation of a petition, stating the purpose of the meeting and signed by twenty percent (20%) of the Active Medical Staff Members. The MEC shall schedule a special meeting for the specific purposes addressed by the petitioners in accordance with Part I, Section eight (8) of these Bylaws. No business other than that detailed in the petition may be transacted at such meeting.

2.8.4 An Applicant or Medical Staff Member shall be entitled to request a hearing/appeal pursuant to the conditions and procedures described in Part II of these Bylaws (Investigations, Corrective Action, Hearing and Appeal Plan).

2.8.5 All other rights as specified by these Bylaws.

2.9 Medical Staff Dues and Assessments

2.9.1 Annual Medical Staff dues, if any, shall be determined by the MEC. The MEC may pass policies from time to time that exempt certain categories of membership or Medical Staff Members holding specified leadership positions from payment of dues. The MEC shall authorize the use of Medical Staff dues.

2.9.2 Medical Staff System-wide assessments, such as a library assessment, shall be determined by the PLC, on behalf of the MEC. The PLC, on behalf of the MEC, may pass policies from time to time that exempt certain categories of membership or Medical Staff Members holding specific leadership positions from payment of such assessment(s).

2.9.3 The PLC, on behalf of the MEC, shall authorize the use of Medical Staff assessments consistent with the purpose of the assessment.

2.10 Conflict of Interest

2.10.1 In any instance where an officer, committee Chair, or committee member has, or reasonably could be perceived to have a conflict of interest, or to be biased in any matter involving another Medical Staff Member or any other matter that comes before such individual or committee, or in any instance where any such individual brought the complaint against that individual, such individual shall not participate in the discussion or voting on the matter and shall be excused from any meeting during that time, although that individual may be asked and may answer, any questions concerning the matter before leaving. As a matter of procedure, the Chair of that committee designated to review the matter shall inquire, prior to any discussion of the matter, whether any committee member has any conflict of interest or bias. The existence of a potential conflict of interest or bias on the part

of any committee member may be called to the attention of the Chair by any committee member with knowledge of the matter.

2.10.2 In any instance where an officer, committee Chair, or member of any Medical Staff committee has a conflict of interest in any matter that comes before such individual or committee, such individual has the right to abstain or recuse himself/herself from voting on such matter. Such abstention or recusal shall not prohibit such individual from providing factual information or participating in discussion on such matter. If an individual is requested to abstain or recuse himself/herself and refuses to do so, the potential conflict of interest issue will be reviewed and resolved by the MEC. As a matter of procedure, the Chair of that committee designated to review the matter shall inquire, prior to any discussion of the matter, whether any committee member has any conflict of interest or bias. The existence of a potential conflict of interest or bias on the part of any committee member may be called to the attention of the Chair by any committee member with knowledge of the matter.

2.10.3 For the purposes of the Medical Staff Bylaws, practicing in the same specialty or direct economic competition, without more, will not be a conflict of interest for the purposes of engaging in quality review and credentialing activities, except for purposes of the Fair Hearing under Part II of the Medical Staff Bylaws.

2.10.4 Assurance of a conflict of interest or bias, or the lack thereof, can be determined by a majority vote of the members of the committee where a quorum is present.

SECTION 3 CONFIDENTIALITY, IMMUNITY AND RELEASES

3.1 Confidentiality

Information with respect to any Practitioner or regarding any other subject discussed, submitted, collected or prepared by any representative of Lee Health, including officers or members of organized committees of the Health System's Medical Staffs, or any other healthcare professional, healthcare facility, organization or Medical Staff, for the purpose of achieving and maintaining the quality of care, reducing morbidity or mortality or contributing to clinical research shall, in accordance with, and subject to, Florida and Federal law, be confidential and shall not be disseminated or used for any purpose other than the foregoing. Such information shall not be deemed a part of the patient medical record and shall not be filed therein. Each individual or committee member participating in such activities shall agree to make no disclosures of any such information except as authorized, in writing, by the Chief Executive Officer ("CEO") or by legal counsel to the Hospital.

Any breach of confidentiality by a Practitioner may result in a corrective action, and/or may result in appropriate legal action to ensure that confidentiality is preserved, including application to a court of law for injunctive or other relief.

3.2 Immunity

3.2.1 Any Medical Staff officer, Department Chair, Section Chief, committee Chair, committee member, and individual Medical Staff Member who acts in good faith for and on behalf of any System Hospital in discharging duties, functions or responsibilities stated in these Medical Staff Bylaws, applicable Policies, and/or Medical Staff Rules and Regulations shall be afforded protection by the Board to the fullest extent permitted by law in accordance with written policies adopted by the Board. Individuals and organizations independent of the Medical Staff or any of its Medical Staff Members who may be engaged by the Health System or Hospital to perform the review, analysis and evaluation of the qualification and/or performance of Practitioners with Medical Staff Membership and/or Clinical Privileges are afforded protection by the Board in accordance with written policies adopted by the Board, provided such individuals or organizations act in good faith.

3.2.2 To the fullest extent permitted by law, each Applicant and Medical Staff Member releases from any and all liability, and extends absolute immunity to System Hospitals, the Board and its individual members, the System's authorized representatives and agents, the Medical Staff Members, the Medical Staff Committees and their individual members with respect to any acts, communications or documents, recommendations or disclosures involving the Applicant or Medical Staff Member, taken in good faith concerning the following:

3.2.2.1 applications for Medical Staff Membership and/or Clinical Privileges, including Temporary Clinical Privileges and/or emergency privileges;

3.2.2.2 evaluations concerning Medical Staff Membership and/or changes in Clinical Privileges;

3.2.2.3 proceedings for suspension or reduction of Medical Staff Membership and/or Clinical Privileges, or any other disciplinary sanction;

3.2.2.4 summary suspension;

3.2.2.5 hearings and appellate reviews;

3.2.2.6 medical/surgical care evaluations;

3.2.2.7 utilization reviews;

3.2.2.8 other activities relating to the quality of patient care or professional conduct;

3.2.2.9 matters of inquiries concerning the Applicant's or Medical Staff Member's professional qualifications, credentials, clinical competence,

character, mental or emotional stability, physical condition, ethics or behavior; and/or

3.2.2.10 any other matter that directly or indirectly might relate to the Applicant's or Medical Staff Member's competence, and/or to patient care.

In accordance with the aforementioned, at the request of the Medical Staff Services Department or the MEC, the Applicant or Medical Staff Member agrees to execute a release confirming these terms.

3.3 Releases

3.3.1 Authorization to Obtain Information

The Applicant or Medical Staff Member authorizes the Medical Staff and its authorized representatives to consult with any third party or other System Medical Staff or Medical Staff Member who may have information bearing on the individual's professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior, or any other matter reasonably having a bearing on the Applicant's or Medical Staff Member's satisfaction of the criteria for initial and continued Medical Staff Membership and/or Clinical Privileges. This authorization also covers the right to inspect, or obtain all communications, reports, records, statements, documents, recommendations or disclosures of said third parties that may be relevant to such questions. The individual also specifically authorizes said third parties to release said information to the Medical Staff and its authorized representatives upon request.

3.3.2 Authorization to Release Information

3.3.2.1 Each Applicant and Medical Staff Member authorizes other Practitioners and the Medical Staff Services Department to disclose information about their Medical Staff Membership and/or Clinical Privileges to other System Hospitals, System Administration and other System Medical Staffs.

3.3.2.2 If an Applicant or Medical Staff Member requests that any other Practitioner or the Medical Staff Services Department disclose information about their Medical Staff Membership and/or Clinical Privileges to any third party, at the request of the Medical Staff Services Department, the Applicant or Medical Staff Member agrees to execute a written release of liability prior to such disclosure.

3.3.3 Legal Effect

The confidentiality provisions and protections described in this Section shall not limit or supersede any protection or immunity afforded by State or Federal law.

3.4 Patient Safety and Quality Improvement Act

Lee Health is a member of a federally-listed patient safety organization ("PSO") with the Agency for Healthcare Research and Quality ("AHRQ"), a division of the Department of Health and Human Services ("DHHS"). Lee Health is committed to complying with the Patient Safety and Quality Improvement Act of 2005 ("PSQIA") and to ensuring the privilege and confidential nature of all patient safety work product ("PSWP"). To comply with the PSQIA, Lee Health has developed a patient safety evaluation system entitled "Lee Memorial Health System Patient Safety Evaluation System" ("LPSES") for purposes of collecting, analyzing, and reporting PSWP to the PSO.

In order to protect the privilege and confidentiality of all PSWP within LPSES and to comply with federal law, this policy applies to all LMHS employees, volunteers, students, clinical staff, medical staff and others working on behalf of Lee Health. All PSWP within the LPSES will be collected, stored, analyzed, and reported to the PSO in accordance with this policy.

Certain actions, as set forth in these Bylaws and/or defined by Policy, of the Medical Staff are part of LPSES and are undertaken for the purpose of improving patient safety and quality of care. All data, reports, records, memoranda, analyses, correspondence, written and oral statements which are assembled or developed in the conduct of the patient safety activities and which could result in improved patient care, healthcare quality or health care outcomes, or which identify or constitute the deliberations or analysis of, or identify the fact of reporting to the LPSES are privileged and confidential PSWP under the PSQIA.

SECTION 4 CATEGORIES OF MEDICAL STAFF MEMBERSHIP

4.1 Active Category

4.1.1 Qualifications:

Members of this category must have served on the Medical Staff maintained a residence and office in Lee County (Part I, Section 4.1.3.3) for one year and be involved in twenty-four (24) patient contacts per year (i.e., a patient contact is defined as an inpatient admission, consultation, or an inpatient or outpatient surgical procedure) at the Hospital except as expressly waived for Practitioners with at least twenty (20) years of service in the active category or for those Practitioners who document their efforts to support the Hospital's patient care mission to the satisfaction of the MEC.

In the event that an Active Medical Staff Member does not meet the qualifications for reappointment to the active category, and if the Medical Staff Member is otherwise abiding by all Bylaws, Rules and Regulations, and Medical Staff Policies and Hospital policies, the Medical Staff Member may be appointed to another Medical Staff category if he/she meets the eligibility requirements for such category.

4.1.2 Prerogatives: Members of this category may:

4.1.2.1 Attend Medical Staff/Department meetings of which he/she is a member and any Medical Staff or Hospital education programs;

4.1.2.2 Vote on all matters presented by the Medical Staff, Department, and committee(s) to which the member is assigned;

4.1.2.3 Hold office and sit on or be the Chair of any committee in accordance with any qualifying criteria set forth elsewhere in the Medical Staff Bylaws or Medical Staff Policies.

4.1.3 Responsibilities: Members of this category shall:

4.1.3.1 Contribute to the organizational and administrative affairs of the Medical Staff;

4.1.3.2 Actively participate as requested or required in activities and functions of the Medical Staff, including quality/performance improvement and peer review, credentialing, risk and utilization management, medical records completion, monitoring activities and in the discharge of other Medical Staff functions as may be required by the MEC;

4.1.3.3 The one-year residence and office requirement may be explicitly waived by majority vote of the MEC, on written request of the Medical Staff Member if the Medical Staff Member affirmatively demonstrates to the MEC in writing that the quality of patient care is not likely to be affected by the Medical Staff Member not living and having an office in Lee County and that the Medical Staff Member's obligation to provide emergency room call and to attend to hospitalized patients can be met.

4.1.3.4 Fulfill or comply with any applicable Medical Staff Policies or Hospital Policies as requested by the MEC.

4.1.3.5 Fulfill basic responsibilities and requirements set forth in Part I, Section 2.7, including but not limited to, Emergency Department call responsibilities in accordance with facility specific rules and regulations, unless exempted from Emergency Department call responsibilities as defined by their Section (if applicable) or Department and approved by the MEC.

In the event facility specific rules and regulations require physicians to accept Emergency Department referrals to the physician’s office, Lee Health will provide facility support and services for such patients.

4.2 Associate Category

4.2.1 Qualifications:

The associate category is reserved for Medical Staff Members who do not meet the eligibility requirements for the active category or choose not to pursue active status. This category includes physicians during their first year on the Medical Staff, as well as low volume/no volume physicians.

4.2.2 Prerogatives: Members of this category may:

4.2.2.1 Attend general Medical Staff Department meetings of which he/she is a member and any Medical Staff or Hospital education programs.

4.2.2.2 Members of the associate category may not vote on matters at general Medical Staff, Department or Section meetings.

4.2.2.3 Members of the associate category may serve on facility and system Medical Staff committees, other than the MEC, and may vote on matters that come before such committees.

4.2.2.4 Members of the associate category may serve on the MEC as determined by the MEC.

4.2.3 Responsibilities: Members of this category shall have the same responsibilities as Active Medical Staff Members, as set forth in Part I, Section 4.1 and Section 2.7.

4.3 Honorary Category

4.3.1 The honorary category is restricted to those individuals recommended by the MEC and approved by the Board. Appointment to this category is entirely discretionary and may be rescinded at any time. Members of this honorary category shall consist of those Medical Staff Members who have retired from active hospital practice, who are of outstanding reputation, and have provided distinguished service to the Hospital. They may attend continuing medical education ("CME") activities. They shall not hold Clinical Privileges, hold office or be eligible to vote.

SECTION 5 OFFICERS OF THE MEDICAL STAFF

5.1 Officers of the Medical Staff and MEC At-Large Members

The Medical Staff is authorized to have the following officers:

5.1.1 President

5.1.2 President-Elect

5.1.3 Secretary / Treasurer

5.1.4 Immediate Past President

5.2 Qualifications of Officers and MEC At-Large Members

5.2.1 Officers must be: (a) Medical Staff Members in good standing of the active category for at least two (2) years and are actively involved in patient care in the community or have previously served in a significant leadership position on the Medical Staff, (i.e. Department Chair, Section Chief or Committee Chair); (b) indicate a willingness and ability to serve; (c) have no pending adverse recommendations concerning Medical Staff Membership and/or Clinical Privileges; (d) have demonstrated an ability to work well with others; (e) be in compliance with the professional conduct Medical Staff Policies; and (f) have excellent administrative and communication skills.

5.2.2 MEC at-large members must be Medical Staff Members in good standing for at least two (2) years and be actively involved in patient care in the community.

5.2.3 Officers and MEC at-large members must disclose leadership positions held on other hospital medical staffs, whether part of Lee Health or not.

5.3 Election of Officers and MEC At-Large Members

5.3.1 Every year, the MEC shall appoint a nominations committee Chaired by the Immediate Past President and comprised of at least five (5) Medical Staff Members at least ninety (90) Days prior to the election. Representatives of Hospital administration shall not serve on the Nominations Committee. Nominations will be solicited from the Medical Staff by the Nominations Committee for consideration prior to the committee meeting. The Nominations Committee shall offer at least one (1) nominee for each office. Nominations must be announced, and the names of the nominees distributed to all members of the Active Medical Staff at least forty-five (45) Days prior to the election. A petition signed by at least 20% of the Hospital's Active Medical Staff may also make nominations. Such petition must be submitted to the President at least twenty (20) Days prior to the election for placement on the ballot.

5.3.2 Officers and MEC at-large members shall be elected, as needed, every year at an election that takes place at least one (1) month prior to the expiration of the term of the current officers. Only members of the active category shall be eligible to vote in such election. The MEC will determine the mechanisms by which votes may be cast. The mechanisms that may be considered include written mail ballots; electronic voting via computer, fax, or other technology for transmitting the members' voting choices. No proxy voting will be permissible. The nominee receiving the greatest number of votes will be elected. In the event of a tie vote,

the Medical Staff support professional will arrange for a repeat vote(s) until one (1) candidate receives a greater number of votes.

5.3.3 Medical Staff Members will be notified of the election date and final slate of nominees at least ten (10) Days prior to the election.

5.4 Terms of Office

5.4.1 Officers and MEC at-large members serve terms as follows:

5.4.1.1 President-Elect– one (1) year

5.4.1.2 President – two (2) years

5.4.1.3 Immediate Past President– one (1) year

5.4.1.4 Secretary/Treasurer – one (1) year

5.4.1.5 MEC At-Large Members – two (2) years

5.4.2 The terms of the Officers and MEC at-large members shall take effect October 1. Officers and MEC at-large members may be re-elected to office, except that the President may not be re-elected for successive terms.

5.5 Vacancies of Office

5.5.1 The MEC shall fill vacancies of office during the Medical Staff Year, except the office of the President.

5.5.2 If there is a vacancy in the office of the President, the President-Elect shall serve the remainder of the term.

5.5.3 If there is a vacancy in the office of the President when there is no President-Elect serving, the Immediate Past President shall serve the remainder of the term.

5.6 Duties of Officers and MEC At-Large Members

5.6.1 Role of the President

The President shall represent the interests of the Medical Staff to the MEC and the Board. The President will fulfill the duties specified in Part I, Section 5.6.2 of these Bylaws, as well as additional duties as reasonably requested by the MEC in order to implement and/or enforce all provisions of the Bylaws and the interests of the Medical Staff.

5.6.2 Responsibilities of the President

The President is the primary elected officer of the Medical Staff and is the Medical Staff's advocate and representative in its relationships to the Board, System Administration and the Health System Administration. The President, jointly with the MEC, provides direction to and oversees Medical Staff activities related to assessing and promoting continuous improvement in the quality of clinical services and all other functions of the Medical Staff as outlined in the Medical Staff Bylaws, Rules and Regulations and Policies. Specific responsibilities and authority include:

5.6.2.1 Call and preside at all general and special meetings of the Medical Staff;

5.6.2.2 Serve as Chair of the MEC, and as a voting member of the PLC; as ex-officio member of all other Medical Staff committees without vote; and to participate as invited by the Board and the System Administration on Hospital or Board committees;

5.6.2.3 Shall not vote at the MEC, unless his/her vote is needed to break a tie vote;

5.6.2.4 Enforce Medical Staff Bylaws, Rules and Regulations and Medical Staff/Hospital/System Policies;

5.6.2.5 Except as stated otherwise, appoint committee chairs and all members of Medical Staff standing and ad hoc committees; in consultation with Hospital Administration, appoint Medical Staff Members to appropriate Hospital committees; in consultation with the Chair of the Board, appoint Medical Staff Members to appropriate Board committees when those are not designated by position or by specific direction of the Board or otherwise prohibited by state law;

5.6.2.6 Support and encourage Medical Staff leadership and participation on interdisciplinary clinical performance improvement activities;

5.6.2.7 Report to the Board, through the PLC/Chair, the MEC's recommendations concerning appointment, reappointment, delineation of Clinical Privileges or specified services and corrective action with respect to Practitioners or APPs who are applying for Medical Staff Membership and/or Clinical Privileges, or who are granted privileges or providing services in the Hospital;

5.6.2.8 With the support of the System Credentialing/Privileging Committee, evaluate and periodically report to the MEC, PLC and the Board regarding the effectiveness of the credentialing and privileging processes;

5.6.2.9 Review and enforce compliance with standards of ethical conduct and professional demeanor among the Medical Staff Members in their relations with each other, the Board, Hospital/System management, other professional and support staff, and the community the Hospital serves;

5.6.2.10 Communicate and represent the opinions and concerns of the Medical Staff and its individual members on organizational and individual matters affecting Hospital operations to the System Administrator, the MEC, PLC and the Board;

5.6.2.11 attend Board and Board committee meetings;

5.6.2.12 ensure that the decisions of the Board are communicated and carried out within the Medical Staff;

5.6.2.13 perform such other duties, and exercise such authority commensurate with the office as are set forth in the Medical Staff Bylaws; and

5.6.2.14 designate the PLC Chair as spokesperson to the Board.

5.6.3 President-Elect

In the absence of the President, the President-Elect or the Immediate Past President, in that order of service, shall assume all the duties and have the authority of the President. He/she shall perform such further duties to assist the President as the President may request from time to time. The President-Elect, upon the end of the term of the President, shall automatically succeed to the office of President.

5.6.4 Secretary/Treasurer – This officer will collaborate with the hospital's Medical Staff Services Department, assure maintenance of minutes, attend to correspondence, act as Medical Staff Treasurer, and coordinate communication within the Medical Staff. He/she shall perform such further duties to assist the President as the President may from time to time request.

5.6.5 Immediate Past President

This officer will serve as a consultant to the President and the President-Elect as requested by the MEC and provide feedback to the officers regarding their performance of assigned duties on an annual basis. He/she shall perform such further duties to assist the President as the President may request. He/she shall serve as a member of the System Credentialing/Privileging Committee.

5.6.6 MEC At-Large Members

The MEC at-large members shall advise and support the Medical Staff officers and are responsible for representing the needs/interests of the entire Medical Staff and

not simply representing the preferences of their own clinical specialty. The at-large members shall be entitled to vote on all issues coming before the MEC.

5.7 Removal and Resignation of Officer or MEC At-Large Member

5.7.1 The Medical Staff may remove any MEC officer or MEC at-large member by petition of twenty percent (20%) of the Active Medical Staff Members and a subsequent affirmative vote by two-thirds (2/3) of those Active Medical Staff Members casting votes at a meeting for which the petition has been placed on the agenda, after affording the officer or MEC at-large member the opportunity to present his or her case as to why he or she should not be removed.

5.7.2 Removal of Officers or MEC At-Large Members

The MEC may remove any MEC officer or MEC at-large member for conduct, which in the reasonable opinion of the MEC, is detrimental to the interests of the Medical Staff or if the officer is suffering from a physical or mental infirmity that renders the individual incapable of fulfilling the duties of the office. Notice shall be provided to the affected MEC officer or MEC at-large member at least ten (10) Days prior to the date of the meeting at which the issue will be considered. The officer or at-large member shall be afforded the opportunity to speak prior to the taking of any vote on such removal. For recall of an officer or at-large member, a two-thirds (2/3) vote of approval is required with three-fourths (3/4) of the MEC members present and voting. The affected MEC officer or MEC at-large member does not count towards quorum and does not vote.

5.7.3 Resignation of Officers or MEC At-Large Members

Any elected officer or MEC at-large member may resign at any time by giving Notice to the MEC. Such resignation takes effect on the date of receipt, when a successor is elected, or any later time specified therein.

SECTION 6 MEDICAL STAFF ORGANIZATION

The organized Medical Staff is actively involved in Medical Staff governance, peer review, credentialing/privileging and communication. Medical Staff Members are accountable to the MEC.

The Medical Staff facility officers (Part I, Section 5), Medical Staff governance committees (PLC, Part I, Section 7.1 and MEC, Part I, Section 7.3), Department Chairs (Part I, Section 6.2), Clinical Section Chiefs (Part I, Section 6.1.2), Hospital (as appropriate) System Medical Staff committee Chairs, (Part I, Section 7.5) and Medical Staff committee Chairs (Part I, Section 7.6) are responsible for working collaboratively to develop a process for communication of Medical Staff functions. Periodic reports, as appropriate, are given to each MEC, Medical Staff Departments, Medical Staff committees and the PLC as needed to ensure adherence to regulatory requirements and accreditation standards.

Additionally, Medical Staff officers may appoint, in collaboration with the Facility Medical Director, designated physician leaders to serve on Medical Staff committees to help ensure Medical Staff input and oversight with clinical functions such as Bylaws, Cancer Care, Continuing Medical Education, Medical Library, Ethics, Institutional Review, System Credentialing/Privileging, Critical Care, System Emergency Services, Infection Control, Pharmacy and Therapeutics, System Medical Staff Quality, System Practitioner Resource, Trauma Quality, Vascular Lab, in addition to the Children's Hospital committees (Cancer Care, Ethics, Neonatal Intensive Care Unit ("NICU") Pediatric Intensive Care Unit ("PICU") Perinatal and Medical Staff Quality and other such functions as determined by the MEC and/or the PLC.

6.1 Departments and Clinical Sections

6.1.1 The Medical Staff shall be organized as a Departmentalized staff. The current Departments authorized by the MECs are Medicine, Surgery, Pediatric Medicine, Pediatric Surgery, Obstetrics and Gynecology, Anesthesiology, Pathology, Radiology and Emergency Medicine. Departments fulfill the duties listed in Part I, Section 6.2.4 of these Bylaws within a specific Hospital or facility and/or across the Health System as necessary. Departments shall meet as frequently as needed to fulfill assigned duties and when requested by the MEC.

6.1.2 The Medical Staff may create Clinical Sections (as specified in these Bylaws) within Departments in order to facilitate Medical Staff activities.

Any MEC may recognize any group of like American Board of Medical Specialties("ABMS") approved specialties with at least three (3) Medical Staff Members or service lines that wish to organize themselves into a Clinical Section. Any Clinical Section, if organized shall not be required to hold regularly scheduled meetings, keep routine minutes, or require attendance. A written report is required only when the Clinical Section is making a formal report. A Clinical Section shall elect a Clinical Section Chief. The Clinical Section Chief is responsible for fulfilling the activities listed in Part I, Section 6.1.2.1 - 6.1.2.7 of these Bylaws. The procedure for removal of a Clinical Section Chief shall be the same as set forth in Part I, Section 6.2.3 for Department Chair.

When a Clinical Section is making a formal report, the report shall be submitted to the MEC documenting the specific position of the Clinical Section. The President will decide if the report/issue is placed on the MEC agenda and whether the Clinical Section Chief (or designee) will attend the MEC meeting to present the report/issue to the MEC on that specific report/issue. Clinical Sections are optional and shall exist to perform any of the following activities within a specific facility and/or across Health System facilities as necessary:

6.1.2.1 continuing education/Grand Rounds/discussion of patient care;

6.1.2.2 formulation of ED on-call and inpatient consultation and coverage recommendations;

6.1.2.3 discussion of policies and procedures;

6.1.2.4 discussion of equipment needs;

6.1.2.5 development of recommendations for the Department Chair(s), the MECs or the PLC;

6.1.2.6 participation in the development of criteria for Clinical Privileges when requested by the Department Chair, System Credentialing/Privileging Committee or MEC; and

6.1.2.7 discussion of a specific issue at the request of the Department Chair, PLC or the MEC.

The MEC, with the concurrence of the PLC, may designate new Medical Staff Departments or Clinical Sections or dissolve current Departments or Clinical Sections as it determines will best meet the Medical Staff needs for promoting performance improvement, patient safety, and effective credentialing and privileging.

6.2 Qualifications, Selection, Term, Responsibilities and Removal of Department Chair

6.2.1 Each Department Chair shall serve a term of two (2) years commencing on October 1 and may be elected to serve successive terms. All Chairs must be Active Medical Staff Members with relevant Clinical Privileges.

6.2.2 Department Chairs will be elected by majority vote of the Active Medical Staff Members of the Department, subject to ratification by the MEC. Each Department shall establish procedures for identifying and electing candidates and these procedures must be ratified by the MEC.

6.2.3 Department Chairs may be removed from office by the MEC upon receipt of a recommendation of two-thirds (2/3) of the Active Medical Staff Members of the Department or, in the absence of such recommendation, the MEC may remove a Chair on its own by a two-third (2/3) vote of a majority of Active Medical Staff Members present and voting, if any of the following occurs:

6.2.3.1 The Chair ceases to be an Active Medical Staff Member in good standing;

6.2.3.2 The Chair suffers an involuntary loss or significant limitation of Clinical Privileges;

6.2.3.3 The Chair fails, in the opinion of the MEC, to demonstrate to the satisfaction of the MEC, PLC or the Board that he/she is effectively carrying out the responsibilities of the position; and

6.2.3.4 If removal is required, a new election will be held according to the established Departmental procedures.

6.2.4 Department Chairs shall carry out the following responsibilities:

6.2.4.1 to oversee all clinically-related activities of the Department;

6.2.4.2 to oversee all administratively related activities of the Department otherwise provided for by the Facility;

6.2.4.3 to provide ongoing surveillance of the performance of all individuals in the Medical Staff Department who have been granted Clinical Privileges;

6.2.4.4 to make recommendations to the System Credentialing/Privileging Committee and Departments;

6.2.4.5 to recommend Clinical Privileges for each Medical Staff Member of the Department and other APPs practicing with privileges within the scope of the Department;

6.2.4.6 to assess and recommend to the MEC and System Administration off-site sources for needed patient care services not provided by the Department or Facility;

6.2.4.7 to monitor and evaluate the quality and appropriateness of patient care provided in the Medical Staff Department and to implement action following review and recommendations by the Medical Staff Quality Committee and/or the MEC;

6.2.4.8 to integrate the Department into the primary functions of the Hospital;

6.2.4.9 to coordinate and integrate interdepartmental and intradepartmental services and communication;

6.2.4.10 to participate in the administration of the Department through cooperation with nursing services and Hospital Administration in matters affecting patient care;

6.2.4.11 to develop and implement Medical Staff Policies and Hospital Policies that guide and support the provision of patient care services;

6.2.4.12 to recommend to the System Administration the sufficient numbers of qualified and competent persons to provide patient care and service;

6.2.4.13 to provide input to the System Administration regarding the qualifications and competence of Department or service personnel who are not APPs but provide patient care, treatment, and services;

6.2.4.14 to provide continuous assessment and improvement of the quality of care, treatment, and services;

6.2.4.15 to maintain quality control programs as appropriate;

6.2.4.16 to orient and continuously educate all persons in the Department; and

6.2.4.17 to make recommendations to the MEC and to the System Administration for space and other resources needed by the Department to provide patient care services.

6.3 Assignment to Department

6.3.1 The MEC will, after consideration of the recommendation of the Chair of the appropriate Department, recommend Department assignments for all Medical Staff Members in accordance with their qualifications. Each Medical Staff Member will be assigned to one primary Department. Clinical privileges are independent of the Department assignment.

SECTION 7 MEDICAL STAFF GOVERNANCE COMMITTEES

7.1 Designation of the Lee Health Medical Staff Physician Leadership Council (PLC)

7.1.1. There shall be a Lee Memorial Health System Medical Staff Physician Leadership Council ("PLC") and such other standing and special committees as determined by the PLC.

7.1.2 There shall be a Medical Executive Committee ("MEC") at each Hospital and such other facility standing and special committees as established by the MEC.

7.2 Composition, Duties and Meetings of the Lee Health Medical Staff PLC

7.2.1 Composition:

The PLC shall consist of the following voting members: Each President and each President–Elect or each Immediate Past President and two (2) at-large Medical Staff Members elected by each MEC. All shall serve a two (2) year term except the President-Elect and Past President shall serve one (1) year term. The Chairs of the System Credentialing/Privileging Committee and System Quality Oversight Committee shall serve as voting members. The system CEO or designee, the Chief Medical Officer and the Chair of the Board, and up to two (2) other Board consultants shall serve as ex-officio, non-voting members. In addition, the PLC may designate additional "ad hoc" members (non-voting members) as deemed necessary.

The PLC will elect (by majority vote of the committee), the PLC Chair and a Vice Chair who shall serve a three (3) year term and may be elected to one (1) subsequent terms, so long as the y remain voting membes on the PLC. The immediate past-chair shall serve a two (2) year term as a voting member.

In the event that the PLC composition does not include one anesthesiologist, emergency medicine physician, hospitalist or internist, radiologist and pathologist, the PLC may appoint an Active Medical Staff Member from each of these hospital- based specialties to be voting members of the PLC. They may be appointed for a two (2) year term and may be appointed for subsequent terms.

7.2.2 Duties:

The duties of the PLC are to:

7.2.2.1 promote communication, collaboration and MEC coordination between Medical Staff Members, Health System Administration and the Board concerning the work of each MEC and the planning activities of Lee Health that impact Medical Staff Members;

7.2.2.2 receive, review, and transmit MEC recommendations to the Board;

7.2.2.3 review and attempt to resolve any inconsistency emanating from the MEC recommendation(s) and transmit MEC recommendations to the Board concerning all matters relating to appointments, reappointments, staff category, facility assignments, Clinical Privileges subject to the conflict resolution process herein, unless due process rights are triggered pursuant to Part II. The PLC is acting as a duly constituted peer review committee under Florida law when it is reviewing the quality of care or performance of any particular physician;

7.2.2.4 consistent with the Hospital and Medical Staff mission and philosophy, the PLC will participate and encourage participation of the MECs in identifying community health needs and in setting goals and working with the System Administration to design and implement programs to meet those needs;

7.2.2.5 work with the MECs to ensure understanding and the consistent application of Medical Staff Rules and Regulations and Policies; and

7.2.2.6 govern the collection of Medical Staff system-wide assessments and authorize the use of Medical Staff assessments consistent with the purpose of the assessment.

7.2.3 Meetings:

The PLC shall meet as frequently as needed, but at least quarterly, to perform its

assigned functions. Records of its proceedings and actions shall be maintained in

accordance with the System's Records Retention and Disposition Policy.

7.3 Medical Executive Committee ("MEC") Composition Selection and Tenure

7.3.1 The Medical Staff may determine the number of Medical Staff Members appointed or elected to the MEC. The composition of the MEC shall consist of at least the following members: President, Immediate Past President, President-Elect, Secretary/Treasurer, physician representative from the System Credentialing/Privileging Committee, Chair of the Medical Staff Quality Committee, the Department Chairs from Medicine, Surgery, Anesthesiology, Radiology, Pathology, Obstetrics/Gynecology and Emergency Services, at least two (2) at-large Medical Staff Members appointed by the MEC and at least two (2) at-large active members of the Medical Staff elected by the general Medical Staff. The composition of the MEC may also include physician representatives from Pediatric Medicine and/or Pediatric Surgery.

One Board member, the Acute Care Medical Officer, the Hospital Vice-President of Nursing, at least one (1) APP and the Vice President of Medical Affairs will serve in a non-voting, ex-officio capacity.

The President shall serve as the Chair of the MEC.

7.3.2 MEC members shall disclose in writing to the Medical Staff, any personal, professional or financial applications or responsibilities with Lee Health and any competing hospital, healthcare organization or health system as soon as practicable, but in no event later than thirty (30) Days.

MEC members shall serve 2-year terms, except the Immediate Past President and President-Elect shall serve 1-year terms. The MEC and the Nominations Committee shall stagger the terms of appointed and elected at-large members to ensure continuity of leadership. Such physicians must be a Medical Staff Member in good standing at all times.

All Medical Staff Presidents and Department Chairs are expected to participate in orientation and continuing education activities as related to the operation of the Medical Staff.

7.4 Duties and Responsibilities of the Medical Executive Committees

7.4.1 To represent, to initiate action and act on behalf of the Medical Staff Members with privileges at the Facility in fulfilling the duties of Medical Staff self-governance, credentialing/privileging and quality, after seeking input and recommendations from Departments and/or Clinical Sections affected by MEC action (if applicable).

7.4.2 To receive recommendations from the System Credentialing/Privileging Committee and the Facility Quality Committee and make recommendations to the Board (and, as relevant, for informational purposes only to the PLC) concerning:

7.4.2.1 appointments, reappointments and granting of Clinical Privileges;

7.4.2.2 necessity for special investigations of issues pertaining to Practitioner competence or behavior;

7.4.2.3 needed performance improvements and peer review results;

7.4.2.4 development and enforcement of policies and procedures;

7.4.2.5 Department and committee structure; and

7.4.2.6 other matters relevant to the provision of patient care, operation of the Medical Staff or proposed Bylaws amendments.

7.4.3 Receive and act upon reports and recommendations concerning patient care quality and appropriateness reviews, evaluation and monitoring functions, and the discharge of their delegated administrative responsibilities;

7.4.4 Recommend to the Board, and for information purposes only to the PLC, specific programs and systems to perform Medical Staff peer review, quality monitoring, communication, governance, credentialing/privileging and planning functions;

7.4.5 Coordinate the implementation of policies adopted by the Board;

7.4.6 Oversee multi-specialty peer review and quality monitoring activities in a manner consistent with federal and state law;

7.4.7 Take reasonable steps to encourage professionally ethical conduct and competent clinical performance of Medical Staff Members at the facility including collegial and educational efforts;

7.4.8 Participate in identifying community health needs and in setting Hospital-specific goals and implementing programs to meet those needs;

7.4.9 Design and implement Hospital-specific rules and regulations that will not conflict with the Medical Staff Bylaws;

7.4.10 Work with Facility and System Administration to promote effective, efficient and safe patient care practice within the facility;

7.4.11 Take reasonable steps to encourage professionally ethical conduct and competent clinical performance on the part of Medical Staff Members including initiating investigations, and pursuing corrective action, when warranted;

7.4.12 Provide oversight concerning the quality and safety of the care provided by residents, interns, and students, and ensure that the same act within approved

guidelines established by the Medical Staff and the Board. Review and ensure corrective action regarding applicable Residency Review Commission findings and recommendations;

7.4.13 Keep the Medical Staff up-to-date concerning the licensure and accreditation status of the System and Hospitals;

7.4.14 Request evaluations of Practitioners privileged through the Medical Staff process in instances in which there is question about an Applicant or Medical Staff Member's ability to perform privileges requested or currently granted;

7.4.15 Consult with Administration on the quality, timeliness, and appropriateness of aspects of contracts for patient care services provided to the Hospital by entities outside the Hospital;

7.4.16 Hold Medical Staff leaders, committees, and Departments accountable for fulfillment of their duties and responsibilities;

7.4.17 Advise and assist the PLC, when and to the extent possible, as requested by the PLC, the Board and the System Administration; and,

7.4.18 Grant, deny or rescind exemptions related to Emergency Department call responsibility.

7.4.19 Meetings: The MEC shall meet ten (10) times per year, or more or less frequently as needed to perform its assigned functions as determined by the President in consultation with the MEC. Records of its proceedings and actions shall be maintained in accordance with the System's Records Retention and Disposition Policy.

7.5 System Medical Staff Committees

7.5.1 Purpose.

There shall be system Medical Staff committees established by the Medical Staff to carry out the responsibilities of the Medical Staff with regard to measuring and assessing the performance of the Medical Staff providing medical care within the Hospitals and Health System facilities.

7.5.2 Organization to Perform Functions.

The PLC with the input and approval of each MEC shall establish system Medical Staff committees comprised of Medical Staff Members and others as may be deemed appropriate or necessary. The delineation of specific duties, committee size, liaison with other committees and Departments, and other matters necessary to the efficient performance of Medical Staff functions shall be set forth in these

Bylaws. The only voting members of System Medical Staff committees are Medical Staff Members unless otherwise determined by the MEC. System Medical Staff committees consist of the following, shall report to and through the MECs on matters relating to all MECs, and shall report to each MEC on facility specific matters:

7.5.2.1 System Credentialing/Privileging Committee

(See Part III, Section 1 of these Bylaws);

7.5.2.2 System Medical Staff Quality Committee

(See Medical Staff Quality Policies)

7.5.2.3 System Practitioner Resource Committee.

Membership:

Membership shall be established by the PLC with the input and approval of each MEC. The term of office shall be for a period of two (2) years with additional terms as agreed upon by the members, so as to provide continuity and development of expertise.

Referrals:

Concerns that a Medical Staff Member or APP may be suffering from a physical or mental impairment that might impact their ability to practice medicine or may be a threat to themselves or others, including but not limited to impairment due to substance abuse, should be communicated to the President of the Medical Staff or to the affected Practitioner's Department Chair. The President of the Medical Staff or Department Chair, after consultation with others, if deemed appropriate, may refer the affected Practitioner to the Practitioner Resource Committee for review, evaluation and follow-up.

Responsibilities:

The committee shall have no authority to take disciplinary action. Nor does the committee provide treatment. The committee is responsible to:

7.5.2.3.1 Receive and evaluate concerns about Practitioner health and functioning;

7.5.2.3.2 Provide assistance and encourage a Practitioner impaired by virtue of physical or psychiatric condition, problems in living, or issues related to alcohol use or drug use to

voluntarily accept referral for the evaluation, treatment or assistance;

7.5.2.3.3 Assume an advocacy role on behalf of the affected Practitioner;

7.5.2.3.4 Serve as an advisor to the President, Department Chair and/or MEC, including advice relating to alternatives in the event that the Practitioner fails to accept referral or fails to adequately recover from treatment;

7.5.2.3.5 Consider referring an affected Practitioner to appropriate resources for treatment and advice on the appropriateness of treatment, rehabilitation planning and monitoring provisions;

7.5.2.3.6 Utilize the Professional Resource Network, Intervention Project for Nurses or other resources, if appropriate;

7.5.2.3.7 Maintain the confidentiality of information regarding matters referred to the committee; and

7.5.2.3.8 Refer to the Medical Staff President Department Chair or MEC those situations that may require possible corrective actions.

7.5.2.4 System Bylaws Committee

Membership:

The Bylaws Committee shall be a standing committee of the Medical Staff and shall be composed of at least five (5) Active Medical Staff Members (including one (1) member from each MEC appointed by the President), the System Chief Medical Officer ("CMO") or his/her designee, the Vice President of Medical Affairs and their designated Medical Staff Services Department representative who shall serve as a non-voting member.

Duties:

The duties of the Bylaws Committee shall be to: Review recommendations for changes in the Medical Staff Bylaws, Rules and Regulations and Policies made by the Medical Staff committees, Departments, or by the Board.

Meetings, Reports and Recommendations:

The Bylaws Committee shall meet every seven (7) years or as necessary to accomplish its duties, shall maintain a permanent record of its proceedings and actions, and shall report its recommendations to the MECs.

7.5.3 Composition and Meetings of System Medical Staff Committees:

7.5.3.1 Unless otherwise provided for in these Bylaws, System Medical Staff committees shall be composed of physician Medical Staff Members from each Hospital, as appointed by each MEC;

7.5.3.2 Each System Medical Staff committee shall elect a physician Chairperson and physician vice Chairperson, as needed, for their respective committee;

7.5.3.3 System Medical Staff committee members shall serve terms of two (2) years and may be reappointed;

7.5.3.4 System Medical Staff committee members who cease to be Medical Staff Members of a System Hospital shall automatically cease to serve as committee members. Vacancies on committees shall be filled by the appropriate MEC; and

7.5.3.5 System Medical Staff committees shall meet as often as necessary to discharge the duties of the respective committees in accordance with these Bylaws.

Notice of meetings shall be provided to committee members allowing a reasonable amount of time for arranging attendance and may include providing a written schedule of meetings on an annual or more frequent basis.

7.6 Medical Staff Committees:

7.6.1 Purpose:

There shall be committees to carry out certain essential functions within each facility as determined by each MEC. The MEC may establish such committees from time to time in addition to those set forth in the Bylaws.

7.6.2 Standing Medical Staff Committees:

The following committees are approved as standing committees of the MEC:

7.6.2.1 Nominations Committees (See Part I, Section 5.3 of these Bylaws);

7.6.2.2 Medical Staff Quality Committees (See Medical Staff Quality Policies); and

7.6.2.3 Trauma Quality Management (Composition, membership and duties are mandated by the State regulations for designated trauma centers).

SECTION 8 MEDICAL STAFF MEETINGS

8.1 General Medical Staff Meetings

8.1.1 A biennial meeting and other General Medical Staff meetings shall be held as necessary and at a time and place as determined by the MEC.

8.2 Special Meetings of the General Medical Staff

8.2.1 The President may call a special meeting of the General Medical Staff at any time. Such request or resolution shall state the purpose of the special meeting. The President shall designate the time and place of any special meeting of the General Medical Staff.

8.2.2 At least three (3) Days prior to the meeting. The MEC shall give Notice stating the time, place and purposes of any special General Medical Staff meetings. No business shall be transacted at any special meeting of the General Medical Staff, except that stated in the Notice of such meeting.

8.2.3 The attendance of a Medical Staff Member at a special meeting of the General Medical Staff shall constitute a waiver of Notice of such meeting.

8.3 Special Meetings of Departments, Sections and Committees

8.3.1 A special meeting of any Department, Section or Committee may be called by the Chair thereof or by the President.

8.4 Quorum

8.4.1 General Medical Staff meetings: Unless otherwise specified in these Bylaws, a quorum shall consist of those present or those eligible Medical Staff Members voting on an issue.

8.4.2 MEC, Credentialing/Privileges Committee, and Medical Staff Quality Committee: A quorum will exist when fifty percent (50%) of the Medical Staff Members are present.

8.4.3 Departments, Sections or Committees other than those listed in Part I, Sections 6 and 7 above or unless otherwise specified in these Bylaws, a quorum shall consist of those present or those eligible Medical Staff Members voting on an issue.

8.5 Attendance Requirements

8.5.1 Members of the Medical Staff are encouraged to attend meetings of the Medical Staff.

8.5.1.1 MEC, Credentialing/Privileges Committee, and Medical Staff Quality/Peer Review Committee meetings: Members of these committees are expected to attend at least seventy-five (75%) of the meetings held.

8.5.1.2 Special meeting attendance requirements: Whenever there is suspected or actual non-compliance with Medical Staff Policies or Hospital Policies or suspected deviation from standard clinical or professional practice, the President or the applicable Department/Section/Committee Chair may require the Practitioner to confer with him/her or with a standing or ad hoc committee that is considering the matter. The Practitioner will be given Special Notice of the meeting, at least five (5) Days prior to the meeting, including the date, time, place, a statement of the issue involved and that the Practitioner's appearance is mandatory.

Failure of the Practitioner to appear at any such meeting after two (2) Special Notices, unless excused by the MEC upon showing good cause, will result in an automatic termination of Medical Staff Membership and/or Clinical Privileges pursuant to the Automatic Suspension and Termination provisions of these Bylaws. Such termination will not give rise to a Fair Hearing but will automatically be rescinded upon the Practitioner's participation in the previously referenced meeting.

8.5.1.3 Nothing in the foregoing paragraph shall preclude the initiation of a precautionary restriction or suspension of Clinical Privileges as outlined in Part II of these Bylaws (Investigations, Corrective Action, Hearing and Appeal Plan).

8.6 Participation by Administration

8.6.1 Administration may attend any General, Department, Section or Committee meetings of the Medical Staff, unless otherwise specified or requested by the committee.

8.7 Robert's Rules of Order

8.7.1 Medical Staff Department, Section and Committee meetings shall be run in a manner determined by the individual who is the Chair of the meeting. When parliamentary procedure is needed, as determined by the Chair or evidenced by a majority vote of those attending the meeting, the latest edition of *Robert's Rules of Order* shall determine procedure. Failure to strictly comply with *Robert's Rules of Order* shall not invalidate any meeting, vote or other action.

8.8 Notice of Meetings

8.8.1 Unless otherwise specified in these Bylaws, Notice stating the place, Day, and hour of any special meeting or of any regular meeting not held pursuant to resolution shall be made not less than five (5) Days before the time of such meeting by the person or persons calling the meeting. The attendance of a Medical Staff Member at a meeting shall constitute a waiver of Notice of such meeting.

8.9 Action of PLC, MEC, General Medical Staff, Department, Section or Committee

8.9.1 The recommendation of a majority of its Medical Staff Members present at a meeting at which a quorum is present shall be the action of a Department, Section, Committee, MEC, PLC or General Medical Staff meeting. Such recommendation will then be forwarded to the MEC for action.

8.10 Rights of Ex Officio Members

8.10.1 Except as otherwise provided in these Bylaws, persons serving as ex officio members of a committee shall have all rights and privileges of regular Medical Staff Members thereof, (except that they shall not vote or be counted in determining the existence of a quorum).

8.11 Minutes

8.11.1 Minutes of each regular and special meeting of a committee shall be prepared and shall include a record of the attendance of Medical Staff Members and the vote taken on each matter. The presiding Chair shall authenticate the minutes and copies thereof shall be submitted to the MEC or other designated committee. Minutes shall be maintained in accordance with the System's Records Retention and Disposition Policy.

SECTION 9 DECISION MAKING METHODS AND CONFLICT RESOLUTION

9.1 MEC recommendations will be forwarded to the PLC for information and to ensure communication between all Medical Staffs, System and facility administration and Board leaders. Routine MEC communication and recommendations that are consistent between the MECs and that are consistent with Medical Staff Policies and Hospital Policy will be transmitted to the Board.

9.2 Conflict resolution: If the PLC determines a recommendation of a MEC may be contrary to the reasonable opinion of the PLC, or if a decision of the Board is contrary to a recommendation of the PLC and/or a MEC, the PLC shall not make a recommendation to the Board regarding such matter. The PLC will first refer the matter back to the MEC(s) for further consideration at their next meeting, together with pertinent suggestions and comments of the PLC.

9.3 If the MEC recommendation and the opinion of the PLC remain inconsistent after the next meeting of the MEC, the matter will be referred to an Initial Joint Conference Committee to be convened within thirty (30) Days of that MEC meeting. Such Initial Joint Conference Committee may be convened at any time sooner by mutual agreement of the MEC and PLC. The Initial Joint Conference Committee shall be composed of two (2) representatives selected by the PLC, two (2) representatives selected by the MEC, one (1) administrative representative and one (1) Board member.

9.3.1 The positions established at the Initial Joint Conference Committee will be reported in full to the MEC and the PLC. The MEC will discuss the issue at its next meeting. In the event the MEC's recommendation remains contrary to the opinion of the PLC, the recommendation of the MEC shall be forwarded to the Board, along with pertinent, applicable information.

The PLC, at its discretion, may include a divergent opinion along with pertinent, applicable information. The Board shall have sixty (60) Days to adopt the recommendation of the MEC or may choose to refer the matter(s) to a Final Joint Conference Committee at any time within the 60-Day period.

9.4 A Final Joint Conference Committee will be convened if:

9.4.1 Requested by the Board;

9.4.2 Requested by the PLC, MEC(s) or Initial Joint Conference Committee (if the Initial Joint Conference Committee is unable to resolve conflicts and divergent opinions remain between the PLC, MEC(s) and/or Initial Joint Conference Committee); or

9.4.3 In the event the Board does not accept or adopt a recommendation by the MEC(s) within sixty (60) Days of receiving such recommendation(s) as set forth in Section 9.3.1.

The Final Joint Conference Committee will convene within thirty (30) Days of such request, or occurrence. The Final Joint Conference Committee will be composed of two (2) representatives selected by the PLC, two (2) representatives selected by the MEC and two (2) representatives of the Board (which may or may not be Board members) for review and recommendation to the full Board. The Final Joint Conference Committee will have up to sixty (60) Days to report its recommendation(s) and will issue its complete report simultaneously to the MEC, PLC, Initial Joint Conference members and Board. If either the MEC or PLC continues to have a dissenting opinion/recommendation from that of the Final Joint Conference Committee, both (MEC and PLC) shall each have the right for a representative of each to report its recommendation/opinion at the same time to the Board. After such report(s), the Board will make a determination which shall be final.

9.5 The Chair of the Board, PLC or MEC may call for an Initial Joint Conference as described above at any time and for any reason in order to seek direct input from the Board, PLC

and/or MEC Medical Staff leaders, clarify any issue, or relay information directly to Medical Staff leaders.

9.6 The provisions of this Section are not applicable to matters subject to the provisions of the Medical Staff Bylaws, Rules and Regulations, or Policies relating to Peer Review, Corrective Action or the Fair Hearing process.

SECTION 10 REVIEW, REVISION, ADOPTION, AND AMENDMENT

10.1 Medical Staff Responsibility/Authority

10.1.1 The Medical Staff shall have the responsibility to formulate, and recommend to the Board the Medical Staff Bylaws and the General Medical Staff Rules and Regulations, as well as any amendments to these documents, as determined by the Medical Staff to be necessary.

10.1.2 The Medical Staff can exercise this responsibility through its elected and appointed leaders or through direct vote of its Medical Staff Members, as provided herein.

10.1.3 All Medical Staff Bylaws and General Medical Staff Rules and Regulations, and any proposed amendments thereto, are subject to Board approval.

10.1.4 The Board authorizes the Medical Staff to establish and amend Medical Staff Policies as may be necessary to implement more specifically the general principles found within the Medical Staff Bylaws and General Medical Staff Rules and Regulations, subject to the process set forth herein, as long as such Medical Staff Policies do not contradict or otherwise violate the Board Bylaws, the Medical Staff Bylaws, or General Medical Staff Rules and Regulations. In the event the Board determines that a Medical Staff Policy does contradict, or otherwise violates the Medical Staff Bylaws or General Medical Staff Rules and Regulations, such Medical Staff Policy (or the problematic portion thereof) shall be null and void. In the event the Board otherwise disagrees with the content of any Medical Staff Policy or related amendment, such matter shall be addressed through Conflict Resolution Process set forth in Part I, Section 9 of the Medical Staff Bylaws.

10.2 Methods of Amendment and Adoption to these Bylaws

10.2.1 Proposed amendments to these Bylaws may be originated by the System Bylaws Committee or a MEC for consideration of all MECs and each general Medical Staff or by a petition signed by twenty-five (25) Active Medical Staff Members. All proposed amendments must be reviewed for possible action by the MEC.

10.2.1.1 Each Active Medical Staff Member will be eligible to vote on the proposed amendment to these Bylaws via printed or secure electronic ballot in a manner determined by the MEC. All Active Medical Staff Members shall receive Notice of the proposed changes at least thirty (30)

Days in advance of the proposed changes. Proposed amendments must:

10.2.1.1.1 receive a simple majority of the votes cast by those Active Medical Staff Members eligible to vote at the MECs;

10.2.1.1.2 receive a simple majority of the votes cast by the Active Medical Staff Members eligible to vote on each facility general Medical Staff.

10.2.1.2 Amendments so adopted shall be effective when approved by the Board. Neither the Board nor the Medical Staff shall have the power or authority to unilaterally adopt or amend Medical Staff Bylaws.

10.2.2 The MEC shall have the power to approve technical corrections, such as reorganization or renumbering of the Bylaws, or to correct punctuation, spelling or other errors of grammar, expression or inaccurate cross-references. No substantive amendments are permitted pursuant to this Sub-Section. Corrections may be made by motion and acted upon in the same manner as any other motion before the MEC.

After approval, such corrections shall be communicated in writing to the Medical Staff and to the Board. Such corrections are effective upon adoption by the MEC, provided, however, that they may be rescinded by a vote of the Medical Staff or the Board within one hundred twenty (120) Days of the date of adoption by the MEC.

10.3 Methods of Amendment and Adoption to any Medical Staff Rules and Regulations and Medical Staff Policies:

10.3.1 Subject to the process set forth herein, the Medical Staff may propose and adopt General Medical Staff Rules and Regulations, Medical Staff Policies, and any amendments thereto, as determined to be necessary to carry out its functions and meet its responsibilities under these Bylaws. Should a conflict exist between the provisions of the Medical Staff Bylaws and the Medical Staff Rules and Regulations or Medical Staff Policies, the Medical Staff Bylaws will prevail. Should a conflict exist between the provisions of the Medical Staff Rules and Regulations and the Medical Staff Policies, the Medical Staff Rules and Regulations will prevail.

10.3.2 The Medical Staff (at any general meeting), the Clinical Sections, Departments, MEC, Chief Legal Officer, or Vice President of Medical Affairs may each propose General Medical Staff Rules and Regulations, Medical Staff Policies, or any amendments thereto. Unless originating with the MEC, all such proposals shall be submitted to the MEC for review and approval, as set forth below.

10.3.3 All proposed General Medical Staff Rules and Regulations, or related amendments, under consideration by the MEC shall be communicated by the MEC to the voting Members of the Medical Staff for a period of review and comment (the length of which shall be in the discretion of the MEC) prior to the MEC voting on the matter. Thereafter, the MEC shall vote on the proposed Rule and Regulation, or

amendment thereto, at a regular meeting or at a special meeting called for such purpose. Following an affirmative vote by the MEC, and subsequent approval by the Board, such changes shall be effective immediately and the Medical Staff shall be advised accordingly.

10.3.4 All proposed Medical Staff Policies, or amendments thereto, under consideration by the MEC shall be voted on by the MEC at a regular meeting or at a special meeting called for such purpose. Following an affirmative vote by the MEC, the Medical Staff Policy, or amendment thereto, shall be effective immediately, and the Medical Staff shall be advised accordingly.

SECTION 11 ORGANIZED HEALTH CARE ARRANGEMENT WITH LEE MEMORIAL HEALTH SYSTEM

Lee Health, together with all Medical Staff, APPs and non-physician health care providers that provide clinical services at Lee Health (collectively for the purposes of this Section only "Lee Health Medical Staff"), constitute an Organized Health Care Arrangement ("OHCA") under the HIPAA Privacy Regulations. Accordingly, Lee Health and the Lee Health Medical Staff will issue a joint Notice of Privacy Practices, as permitted under the HIPAA privacy regulations, and each member of the Lee Health Medical Staff will abide by the terms of this joint Notice with respect to Protected Health Information he/she may receive in connection with his/her participation in professional activities of the OHCA. Lee Health and the Lee Health Medical Staff may share Protected Health Information with each other, as necessary, to carry out treatment, payment or health care functions relating to the OHCA.

PART II: INVESTIGATIONS, CORRECTIVE ACTION, HEARING AND APPEAL PLAN FOR MEDICAL STAFF MEMBERS

SECTION 1 REVIEW OF MEDICAL STAFF MEMBER CONDUCT & INVESTIGATIONS

1.1 Progressive Intervention

These Bylaws encourage the use of progressive steps by Medical Staff leaders and Hospital administration, beginning with collegial and education efforts, to address questions relating to a Medical Staff Member's clinical practice and/or professional conduct. The goal of these efforts is to arrive at voluntary, responsive actions by the Medical Staff Member to resolve questions that have been raised. All collegial intervention efforts by Medical Staff leaders and Hospital management are part of the Hospital's performance improvement and professional review activities. Collegial intervention efforts are encouraged, but are not mandatory, and shall be within the discretion of the appropriate Medical Staff leaders and Hospital administration. Collegial intervention efforts, and the resolution of such, shall not be deemed to be investigations or adverse actions taken against a Medical Staff Member.

When any observations arise, suggesting opportunities for a Medical Staff Member to improve, the matter may be addressed in accordance with the performance improvement and professional conduct policies adopted by the Medical Staff and Hospital.

All reviews of Applicant and Medical Staff Member conduct and investigations are part of Lee Health's Patient Safety Evaluation System, unless otherwise determined, and are undertaken for the purpose of improving patient safety and quality of care. All data, reports, records, memoranda, analyses, correspondence, written and oral statements which are assembled or developed in the conduct of the patient safety activities and which could result in improved patient care, healthcare quality or health care outcomes, or which identify or constitute the deliberations or analysis of, or identify the fact of reporting to the PSES is privileged and confidential Patient Safety Work Product ("PSWP") under the Patient Safety and Quality Improvement Act.

Documents to be used for disciplinary matters will either not be developed as PSWP and/or will be removed from the PSES upon a determination that the information will be used for a disciplinary matter. Disciplinary matters do not include collegial interventions, remedial measures such as probations, monitoring, proctoring, mandatory consultations, FPPE, OPPE or other actions which do not trigger a hearing or report to the National Practitioner Data Bank.

1.2 Basis for Review of Medical Staff Member Conduct

1.2.1 Whenever a concern or question has been raised regarding:

1.2.1.1 the clinical or professional competence or clinical practice of any Medical Staff Member;

1.2.1.2 the care or treatment of a patient or patients or management of a case by any Medical Staff Member;

1.2.1.3 activities or professional conduct that may be detrimental to patient safety;

1.2.1.4 the known or suspected violation by any Medical Staff appointee of these Bylaws, the Policies, the Rules and Regulations of the Medical Staff, System or Department or State and Federal law, including all patient-related revenue cycle requirements;

1.2.1.5 behavior or conduct on the part of any Medical Staff Member that is considered lower than the standards of the Hospital, disruptive to the Hospital or its Medical Staff, including the inability of the Medical Staff Member to work harmoniously with others; or

1.2.1.6 suspected impairment of a Medical Staff Member.

1.2.2 A Statement of Concern may be made by any Medical Staff Member, any member of the System administration, a System or Medical Staff committee, or the Board of Directors, after making sufficient inquiry to satisfy them/him or her that the concern or question raised is credible.

1.3 Statement of Concern and Notices

A Statement of Concern regarding a Medical Staff Member's clinical practice and/or professional conduct shall be made in writing to the President and the Chief Medical Officer, with a copy to the Medical Staff Services Department. The Statement of Concern must be signed by the complainant, clearly state those facts that support the Statement of Concern in sufficient detail to permit an investigation or review to be pursued and may state what corrective action is deemed appropriate by the complainant. The President shall notify the MEC at its next regular meeting that a Statement of Concern has been made.

1.4 Investigations

1.4.1 When a Statement of Concern has been received by the MEC, the MEC shall determine by majority vote as soon as possible, but no later than at its next regularly scheduled meeting, either to not move forward and close the matter without meeting with the Affected Practitioner, discuss the matter with the Affected Practitioner through the President or his/her designee, initiate other collegial intervention or begin an investigation.

1.4.2 If the MEC decides to discuss the matter with the Affected Practitioner, the President or his/ her designee shall meet with the Affected Practitioner as soon as practicable. At the next regularly scheduled MEC meeting, the President or his/her designee shall provide an oral report of the meeting with the Affected Practitioner. The MEC shall then vote whether to open an investigation.

1.4.3 The preliminary review by the MEC is considered to be administrative in nature and is not intended to constitute an investigation.

1.4.4 If the Statement of Concern states sufficient information to warrant action, the MEC, at its discretion, may initiate an investigation, with or without a personal interview, with the Affected Practitioner. The MEC may seek input from the Affected Practitioner's Department or Section prior to initiating an investigation. An investigation by the MEC shall begin only after a formal resolution approved by a majority of the MEC or the Board of Directors. The Affected Practitioner shall be given Special Notice of the initiation of an investigation.

1.4.5 Within a reasonable amount of time after the formal resolution to initiate an investigation, the President shall appoint one (1) to three (3) member(s) of the Active Medical Staff to conduct an investigation of the matters contained in the Statement of Concern. Investigators shall not include partners, associates or Relatives of the Affected Practitioner being investigated or any other individuals who have a conflict of interest. The investigators should be objective and, if the issue is clinical, familiar with the types of issues raised in the Statement of Concern. The President shall notify the Medical Staff Members of their appointment.

1.4.6 The investigator(s) may consult with other Medical Staff Members as appropriate in order to determine the facts of the case or to obtain professional opinions relative to the matter under consideration. Throughout such consultations, confidentiality will be maintained to the greatest extent possible.

1.4.7 The investigator(s) shall have available the full resources of the Medical Staff and the System, as well as the authority to use outside consultants, if needed.

1.4.8 The investigator(s) shall review documentation that he/she/they determine to be reasonably related to the matter(s) subject of the investigation; such documentation may, by way of example, include medical records, external peer review records or reports, assessments, prior peer review history/file contents, witness statements or notes, committee minutes, and/or other documentation the MEC determines to be reasonably related to the matter(s) subject of the investigation.

1.4.9 The investigator(s) may conduct interviews with the Affected Practitioner and/or any other relevant individuals; however, such interview(s) shall not constitute a "Fair Hearing", nor shall the procedural rules with respect to Fair Hearings or appellate review apply; when an interview is conducted with the Affected Practitioner, the Affected Practitioner shall be informed of the general nature of the Statement of Concern and shall be invited to provide information that is responsive, or otherwise relevant to, the request; the Affected Practitioner shall not be entitled to have legal counsel present, or participate during any meetings or discussions occurring during the investigative process; the Affected Practitioner's failure to meaningfully participate in the investigation, including participation in requested interviews, may be grounds for further adverse action. Notwithstanding the foregoing, the Affected Practitioner may have legal counsel present at any

interviews, meetings or discussions held directly with the Affected Practitioner at which legal counsel for the Hospital or the Medical Staff is present. Participation of legal counsel at such interviews, meetings or discussions can be restricted to avoid any disruption or impeding of the interview.

1.4.10 The investigator(s) may request internal or external mental health and/or behavioral assessment(s) be performed of the Affected Practitioner, as long as such assessment(s) is reasonably related to concerns identified by the MEC; all such assessments shall be at the Affected Practitioner's expense (unless the Hospital agrees otherwise), and the Affected Practitioner shall authorize (on a form requested by the MEC) the Hospital and the System Practitioner Resource Committee to have access to all such assessment(s) verbal and written findings, conclusions, reports, records, and providers that are relevant to the investigation.

1.4.11 The investigator(s) may take such other actions and make such other requests that the MEC determines to be reasonable and appropriate in order to perform the investigation.

1.4.12 The investigation should be completed within forty-five (45) Days of the appointment of the investigator(s), unless an extension is necessary in the sole discretion of the MEC or President.

1.4.13 At the conclusion of the investigation, the investigator(s) shall prepare a written report of the findings and transmit the same to the President and the Chief Medical Officer. In addition to setting forth findings of fact and, if applicable, the clinical opinion of the investigator(s) and other individuals with whom the investigator(s) may have consulted, the report shall recommend that Corrective Action be imposed, or that the Statement of Concern against the Affected Practitioner be dismissed. The investigator(s) may recommend the type or degree of Corrective Action deemed appropriate.

1.4.14 The President shall review the investigator's (s') report when it is received, and if emergency action is indicated, proceed to impose the same pursuant to Part II, Section 2. (This does not limit the ability to impose a summary suspension or restriction as otherwise provided in Part II, Section 2). Otherwise, the President shall submit the investigator's (s') report to the MEC for consideration at its next regular meeting.

1.4.15 If the investigator's (s') report suggests Practitioner impairment, the President shall confer with a member of the Medical Administrative Staff, designated by the System President and the Affected Practitioner's Department Chair, and if they concur, shall refer the matter to the System Practitioner Resource Committee for disposition; otherwise, the investigator's (s') report shall be referred to the MEC for consideration at its next regular meeting.

1.4.16 If the Affected Practitioner is referred to the System Practitioner Resource Committee, the President shall report the referral to the MEC. At its next regular

meeting, the MEC shall consider whether to move forward with Corrective Action or hold off proceeding upon the Affected Practitioner's agreement to a collegial plan requiring compliance with any System Practitioner Resource Committee requirements. If the Affected Practitioner fails to comply with the collegial plan, including any System Practitioner Professional Resource Committee requirements, the President shall refer the matter back to the MEC. If the Affected Practitioner complies with the collegial plan and completes the requirements of the System Practitioner Resource Committee, the President shall refer the matter back to the MEC for determination of whether further action is warranted, or whether the matter should be dismissed.

1.4.17 The MEC shall keep the Hospital Administrator informed regarding the status of any investigation, findings, and/or recommendation for Corrective Action.

1.5 Professional Information Sharing

Hospitals and other health care entities affiliated with the System participate in professional information sharing, which may include (when appropriate) the exchange of peer review information. Each Applicant and Practitioner, as a condition of applying for, receiving and/or maintaining Medical Staff Membership and/or Clinical Privileges at the Hospital (as applicable), acknowledges the System's information sharing policy, in its then-current form, and elects to participate. Information exchanged pursuant to the information sharing policy may form the basis for a recommendation for Corrective Action, Final Recommendation, Final Decision and any further review of all actions. Information may also be exchanged as part of the preliminary review and/or investigation processes set forth herein.

1.6 MEC Action

1.6.1 If the MEC determines that there are no reasonable grounds to believe that the Affected Practitioner has committed an offense requiring Corrective Action under these Bylaws, the Statement of Concern shall be dismissed. The Affected Practitioner and complainant shall be given Special Notice of the dismissal within seven (7) Days of the decision.

1.6.2 If the MEC determines that there are reasonable grounds to believe that the Affected Practitioner should be subject to Corrective Action, the MEC may do the following:

1.6.2.1 Non-Reviewable Corrective Action ("Collegial Plan"). The MEC may recommend one or more of the following Corrective Actions which shall be considered a Collegial Plan and which do not trigger an Affected Practitioner's right to a Fair Hearing.

- Informal discussions or formal meetings regarding the concerns raised about conduct or performance

- Written letters of guidance, reprimand or warning regarding the concerns about conduct or performance
- Imposition of monitoring of professional practices, other than direct observation, for a period of six (6) months or less
- Notification that future conduct or performance shall be closely monitored and notification of expectations for improvement
- Recommendation that the individual seek continuing education, consultations, or other assistance in improving performance
- Warnings regarding the potential consequences of failure to improve conduct or performance
- Requirements to seek assistance for an impairment, as provided in these Bylaws
- Requirement of a physical or mental examination and a report by a physician or psychologist chosen by or acceptable to the MEC and compliance with any recommendations issued as a result of such examination
- Referral to the applicable State Licensure Board or other appropriate committee or agency for investigation (Not a report for NPDB purposes)
- Continuing education, consultations, or other assistance in improving performance or interactions with others
- Any recommendation or other action not "adversely affecting," as defined in Section 4.3.1(1) of the Health Care Quality Improvement Act, any Applicant or Affected Practitioner of the Medical Staff, including any combination of the above

1.6.2.2 Initiate Corrective Action with Fair Hearing Rights. The MEC may recommend one or more of the following Corrective Actions which if recommended will constitute an Adverse Recommendation and trigger an Affected Practitioner's right to a Fair Hearing.

- Denial of Medical Staff Membership and/or Clinical Privileges
- Denial of requested advancement in Medical Staff Membership status
- Denial of Medical Staff Membership reappointment

- Demotion to a lower Medical Staff category or Medical Staff Membership status

- Requirement of consultation or proctoring where the reviewing physician has the authority to supervise, direct or transfer care from the physician being proctored

- The imposition of probation that limits Clinical Privileges for a specified term

- The involuntary reduction of Clinical Privileges

- The summary suspension or reduction of Medical Staff Membership and/or Clinical Privileges for more than fourteen (14) Days

- Revocation or suspension of Medical Staff Membership and/or Clinical Privileges

- Limitation on the right to admit patients other than limitations applicable to all individuals in a Medical Staff category or clinical specialty, or due to licensure limitations

- Any other action, as deemed appropriate, which requires a filing with the National Practitioner Data Bank or professional review action.

Any Affected Practitioner is required to promptly and meaningfully comply with any Collegial Plan imposed by the MEC. In the event an Affected Practitioner fails to accept or fully comply with a Collegial Plan then such failure shall constitute an independent violation of the Medical Staff Bylaws by the Affected Practitioner and may result, in the discretion of the MEC or Board (as applicable), in the need for further or additional Corrective Action. The Affected Practitioner's failure to comply does not require as a condition precedent to further or additional Corrective Action, the submission of a new Statement of Concern nor the MEC or Board (as applicable) to duplicate any investigation or other process completed by the MEC or Board to date. The President shall give the Affected Practitioner Special Notice of any further action.

1.7 Notice of Recommendation for Corrective Action

1.7.1 Recommendation for Corrective Action under Part II, Section 1.6.2.2

When a recommendation for Corrective Action is made under Part II, Section 1.6.2.2 which entitles an Affected Practitioner to a Fair Hearing prior to a final decision of the Board, the Affected Practitioner shall promptly be given a copy of

the recommendation by Special Notice by the President or Chief Medical Officer, or his/her designee. The recommendation shall contain:

1.7.1.1 a statement of the recommendation made, the action which is being taken or which may be taken, and the general reasons for it;

1.7.1.2 a statement that the Affected Practitioner has the right to request a Fair Hearing on the recommendation within thirty (30) Days of Receipt of Notice;

1.7.1.3 a short summary of the Affected Practitioner's right to a Fair Hearing pursuant to these Bylaws, including any time limits within which the Affected Practitioner must act. Where a Fair Hearing is available, the Affected Practitioner must timely request a Fair Hearing pursuant to the provisions of Part II, Section 3.5 or the Affected Practitioner will waive his/her right to a Fair Hearing; and

1.7.1.4 a copy of Part II of the Bylaws outlining the Affected Practitioner's Fair Hearing rights and identifying the web address where a full copy of the Bylaws is available on the internet.

1.7.2 Recommendation for Corrective Action under Part II, Section 1.6.2.1 (Collegial Plan)

When a recommendation for Corrective Action is made under Part II, Section 1.6.2.1, the Collegial Plan provision, the Affected Practitioner shall promptly be given a copy of the recommendation by Notice by the President or Chief Medical Officer, or his/her designee.

1.8 Board of Directors Action. If a Fair Hearing is not timely requested pursuant to Part II, Section 3.5, at the next meeting of the Board, the Board shall consider the recommended Corrective Action as a Final Recommendation in accordance with Part II, Section 6.2.2.

SECTION 2 SUMMARY SUSPENSION OR RESTRICTION OF CLINICAL PRIVILEGES

2.1 Summary Suspension or Restriction of Clinical Privileges

Upon a concern being raised by a Medical Staff Member, member of Administration, System or Medical Staff Committee or the Board of Directors, the President, the Chief Medical Officer (or his/her designee), or the MEC shall have the authority to immediately suspend or restrict all or any portion of the Medical Staff Membership and/or Clinical Privileges of a Medical Staff Member whenever the failure to take such action may result in an imminent danger to the health and/or safety of any individual. Such Summary Suspension or Restriction shall be deemed an interim precautionary step in the professional review activity related to the ultimate professional review action that may be taken with respect to the Affected Practitioner but is not a complete professional review action in and

of itself. It shall not imply any final finding of responsibility for the situation that caused the Summary Suspension or Restriction, nor shall it entitle the Affected Practitioner to a Fair Hearing except as provided under this Part. Those parties with the authority to impose a Summary Suspension or a Restriction shall consult with a physician member of the Administration designated by the System President and System legal counsel before imposing any Summary Suspension or Restriction. This Subsection shall not apply if a clear and present danger exists which requires immediate action and consultation is not feasible. A Summary Suspension or Restriction is effective immediately upon imposition.

2.2 Notice of Summary Suspension or Restriction of Clinical Privileges

Upon imposition of a Summary Suspension or Restriction, the President shall give prompt oral and Special Notice to the Affected Practitioner of such action with a copy of the notice to the Chief Medical Officer, the Department Chair, the MEC, the Affected Practitioner's medical group, administrator or employer and any MEC of any other Lee Health Hospital where the Affected Practitioner holds Medical Staff Membership and/or Clinical Privileges. The Special Notice shall state the reasons for the Summary Suspension or Restriction. The Affected Practitioner may be asked to leave the premises immediately, return his/her identification badge and proxy card, and not return until further notification, other than as a patient or patient visitor.

2.3 MEC Procedure

Within fourteen (14) Days of the imposition of the Summary Suspension or Restriction, the MEC shall hold a special meeting to modify, continue or lift the Summary Suspension or Restriction. If the MEC fails to take action, the Summary Suspension or Restriction will automatically expire in fourteen (14) Days with return of all previous Medical Staff Membership and/or Clinical Privileges. The President shall provide Special Notice to the Affected Practitioner of the MEC decision within three (3) Days of the decision or failure to act.

If the MEC votes to modify or continue the Summary Suspension or Restriction so that the Summary Suspension or Restriction will last more than fourteen (14) Days, the MEC action shall be deemed an Adverse Recommendation and the Affected Practitioner shall be entitled to a Fair Hearing. A Summary Suspension or Restriction which last fourteen (14) Days or less shall not trigger a right to a Fair Hearing.

2.4 Provision of Patient Care

Immediately upon the imposition of a Summary Suspension or Restriction, the appropriate Department Chair, or, if unavailable, the President shall assign responsibility for care of the Affected Practitioner's patients still in a System facility to another Practitioner with appropriate clinical privileges. The assignment shall be effective until the patients are discharged. The wishes of the patient shall be considered in the selection of the assigned Practitioner. It shall be the duty of all Practitioners to cooperate with the President, the

Department Chair concerned, the MEC and the Chief Medical Officer in enforcing all Summary Suspensions or Restrictions.

2.5 Rescission of Summary Suspension or Restriction

The person imposing the Summary Suspension or Restriction may, at any time prior to consideration of the Summary Suspension or Restriction by the MEC, rescind the action and the Affected Practitioner shall be restored to the status he/she enjoyed prior to the imposition of the Summary Suspension or Restriction.

SECTION 3 FAIR HEARING AND APPEAL PROCEDURES

3.1 Overview

The Fair Hearing and appellate review procedures shall be used in addressing Adverse Recommendations. The Fair Hearing and appeal process shall be the same for Applicants for Medical Staff Membership and/or Clinical Privileges and existing Medical Staff Members. The Fair Hearing shall proceed expeditiously and without delay unless the Parties agree otherwise.

3.1.1 Intra-Organizational Remedies

The Fair Hearing and appeal rights established in these Bylaws are strictly "quasi-judicial" rather than "legislative" in structure and function. The hearing committees have no authority to adopt or modify rules and standards or to decide questions about the merits or substantive validity of the Bylaws, Medical Staff Rules and Regulations, or Medical Staff Policies. If the only issue in a case is whether a Medical Staff Bylaw, Medical Staff Rule and Regulation, or Medical Staff Policy is lawful or meritorious, the Affected Practitioner is not entitled to a Fair Hearing or appellate review under this Section. In such cases, the Affected Practitioner must submit his/her challenge first to the MEC for review and recommendation, then to the Board for final decision and only thereafter may he or she seek judicial intervention.

3.1.2 Exhaustion of Remedies

If an Adverse Recommendation, as described in these Bylaws is made with respect to the Affected Practitioner's Medical Staff Membership and/or Clinical Privileges, the Affected Practitioner must exhaust the remedies afforded by these Bylaws before resorting to legal action, including, but not limited to requesting injunctive relief or seeking a temporary restraining order, to challenge the decision, the procedures used to arrive at the decision, or asserting any claim against the Hospital or participant in the decision process.

3.1.3 Substantial Compliance

Technical, insignificant, or non-prejudicial deviations from the procedures set forth herein shall NOT be grounds for invalidating any decision or action taken.

Notwithstanding the foregoing, strict compliance is required for the following time frames and the failure to strictly comply with such time frames will result in the Affected Practitioner being denied certain rights under these Bylaws:

3.1.3.1 The time for requesting a Fair Hearing under Part II, Section 3.4; and

3.1.3.2 The time for requesting an Appeal under Part II, Section 7.1.

3.2 Exceptions to Fair Hearing and Appeal Rights

3.2.1 Availability of Facilities and Exclusive Contracts

The Fair Hearing and appeal rights under these Bylaws do not apply to a Medical Staff Member whose application or request for extension of Clinical Privileges was declined on the basis that the Clinical Privileges being requested are not able to be supported with available facilities or resources within the Hospital or are not granted due to a closed staff or exclusive contract.

3.2.2 Contract Practitioners Or Service Provider (See also Part III, Section 3.1.10 and Section 11)

The terms of any written contract between Lee Health and a Medical Staff Member shall take precedence over these Bylaws as now written or hereafter amended. The Fair Hearing and appeal rights of these Bylaws shall only apply to the extent that Medical Staff Membership and/or Clinical Privileges are independent of the Medical Staff Member's contract and are also removed or suspended, unless the contract includes a specific provision establishing alternative procedural rights applicable to such decisions.

3.2.3 Automatic Suspension and Termination and Automatic Resignation (See also, Part II, Section 12 and 13)

The Fair Hearing and appeal rights under these Bylaws do not apply if a Medical Staff Member's Medical Staff Membership and/or Clinical Privileges are automatically suspended, terminated, or voluntarily relinquished in accordance with these Bylaws.

3.2.4 Pre-Application Process (See also Part III, Section 3)

If Physician fails to qualify for an application through the Pre-Application Questionnaire pursuant to Part III, Section 3, the Bylaws will not afford the Physician any Fair Hearing or appeal rights.

3.2.5 Collegial Plans (See also Part II, Section 1.6.2.1)

Collegial Plans imposed by the MEC under Part II, Section 1.6.2.1 shall not afford the Affected Practitioner any Fair Hearing or appeal rights under these Bylaws.

3.2.6 Physician Impairment (See also Part II, Sections 1.4.8 and 1.4.9)

Matters initially referred to the System Practitioner Resource Committee for review and recommendation shall not afford the Affected Practitioner any Fair Hearing or appeal rights under these Bylaws except in the instance where a Corrective Action is recommended by the MEC.

3.3 Grounds for Hearing

Only individuals who are subject to an Adverse Recommendation by the MEC or Board are entitled to a Fair Hearing under these Bylaws. The only recommendations or actions considered an Adverse Recommendations and entitling the Affected Practitioner to a Fair Hearing are those recommendations set forth in Section II, Part 1.6.2.2.

No other recommendations except those enumerated in Section II, Part 1.6.2.2 shall entitle the Medical Staff Member to request a Fair Hearing.

Neither voluntary relinquishment of Medical Staff Membership and/or Clinical Privileges, as provided in these Bylaws, nor the imposition of any general consultation requirement, nor the imposition of a requirement for retraining, additional training or continuing education, shall constitute grounds for a Fair Hearing, but shall take effect without hearing or appeal.

If grounds for a Fair Hearing exist, the Fair Hearing shall be conducted in as informal a manner as possible, subject to the rules enumerated below.

3.4 Request for Hearing

An Affected Practitioner shall have thirty (30) Days following the date of the Receipt of Special Notice within which to request a Fair Hearing. The request shall be delivered by Special Notice to the President or Chief Medical Officer with a copy to the Medical Staff Services Department. The request must made by the Affected Practitioner. In the event the Affected Practitioner does not request a Fair Hearing within the time and in the manner required by these Bylaws, the Affected Practitioner shall be deemed to have waived the right to the Fair Hearing and to have accepted the action involved. That action shall become effective immediately upon final Board action.

By the act of requesting a Fair Hearing or appellate review, the Affected Practitioner affirms his or her agreement to be bound by the provisions of the Medical Staff Bylaws, including but not limited to, those provisions relating to immunity and release from liability.

3.5 Preliminary Interview

The Affected Practitioner may request, at the time of submitting a request for a Fair Hearing or within ten (10) Days thereafter, an informal preliminary interview with the decision-making body (MEC or Board of Directors). The decision-making body shall grant all such

requests, and the Affected Practitioner shall be scheduled to appear before it at its next regular meeting.

3.5.1 The purpose of the preliminary interview shall be to permit the Affected Practitioner to personally present any argument or evidence showing that the adverse recommendation has been wrongfully imposed, in fact or is in violation of these Bylaws, or to present any mitigating circumstances.

3.5.2 The preliminary interview is informal and not a hearing. It is optional with the Affected Practitioner, and accordingly, legal counsel shall be excluded for all Parties and the presence or presentation of witnesses is prohibited.

3.5.3 The decision-making body may impose a limit on the amount of time to be devoted to a preliminary interview, but the time may not exceed thirty (30) minutes.

3.5.4 Failure to request a preliminary interview shall not be considered in any Fair Hearing or deliberation conducted pursuant to these Bylaws, nor shall the Affected Practitioner's right to a Fair Hearing be affected thereby.

3.5.5 Following a preliminary interview, the decision-making body shall deliberate, and, by majority vote, may elect to withdraw or reduce the severity of the recommendation for Corrective Action upon the Affected Practitioner or may take no action. If no action is taken, the recommendation for Corrective Action shall continue in effect, and the Fair Hearing provided for hereunder shall proceed. If a Corrective Action which does not give rise to Fair Hearing rights is selected by the MEC, the Fair Hearing process is suspended and will end unless the Affected Practitioner does not successfully complete the Collegial Plan (see Part II, subsection 1.5.2.2).

3.5.6 Special Notice shall be given to the Affected Practitioner of the decision, within seven (7) Days following the preliminary interview.

SECTION 4 FAIR HEARING PROCEDURE

4.1 System Representative, Hearing Panel and Hearing Officer

4.1.1 System Representative

4.1.1.1 When the MEC is conducting the Fair Hearing to make a recommendation to the Board, the President shall appoint a person to represent the interests and position of the Medical Staff in all proceedings provided for in this Section. Such individual shall be in an adversarial role opposed to the Affected Practitioner

4.1.1.2 When the Board is conducting the Fair Hearing, the Chair of the Board shall appoint a person to represent the interests and position of the Board

in all proceedings provided for in this Section. Such individual shall be in an adversarial role opposed to the Affected Practitioner.

4.1.1.3 For purposes of these Bylaws, the Medical Staff or Board representative appointed under this Section shall be called the "System Representative."

4.1.1.4 The appointment of the System Representative shall be made within seven (7) Days of receiving Notice of the decision after the preliminary interview or within seven (7) Days of expiration of time to request a preliminary interview if no request is made.

4.1.2 Hearing Panel

4.1.2.1 At the next MEC meeting after a Preliminary Interview or the expiration of time to request a preliminary interview, the MEC or Board, by majority vote shall determine whether the matter will be heard by a Hearing Panel or Hearing Officer. The President shall provide Special Notice to the Affected Practitioner of the MEC or Board's decision.

4.1.2.2 Unless the MEC or Board elects to have the matter heard by a Hearing Officer possessing the qualifications set forth in Part II, Section 4.1.3, all Fair Hearings shall be conducted by a Hearing Panel appointed by the President or the Chair of the Board, as applicable. If the Fair Hearing is requested based on MEC action, the Hearing Panel shall be composed of three (3) to five (5) Active Medical Staff Members, presided over by a Hearing Officer selected in accordance with Part II, Section 4.1.3. If the Fair Hearing is requested based on Board action, the Hearing Panel shall be composed of three (3) to five (5) Active Medical Staff members, presided over by a Hearing Officer selected in accordance with Subsection 4.1.3.

4.1.2.3 The Hearing Panel members will be composed of Medical Staff Members who are not: (a) in direct economic competition with the Affected Practitioner; (b) individuals having a present or prior relationship with the Affected Practitioner of shared medical practice, including without limitation, partnership, employment or compensation arrangement; (c) Relatives of the Affected Practitioner; (d) members of the MEC or the Board; (e) any other individual who previously considered the matter; and (f) individuals who demonstrate any conflict of interest, which could adversely affect such individual's ability to fairly and objectively review the matter under consideration, as determined in the judgment of the MEC. Knowledge of the matter involved shall not preclude any individual from serving as a member of the Hearing Panel.

4.1.2.4 The Hearing Panel shall be appointed by the President or the Chair of the Board, as applicable, within fifteen (15) Days after the MEC or Board's decision to have the Fair Hearing presented to a Hearing Panel.

4.1.3 Hearing Officer – Qualifications & Authority

4.1.3.1 The MEC or the Board may elect to have the Fair Hearing provided for in this Section held by a Hearing Officer sitting alone. In such case, the Hearing Officer shall perform all of the functions of the Hearing Panel described herein.

4.1.3.2 In cases where a Hearing Panel is appointed, the Hearing Officer will preside over the proceeding, but will not participate in the deliberations or vote on the recommendation.

4.1.3.3 The Hearing Officer shall be selected by the Affected Practitioner from a list of names of not less than three (3) persons meeting the qualifications for a Hearing Officer as listed in Part II, Section 5.1.3.4. provided to the Affected Practitioner by the General Counsel for the Health System or his/her designee The Affected Practitioner will be provided Special Notice of the list of potential Hearing Officers by the General Counsel, or his/her designee, within fifteen (15) Days after the MEC or Board's decision to have the Fair Hearing presented to a Hearing Panel or Hearing Officer. The Affected Practitioner shall select a Hearing Officer from the list submitted to him and within seven (7) Days of Receipt of Notice, give the General Counsel Special Notice of his/her selection. Failure of the Affected Practitioner to select a hearing officer within seven (7) Days Receipt of Notice shall constitute a waiver by the Affected Practitioner of this Subsection, and the General Counsel for the Health System shall thereafter within three (3) Days of the expiration of time, select the Hearing Officer. The General Counsel shall provide Notice to the Hearing Officer that he/she has been chosen. The General Counsel shall also provide Notice to the Affected Practitioner of the identity of the Hearing Officer within three (3) Days of his/her selection of the Hearing Officer.

4.1.3.4 The Hearing Officer:

4.1.3.4.1 shall be an attorney licensed in the State of Florida who is knowledgeable and has experience in health care law, including medical staff law; or shall be a non-lawyer who has experience as a Hearing Officer;

4.1.3.4.2 shall accept appointment only if they can serve impartially, independently from the Parties and potential witnesses, competently, and have the time and ability to conduct the Fair Hearing in accordance with the requirements of the

Bylaws. Any potential conflict of interest must be disclosed; and

4.1.3.4.3 shall have no personal interest in the proceeding, financial or otherwise.

4.1.3.5 The Hearing Officer shall:

4.1.3.5.1 act to ensure that all participants in the hearing have a reasonable opportunity to be heard and to present oral and documentary evidence subject to reasonable limits on the number of witnesses and duration of direct and cross examination, applicable to both sides, as may be necessary to avoid cumulative or irrelevant testimony or to prevent abuse of the hearing process;

4.1.3.5.2 prohibit conduct or presentation of evidence that is cumulative, excessive, irrelevant, and abusive or that causes undue delay;

4.1.3.5.3 maintain decorum throughout the hearing;

4.1.3.5.4 determine the order of procedure throughout the hearing;

4.1.3.5.5 have the authority and discretion, in accordance with these Bylaws, to make rulings on all questions that pertain to matters of procedure and to the admissibility of evidence and qualifications of witnesses;

4.1.3.5.6 act in such a way that the Hearing Panel in formulating its recommendations considers all information relevant to the continued Medical Staff Membership and/or Clinical Privileges of the Affected Practitioner requesting the hearing;

4.1.3.5.7 conduct argument by counsel on procedural points outside the presence of the Hearing Panel and allow the Parties to brief any legal issues or arguments specified by the Hearing Officer as necessary for adequate resolution of the issue raised either prior to or after argument;

4.1.3.5.8 grant continuances and postponements as appropriate and not in contravention of the recommendation of the MEC or Medical Staff Bylaws; and

4.1.3.5.9 take official Notice of any matters, either technical or scientific, relating to the issues under consideration that could have been judicially noticed by the courts of this state or when the matter has an indicia of reliability and trustworthiness, inform the participants of the matters to be officially noticed, provide each party the opportunity to request that a matter be officially noticed or, provide each Party the opportunity to refute the noticed matter by evidence or by written or oral presentation of authority.

4.2 Challenge to Hearing Panel Members or Hearing Officer

The Affected Practitioner may challenge the objectivity of any member of the Hearing Panel, or the Hearing Officer, at any time prior to the taking of testimony at the Fair Hearing. Such challenge shall be by Special Notice and specify facts demonstrating that a member of the Hearing Panel or the Hearing Officer lacks objectivity or is biased against the Affected Practitioner.

The challenge shall be directed to the President or the Chair of the Board, as applicable, who shall consider the challenge and within five (5) Days either sustain or overrule it. If the challenge is sustained, the challenged member of the Hearing Panel or the Hearing Officer shall be replaced within fifteen (15) Days. If a Hearing Panel member is replaced, the President shall notify the new Hearing Panel Member of their appointment and provide Special Notice to the Affected Practitioner of the new Hearing Panel member. If the Hearing Officer is to be replaced, General Counsel shall choose and notify the new Hearing Officer and provide Special Notice to the Affected Practitioner of the new Hearing Officer.

SECTION 5 FAIR HEARING PROCEDURES

5.1 Provision of Relevant Information

5.1.1 There is no right to discovery in connection with the Fair Hearing. However, the Affected Practitioner requesting the Fair Hearing shall be entitled, upon specific request, to the following, subject to a stipulation drafted by the Medical Staff and signed by both parties that such documents shall be maintained as confidential, removed from the Lee Health Patient Safety Evaluation System, if applicable, and shall not be disclosed or used for any purpose outside of the hearing:

5.1.1.1 copies of, or reasonable access to, all patient medical records referred to in the Notice of Recommendation, at the Affected Practitioner's expense;

5.1.1.2 reports of experts relied upon by the MEC or the Board to make the recommendation or take action;

5.1.1.3 redacted copies of relevant committee or Department meeting minutes (such provision does not constitute a waiver of the state peer review protection statute); and

5.1.1.4 copies of any other documents relied upon by the MEC or the Board.

Other than the aforementioned, no other documents need to be provided to the Affected Practitioner. No Party is under any obligation to make witnesses available to the other Party (or their legal counsel) prior to the Fair Hearing.

5.1.2 At least fourteen (14) Days prior to the Fair Hearing, on dates set by the Hearing Officer or agreed upon by counsel for both sides, each party shall provide the other party with a list of proposed exhibits and copies thereto and a list of all witnesses and their proposed testimony. All objections to documents or witnesses to the extent then reasonably known, shall be submitted in writing at least seven (7) Days in advance of the Fair Hearing. The Hearing Officer shall not entertain subsequent objections unless the party offering the objection demonstrates good cause.

5.1.3 At least fourteen (14) Days prior to the Fair Hearing, on a date set by the Hearing Officer, the MEC (or the Board) and the Affected Practitioner, upon specific request or Order of the Hearing Officer, shall provide the other Party copies of any expert report or other documents to be relied upon by that Party.

5.1.4 No Party, his/her attorney, or any other person on behalf of that Party may contact members of the Hearing Panel or the Hearing Officer outside of the Fair Hearing for the purpose of influencing any decision of the Hearing Panel or Hearing Officer. Neither the Affected Practitioner, his/her attorney, nor any other person on behalf of the Affected Practitioner shall contact members of the System Credentialing/Privileging Committee, members of the MEC, or Hospital employees appearing on the Hospital's witness list concerning the subject matter of the Fair Hearing unless specifically agreed upon by the Parties. Likewise, no member of the MEC, Medical Staff, their attorneys, or any other person on their behalf may contact any individuals, including Hospital employees, appearing solely on the Affected Practitioner's witness list concerning the subject matter of the Fair Hearing unless specifically agreed upon by the Parties. This section shall not prohibit any contact made exclusively for scheduling purposes.

5.1.5 There is no right to conduct depositions and neither the Hearing Officer nor the Hearing Panel may order depositions.

5.1.6 Evidence acquired after the Adverse Recommendation shall be admitted at the Fair Hearing if (1) the evidence is relevant to the Affected Practitioner’s background, experience, current competence, knowledge, judgment and/or ability to perform all privileges requested; 2) the evidence is relevant and was not readily available at the time of the Adverse Recommendation; (3) the evidence is relevant to the truthfulness of the Affected Practitioner’s application for appointment or

reappointment; or (4) the evidence is relevant to the failure of the Affected Practitioner to update information in his/her application and/or as required by the Bylaws.

5.2 Pre-Hearing Conference

The Hearing Officer may require counsel for the Affected Practitioner and for the MEC (or the Board) to participate in a pre-hearing conference for purposes of resolving all procedural questions in advance of the hearing. The Hearing Officer may specifically require that:

5.2.1 all documentary evidence to be submitted by the parties be presented at this conference and that any objections to the documents be made at that time and the Hearing Officer shall resolve such objections;

5.2.2 evidence unrelated to the reasons for the unfavorable recommendation or unrelated to the Affected Practitioner's qualifications for appointment or the relevant clinical privileges be excluded;

5.2.3 the names of all witnesses and a brief statement of their anticipated testimony are submitted, if not previously provided;

5.2.4 the time granted to each witness' testimony and cross-examination be agreed upon, or determined by the Hearing Officer, in advance; and

5.2.5 witnesses and documentation not provided and agreed upon in advance of the hearing may be excluded from the hearing.

5.3 Personal Appearance Required

The personal appearances of the Affected Practitioner for whom the Fair Hearing has been scheduled and a representative of the System are required at all times during the Fair Hearing.

5.4 Failure to Appear

Failure, without good cause, of the Affected Practitioner requesting the Fair Hearing to appear and proceed at such Fair Hearing shall be deemed to constitute voluntary acceptance of the pending recommendation(s), which shall then be forwarded to the Board as the Final Recommendation for action pursuant to Part II, Section 6.2.2. A good cause determination is in the Hearing Officer's sole discretion. The Hearing Officer may impose sanctions upon either Party for failure to appear, including the assessment of the costs and attorneys' fees of the party in attendance against the offending Party.

5.5 Record of Hearing

A record shall be made at the expense of Lee Health of the pre-hearing conference and the Fair Hearing using the services of a court reporter. No record of the in-camera deliberations of the decision-making body or the hearing committee shall be made. Either Party shall be entitled to have a record made of any other proceeding related to the hearing process at that Party's expense. The expense of transcripts shall be borne by the Party requesting them. Oral evidence shall be taken only on oath or affirmation administered by a person designated to notarize documents in the State of Florida.

5.6 Rights of Both Sides

At the hearing, both sides shall have the following rights, subject to reasonable limits determined by the Hearing Officer:

5.6.1 to call and examine witnesses. Other than the Affected Practitioner requesting the hearing, and notwithstanding the Affected Practitioner's right to cross examine witnesses that are offered by the MEC or Board at the Fair Hearing, neither the MEC nor the Board is under any obligation to require or compel any witnesses to appear at the Fair Hearing on behalf of Affected Provider. The MEC or Board (as applicable) may, however, communicate to its employees and/or committee members (as applicable) that such a request has been made by the Affected Practitioner, and that it is within the employee/committee member's sole discretion to appear or not appear at the Fair Hearing as a witness on behalf of the Affected Practitioner. The Affected Practitioner expressly agrees that neither the MEC nor the Board have the authority to compel participation of witnesses at a hearing (beyond the Affected Practitioner's participation), and therefore, that the foregoing manner of communicating the Affected Practitioner's request is reasonable, fair, and appropriate under the circumstances. Additionally, the Hearing Panel or Hearing Officer may question witnesses and request additional documentation; however, the Hearing Panel or Hearing Officer cannot compel the production of documents or the attendance of any witness, other than the Affected Practitioner and a representative of the System at the Fair Hearing;

5.6.2 to introduce exhibits;

5.6.3 to cross-examine any witness on any matter relevant to the issues and to rebut any evidence. Any Affected Practitioner requesting a hearing, who does not testify on his/her own behalf, may be called and examined as if under cross-examination. The Affected Practitioner may invoke his/her Fifth Amendment rights if called for examination;

5.6.4 to be represented by counsel who may call, examine, and cross-examine witnesses called by the other party on any relevant matter, and present the case. (Both sides shall notify the other of the name of that counsel at least twenty (20) Days prior to the date of the pre-hearing conference and Fair Hearing);

5.6.5 to request the sequestration of witnesses. However, a witness will not be sequestered if he/she is necessary for the proper function of the Fair Hearing or is an expert in the matter. Without limitation of the foregoing, the following Health System representatives shall have the right to be present throughout the course of the Fair Hearing, unless it is reasonably anticipated that any of them will also serve as a witness in the Fair Hearing: In-house legal counsel, Chief Medical Officer, Health System Administration, Vice President of Medical Affairs or their designees. The Affected Practitioner may also reasonably request the presence of certain representatives to be present throughout the course of the Fair Hearing, unless it is reasonably anticipated that any of them will also serve as a witness in the Fair Hearing; and

5.6.6 to submit a post-hearing memorandum of points and authorities within ten (10) Days of the Fair Hearing or at such time as the Hearing Panel or Hearing Officer sets parameters and time frames for the post-hearing memorandum. The post-hearing memorandum shall be due no later than thirty (30) Days after the completion of the Fair Hearing.

5.7 Admissibility of Evidence

The rules of evidence applicable to the courtroom shall not apply, and the Hearing Officer may admit any evidence that might be relied upon by a reasonable person. The Hearing Officer's decision regarding the admissibility of evidence is binding.

5.8 Burden of Presenting Evidence and Proof

The body who recommended the Adverse Recommendation which occasioned the Fair Hearing shall have the initial burden of proof to present prima facie evidence justifying the Adverse Recommendation and shall initially present all of the facts and circumstances supporting its recommendation or action. The burden of proof shall then shift to the Affected Practitioner who shall thereafter be responsible for supporting his or her challenge to the Adverse Recommendation by a preponderance of the evidence that the Adverse Recommendation lacks any substantial factual basis or that the Adverse Recommendation or action is either arbitrary or capricious. "Preponderance of the evidence" is defined as the greater weight of the evidence is in favor of the Affected Practitioner. In other words, the evidence as a whole is stronger in favor of the Affected Practitioner, however slight the edge may be. "Arbitrary" is defined as not supported by facts or logic. "Capricious" is defined as irrational or without thought or reason.

SECTION 6 HEARING CONCLUSION, DELIBERATIONS AND RECOMMENDATIONS

6.1 Deliberations and Recommendation of the Hearing Panel/Hearing Officer

6.1.1 The recommendation of the Hearing Panel/Hearing Officer shall be based on the evidence produced at the Fair Hearing. This evidence may consist of oral testimony of witnesses; memorandum of points and authorities presented in connection with

the Fair Hearing, any information regarding the Affected Practitioner who requested the hearing so long as that information has been admitted into evidence at the Fair Hearing and the person who requested the Fair Hearing had the opportunity to comment on and, by other evidence, refute it, any and all applications, references, and accompanying documents; other documented evidence, including medical records and any other information presented at the Fair Hearing.

6.1.2 Within thirty-five (35) Days after final adjournment of the Fair Hearing, the Hearing Panel shall conduct its deliberations outside the presence of any other person except the Hearing Officer, and shall prepare a recommended order containing findings of fact, findings regarding the applicability of the Bylaws, any Rules and Regulations or Policies of the Medical Staff or the Health System, and the statutory and decisional law of Florida, and a recommendation that the Adverse Recommendation be upheld, modified or withdrawn. If the MEC or the Board selected a Hearing Officer sitting alone, the Hearing Officer shall prepare a recommended order in the same manner as outlined above.

6.1.3 If the MEC or the Board selected a Hearing Panel, the Hearing Officer may attend the deliberations of the Hearing Panel, but the Hearing Officer shall not participate in the deliberations of the Hearing Panel, nor be involved in the decision of the Hearing Panel regarding its recommended order. However, the Hearing Officer may assist the Hearing Panel regarding the form, organization and syntax of the recommended order. The recommended order shall be signed by each member of the Hearing Panel or the Hearing Officer, as applicable, and copies provided by Special Notice to the Affected Practitioner and Medical Staff Representative.

6.2 Disposition of Hearing Panel/Hearing Officer Report

6.2.1 Consideration by the MEC or Board

The Hearing Panel/Hearing Officer shall deliver its recommended order to the President or his designee who shall forward it, along with all supporting documentation, to the MEC or Board, as applicable, with a copy to the Chief Medical Officer, within seven (7) Days of receipt of the recommended order. A recommended order shall be provided to the Affected Practitioner by the MEC or Board by Special Notice at the same time. At the next regular MEC or Board meeting, the MEC or Board, as applicable, shall adopt or reject the recommended order.

6.2.1.1 Adopted. If adopted, the recommended order shall become the final recommendation ("Final Recommendation") of the MEC or Board, as applicable. A copy of the Final Recommendation shall be delivered to the Affected Practitioner by Special Notice within seven (7) Days after the Final Recommendation with a copy to the Chief Medical Officer.

6.2.1.2 Rejected. If the recommended order is rejected, the MEC or Board, as applicable, shall render its own Final Recommendation upholding, modifying or withdrawing the original MEC recommendation. A copy of the Final Recommendation shall be delivered to the Affected Practitioner by Special Notice within seven (7) Days after the Final Recommendation with a copy to the Chief Medical Officer.

6.2.2 Final Decision of the Board

6.2.2.1 MEC Final Recommendation

If no Fair Hearing is requested, the Affected Practitioner fails to appear at the Fair Hearing or no appeal is filed from a Final Recommendation of the MEC, the President shall deliver the Final Recommendation to the Board within seven (7) Days of the Final Recommendation for final disposition at its next Board meeting. At the next Board meeting, the Board shall adopt, reject or remand the Final Recommendation.

6.2.2.1.1 Adopted. If adopted, the Final Recommendation shall become the final decision ("Final Decision") of the Board. A copy of the Board Final Decision shall be delivered to the Affected Practitioner by Special Notice within seven (7) Days after the Final Decision with a copy to the Chief Medical Officer and Medical Staff Services Department.

6.2.2.1.2 Rejected. If the Final Recommendation is rejected, the Board shall render its own Final Decision upholding the original MEC recommendation, modifying or withdrawing the action. A copy of the Board Final Decision shall be delivered to the Affected Practitioner by Special Notice within seven (7) Days after the Final Decision with a copy to the Chief Medical Officer and Medical Staff Services Department.

6.2.2.1.3 Remand. If the Final Recommendation is remanded, the Board shall issue instructions to the MEC and request that the MEC issue a second Final Recommendation within thirty (30) Days of the remand. After remand, the Board must adopt or reject the subsequent Final Recommendation. If adopted, the Final Recommendation shall become the Final Decision of the Board. A copy of the Board's Final Decision shall be delivered to the Affected Practitioner by Special Notice within seven (7) Days after the Final Decision with a copy to the Chief Medical Officer. If the Final Recommendation is rejected, the Board shall render its own Final Decision upholding the original MEC

recommendation, modifying or withdrawing the action. A copy of the Board Final Decision shall be delivered to the Affected Practitioner by Special Notice within seven (7) Days after the Final Decision. with a copy to the Chief Medical Officer and Medical Staff Services Department.

The Final Decision of the Board shall be effective immediately and shall not be subject to further appellate review unless 1) an Affected Practitioner has previously waived his/her right to a Fair Hearing with appellate review; and 2) the Board modifies the MEC's Recommendation. If the above conditions are met, the Affected Practitioner may request a Fair Hearing.

6.2.2.2 Board Final Recommendation

If no Fair Hearing is requested, the Affected Practitioner fails to appear at the Fair Hearing or no appeal is filed from a Final Recommendation of the Board, the Final Recommendation of the Board shall become the Final Decision of the Board. A copy of the Board Final Decision shall be delivered to the Affected Practitioner by Special Notice within seven (7) Days after becoming the Final Decision with a copy to the Chief Medical Officer and the Medical Staff Services Department. The Final Decision of the Board shall be effective immediately and shall not be subject to further appellate review.

SECTION 7 APPEAL PROCEDURE

7.1 Request & Time for Appeal

Within ten (10) Days of Notice of Receipt of the Final Recommendation or Final Decision following a Fair Hearing, either Party may appeal the Final Recommendation or Final Decision. The request for appellate review shall be delivered by Special Notice to the Chief Medical Officer, with a copy to the Medical Staff Services Department. The request shall include a statement of the reasons for appeal and the facts or circumstances that justify further review. If such appellate review is not requested within ten (10) Days of Notice of Receipt as provided herein, both Parties shall be deemed to have waived the right to an appeal, and the Final Recommendation shall be forwarded to the Board for final Board action and/or the Final Decision of the Board will be deemed permanent and not subject to further review.

7.2 Grounds for Appeal

The grounds for appeal shall be limited to the following:

7.2.1 there was substantial failure to comply with the Bylaws prior to the Fair Hearing so as to deny a Fair Hearing; or

7.2.2 the recommendations of the Hearing Panel or the Hearing Officer were made arbitrarily, capriciously or with prejudice.

7.3 Stay of Adverse Decision Pending Appeal

A request for an appeal will stay any Final Recommendation of the MEC or Final Decision of the Board, except that any summary suspension or restriction of Clinical Privileges which is upheld by a Final Recommendation of the MEC or Final Decision of the Board will continue in effect during the pendency of the appeal.

7.4 Time, Place and Notice

Whenever an appeal is requested as set forth in the preceding Sections, the Chair of the Board shall, as soon as arrangements can reasonably be made, taking into account the schedules of all participants, schedule and arrange for an appellate review. The Affected Practitioner and System Representative shall be given Special Notice of the time, place and date of the appellate review. When a request for appellate review is from an Affected Practitioner who is under a summary suspension or restriction of Clinical Privileges which has been confirmed by a Final Recommendation of the MEC or Final Decision of the Board, the appellate Review Panel shall be convened not more than fourteen (14) Days from the Receipt of Notice of the request for an appeal unless the Affected Practitioner agrees to a longer period. The time for appellate review may be extended by the Chair of the Board for good cause.

7.5 Nature of Appellate Review

7.5.1 Appellate Review panel. The Chair of the Board shall appoint a Review Panel composed of five (5) members, three (3) of the panel members shall be members of the Board of Directors and two (2) panel members shall be Active members of the Medical Staff. The Appellate Review Panel members must have no conflict of interest with the Affected Practitioner. The proceedings of the Appellate Review Panel shall be in the nature of an appellate type review based upon the record of the Fair Hearing, the Hearing Panel or Hearing Officer's Report and Recommendation and other proceedings before the MEC or Board. The Appellate Review Panel may also consider position papers, if any, submitted pursuant to Section 7.5.2 below.

7.5.2 Position Papers. Each party shall have the right to present a written statement in support of its position on appeal. Position papers that do not conform to the following requirements may be excluded from consideration in the appeal.

7.5.2.1 The position papers shall set forth a statement of the facts and of the applicable Bylaws provisions or other authority, as well as any other matters that the parties wish to bring before the appellate body in support of their respective positions.

7.5.2.2 One (1) written copy and one (1) electronic copy of the appellant's position paper shall be filed with Medical Staff Services Department within fifteen (15) Days of Receipt of the Notice of Appeal. One (1) written copy and one (1) electronic copy of the appellee's position paper shall be filed with Medical Staff Services Department within ten (10) working Days of Receipt of the appellant's position paper. If the appellant does not submit a position paper, the appellee may submit a position paper within twenty-five (25) Days of its Receipt of the Notice of Appeal. If the appeal is the review of a suspension, the time frames will be adjusted to five (5) Days for the appellant and five (5) Days for the appellee.

7.5.2.3 Position papers shall be limited to no more than thirty (30) pages, exclusive of exhibits, and shall be on letter-size paper, typewritten, double-spaced and shall be neatly bound or stapled.

7.5.2.4 Each party shall provide a copy of his/her position paper by Special Notice to the other at the same time the party's position paper is filed with the Medical Staff Services Department.

7.5.2.5 In referring to the record, position papers shall reference specific pages of the hearing record and of exhibits that are part of the record.

7.5.3 Oral Argument. The Affected Practitioner and the System Representative shall be entitled to present oral argument. Oral argument shall be requested at the time the party submits his/her position paper. Failure to request oral argument shall constitute a waiver of the right to it. The Board may limit the time for oral argument, but each side shall not have less than thirty (30) minutes. Oral argument shall not include the introduction of evidence and appellate review shall not constitute a hearing *de novo*.

A record shall be made at the expense of Lee Health of the presentation of oral argument using the services of a court reporter.

7.5.4 Final Appellate Recommendation. The Appellate Review Panel shall recommend final action to the Board (Final Appellate Recommendation) within thirty (30) Days after the completion of oral argument, or if no oral argument is requested, within forty-five (45) Days after the submission of the position papers of both parties.

SECTION 8 FINAL DECISION OF THE BOARD

Within thirty (30) Days after Receipt of the Final Appellate Recommendation, the Board shall render its Final Decision in writing, including specific reasons, and shall deliver copies thereof by Special Notice to the Affected Practitioner, the MEC, and the Medical Staff Services Department. The Final Decision shall uphold or reverse the Final Appellate Recommendation.

The Final Decision of the Board following the appellate review shall be effective immediately and shall not be subject to further appellate or other review.

SECTION 9 RIGHT TO ONE HEARING AND ONE APPEAL ONLY

No applicant or Medical Staff practitioner shall be entitled to more than one (1) hearing and one (1) appeal on any matter that may be the subject of an appeal. A final appellate decision upholding or reversing a final, written decision shall be final and there shall be no right to further hearing on the matter.

SECTION 10 APPLICATION FOR APPOINTMENT / REAPPOINTMENT

If the Board determines to deny initial Medical Staff appointment, reappointment, and/or Clinical Privileges to an Applicant, or to revoke or terminate the Medical Staff Membership and/or Clinical Privileges of a current Medical Staff Member, that Applicant or Medical Staff Member may not apply for Medical Staff Membership and/or Clinical Privileges at the Hospital for a period of five (5) years unless the Board provides otherwise.

SECTION 11 GENERAL PROVISIONS

11.1 Release

By requesting a Fair Hearing or appellate review under this Part, an Affected Practitioner agrees to be bound by the provisions of Part I, Section 3 of these Bylaws relating to immunity from liability in all matters relating thereto.

11.2 Confidentiality

The investigations, proceedings and records conducted or created for the purpose of carrying out the provisions of this Fair Hearing or for conducting peer review or professional practice evaluation activities under the Medical Staff Bylaws are to be treated as confidential and protected by State and Federal law to the fullest extent possible.

11.3 Hearing and Appeal Procedures for Advanced Practice Providers

Individuals with Clinical Privileges who are not eligible for Medical Staff Membership and who are not Medical Staff Members (i.e., Advanced Practice Providers) are afforded a hearing and appeal process as provided by Policy.

11.4 External Reporting Requirements

The Hospital shall submit a report regarding a final Adverse Decision to the appropriate state professional licensure board (i.e., the state agency that issued the individual's license to practice) and all other agencies as required by all applicable Federal and/or State law(s).

SECTION 12 AUTOMATIC SUSPENSION AND TERMINATION

12.1 Basis for Automatic Suspension and Termination

A Medical Staff Member's Medical Staff Membership and/or Clinical Privileges shall automatically be suspended, limited or terminated as described below, which action shall be final without a Fair Hearing or further review:

12.1.1 Licensure. Each Medical Staff Member shall at all times maintain a current and valid license to practice his/her profession in the State of Florida. In the event a Medical Staff Member's license is revoked, suspended, not renewed, restricted or limited or if the Medical Staff Member's license is placed on probation, he/she shall immediately notify the President, Hospital Administrator and Medical Staff Services Department.

12.1.1.1 Revocation. Whenever a Medical Staff Member's license or other legal credentials authorizing practice in this State is revoked, the Medical Staff Member shall immediately notify the MEC and his/her Medical Staff Membership and/or Clinical Privileges shall be automatically revoked as of the date such action becomes effective.

12.1.1.2 Suspension or Non-Renewal. Whenever a Medical Staff Member's license to practice is suspended or not renewed, the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges at the Hospital shall be automatically suspended. The suspension shall be effective the same date as the suspension or non-renewal of the license. The Medical Staff Member shall remain suspended until the Medical Staff Member provides reliable evidence to the MEC, Hospital Administrator and Medical Staff Services Department that the underlying suspension of the license is lifted or that the license is appropriately renewed. In the event the member's license remains suspended or not renewed for a period greater than sixty (60) Days, and unless the Board determines that there is good cause to delay automatic termination, the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges at the Hospital shall automatically terminate effective sixty-one (61) Days after the suspension. The Medical Staff Member shall have no right to a Fair Hearing, and no Notice to the Medical Staff Member is required as a prerequisite to either suspension or termination of the Medical Staff Member's Medical Staff Membership and Clinical Privileges. In the event a licensure suspension is lifted prior to the expiration of sixty (60) Days and a Medical Staff Member's corresponding Medical Staff suspension is also lifted, nothing herein precludes the MEC (or any other individual) from initiating a Statement of Concern resulting from circumstances related to the licensure suspension.

12.1.1.3 Restriction. Whenever a Medical Staff Member's license or other legal credentials authorizing practice in this State is limited or restricted by the

licensing or certifying authority, the Medical Staff Member shall immediately notify the MEC and any Medical Staff Membership and/or Clinical Privileges which the Medical Staff Member has been granted at the Hospital which are within the scope of said restriction shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective and throughout its term The Medical Staff Member shall remain restricted until the Medical Staff Member provides reliable evidence to the MEC and Hospital Administrator that the underlying restriction of the license is lifted. In the event the Medical Staff Member's license remains restricted for a period greater than sixty (60) Days, and unless the Board determines that there is good cause to delay automatic termination, the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges at the Hospital shall automatically terminate effective sixty-one (61) Days after the restriction of the license. The Medical Staff Member shall have no right to a Fair Hearing, and no Notice to the Medical Staff Member is required, as a prerequisite to either the restriction or termination of the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges. In the event a licensure restriction is lifted prior to the expiration of sixty (60) Days and a Medical Staff Member's corresponding Medical Staff restriction is also lifted, nothing herein precludes the MEC (or any other individual) from initiating a Statement of Concern resulting from circumstances related to the licensure restriction.

12.1.1.4 Probation. Whenever a Medical Staff Member is placed on probation by the applicable licensing or certifying authority, the matter is automatically deemed a Statement of Concern and should be promptly forwarded to the MEC for review.

12.1.1.5 Issues with License to Practice in Another State. Whenever a Medical Staff Member's license to practice in any state other than Florida is revoked, suspended, restricted, limited, or placed on probation, the matter is automatically deemed a Statement of Concern and should be promptly forwarded to the MEC for review.

12.1.1.6 Reapplication. In the event that a Medical Staff Member's Membership and/or Clinical Privileges are terminated pursuant to this Section, the Medical Staff Member may reapply for Medical Staff Membership and/or Clinical Privileges as a new Applicant.

12.1.2 Criminal Arrest, Charge or Conviction. Medical Staff Members are required to conduct themselves in a manner that is befitting of their profession. This requirement includes the expectation that members will not engage in criminal activity. In the event a Medical Staff Member is arrested, charged with, or convicted of any crime, he/she shall immediately notify the President, Hospital Administrator and Medical Staff Services Department.

12.1.2.1 Suspension. In the event a Medical Staff Member has been arrested or formally charged with:

- a felony level crime;
- a crime against a patient that placed the patient at immediate risk or potentially harmed the patient;
- a crime involving actual or threatened bodily harm;
- a crime involving actual or threatened sexual misbehavior or stalking;
- a crime involving controlled substance possession or use;
- a financial crime, such as extortion, embezzlement, income tax evasion, insurance fraud or other similar crime;
- a crime described in any Florida law pertaining to governing or regulating the health professions or health facilities; or
- any crime that would result in mandatory exclusion from the Medicare or Medicaid programs.

The Board, following recommendation by the MEC, may elect to administratively suspend the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges at the Hospital pending resolution of the underlying arrest and/or charge. The Medical Staff Member shall have no right to a Fair Hearing, and no Notice to the Medical Staff Member is required, as a prerequisite to suspending the member's Medical Staff Membership and/or Clinical Privileges. In the event a suspension is ultimately lifted, the Medical Staff Member may in the discretion of the pertinent Department Chair and MEC, be required to comply with a plan for FPPE. Additionally, and irrespective of whether the Medical Staff Member is administratively suspended pursuant to this subsection, nothing herein precludes the MEC (or any other individual) from initiating a Statement of Concern resulting from facts or circumstances related to the arrest, charge, or alleged criminal behavior, even when such arrest or charge has not yet, or does not ever, result in conviction and following the processes set forth for a Statement of Concern.

12.1.2.2 Termination. Whenever a Medical Staff Member, while on the Hospital Medical Staff, is convicted of, pleads guilty or pleads nolo contender (no contest) in any jurisdiction of the United States Medical Staff Member crime identified in Part II, Section 12.1.2.1, the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges at the Hospital shall

immediately terminate. The Medical Staff Member shall have no right to a Fair Hearing, and no Notice to the Medical Staff Member is required as a prerequisite to termination of the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges.

12.1.2.3 Reapplication. In the event that a Medical Staff Member's Membership and/or Clinical Privileges are terminated pursuant to this Section, the Medical Staff Member may reapply for Medical Staff Membership and/or Clinical Privileges as a new Applicant.

12.1.3 DEA Registration / Florida Controlled Substance Registration. Unless otherwise exempt pursuant to the Bylaws or Rules and Regulations, Medical Staff Members are required to maintain a current and valid Federal Drug Enforcement Administration ("DEA") registration and Florida controlled substance registration. In the event a Medical Staff Member's Federal or Florida's registration is revoked, suspended, non-renewed, restricted or limited, or if the Medical Staff Member's registration is placed on probation, he/she shall immediately notify the President, Hospital Administrator and Medical Staff Services Department.

12.1.3.1 Revocation, Suspension or Non-Renewal. Whenever a Medical Staff Member's DEA or Florida controlled substance registration is revoked, suspended or non-renewed, the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges at the Hospital shall be automatically suspended. The suspension shall be effective the same date that the Federal DEA or Florida controlled substances registration is revoked, suspended, not renewed, or is otherwise not valid (as applicable). The Medical Staff Member shall remain suspended until the Medical Staff Member provides reliable evidence to the MEC, Hospital Administrator and Medical Staff Services Department that the underlying revocation or suspension is lifted or that the registration is appropriately renewed. In the event the Medical Staff Member's license remains revoked, suspended or not renewed for a period greater than sixty (60) Days, and unless the Board determines that there is good cause to delay automatic termination, the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges at the Hospital shall automatically terminate effective sixty-one (61) Days after the revocation, suspension or non-renewal. The Medical Staff Member shall have no right to a Fair Hearing, and no Notice to the Medical Staff Member is required as a prerequisite to either suspension or termination of the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges. In the event a licensure revocation, suspension or non-renewal is lifted prior to the expiration of sixty (60) Days and a Medical Staff Member's corresponding Medical Staff suspension is also lifted, nothing herein precludes the MEC (or any other individual) from initiating a Statement of Concern resulting from circumstances related to the revocation, suspension or non-renewal.

12.1.3.2 Restriction. Whenever a Medical Staff Member's DEA or Florida controlled substances registration is restricted or limited, the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges shall be automatically and immediately restricted in accordance with the underlying restriction. The Medical Staff Member shall remain restricted until the Medical Staff Member provides reliable evidence to the MEC and Hospital Administrator that the underlying restriction is lifted. In the event the Petitioner's DEA or Florida controlled substance registration is restricted for a period greater than sixty (60) Days, and unless the Board determines that there is good cause to delay automatic termination, the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges at the Hospital shall automatically terminate effective sixty-one (61) Days after the restriction. The Medical Staff Member shall have no right to a Fair Hearing, and no Notice to the Medical Staff Member is required as a prerequisite to the restriction or termination of the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges. In the event a restriction is lifted prior to the expiration of sixty (60) Days and a Medical Staff Member's corresponding Medical Staff restriction is also lifted, nothing herein precludes the MEC (or any other individual) from initiating a Statement of Concern resulting from circumstances related to the DEA or Florida controlled substances registration restriction.

12.1.3.3 Probation. Whenever a Medical Staff Member's DEA certificate or prescribing authority is subject to probation, the matter is automatically deemed a Statement of Concern and should be promptly forwarded to the MEC for review.

12.1.3.4 Controlled Substance Registration in Another State. Whenever a Medical Staff Member's controlled substance registration in any state other than Florida is revoked, suspended, restricted, limited, or placed on probation, the matter is automatically deemed a Statement of Concern and should be promptly forwarded to the MEC for review.

12.1.3.5 Reapplication. In the event that a Medical Staff Member's Membership and/or Clinical Privileges are terminated pursuant to this Section, the Medical Staff Member may reapply for Medical Staff Membership and/or Clinical Privileges as a new Applicant.

12.1.4 Medicare / Medicaid Sanctions. Medical Staff Members shall at all times remain eligible to participate in the Medicare and Medicaid programs. In the event that a Medical Staff Member's Medicare and/or Medicaid participation is revoked, suspended, revoked, limited or placed on probation or if he/she receives Notice of any investigation or possible disciplinary action, the member shall immediately notify the President, Hospital Administrator and Medical Staff Services Department.

12.1.4.1 Revocation, Suspension, Restriction or Limitation of Participation. Whenever a Medical Staff Member's eligibility to participate in the Medicare and/or Medicaid programs is revoked, suspended, restricted or limited, the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges at the Hospital shall be automatically suspended. The suspension shall be effective the same date that the Medical Staff Member's eligibility to participate in the Medicare and/or Medicaid programs is revoked, suspended, restricted or limited. The Medical Staff Member shall remain suspended until the Medical Staff Member provides reliable evidence to the MEC, Hospital Administrator and Medical Staff Services Department that the underlying revocation, suspension, restriction or limitation has been lifted. In the event the Medical Staff Member's eligibility to participate in the Medicare and/or Medicaid programs is revoked, suspended, restricted or limited for a period greater than sixty (60) Days, and unless the Board determines that there is good cause to delay automatic termination, the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges at the Hospital shall automatically terminate effective sixty-one (61) Days after the revocation, suspension, restriction or limitation. The Medical Staff Member shall have no right to a Fair Hearing, and no Notice to the Medical Staff Member is required, as a prerequisite to either suspension or termination of the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges. In the event a revocation, suspension, restriction or limitation is resolved prior to the expiration of sixty (60) Days and a Medical Staff Member's corresponding medical staff suspension is also lifted, nothing herein precludes the MEC (or any other individual) from initiating a Statement of Concern resulting from circumstances related to the revocation, suspension, restriction or limitation of the Medical Staff Member's eligibility to participate in the Medicare and/or Medicaid programs.

12.1.4.2 Probation of Participation. Whenever a Medical Staff Member's eligibility to participate in the Medicare and/or Medicaid programs is placed on probation, the matter is automatically deemed a Statement of Concern and should be promptly forwarded to the MEC for review.

12.1.4.3 Reapplication. In the event that a Medical Staff Member’s Membership and/or Clinical Privileges are terminated pursuant to this Section, the Medical Staff Member may reapply for Medical Staff Membership and/or Clinical Privileges as a new Applicant.

12.1.5 Medical Record Completion. Medical Staff Members shall at all times comply with the prevailing Medical Staff Rules and Regulations on medical record completion, which shall set forth the review and notification process regarding patient chart deficiency and delinquency. To the extent the provisions set forth in this Section conflict with the Medical Staff Rules and Regulations on medical record completion, this Section shall govern.

12.1.5.1 Suspension. The Hospital Administrator or President, or a designee of either, will give the affected Medical Staff Member Notice that the Medical Staff Member's admitting privileges have been automatically suspended because of his or her delinquent records. The Medical Staff Member shall have no right to a Fair Hearing as a prerequisite to the suspension of the Medical Staff Member's Medical Staff Membership and Clinical Privileges.

12.1.5.2 Voluntary Withdrawal. A Medical Staff Member who remains suspended by the terms of this Section and/or the applicable Medical Staff Rules and Regulations on medical record completion for more than sixty (60) Days shall be deemed to have voluntarily withdrawn his or her Medical Staff Membership and/or Clinical Privileges, without right of appeal or Fair Hearing. In such event, the Medical Staff Member may reapply for Medical Staff Membership and/or Clinical Privileges as a new Applicant.

12.1.6 Failure to Maintain Proof of Financial Responsibility. Medical Staff Member shall at all times maintain proof of financial responsibility to pay claims or costs associated with the rendering of, or failure to render, medical care or services in compliance with Florida law governing the Medical Staff Member’s license to practice in the State of Florida. In the event that a Medical Staff Member fails to maintain the required proof of financial responsibility, the Medical Staff Member shall immediately notify the President, Hospital Administrator and Medical Staff Services Department.

12.1.6.1 Suspension. Whenever a Medical Staff Member fails to maintain proof of financial responsibility, the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges at the Hospital shall be automatically suspended. The Medical Staff Member shall have no right to a hearing, and no Notice is required, as a prerequisite to the suspension of the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges. The Medical Staff Member shall remain suspended until the Medical Staff Member provides reliable evidence to the MEC, Hospital Administrator and Medical Staff Services Department that the Medical Staff Member has proof of financial responsibility.

12.1.6.2 Voluntary Withdrawal. In the event the Medical Staff Member remains suspended pursuant to this Section for a period greater than sixty (60) Days, and unless the Board determines that there is good cause to make an exception, the Medical Staff Member shall be deemed to have voluntarily withdrawn his or her Medical Staff Membership and/or Clinical Privileges, without right of appeal or Fair Hearing. In such event, the Medical Staff Member may reapply for Medical Staff Membership and/or Clinical Privileges as a new Applicant.

12.1.7 Failure to Pay Dues/Assessments. Medical Staff Members may be required to timely pay Medical Staff annual dues or special assessments. All Medical Staff Members will be provided with written Notice of such dues or special assessments, as well as the due date for payment.

12.1.7.1 Suspension. Whenever a Medical Staff Member, who has been provided with Notice of annual dues or special assessments, fails to provide full payment to the designated recipient within ninety (90) Days of the due date for such payment as set forth in the Notice, the Medical Staff Member's Medical Staff Membership and Clinical Privileges at the Hospital shall be automatically suspended. The Medical Staff Member shall have no right to a Fair Hearing, and no Notice is required, as a prerequisite to the suspension of the Medical Staff Member's Medical Staff Membership and Clinical Privileges. The Medical Staff Member shall remain suspended until such time as the Medical Staff Member provides reliable evidence to the MEC and Hospital Administrator that the Medical Staff Member has delivered full payment to the designated recipient.

12.1.7.2 Voluntary Withdrawal. In the event the Medical Staff Member remains suspended pursuant to this Section for a period greater than sixty (60) Days, and unless the Board determines that there is good cause to make an exception, the Medical Staff Member shall be deemed to have voluntarily withdrawn his or her Medical Staff Membership and Clinical Privileges, without right of appeal or Fair Hearing. In such event, the Medical Staff Member may reapply for Medical Staff Membership or Clinical Privileges as a new Applicant. However, full payment of any amount that gave rise to the prior voluntary withdrawal shall be made before the Applicant is eligible to reapply.

12.1.8 Failure to Successfully Complete Hospital-Sponsored Training Programs Related to Electronic Medical Record ("EMR") and Related Clinical System Implementation, or other Hospital Required Training Programs; Refusal to Utilize EMR. Medical Staff Members are required to successfully and timely complete Hospital-sponsored training programs related to EMR and clinical system implementation, or other Hospital required (non-optional) training programs and submit required program documentation. Medical Staff Members are also required to utilize the EMR.

12.1.8.1 Suspension. Whenever a Medical Staff Member fails/refuses for more than thirty (30) Days following a written reminder/request to complete Hospital sponsored training programs related to EMR or related clinical system implementation, or any other Hospital required (non-optional) training programs, submit required program documentation, and/or utilize the EMR, the Medical Staff Member's Medical Staff Membership and/or

Clinical Privileges at the Hospital may be, in the discretion of the MEC or Board, administratively suspended. The Medical Staff Member shall have no right to a Fair Hearing, and no Notice is required, as a prerequisite to the suspension of the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges The Medical Staff Member shall remain suspended until such time as the Medical Staff Member provides reliable evidence to the MEC and Hospital Administrator that the Medical Staff Member has fully completed the outstanding program and/or program documentation, and/or has appropriately committed to use of EMR, as applicable.

12.1.8.2 Voluntary Withdrawal. In the event the Medical Staff Member remains suspended pursuant to this Section for a period greater than sixty (60) Days, and unless the Board determines that there is good cause to make an exception, the Medical Staff Member shall be deemed to have voluntarily withdrawn his or her Medical Staff Membership and/or Clinical Privileges, without right of appeal or Fair Hearing. In such event, the Medical Staff Member may reapply for Medical Staff Membership and/or Clinical Privileges as a new Applicant. However, the Applicant must complete any program and/or program documentation (as applicable) that gave rise to the prior voluntary withdrawal before the Applicant is eligible to reapply.

12.1.9 Failure to Maintain Eligibility or Satisfy Responsibilities. Medical Staff Members are required, at all times, to meet the minimum objective criteria for Medical Staff Membership and/or Clinical Privileges.

12.1.9.1 Suspension. Whenever a Medical Staff Member fails to meet, or is determined to no longer meet, any of the minimum objective criteria for Medical Staff Membership and/or Clinical Privileges at the Hospital and unless such eligibility criteria are addressed elsewhere in this Section, the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges at the Hospital shall be immediately suspended. The Medical Staff Member shall have no right to a Fair Hearing, and no Notice is required, as a prerequisite to the suspension of the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges The Medical Staff Member shall remain suspended until such time as the Medical Staff Member provides reliable evidence to the MEC, Hospital Administrator and Medical Staff Services Department that the Medical Staff Member has fully satisfied the minimum objective criteria for Medical Staff Membership and/or Clinical Privileges at the Hospital that gave rise to the suspension.

12.1.9.2 Voluntary Withdrawal. In the event the Medical Staff Member remains suspended pursuant to this Section for a period greater than sixty (60) Days, and unless the Board determines that there is good cause to make an exception, the Medical Staff Member shall be deemed to have

voluntarily withdrawn his or her Medical Staff Membership and/or Clinical Privileges, without right of appeal or Fair Hearing. In such event, the Medical Staff Member may reapply for Medical Staff Membership and/or Clinical Privileges as a new Applicant, pursuant to the procedures set forth in the Bylaws.

12.1.10 Failure to Provide Requested Information/Failure to Appear. Medical Staff Members are required to provide certain expirable items and other information to the Hospital and Medical Staff, and to appear for a meeting when requested.

12.1.10.1 Expirables. In the event a Medical Staff Member fails to timely provide the Hospital with a current and/or updated copy of his/her Florida license to practice or other legal credential required for practice, Florida Controlled Substance Registration, Federal DEA certificate, proof of maintaining financial responsibility, or any other expirable item required by the Medical Staff Bylaws and/or Medical Staff Rules and Regulations, the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges at the Hospital shall be immediately suspended. The Medical Staff Member shall have no right to a Fair Hearing, and no Notice is required, as a prerequisite to the termination of the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges. The Medical Staff Member shall remain suspended until such time as the Medical Staff Member provides reliable evidence to the MEC, Hospital Administrator and the Medical Staff Services Department that the Medical Staff Member has appropriately provided the expirable item.

12.1.10.2 Information Requested by MEC or Board/Special Meetings. If the MEC (or designee) or the Board (or designee) requests, in writing, that a Medical Staff Member provide information and/or appear for a meeting that is relevant to a peer review investigation, Hospital risk management activity or process, credentialing process, OPPE, or FPPE, and the Medical Staff Member fails to provide such information within thirty (30) Days of the written request, or fails (without good cause) to appear for the requested meeting, the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges at the Hospital may be, in the discretion of the MEC or Board, administratively suspended. The Medical Staff Member shall have no right to a Fair Hearing, and no Notice is required, as a prerequisite to the suspension of the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges. The Medical Staff Member shall remain suspended until such time as the Medical Staff Member provides the requested information.

12.1.10.3 Voluntary Withdrawal. In the event the Medical Staff Member remains suspended pursuant to this Section for a period greater than sixty (60) Days, and unless the Board determines that there is good

cause to make an exception, the Medical Staff Member shall be deemed to have voluntarily withdrawn his or her Medical Staff Membership and/or Clinical Privileges, without right of appeal or Fair Hearing. In such event, the Medical Staff Member may reapply for Medical Staff Membership and/or Clinical Privileges as a new Applicant, pursuant to the procedures set forth in the Bylaws.

12.1.11 Exclusive Contracting Notwithstanding anything herein that could be construed to the contrary application for initial Medical Staff Membership and/or Clinical Privileges related to Hospital facilities or services covered by exclusivity agreements will not be accepted or processed unless submitted in accordance with the existing contract or agreement with the Hospital.

12.1.11.1 Effect of Contract Expiration or Termination. In the event a Medical Staff Member maintains Medical Staff Membership and/or Clinical Privileges at the Hospital pursuant to an exclusive agreement, then the terms of the exclusive agreement may require that the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges, as applicable, expire or terminate upon the termination of the agreement and/or upon the termination of the practitioner's participation pursuant to such agreement. In this event, the exclusive agreement shall take priority over any process set forth in these Bylaws. However, if the exclusive agreement does not address such termination, or otherwise require such termination, then termination of the exclusive agreement, alone, will not affect the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges, as applicable.

12.1.12 Failure to Comply with Special Meeting Attendance Requirements. Medical Staff Members are required to attend any special meeting called pursuant to the Bylaws.

12.1.12.1 Suspension. Whenever a Medical Staff Member, who has been provided with Notice of Special Meeting and fails attend as set forth in the Notice, the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges at the Hospital shall be automatically suspended. The Medical Staff Member shall have no right to a Fair Hearing, and no Notice is required, as a prerequisite to the suspension of the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges. The Medical Staff Member shall remain suspended until such time as the Medical Staff Member provides reliable evidence to the MEC and Hospital Administrator that the Medical Staff Member will attend future meetings.

12.1.12.2 Termination. If a Medical Staff Member is suspended more than two times during any twelve (12) month period for failing to attend a Special Meeting, and unless the Board finds good cause to make an exception, the Medical Staff Member's Medical Staff Membership

and/or Clinical Privileges at the Hospital shall automatically terminate, effective the same date as the suspension triggering termination. The Medical Staff Member shall have no right to a Fair Hearing, and no Notice is required, as a prerequisite to the termination of the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges.

12.1.12.3 Voluntary Withdrawal. A Medical Staff Member who remains suspended by the terms of this Section and/or the applicable Medical Staff Rule and Regulation on failure to attend a Special Meeting for more than sixty (60) Days shall be deemed to have voluntarily withdrawn his or her Medical Staff Membership and/or Clinical Privileges, without right of appeal or Fair Hearing. In such event, the Medical Staff Member may reapply for Medical Staff Membership and/or Clinical Privileges as a new Applicant.

SECTION 13 AUTOMATIC RESIGNATION

13.1 Failure to Apply for Reappointment and/or Renewal of Clinical Privileges.

13.1.1 Failure of a Medical Staff Member to apply for reappointment of Medical Staff Membership and/or Clinical Privileges upon the expiration of the Medical Staff Member's appointment term shall result in the Medical Staff Member's automatic resignation of his/her Medical Staff Membership and/or Clinical Privileges. If by clerical error a Medical Staff Member is not notified by the Medical Staff or if by clerical error of the Medical Staff a completed application is omitted from deliberation, a Medical Staff Member in good standing may petition the President for consideration for the next reappointment cycle and that petition must be accepted.

13.1.2 The Medical Staff Member may reapply for Medical Staff Membership and/or Clinical Privileges as a new Applicant, pursuant to the procedures set forth in the Bylaws.

13.2 Failure to Achieve Board Certification.

13.2.1 In the event a Medical Staff Member fails to achieve Board certification in their practice specialty in accordance with Part III, Section 2.1.6, 2.1.8 and 2.1.9 and there has been no waiver, Medical Staff Member shall be deemed to have voluntarily resigned Medical Staff Member's Medical Staff Membership and/or Clinical Privileges.

13.2.2 The Medical Staff Member may reapply for Medical Staff Membership or Clinical Privileges as a new Applicant, pursuant to the procedures set forth in the Bylaws.

13.3 Failure to Request Reinstatement.

13.3.1 In the event a Medical Staff Member fails to request reinstatement after a leave of absence in accordance with Part III, Section 10, he/she shall be deemed to have voluntarily resigned his/her Medical Staff Membership and/or Clinical Privileges.

13.3.2 The Medical Staff Member may reapply for Medical Staff Membership and/or Clinical Privileges as a new Applicant, pursuant to the procedures set forth in the Bylaws.

13.4 Residence or Office Outside Lee County.

13.4.1 The failure of a Medical Staff Member to maintain a full-time residence and office in Lee County as required by these Bylaws shall be deemed an automatic resignation of the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges. A return of United States mail sent by the Medical Staff Services Department to a Medical Staff Member at his/her Lee County home or office address with "addressee unknown" or similar endorsement shall be prima facie evidence that the Medical Staff Member is not in compliance with these Bylaws. This paragraph shall not apply to Medical Staff Members granted a leave of absence by the MEC pursuant to these Bylaws.

13.4.2 The Medical Staff Member may reapply for Medical Staff Membership and/or Clinical Privileges as a new Applicant, pursuant to the procedures set forth in the Bylaws.

13.5 Lack of Active Practice.

13.5.1 The failure of a Medical Staff Member to maintain an active practice of his/her profession in Lee County as required by these Bylaws shall be deemed an automatic resignation of the Medical Staff Member's Medical Staff Membership and/or Clinical Privileges. The Medical Staff Member is not actively engaged in the practice of his/her profession in Lee County if he/she is not seeing, examining, treating or otherwise caring for patients, and has not done so for a period of more than six months, unless the Medical Staff Member shall have requested a leave of absence from the Medical Staff Services Department prior to beginning such absence, and arranged for suitable coverage during such time period.

13.5.2 This shall not apply to Medical Staff Members who are members of the Honorary Medical Staff.

13.5.3 The Medical Staff Member may reapply for Medical Staff Membership and/or Clinical Privileges as a new Applicant, pursuant to the procedures set forth in the Bylaws.

SECTION 14 RIGHT TO LIMITED HEARING FOLLOWING ADMINISTRATIVE ACTION

14.1 Right to Limited Hearing for Automatic Suspension, Termination and Deemed Resignation of Medical Staff Member

A Medical Staff Member affected by Part III, Section 12 and Section 13, shall have the right to present evidence to the MEC in written form or by appearing personally at a regular meeting of the MEC to demonstrate that the reason that automatic suspension, termination or resignation is untrue.

14.1.1 A Notice shall be sent to the Medical Staff Member stating the reasons for the automatic suspension, termination or resignation within twenty-four (24) hours of the same having been imposed.

14.1.2 The Medical Staff Member may present written evidence or a written request to meet with the MEC to the President within ten (10) Days of the date the notice of automatic suspension, termination or deemed resignation was sent. Failure to submit written evidence or a request shall be deemed a waiver of any right to consideration of the same.

14.1.3 Evidence presented by the Medical Staff Member shall be limited to whether or not the grounds for the automatic suspension, termination or resignation are true. The MEC shall not consider evidence or argument which presents mitigating circumstances or an excuse.

14.1.4 If the Medical Staff Member submits written evidence, after receipt of Medical Staff Member's written evidence, and prior to the next regular meeting of the MEC, the President, with the concurrence of a member of the Medical Staff Services Department designated by the System President, may determine that the evidence so presented demonstrates that the reasons that automatic suspension, termination or resignation imposed are untrue, may revoke the suspension, termination or deemed resignation and may restore the Medical Staff Member to the status that the Medical Staff Member previously enjoyed. If the President and member of the Medical Staff Services Department determine that the evidence presented does not demonstrate that the reasons for the automatic suspension, termination or deemed resignation are untrue, the original suspension, termination or deemed resignation shall be maintained. The Medical Staff Member will be provided Notice of decision within ten (10) Days of receipt of the Medical Staff Member's written evidence.

14.1.5 If the Medical Staff Member requests to meet with the MEC, at its next regular meeting following the automatic suspension, termination or resignation, the MEC shall consider the evidence presented by the Medical Staff Member, and if the reasons for automatic suspension, termination or deemed resignation are found to be untrue, the suspension, termination or deemed resignation shall be revoked and the Medical Staff Member shall be restored to the status that the Medical Staff Member previously enjoyed. If the MEC determines that the evidence presented does not demonstrate that the reasons for the automatic suspension, termination or deemed resignation are untrue, the original suspension, termination or deemed resignation shall be maintained. The Medical Staff Member will be provided Notice of the decision within three (3) Days of the MEC meeting.

SECTION 15 QUALITY MEASURES FOLLOWING ADMINISTRATIVE ACTION

In the event a Medical Staff Member is restricted for any period of time from exercising, in full or in part, a particular clinical privilege or privileges, the MEC may (following input from the appropriate Clinical Service Chief) require the Medical Staff Member to satisfy a FPPE or other similar quality review process in order to ensure the member is capable of exercising the clinical privilege or privileges in manner that meets the Hospital's expectations for safety and competency. Given the routine administrative nature of FPPE and related quality processes, the

imposition of such requirements does not give rise to any right to a Fair Hearing or Appeal, nor shall such imposition constitute a formal investigation or corrective action.

PART III: CREDENTIALING PROCEDURES

SECTION 1 SYSTEM CREDENTIALING/PRIVILEGING COMMITTEE

1.1 Organizational Structure

The Medical Staffs of Lee Memorial Health System ("Lee Health") have established one (1) System Credentialing/Privileging Committee (hereinafter referred to as the System Credentialing/Privileging Committee) to act on behalf of all the Medical Staffs of Lee Health. The System Credentialing/Privileging Committee functions as a professional review body pursuant to State and Federal Law, and in this capacity, serves as an external peer review resource to each Medical Staff of Lee Health.

1.2 Purpose of the System Credentialing/Privileging Committee

The System Credentialing/Privileging Committee shall support each Medical Staff to evaluate and implement the credentialing and privileging activities related to Medical Staff Members and privileged Advanced Practice Providers ("APP"s). These credentialing and privileging activities include processes related to the following:

1.2.1 initial appointment;

1.2.2 focused professional practice evaluation;

1.2.3 reappointment;

1.2.4 delineation of Clinical Privileges, including Temporary Clinical Privileges; and

1.2.5 development of privilege delineation forms and criteria for all Lee Health facilities.

The System Credentialing/Privileging Committee shall function on behalf of, and under the supervision of, each Medical Executive Committee ("MEC") with respect to the credentialing and privileging activities (collectively the "Credentialing Activities") that are undertaken for that Lee Health facility. All Credentialing Activities shall be carried out in accordance with specific policies and procedures developed to ensure the current clinical competency of the Practitioners who are credentialed and privileged at Lee Health. The purpose of the System Credentialing/Privileging Committee shall be to assist each MEC and Lee Health facility to develop and implement credentialing and privileging policies and procedures designed to ensure compliance with regulatory requirements and further the quality of patient care.

1.3 Composition of the System Credentialing/Privileging Committee

The structure, leadership and membership of the System Credentialing/Privileging Committee shall:

1.3.1 Consist of not less than fifteen (15) members of the Active Medical Staff selected on a basis that will ensure, insofar as feasible, a balanced representation of the Lee Health Hospitals.

1.3.2 The Vice President of Medical Affairs, the Chief Legal Officer, or their designee, and an APP as determined by the Systems Credentialing / Privileging Committee will serve as non-voting members.

1.3.3 The Immediate Past President of each MEC will serve as voting members and will serve a two (2) year term. The MEC may appoint this Practitioner as a member once the Immediate Past President is no longer in office.

1.3.4 Each MEC will appoint two (2) additional representatives.

1.3.5 A quorum of fifty percent (50%) of the Committee members is required to conduct a meeting.

1.3.6 Members shall serve for two (2) years and may be reappointed to consecutive terms.

1.3.7 Each member shall be required to attend seventy-five (75%) of the Committee meetings during the Medical Staff Year. Failure to attend seventy-five (75%) of the meetings may result in dismissal of the member from committee service and selection of an alternative member by the affected MEC.

1.3.8 The Committee members will elect two Co-Chairs of the System Credentialing/Privileging Committee. One of the Co-Chairs will be from a medical specialty and the other Co-Chair will be from a surgical specialty.

1.4 Duties and Responsibilities of the System Credentialing/Privileging Committee

In fulfilling its purpose, as set forth above, the System Credentialing/Privileging Committee shall:

1.4.1 Meet to evaluate credentialing-related requests (initial appointment, reappointment, requests for Clinical Privileges and leave of absence, etc.) on behalf of the MECs.

1.4.2 Monitor the granting of Temporary Clinical Privileges to assure that Temporary Clinical Privileges are granted in compliance with approved policies and procedures. (The System Credentialing/Privileging Committee does not evaluate requests for Temporary Clinical Privileges. These requests are handled in accordance with specific policies and procedures that are overseen by the System Credentialing/Privileging Committee).

1.4.3 Oversee the processes related to focused professional performance evaluations and related preceptoring/proctoring and other mechanisms and tools employed to evaluate competency.

1.4.4 Assure uniformity in both the development and application of privileging criteria utilized throughout Lee Health facilities.

1.4.5 Monitor compliance with all credentialing and privileging policies and procedures and assure the MECs and Board that Medical Staff Bylaws Provisions that relate to credentialing and privileging processes, as well as credentialing policies and procedures and other credentialing-related Medical Staff documents are being fulfilled.

1.4.6 Be responsible for evaluating recommendations made by Department Chairs. The committee is looking for completeness, thoroughness and adherence to credentialing and privileging policies and criteria. Assure the MECs that specialty-specific criteria for Clinical Privileges comply with Medical Staff Bylaws, credentialing policies and procedures, and criteria is applied fairly and uniformly to each Practitioner.

1.4.7 Focus on Practitioner files that are determined to need clarification or additional information (i.e., time gaps, problems with references, malpractice claims, etc.); and assure that all issues have been appropriately addressed and there is complete and thorough documentation for the recommendation(s) that have been made to the MECs.

1.4.8 Be responsible and aware of regulatory requirements related to credentialing activities and make the MECs and Board aware when changes in credentialing policies and procedures need to be made in order to meet requirements.

1.4.9 Commission, receive and analyze the results of compliance audits of the credentialing and privileging processes. The System Credentialing/Privileging Committee makes recommendations to the MECs and the Board when the System Credentialing/Privileging Committee believes, based on results of reports that improvements can and should be made in credentialing and privileging policies and procedures.

SECTION 2 QUALIFICATIONS FOR MEMBERSHIP AND/OR CLINICAL PRIVILEGES

2.1 Qualifications for Medical Staff appointment, reappointment and/or Clinical Privileges.

The following qualifications must be met by all Applicants and Medical Staff Members for Medical Staff Membership and/or Clinical Privileges:

2.1.1 Associate and Active Staff shall live and maintain an office in Lee County, unless this requirement is waived by the MEC;

2.1.2 Demonstrate that he/she has successfully graduated from an approved school of medicine (MD or DO), dentistry, podiatry, clinical psychology or applicable recognized course of training in a clinical profession eligible to hold Clinical Privileges, as provided for below;

2.1.3 Have a current unrestricted state or federal license as a physician, dentist, podiatrist, clinical psychologist or an APP applicable to his/her profession, and providing permission to practice within the State of Florida;

2.1.4 Have a record that is free from current Medicare/Medicaid sanctions and not be on the Office of Inspector General ("OIG") or General Services Administration ("GSA") List of Excluded Practitioners/entities and must be eligible to participate in Federal and Florida governmental health care programs, including Medicare and Medicaid

2.1.5 Have a record that is free of (a) any pending criminal charges (other than a Minor Traffic Violation), (b) any felony convictions, and (c) any misdemeanor convictions or other occurrences that would raise questions of undesirable conduct, which could injure the reputation or unreasonably interfere with the operations of the Medical Staffs, Hospital or Health System. The System Credentialing/Privileging Committee reserves the ability to use reasonable discretion when reviewing an Applicant's record or an Applicant's explanation regarding a criminal charge or conviction;

2.1.6 A physician (MD or DO) must have successfully completed an allopathic or osteopathic residency program, approved by the Accreditation Council for Graduate Medical Education ("ACGME") or the American Osteopathic Association ("AOA") and be currently Board Certified or become Board Certified following the completion of formal training within the timeframes as defined by the appropriate specialty board of the American Board of Medical Specialties ("ABMS") or the American Osteopathic Association ("AOA") for the Clinical Privileges being sought by physician. If no time limits for certification are specified by a given Board, then the physician will be required to become Board Certified within seven (7) years of completing formal training as defined by the appropriate Specialty Board of the ABMS or AOA. If an Applicant is beyond seven (7) years of completing formal training, current Board certification will be required for consideration of Medical Staff Membership and/or Clinical Privileges. An equivalent to Board certification approved by an ABMS or AOA specialty board may be presented by an Applicant for consideration and in this setting the ACGME or AOA approved residency program requirement may be waived on a case by case basis. Once a Medical Staff Member becomes Board Certified, recertification is not a requirement of continued Medical Staff Membership and/or Clinical Privileges;

2.1.7 Dentists must have graduated from an American Dental Association approved school of dentistry accredited by the Commission of Dental Accreditation;

2.1.8 Oral and maxillofacial surgeons must have graduated from an American Dental Association approved school of dentistry accredited by the Commission of Dental Accreditation and successfully completed an American Dental Association approved residency program and be board certified or become board certified within five (5) years of completing formal training as defined by the American Board of Oral and Maxillofacial Surgery;

2.1.9 A podiatric physician (DPM) must have successfully completed a three (3) year residency program in surgical, orthopedic, or podiatric medicine approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association ("APMA"), and be board certified or become board certified within seven (7) years of completing formal training as determined by the American Board of Podiatric Surgery or the American Board of Podiatric Orthopedics and Primary Podiatric Medicine;

2.1.10 A psychologist, must have earned a doctorate degree, (PhD or Psy.D. in psychology) from an educational institution accredited by the American Psychological Association and have completed at least two (2) years of clinical experience in an organized healthcare setting, supervised by a licensed psychologist, one 1-year of which must have been post doctorate, and have completed an internship endorsed by the American Psychological Association ("APA");

2.1.11 Possess a current, valid, Drug Enforcement Administration ("DEA") number and Florida Controlled Substance Registration if applicable to the Clinical Privileges requested;

2.1.12 Have appropriate written and verbal communication skills;

2.1.13 Have appropriate personal qualifications, including Applicant's consistent observance of ethical and professional standards. These standards include, at a minimum:

2.1.13.1 Abstinence from any participation in fee splitting or other illegal payment, receipt, or remuneration with respect to referral or patient service opportunities;

2.1.13.2 A history of consistently acting in a professional, appropriate and collegial manner with others in previous clinical and professional settings;

2.1.13.3 A history that is free from any adverse professional review action, including but not limited to the resignation, voluntary non-exercise, restriction, limitation, suspension, or revocation of Medical Staff Membership and/or Clinical Privileges at another hospital or health care entity resulting from or related to concerns regarding the Practitioner's competence or professional conduct;

2.1.14 Demonstrate his/her background, experience, training, current competence, knowledge, judgment and the ability to perform all Clinical Privileges requested;

2.1.15 Provide evidence that the Applicant's physical and mental health will not impair the fulfillment of his/her responsibilities of Medical Staff membership subject to any legally required reasonable accommodation, and the specific Clinical Privileges requested by and granted to the Applicant, upon request;

2.1.16 Any Practitioner granted Clinical Privileges that may have occasion to admit an inpatient must demonstrate the capability to provide continuous and timely care to such patient to the satisfaction of the MEC and Board;

2.1.17 Demonstrate recent clinical performance within the last twelve (12) months, with an active clinical practice in the area in which Clinical Privileges are sought, which is adequate to meet current clinical competence criteria and meet any Departmental or Section specific volume requirements;

2.1.18 Clinical Privileges will only be granted for a service the Board has determined appropriate for performance at the Hospital. There must also be a need for this service under any Board-approved Medical Staff development plan;

2.1.19 Provide evidence of financial responsibility consistent with the requirements set forth in Part I; and

2.1.20 Exceptions. Notwithstanding the foregoing, all Practitioners who are current Medical Staff members and/or held Clinical Privileges as of May 28, 2009 and who have met prior qualifications for membership and/or Clinical Privileges shall be exempt from Board specialty certification requirements.

SECTION 3 PRE-APPLICATION PROCESS

3.1 Only those Applicants that meet the following minimum criteria for appointment to the Medical Staff will be provided applications.

3.1.1 Practitioner must have a current or pending valid license to practice Practitioner's respective profession in the State of Florida;

3.1.2 Practitioner must possess a current or pending Drug Enforcement Administration and Florida Controlled Substances registration (this requirement is applicable for Practitioners that prescribe narcotics or other controlled substances);

3.1.3 Physicians must have completed an accredited residency program (or proof of enrollment if practitioner has not yet completed post graduate studies);

3.1.4 Practitioner must meet the applicable board certification requirements set forth in subsection 2.1.6 through 2.1.10 of the Medical Staff Bylaws;

3.1.5. Practitioner must provide ECFMG documentation, if applicable;

3.1.6. Practitioner must attest to the intent to maintain a full-time residence in Lee County;

3.1.7 Practitioner must attest to the intent to maintain a full-time medical office in Lee County;

3.1.8 Practitioner must have the ability to meet the emergency services on-call obligations and responsibilities, if applicable;

3.1.9 Practitioner must meet criteria set forth in Medical Staff policy for demonstrating competency for practitioners providing outpatient care and who are requesting appointment and privileges to provide acute inpatient care;

3.1.10 Practitioner must provide services which are not governed by an exclusive arrangement established by the Hospital or the System, or be joining a group providing services governed by such an exclusive arrangement;

3.1.11 Practitioner must provide services consistent with the institutional needs of the facility;

3.1.12 Practitioner must not be currently excluded or debarred from, or otherwise ineligible to participate in, any health care programs funded in whole or in part by the United States Government, including the Medicare and Medicaid programs; and

3.1.13 Practitioner must demonstrate the ability to work cooperatively with others and meet any other minimum criteria as developed by the System Credentialing/Privileging Committee and approved by the MECs and the Board by Policy.

A Practitioner who meets the minimum criteria except for Section 3.1.6 and/or 3.1.7 may seek a waiver of Section 3.1.6 and/or 3.1.7 from the MEC.

3.2 The purpose for the pre-application screening process shall be to avoid the costly and time-consuming application process in those circumstances where an Applicant fails to meet minimum eligibility criteria. Practitioners who do not meet the minimum eligibility criteria for appointment are not entitled to Fair Hearing rights.

3.3 The System Credentialing/Privileging Committee Co-Chair and Board of Director's Liaison, or their designee, shall review all requests for application and determine whether the criteria for issuing an application have been met.

SECTION 4 INITIAL APPOINTMENT PROCESS

4.1 Completion of Application

4.1.1 All requests for application for appointment to the Medical Staff and requests for Clinical Privileges will be forwarded to the Medical Staff Services Department. If the Applicant successfully completed the pre-application screening process, the Medical Staff Services Department will provide the Applicant an application packet, which will include a complete set or overview of the relevant Medical Staff Bylaws or reference to an electronic source for this information. This packet will enumerate the eligibility requirements for Medical Staff Membership (for each facility of Lee Health) and/or Clinical Privileges and a list of expectations of performance for Practitioners granted Medical Staff Membership and/or Clinical Privileges (if such expectations have been adopted by each MEC).

A completed application includes, at a minimum:

4.1.1.1 a completed, signed, dated application form;

4.1.1.2 documentation of appropriate patient coverage arrangements, as requested;

4.1.1.3 a completed delineation of privileges form if requesting Clinical Privileges;

4.1.1.4 copies of all requested documents and information necessary to confirm the Applicant meets criteria for Medical Staff Membership and/or Clinical Privileges and to establish current competency;

4.1.1.5 all applicable fees;

4.1.1.6 complete reference information; references shall be from peers (same specialty) knowledgeable about the Applicant's experience, ability and current competence to perform the Clinical Privileges being requested;

4.1.1.7 relevant Practitioner-specific data as compared to aggregate data, when available

4.1.1.8 morbidity and mortality data, when available.

Each Applicant must indicate the Lee Health facility anticipated to be his/her primary facility (i.e., the facility where the majority of his /her clinical activity is performed). It should be noted that this designation is important for credentialing purposes (interviews, implementation of focused professional practice evaluation, etc.) and will be confirmed by Lee Health data at periodic intervals and prior to any subsequent reappointments.

An application shall be deemed incomplete if any of the above items are missing or if the need arises for new, additional or clarifying information in the course of reviewing an application. An incomplete application will not be processed, and the Applicant will not be entitled to a Fair Hearing.

If at any time in the credentialing process it becomes apparent that an Applicant does not meet all eligibility criteria for Medical Staff Membership and/or Clinical Privileges, the credentialing process will be terminated, and no further action taken. Applications will not be accepted from Practitioners that are not eligible to take the Board certification examination or otherwise meet equivalency requirements.

4.1.2 The burden is on the Applicant to provide all required information. It is the Applicant's responsibility to ensure that the Medical Staff Services Department receives all required supporting documents verifying information on the application and to provide sufficient evidence, as required in the sole discretion of the Health System that the Applicant meets the requirements for the Medical Staff Membership and/or the Clinical Privileges requested. If information is missing from the application or new, additional or clarifying information is required, a letter requesting such information will be sent to the Applicant. If the requested information is not returned to the Medical Staff Services Department within thirty (30) Days of the receipt of the requested letter, the application will be deemed to have been voluntarily withdrawn and unless waived by the MEC in its sole discretion, the Applicant will not be eligible to submit a new application for a period of one (1) year from the date the application was deemed to have been voluntarily withdrawn.

4.1.3 Upon receipt of a completed application, the Director of Centralized Credentialing will determine if the requirements of Part III, Section 2.1 are met. In the event the requirements of Part III, Section 2.1 are not met, the Applicant will be notified that he/she is ineligible to apply for Medical Staff Membership and/or Clinical Privileges, the application will not be processed, and the Applicant will not be eligible for a Fair Hearing. If the requirements of Part III, Section 2.1 are met, the application will be accepted for further processing.

4.1.4 Practitioners seeking appointment shall have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, character, ethics, other qualifications and of resolving any doubts.

4.1.5 Upon receipt of a completed application, the Medical Staff Services Department will verify current licensure, education, relevant training and current competence from the primary source whenever feasible in accordance with the Verification Methods and Requirements Policy.

When it is not possible to obtain information from the primary source, reliable secondary sources may be used if there has been a documented attempt to contact the primary source.

Note: In the event there is undue delay in obtaining required information, the Medical Staff Services Department will request assistance from the Applicant. During this time, the period for processing, the application will be appropriately modified. If the Applicant fails to respond to a request for assistance adequately after thirty (30) days, the application will be deemed to have been voluntarily withdrawn.

4.1.6 When all items identified in the Verification Methods and Requirements Policy have been obtained and verified, the application will be considered eligible for evaluation.

4.1.7 Practitioner must update his/her application in a timely fashion to reflect any changes in the information provided. The duty to update is a continuous duty during the entire application process, including hearing or appeals relating thereto.

4.2 Applicant's Attestation, Authorization and Acknowledgement

4.2.1 The Applicant must complete, sign and date the application form. By signing the application, the Applicant:

4.2.1.1 Attests to the accuracy and completeness of all information on the application or accompanying documents and his/her agreement that any inaccuracy, omission or misrepresentation, whether intentional or not, may be grounds for termination of the application process without the right to a Fair Hearing or appeal. Unless waived by the MEC in its sole discretion, the Applicant will not be eligible to submit a new application for a period of one (1) year from the date the application was deemed to have been withdrawn.

If the inaccuracy, omission or misstatement is discovered after a Practitioner has been granted appointment and/or Clinical Privileges, the Practitioner's appointment and/or Clinical Privileges shall lapse effective immediately upon notification to the Practitioner without the right to a Fair Hearing or appeal.

4.2.1.2 Consents to appear for any requested interviews about his/her application.

4.2.1.3 Authorizes the applicable hospital and Medical Staff representative to consult with prior and current associates and others who may have information bearing on his/her professional competence, character, ability to perform the Clinical Privileges requested, ethical qualifications, ability to work cooperatively with others and other qualifications for requested Medical Staff Membership and/or Clinical Privileges.

4.2.1.4 Consents to the Health System and Medical Staff representatives' inspections of all records and documents that may be material to an evaluation of:

4.2.1.4.1 professional qualifications and competence to carry out the Clinical Privileges requested;

4.2.1.4.2 physical and mental/emotional health status to the extent relevant to safely perform requested Clinical Privileges subject to any legally required reasonable accommodation;

4.2.1.4.3 professional and ethical qualifications;

4.2.1.4.4 professional liability actions including currently pending claims involving the Applicant; and

4.2.1.4.5 any other issue relevant to establishing the Applicant's suitability for Medical Staff Membership and/or Clinical Privileges.

4.2.1.5 Releases from liability, promises not to sue and grants immunity to the Health System, its Medical Staffs and its representatives for acts performed and statements made in good faith in connection with the evaluation of the application and his/her credentials and qualifications as fully permitted by the law.

4.2.1.6 Releases from liability and promises not to sue, all Practitioners and organizations who provide information to the Health System or the applicable Medical Staff(s) in good faith, including otherwise privileged or confidential information to the System/Hospital representatives concerning his/her background/experience, competence, professional ethics, character, physical and mental health to the extent relevant to the capacity to fulfill requested Clinical Privileges, emotional stability, utilization practice patterns, and other qualifications for Medical Staff Membership and/or Clinical Privileges.

4.2.1.7 Authorizes the Health System, Medical Staff and Administrative representatives to obtain credentialing and peer review information from other hospitals, medical associations, licensing boards, appropriate government bodies and other health care entities regarding this provider's performance and releases representatives of the Health System from liability for so doing.

4.2.1.8 Acknowledges that the Applicant has had access to relevant Medical Staff Bylaws, including all rules, regulations, policies and procedures of the relevant Medical Staffs and agrees to abide by their provisions.

If a Practitioner institutes legal action and does not prevail, he/she shall reimburse the Health System and any Medical Staff Member named in the action for all costs incurred in defending such legal action, including reasonable attorney(s) fees.

4.2.1.9 Agrees to provide accurate answers to all the questions on the application form and agrees to immediately notify the System in writing should any of the information regarding these items change during the period of the Applicant's Medical Staff Membership and/or Clinical Privileges, including any hearings or appeals relating thereto.

4.3 Authority for Documentation and Credentialing Verification Services

The System Credentialing / Privileging Committee and/or MEC may designate a credentialing verification organization to serve as designee of the Medical Staff, the President and the Board, to provide documentation and verification services with respect to Applicants for appointment and reappointment. The documentation and verification services shall be limited to collecting verified objective data, and the Medical Staff and Board remains responsible for evaluating and making recommendations with respect to applications for appointment and reappointment for Medical Staff Membership and/or Clinical Privileges. By applying for Medical Staff Membership and/or Clinical Privileges, each Applicant for appointment and reappointment authorizes the Medical Staff, the President and the Board to use the services of a documentation and verification service for the limited purposes described in this Section.

4.4 Application Evaluation

4.4.1 Expedited Credentialing:

4.4.1.1 An expedited Credentialing/Privileging Committee review and approval process may be used for initial appointment in accordance with the Expedited Credentialing Policy.

4.4.2 Applicant Interview

4.4.2.1 All Applicants for appointment to the Medical Staff and/or the granting of Clinical Privileges are required to participate in interviews. The interviews are used to solicit information required to complete the credentials file or clarify information previously provided, e.g., clinical knowledge and judgment, professional behavior, malpractice history, reasons for leaving past healthcare organizations, or other matters bearing on the Applicant's ability to render care at the generally recognized level for the community and in compliance with Lee Health privileging criteria. Interviews may also be used to communicate Medical Staff performance expectations.

Applicants for appointment will participate in a minimum of two (2) interviews. One interview will be conducted by the applicable Department Chair or designated Section Chief of the Applicant's anticipated primary Lee Health facility and the second interview will be with a member of the System Credentialing/Privileging Committee. Applicants that are applying for multiple facilities within Lee Health may be required to participate in additional Department Chair/Section Chief interviews at the discretion of the Department Chairs of the facility(ies) that are designated as non-primary.

4.4.2.2 Procedure: The Applicant will be notified of required interview(s). Failure of the Applicant to appear for a scheduled interview will be deemed a voluntary withdrawal of the application.

4.4.3 Department Chair Action

4.4.3.1 Each Department Chair of a Lee Health facility where the Applicant has requested Clinical Privileges makes a recommendation related to Medical Staff Membership and/or Clinical Privileges, as applicable.

All completed applications are presented to the appropriate Department Chair(s) for review and recommendation (which is made by completion of a standardized form provided to the Chair by the Medical Staff Services Department). The Department Chair(s) reviews the application to ensure that it fulfills the established standards for Medical Staff Membership and/or Clinical Privileges. The Department Chair(s) may obtain input if necessary from an appropriate subject matter expert(s).

If a Department Chair believes a conflict of interest exists that, might preclude his/her ability to make an unbiased recommendation, he/she will notify the Medical Staff Services Department and forward the application without comment.

4.4.3.2 The Department Chair(s) forwards to the System Credentialing /Privileging Committee the following:

4.4.3.2.1 A written recommendation to approve the Applicant's request for Medical Staff Membership and/or Clinical Privileges; to approve membership but modify the Clinical Privileges requested; or deny Medical Staff Membership and/or Clinical Privileges (a summary of the interview conducted by the Department Chair or his/her designee is included in this written recommendation); and

4.4.3.2.2 Written comments supporting his/her recommendations.

The Department Chair of the Applicant's anticipated primary facility also makes a written recommendation to define those circumstances, which require monitoring and evaluation of clinical performance after the initial granting of Clinical Privileges (i.e., focused professional practice evaluation) ("FPPE").

4.4.4 System Credentialing/Privileging Committee Action

4.4.4.1 The System Credentialing/Privileging Committee reviews the application and forwards the following to the applicable MEC(s):

4.4.4.1.1 A recommendation to approve the Applicant's request for Medical Staff Membership and/or Clinical Privileges; to approve Medical Staff Membership but modify the requested Clinical Privileges; or deny Medical Staff Membership and/or Clinical Privileges;

4.4.4.1.2 A recommendation to define those circumstances, which require monitoring, and evaluation of clinical performance after initial granting of Clinical Privileges ("FPPE"); and

4.4.4.1.3 Comments supporting the above recommendation.

4.4.5 MEC Action

4.4.5.1 Each MEC of Lee Health where Medical Staff Membership and/or Clinical Privileges have been requested shall forward the following to the Board:

4.4.5.1.1 A recommendation to approve the Applicant's request for Medical Staff Membership and/or Clinical Privileges; to approve membership but modify the requested Clinical Privileges; or deny Medical Staff Membership and/or Clinical Privileges; and

4.4.5.1.2 Comments supporting the above recommendation.

The MEC shall also make a recommendation to define those circumstances that require monitoring and evaluation of clinical performance after initial granting of Clinical Privileges ("FPPE").

Whenever the MEC makes a recommendation for an Adverse Decision to the Board, the recommendation, stating the reason, will be sent to the Applicant by

Special Notice who shall then be entitled to the procedural rights provided in the Investigation, Corrective Action, Hearing and Appeal Plan of the Medical Staff Bylaws. When multiple MECs are making recommendations related to the same Applicant, an adverse recommendation is not considered final until after the PLC attempts to facilitate resolution of the issues (this facilitation occurs when there are disparate recommendations – for example, one (1) positive recommendation and one (1) negative recommendation).

4.4.6 Applicants Applying to Multiple Facilities

Applicants may simultaneously make application for Medical Staff Membership and/or Clinical Privileges to multiple facilities within Lee Health. The Medical Staff Services Department coordinates this information so that the recommendations from all MECs come to the Board together. If there are disparate recommendations (defined as conflicting) related to Medical Staff Membership and/or requested Clinical Privileges on the same Applicant, the PLC will meet and attempt to reconcile the disparate recommendations prior to forwarding the recommendations to the Board.

If the PLC is unable to facilitate resolution of the issues (in accordance with the Medical Staff Bylaws – Part I, Governance – Section 9 Decision Making Methods and Conflict Resolution) the disparate recommendations will go forward to the Board.

4.4.7 Board Action:

4.4.7.1 The Board reviews the recommendation and votes for one (1) of the following actions:

4.4.7.1.1 The Board may adopt or reject in whole or in part a recommendation of the MEC(s) or refer the recommendation to the MEC(s) for further consideration stating the reasons for such referral back and setting a time limit within which a subsequent recommendation must be made.

4.4.7.1.2 If the Board concurs with the Applicant's request for Medical Staff Membership and/or Clinical Privileges, it will grant the appropriate Medical Staff Membership and/or Clinical Privileges for a period not to exceed twenty-four (24) months.

4.4.7.1.3 If the Board's action is adverse to the Applicant, Special Notice stating the reason will be sent to the Applicant who shall then be entitled to the procedural rights provided in the Medical Staff Bylaws (Investigation, Corrective Action,

Hearing and Appeal Plan) unless the Applicant received procedural rights under Part II, Section 3.2.5.

4.4.7.1.4 The Board shall take final action in the matter as provided in the Medical Staff Bylaws (Investigation, Corrective Action, Hearing and Appeal Plan).

4.4.8 Notice of Final Decision:

4.4.8.1 Notice of the Board's final decision shall be given through the Medical Staff Services Department to the Applicant, the applicable MEC(s) and to the Chair of each Department concerned. The Medical Staff Services Department shall promptly send Special Notice of any adverse final decision to the Applicant. A decision and Notice of appointment includes the staff category(ies) to which the Applicant is appointed, the Department(s) to which he is assigned, the Clinical Privileges he may exercise, notification of orientation and any special conditions attached to the appointment.

4.4.9 Periods for Processing:

4.4.9.1 All Practitioners and committees acting on an application for Medical Staff Membership and/or Clinical Privileges, must do so in a timely and good faith manner, and except for good cause, each application will be processed within one hundred and eighty (180) calendar Days. The one hundred and eighty (180) Days begin on the date that the application is declared complete to begin processing.

4.4.9.2 These processing periods are deemed guidelines and do not create any right to have an application processed within these precise periods. If the provisions of the Medical Staff Bylaws (Investigation, Corrective Action, Hearing and Appeal Plan) are activated, the time requirements provided therein govern the continued process of the application.

SECTION 5 FOCUSED PROFESSIONAL PRACTICE EVALUATION ("FPPE")

5.1 FPPE for New/Additional Clinical Privileges and Performance Concerns

5.1.1 New and Additional Clinical Privileges. The appropriate Department Chair (or designated Section Chief) will recommend a plan for FPPE for all new and additional Clinical Privileges extended to an Applicant. The FPPE plan shall be consistent with FPPE policy and recommendations established by the System Credentialing/ Privileging Committee and approved by the MEC.

FPPE for new and additional Clinical Privileges may utilize and incorporate a range of techniques, including but not limited to: chart review, the tracking of

performance monitors/indicators, preceptoring/proctoring, external peer review, simulations, morbidity/ mortality reviews, and discussion with other healthcare Practitioners involved in the care of each patient. The FPPE plan is created as part of the initial recommendation for Medical Staff Membership and/or Clinical Privileges and is forwarded to the System Credentialing/Privileging Committee and to the MEC(s).

5.1.2 Performance Concerns Following Initial Appointment. The Medical Staff Quality Committee will establish triggers and processes for conducting FPPE as a result of performance related concerns.

SECTION 6 CRITERIA FOR REAPPOINTMENT

6.1 Criteria for Reappointment

6.1.1 It is the policy of the Health System to approve for reappointment and/or renewal of Clinical Privileges only those Practitioners who meet the criteria for initial appointment as identified in Part I, Section 2. The Practitioner must also be determined by each applicable MEC to be a provider of effective care that is consistent with the Health System standards of ongoing quality and the hospital performance improvement program and provide the information enumerated in Part III, Section 5.1.1.

All reappointments and renewals of Clinical Privileges are for a period not to exceed twenty-four (24) months. The granting of new Clinical Privileges to existing Medical Staff members will follow the steps described in Part III, Section 4 concerning the initial granting of new Clinical Privileges and Part II, Section 5 concerning FPPE. A suitable peer shall substitute for the Department Chair in the evaluation of current competency of the Department Chair and recommend appropriate action to the System Credentialing/Privileging Committee.

In the event a Practitioner finds no need to utilize the facilities or resources of Lee Health for purposes of patient care through either admission, performance of a procedure, consultation, or referral, during a two (2) year period he or she shall not be eligible for reappointment or continued Clinical Privileges. Such Practitioner may apply as a new Applicant at any time subsequent to the expiration of the Practitioner's current appointment or Clinical Privileges. This provision applies to Practitioners who have been granted a leave of absence, moved their practice location, established a relationship with another institution or otherwise find no need to utilize the clinical resources of Lee Health. Exceptions to this provision may be made by the Board upon recommendation of the applicable MEC(s).

As long as a Practitioner has adequate clinical activity to maintain Clinical Privileges at one Lee Health facility (and is recommended for continuation of Clinical Privileges at his /her primary Lee Health facility), the Practitioner may maintain the applicable Clinical Privileges and staff category (potentially Associate if there is no or minimal clinical activity) at other Lee Health facility(ies).

6.1.1 Information, Collection and Verification

6.1.1.1 From Practitioner: On or before 4 months prior to the date of expiration of Medical Staff Membership and/or Clinical Privileges, a representative from the Medical Staff Services Department notifies the Practitioner of the date of expiration and supplies him/her with an application for reappointment for Medical Staff membership and/or Clinical Privileges. At least sixty (60) Days prior to the expiration of Medical Staff Membership and/or Clinical Privileges, the Practitioner must return the following to the Medical Staff Services Department:

6.1.1.1.1 A completed reapplication form, which includes complete information to update his/her file on items listed in his/her original application, any required new, additional, or clarifying information, and any required fees or dues;

6.1.1.1.2 Information concerning continuing training and education internal and external to the Hospital during the preceding period;

6.1.1.1.3 By signing the reapplication form, the Practitioner agrees to the same terms as identified in Part III, Section 4.2.

6.1.2 From internal and/or external sources: The Medical Staff Services Department collects and verifies information regarding each Practitioner's professional and collegial activities to include those items listed in Part III, Section 2.1.

6.1.3 The following information is also collected and verified:

6.1.3.1 A summary of clinical activity at each Lee Health facility for each Practitioner due for reappointment;

6.1.3.2 Performance and conduct in each Lee Health facility and other healthcare organizations in which the Practitioner has provided substantial clinical care since the last reappointment, including patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and system-based practice;

6.1.3.3 Documentation of CME activity, as requested;

6.1.3.4 Timely and accurate completion of medical records;

6.1.3.5 Compliance with all applicable Bylaws, policies, rules, regulations, and procedures of the System and the Medical Staff(s);

6.1.3.6 Any significant gaps in employment or practice since the previous appointment or reappointment; and

6.1.3.7 Additional items as identified in the Verification Methods and Requirements Policy.

6.1.4 Failure, without good cause, to provide any requested information, at least forty-five (45) Days prior to the expiration of appointment will result in a cessation of processing of the application and automatic expiration of appointment when the appointment period is concluded. Once the information is received, the Medical Staff Services Department verifies this additional information and notifies the Practitioner of any additional information that may be needed to resolve any doubts about performance or material in the credentials file.

6.2 Evaluation of Application for Reappointment of Medical Staff Membership and/or Clinical Privileges

6.2.1 The reappointment application will be reviewed and acted upon as described in Part III, Sections 4.3.3 through 4.3.8. For the purpose of reappointment, an "adverse recommendation" by the Board as used in Part III, Section 4.3 means a recommendation or action to deny reappointment, or to deny or restrict requested Clinical Privileges or any action that would entitle the Applicant to a Fair Hearing under the Medical Staff Bylaws. The terms "Applicant" and "appointment" as used in these Sections shall be read respectively, as "Medical Staff Member" and "reappointment".

SECTION 7 CLINICAL PRIVILEGES

7.1 Exercise of Clinical Privileges

A Practitioner providing clinical services at a Lee Health facility may exercise only those Clinical Privileges granted to Practitioner by the Board or emergency and disaster Clinical Privileges as described herein. Clinical Privileges may be granted by the Board upon recommendation of the MEC(s) to Practitioners who are not members of the Medical Staff. Such Practitioners may include Advanced Practice Practitioners APPs, Practitioners serving short locum tenens positions, telemedicine physicians or others deemed appropriate by the MEC(s) and Board.

7.2 Requests

When applicable, each application for appointment or reappointment to the Medical Staff must contain a request for the specific Clinical Privileges desired by the Applicant. Specific requests must also be submitted for Temporary Clinical Privileges and for modifications of Clinical Privileges in the interim between reappointments and/or granting of Clinical Privileges.

7.3 Basis for Clinical Privileges Determination

7.3.1 Requests for Clinical Privileges will be considered only when accompanied by evidence of education, training, experience, and demonstrated current competence as specified by the System in its Board approved criteria for Clinical Privileges.

7.3.2 Clinical Privileges for which no criteria have been established:

7.3.2.1 In the event a request for a privilege is submitted for a new technology, a procedure new to the System, an existing procedure used in a significantly different manner, or involving a cross-specialty privilege for which no criteria have been established, the request will be tabled for a reasonable period of time, usually not to exceed sixty (60) Days. During this time, the System Credentialing/Privileging Committee may refer the request for review by a task force appointed to review the request.

Task forces formed for purposes of establishment of evaluation of new Clinical Privileges and potential determination of criteria will be appointed by the Chairs of the System Credentialing/Privileging Committee and will include the Vice President of Medical Affairs and the Director of Supply Chain Management. The task force will:

7.3.2.1.1 Review the community, patient and System need for the privilege and reach agreement with management and the Board that the privilege is approved to be exercised at the Hospital;

7.3.2.1.2 Review with appropriate individuals/groups the efficacy and clinical viability of the requested privilege and confirm that this privilege is approved for use in the setting-specific area of the Hospital by appropriate regulatory agencies (FDA, OSHA, etc.);

7.3.2.1.3 Meet with management to ensure that the new privilege is consistent with the Health System's mission, values, strategic, operating, capital, information and staffing plans; and

7.3.2.1.4 Work with management to ensure that any/all exclusive contract issues, if applicable, are resolved in such a way to allow the new or cross-specialty Clinical Privileges in question to be provided without violating the existing contract. Upon recommendation from the System Credentialing/Privileging Committee and appropriate clinical services/specialty or subject matter experts (as determined by the System Credentialing/Privileging

Committee), the criteria will be recommended to each MEC and then to the Board. Once objective criteria have been established, the original request will be processed as described herein.

7.3.2.2 For the development of criteria, the Medical Staff Services Department (or designee) will compile information relevant to the Clinical Privileges requested which may include, but need not be limited to, position and opinion papers from specialty organizations, position and opinion statements from interested individuals or groups and documentation from other hospitals in the region as appropriate.

7.3.2.3 Criteria to be established for the privilege(s) in question include education, training, board status or certification (if applicable), experience and evidence of current competence. Preceptoring/proctoring requirements, if any, will be addressed including who may serve as a preceptor/proctor and how many cases will be required.

Hospital related issues such as exclusive contracts, equipment, clinical support staff and management will be referred to the appropriate Hospital Administrator and/or Department Director.

7.3.2.4 If the Clinical Privileges requested overlap two (2) or more specialty disciplines, an ad hoc committee may be appointed by the System Credentialing/Privileging Committee to recommend criteria for the privilege(s) in question. This ad hoc committee will consist of at least one (1) but no more than two (2) members from each involved discipline. The Chair of the ad hoc committee will be a member of the System Credentialing/Privileging Committee who has no vested interest in the issue (see Medical Staff Privilege Dispute Resolution Policy).

7.3.3 Requests for Clinical Privileges will be consistently evaluated on the basis of prior and continuing education, training, experience, utilization practice patterns, current ability to perform the Clinical Privileges requested and demonstrated current competence, ability, and judgment. Additional factors that may be used in determining Clinical Privileges are patient care needs and the System's capability to support the type of Clinical Privileges being requested and the availability of qualified coverage in the Applicant's absence. The basis for Clinical Privileges determination to be made in connection with periodic reappointment or a requested change in Clinical Privileges must include documented clinical performance and results of the staff's performance improvement program activities.

Privilege determinations will also be based on pertinent information from other sources, such as peers and/or faculty from other institutions and healthcare settings where the Practitioner exercises Clinical Privileges.

7.3.4 The procedure by which requests for Clinical Privileges are processed are as outlined in Part III, Section 4.

7.3.5 Special Conditions for Dental Clinical Privileges

Requests for Clinical Privileges for dentists are processed in the same manner as all other privilege requests. Clinical Privileges for surgical procedures performed by dentists and/or oral and maxillofacial surgeons will require that all dental patients receive a basic medical evaluation (history and physical) by a physician member of the Medical Staff with Clinical Privileges to perform such an evaluation, which will be recorded in the medical record. Oral and maxillofacial surgeons may be granted the privilege of performing a history and physical on their own patients upon submission of documentation of completion of an accredited postgraduate residency in oral and maxillofacial surgery and demonstrated current competence.

7.3.6 Special Conditions for Practitioners Not Qualified for Medical Staff Appointment but Practicing Pursuant to Clinical Privileges per System Policy.

Requests for Clinical Privileges from such Practitioners, are processed in the same manner as requests for Clinical Privileges by providers eligible for Medical Staff Membership, with the exception that such Practitioners are not eligible for membership on a Medical Staff and do not have the rights of such membership (all rights and responsibilities are defined in the Advanced Practice Providers ("APP") Privileging Policy and Procedure).

Only those categories of Practitioners approved by the Board for providing services at the hospital are eligible to apply for Clinical Privileges.

APP(s) in this category may, subject to any licensure requirements or other limitations, exercise independent judgment only within the areas of their professional competence and participate directly in the medical management of patients under the supervision of a physician who has been accorded Clinical Privileges to provide such care.

7.4 Special Conditions for Podiatric Clinical Privileges

Requests for Clinical Privileges for podiatrists are processed in the same manner as all other privilege requests.

Practitioners granted podiatric Clinical Privileges may perform and shall record in the medical record a basic medical evaluation history and physical for the Practitioner's podiatric patients if consistent with the Clinical Privileges granted to the Practitioner and State and Federal law governing the Practitioner's practice.

7.5 Special Conditions for Residents or Fellows in Training

Residents or Fellows in Training in the Health System shall not normally hold membership on the Medical Staff and shall not normally be granted specific Clinical Privileges. Rather, they shall be permitted to function clinically only in accordance with the written training protocols developed by the Professional Graduate Education Committee in conjunction with the Residency Training Program. The protocols must delineate the roles, responsibilities, and patient care activities of residents and fellows including which types of residents may write patient care orders, under what circumstances why they may do so, and what entries a supervising physician must countersign. The protocol must also describe the mechanisms through which resident directors and supervisors make decisions about a resident's progressive involvement and independence in delivering patient care and how these decisions will be communicated to appropriate Medical Staff and hospital leaders. The Post-Graduate Education Program Director or Committee must communicate periodically with each applicable MEC and the Board about the performance of its residents, patient safety issues and quality of patient care and must work with the MEC to assure that all supervising physicians possess Clinical Privileges commensurate with their supervising activities.

7.6 Temporary Clinical Privileges

7.6.1 Temporary Clinical Privileges may be granted by the CEO, or designee, acting on behalf of the Board and based on the recommendation of the President or designee to be approved at the next MEC meeting, provided there is verification of current licensure and current competence. Temporary Clinical Privileges may be granted only in two (2) circumstances: 1) to fulfill an important patient care, treatment or service need, or 2) when an initial Applicant with a complete application that raises no concerns is awaiting review and approval of the MEC and the Board. Applications pending completion of the initial appointment process must always be reviewed and a recommendation made by the System Credentialing/Privileging Committee prior to the granting of Temporary Clinical Privileges.

7.6.2 Important Patient Care, Treatment or Service Need: Temporary Clinical Privileges may be granted on a case-by-case basis when an important patient care, treatment or service need exists that mandates an immediate authorization to practice, for a limited time, not to exceed thirty (30) Days (from date Clinical Privileges are granted). Temporary Clinical Privileges may be extended for two separate thirty (30) Day intervals upon approval of the Board of Directors. For the purposes of granting Temporary Clinical Privileges, an important patient care, treatment or service need is defined as including the following:

7.6.2.1 a circumstance in which one or more individual patients will experience care that does not adequately meet their clinical needs if the Temporary Clinical Privileges under consideration are not granted, (i.e., a patient scheduled for urgent surgery who would not be able to undergo the surgery in a timely manner);

7.6.2.2 a circumstance in which the institution will be placed at risk of not adequately meeting the needs of patients who seek care, treatment or service from the institution if the Temporary Clinical Privileges under consideration are not granted (i.e., the institution will not be able to provide adequate emergency room coverage in the providers specialty, or the Board has granted Clinical Privileges involving new technology to a physician on the staff provided the physician is precepted/proctored for a specific number of initial cases and the precepting/proctoring physician, who is not seeking Medical Staff Membership, requires Temporary Clinical Privileges to serve as a preceptor/proctor);

7.6.2.3 a circumstance in which a group of patients in the community will be placed at risk if not receiving patient care that meets their clinical needs if the Temporary Clinical Privileges under consideration are not granted (i.e. a physician who has a large practice in the community for which adequate coverage of hospital care for those patients cannot be arranged).

7.6.3 Clean Application (Expedited) Awaiting Approval: Subject to the provisions of Section 7.7.1, Temporary Clinical Privileges may be granted for up to ninety (90) Days (as per the policy and procedure on Expedited Credentialing) when the new Applicant for Medical Staff Membership and/or Clinical Privileges is waiting for review and recommendation by the MEC and approval by the Board.

7.6.4 Special requirements of consultation and reporting may be imposed as part of the granting of Temporary Clinical Privileges. Except in unusual circumstances, temporary Clinical Privileges will not be granted unless the Practitioner has agreed in writing to abide by the Bylaws, rules, and regulations and policies of the Medical Staff and Hospital in all matters relating to his /her Temporary Clinical Privileges. Whether or not such written agreement is obtained, these Bylaws, rules, regulations and policies control all matters relating to the exercise of Temporary Clinical Privileges.

7.6.5 Termination of Temporary Clinical Privileges: The Chief Executive Officer, acting on behalf of the Board and after consultation with the President, may terminate any or all of the Practitioner's Clinical Privileges based upon the discovery of any information or the occurrence of any event of a nature, which raises questions about a Practitioner's Clinical Privileges.

Where the life or well-being of a patient is determined to be endangered, any person entitled to impose precautionary suspension under the Medical Staff Bylaws may affect the termination. In the event of any such termination, the Chief Executive Officer or his/her designee then will assign the Practitioner's patients to another Practitioner. The wishes of the patient shall be considered, when feasible, in choosing a substitute Practitioner.

7.6.6 Rights of the Practitioner with Temporary Clinical Privileges: A Practitioner is not entitled to the procedural rights afforded in the Medical Staff Bylaws (Investigation, Corrective Action, Hearing and Appeal Plan) because his/her request for Temporary Clinical Privileges is refused or because all or any part of his/her Temporary Clinical Privileges are terminated or suspended unless based on a determination of clinical incompetence or unprofessional conduct.

7.6.7 Emergency Clinical Privileges: In the case of a medical emergency, any Practitioner is authorized to do everything possible to save the patient's life or to save the patient from serious harm, to the degree permitted by the Practitioner's license, regardless of facility affiliation, staff category, or level of Clinical Privileges. A Practitioner exercising clinical emergency privileges is obligated to summon all consultative assistance deemed necessary and to arrange appropriate follow-up.

7.6.8 Disaster Clinical Privileges

7.6.8.1 If the System's Disaster Plan has been activated and the organization is unable to meet immediate patient needs, the CEO and such other individuals as identified in the System's Disaster Plan with such authority, may, on a case by case basis consistent with medical licensing and other relevant state statutes, grant Disaster Clinical Privileges to provide patient care to selected)physicians and Advanced Practice Professionals ("APP"s) who must at a minimum present a valid governmental-issued photo identification issued by a state or federal agency (e.g. driver's license or passport) and at least one of the following:

7.6.8.1.1 a current picture hospital ID card that clearly identifies professional designation;

7.6.8.1.2 a current license to practice;

7.6.8.1.3 primary source verification of the license;

7.6.8.1.4 identification indicating that the physician or APP is a member of a Disaster Medical Assistance Team ("DMAT"), or Medical Reserve Corps ("MRC"), Emergency System for Advance Registration of Volunteer Health Professionals ("ESAR-VHP"), or other recognized state or federal organizations or groups;

7.6.8.1.5 identification indicating that the physician or APP has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity);

7.6.8.1.6 identification by a current hospital or Medical Staff Member(s) who possesses personal knowledge regarding the volunteer's ability to act as a physician or APP during a disaster.

7.6.8.2 The Medical Staff oversees the professional performance of volunteer Practitioners who have been granted Disaster Clinical Privileges by direct observation, mentoring or clinical record review. The organization makes a decision (based on information obtained regarding the professional practice of the volunteer) within seventy-two (72) hours related to the continuation of the Disaster Clinical Privileges initially being granted.

7.6.8.3 Primary source verification of licensure begins as soon as the immediate situation is under control and is completed within seventy-two (72) hours from the time the volunteer Practitioner presents to the organization.

7.6.8.4 Once the immediate situation has passed and such determination has been made consistent with the institution's Disaster Plan, the Practitioner's Disaster Clinical Privileges will terminate immediately.

7.6.8.5 Any individual identified in the institution's Disaster Plan with the authority to grant Disaster Clinical Privileges shall also have the authority to terminate Disaster Clinical Privileges. Such authority may be exercised at the sole discretion of the Hospital and will not give rise to a right to a Fair Hearing or an appeal.

SECTION 8 PRECEPTORSHIP/PROCTORSHIP

8.1 A Practitioner who has not provided acute inpatient care, at any location whatsoever, within the past 24 months who requests Clinical Privileges at the Hospital must arrange for a preceptorship/proctorship either with a current member in good standing of the Medical Staff who practices in the same specialty or with an academic training program or other equivalently competent physician practicing outside of the Hospital with the approval of the System Credentialing/Privileging Committee. The Practitioner must assume responsibility for any financial costs required to fulfill the requirements of Part III, Sections 8.1 and 8.2.

8.2 A description of the preceptorship/proctorship program, including details of monitoring and consultation must be written and submitted for approval to the applicable Department Chair, System Credentialing/Privileging Committee and MEC. At a minimum, the preceptorship/proctorship program description must include the following:

8.2.1 The scope and intensity of required preceptorship/proctorship activities;

8.2.2 The requirement for submission of a written report from the preceptor/proctor prior to termination of the preceptorship/proctorship period assessing, at a minimum, the Applicant's demonstrated clinical competence related to the Clinical Privileges requested, ability to get along with others, the quality and timeliness of medical records documentation, ability to perform the Clinical Privileges requested, and professional ethics and conduct.

SECTION 9 REAPPLICATION AFTER MODIFICATIONS OF MEMBERSHIP STATUS OR CLINICAL PRIVILEGES AND EXHAUSTION OF REMEDIES

9.1 Reapplication After Adverse Decision

9.1.1 Except as otherwise determined by the Board, a Practitioner who has received a final Adverse Decision or who has resigned or withdrawn an application for appointment, reappointment or Clinical Privileges while under investigation or in exchange for not performing an investigation is not eligible to reapply to the Medical Staff for a period of five (5) years from Receipt of Notice of the final Adverse Decision or the effective date of the resignation or application withdrawal.

Any such application is processed in accordance with the procedures then in force. As part of the reapplication, the Practitioner must submit such additional information as the Medical Staff and/or Board requires demonstrating that the basis of the earlier Adverse Decision no longer exists. If such information is not provided, the reapplication will be considered incomplete and voluntarily withdrawn and will not be processed any further.

9.2 Request for Modification of Appointment Status or Clinical Privileges

9.2.1 A Practitioner or Medical Staff Member, either in connection with reappointment or at any other time, may request modification of staff category, Department assignment, or Clinical Privileges, as applicable, by submitting a written request to the Medical Staff Services Department. A modification request for deleting or adding privileges must be on the prescribed form and must contain all pertinent information supportive of the request. All requests for additional Clinical Privileges must be accompanied by information demonstrating additional education, training, and current clinical competence in the specific Clinical Privileges requested. A modification application is processed in the same manner as a reappointment, which is outlined in Part III, Section 6 of these Bylaws.

9.3 Resignation of Staff Membership or Clinical Privileges

9.3.1 A Practitioner who wishes to resign his Medical Staff Membership and/or Clinical Privileges must provide Notice to the appropriate Department Chair, President and the Medical Staff Services Department. The resignation shall specify the reason for the resignation and the effective date. A Practitioner who resigns his/her Medical Staff Membership and/or Clinical Privileges is obligated to accurately complete all portions of all medical records for which he/she is responsible prior to the effective date of resignation. Failure to do so shall result in an entry in the Practitioner's credentials file acknowledging the resignation and indicating that it became effective under unfavorable circumstances.

9.4 Exhaustion of Administrative Remedies

9.4.1 Every Practitioner agrees that he/she will exhaust all the administrative remedies afforded in the various Sections of Part I: Governance, Part II: Investigations, Corrective Action, Hearing and Appeal Plan and Part III: Credentialing Procedures of the Medical Staff Bylaws before initiating legal action against the System or its agents.

9.5 Reporting Requirements

9.5.1 The Chief Medical Officer ("CMO") or his/her designee shall be responsible for assuring that the hospital satisfies its obligations under the Health Care Quality Improvement Act of 1986 and its successor statutes.

SECTION 10 LEAVE OF ABSENCE

10.1 Leave Request

10.1.1 A leave of absence is a matter of courtesy, not of right. In the event that it is determined that a Practitioner has not demonstrated good cause for a leave, or where a request for extension is not granted, the determination shall be final with no recourse to a hearing and appeal. A leave of absence must be requested for any absence from the Medical Staff and/or patient care responsibilities longer than thirty (30) Days if such absence is related to the Practitioner's physical or mental health or to the ability to care for patients safely and competently. A Practitioner who wishes to obtain a voluntary leave of absence must provide Notice to the President and the Medical Staff Services Department stating the reasons for the leave and approximate period of the leave, which may not exceed one (1) year except for military service or express permission by the Board. Requests for leave, with a positive or negative recommendation from the MEC, must be forwarded to, and affirmed, by the Board. While on leave of absence, the Practitioner may not exercise Clinical Privileges or prerogatives and has no obligation to fulfill Medical Staff responsibilities.

10.2 Termination of Leave

10.2.1 At least thirty (30) Days prior to the termination of the leave, or at any earlier time, the Practitioner may request reinstatement by sending Notice to the President and the Medical Staff Services Department. The Practitioner must submit a written summary of relevant activities during the leave if the MEC or Board so requests. Any Practitioner returning from a leave of absence may be required to participate in a FPPE, as set forth in the policy for FPPE.

A Practitioner returning from a leave of absence for health reasons must provide a report from his/her physician, or, if requested, must undergo an appropriate evaluation and provide a report from an independent physician identified by the MEC, that answers any questions that the MEC or Board may have as part of considering the request for reinstatement. The MEC makes a recommendation to the Board concerning reinstatement, and the applicable procedures concerning the granting of Clinical Privileges are followed. If the Practitioner's current grant of Medical Staff Membership and/or Clinical Privileges is due to expire during the leave of absence, the Practitioner must apply for reappointment or his/her Medical Staff Membership and/or Clinical Privileges shall lapse at the end of the appointment period.

10.3 Failure to Request Reinstatement

10.3.1 Failure, without good cause, to request reinstatement shall be deemed a voluntary resignation from the Medical Staff and shall result in automatic termination of Medical Staff Membership and/or Clinical Privileges prerogatives. A

Practitioner whose Medical Staff Membership and/or Clinical Privileges is automatically terminated shall not be entitled to the procedural rights provided in the Medical Staff Bylaws. A request for Medical Staff Membership and/or Clinical Privileges subsequently received from a member so terminated shall be submitted and processed in the manner specified for applications for initial appointments.

SECTION 11 PRACTITIONERS PROVIDING CONTRACTED SERVICES

11.1 Telemedicine

11.1.1 When the System or Hospital contracts for patient care services with Licensed Independent Practitioners / Advanced Practice Providers ("LIP"s/"APP"s) who provide official readings of images, tracings or specimens through a telemedicine mechanism, and these Practitioner's services are under the control of a Det Norte Veritas or another accrediting organization, the Hospital will:

11.1.1.1 specify in a contract that the entity providing these services by contract (the contracting entity) will ensure that all services provided under this contract by individuals who are LIPs/APPs will be within the scope of those Practitioner's Clinical Privileges at the contracting entity; or

11.1.1.2 verify that all Practitioners who are LIPs/APPs and providing services under the contract have Clinical Privileges that include the services provided under the contract.

11.1.2 When the System/Hospital contracts for care services with LIPs/APPs, who provide official readings of images, tracings or specimens through a telemedicine mechanism, and these Practitioner's services are not under the control of Det Norte Veritas or another accrediting organization, all LIPs/APPs who will be providing services under this contract will be permitted to do so only after being granted Clinical Privileges at the Hospital through the mechanisms established under these Medical Staff Bylaws.

11.2 Contract Services/Department or Service Closure

11.2.1 The Medical Staff Membership and/or Clinical Privileges on the Medical Staff of any Practitioner who has a contractual relationship with the System or with an entity that has a contractual relationship with the System to provide professional services to patients shall be subject to those provisions contained in said contract with regard to the termination of Medical Staff Membership and/or Clinical Privileges upon the expiration, lapse, cancellation or termination of the contract. If the contract so provides, the Medical Staff Member shall have no right to a Fair Hearing regarding termination of Medical Staff Membership and/or Clinical Privileges.

11.2.2 In the event a Department is closed, discontinued or provided through an exclusive contract, such establishment shall not adversely impact the ability of any Medical Staff Member to continue to maintain Medical Staff Membership and/or exercise his/her Clinical Privileges in existence at the time of such closure, or discontinuance of exclusive contract, subject to the Hospital's ability to accommodate such services. However, initial applications for Medical Staff Membership and/or Clinical Privileges will not be extended, provided, accepted, processed or approved to or from Practitioners unless they are joining groups who are actively contracted for exclusively contracted services.

11.2.3 In the event the Board determines that a patient care service shall be closed, discontinued, or provided through an exclusive contract, such action shall require approval by the affected MEC.

11.2.3.1 Any Department or service closure shall occur solely so that the health and wellbeing of the patients and the best interests of the hospital under these Bylaws may be served at all times. Notwithstanding any other provision in the Bylaws, if the Board and the affected MEC are unable to agree upon the closure of a Department or service, the matter shall undergo the conflict resolution process set forth in Part I, Section 9 of these Bylaws.

11.2.3.2 If the Board and the MEC are still in disagreement regarding the closure of a Department or service upon completion of the conflict resolution process, the parties shall engage in mediation in accordance with the procedures set forth by the American Health Lawyers Association's Alternative Dispute Resolution Service or another independent mediation service mutually agreeable to the parties. In the event the Board and MEC are at impasse at mediation and conflict remains, the Board and the MEC retain the right to seek a resolution through litigation. Further, the Board shall not close a Department or service for a period of three (3) months following impasse at mediation.

11.3 Qualifications

11.4.1 A Practitioner who is or will be providing specified professional services pursuant to a contract or a letter of agreement with the Health System must meet the same qualifications, must be processed in the same manner, and must fulfill all the obligations of his/her appointment category as any other Applicant or Medical Staff Member.

11.4 Terms

The terms of the Medical Staff Bylaws will govern disciplinary action taken by or recommended by the MEC.

11.5 Effect of Contract or Employment Expiration or Termination

11.6.1 The effect of expiration or other termination of a contract upon a Practitioner's Medical Staff Membership and/or Clinical Privileges will be governed solely by the terms of the Practitioner's contract with the System. If the contract or the employment agreement is silent on the matter, then contract expiration or other termination alone will not affect the Practitioner's Medical Staff Membership and/or Clinical Privileges status.

SECTION 12 MEDICAL ADMINISTRATIVE OFFICERS

12.1 A Medical Administrative Officer is a Practitioner engaged full or part-time by the Hospital in an administratively responsible capacity, whose activities may also include clinical responsibilities such as direct patient care, teaching, or supervision of the patient care activities of other Practitioners under the Medical Administrative Officer's direction.

12.2 Each Medical Administrative Officer must achieve and maintain Medical Staff Membership and/or Clinical Privileges appropriate to his/her clinical responsibilities and discharge Medical Staff obligations appropriate to his/her Medical Staff category in the same manner applicable to all other Medical Staff Members.

12.3 Effect of removal from office or adverse change in Medical Staff Membership status and/or Clinical Privileges:

12.3.1 Where a contract exists between the Medical Administrative Officer and the Health System, its terms govern the effect of removal of the Officer's Medical Staff Membership and/or Clinical Privileges and the effect an adverse change in the Officer's Medical Staff Membership and/or Clinical Privileges has on his/her remaining in office.

12.3.2 In the absence of a contract or where the contract is silent on the matter, removal from office has no effect on Medical Staff Membership and/or Clinical Privileges. The effect of an adverse change in Medical Staff Membership and/or Clinical Privileges on continuance in office will be determined by the Board.

12.3.3 A Medical Administrative Officer has the same procedural rights as all other Medical Staff Members in the event of an adverse change in Medical Staff Membership and/or Clinical Privileges unless the change is, by contract, a consequence of removal from office.

ADOPTION AND APPROVAL

Approved by the Lee Memorial Hospital Active Medical Staff on_____, 2018.

_____
Daniel de la Torre, M.D.
President

Approved and adopted by Lee Memorial Health System Board of Directors on _____, 2018

_____
Stephen R. Brown, M.D.
Chairman

APPENDIX A

DEFINITIONS

Adverse Decision. The term "Adverse Decision" means a professional review action, as defined by the Federal Health Care Quality Improvement Act, in which the Board or MEC denies, terminates, limits, suspends, modifies a grant of Medical Staff Membership and/or Clinical Privileges for failure to adhere to the Hospital's or Medical Staff's code of conduct, policy, other unprofessional conduct, or for issues related to clinical competence.

Affected Practitioner. The term "Affected Practitioner" means an Applicant for membership and/or Clinical Privileges on the Medical Staff or a member of the Medical Staff against whom a Statement of Concern has been initiated.

Advanced Practice Provider(s) (APP or APPs). The term "Advanced Practice Provider(s)" is defined as any advanced provider, who has satisfactorily completed a formal post-basic educational program, with the primary purpose of such a program being to prepare for advanced and specialized practice and has passed an appropriate certification examination. The Board will determine the categories of advanced providers eligible for Clinical Privileges as an APP defined as in these Bylaws and as determined appropriate by the Medical Staff. APPs provide direct patient care services in the Hospital under a defined degree of supervision, exercising judgment within the areas of documented professional competence and consistent with applicable law and their Clinical Privileges. APPs who have been granted Clinical Privileges are either employed by Lee Memorial Health System or by a contract group; or provide services at the request of a Medical Staff physician. APPs are designated by the Board to be credentialed through the Medical Staff system and are granted Clinical Privileges as defined in these Bylaws. APPs are not eligible for Medical Staff Membership.

Applicant. The term "Applicant" means any Practitioner who has submitted an application to be credentialed through the Medical Staff for Medical Staff Membership and/or Clinical Privileges as defined in these Bylaws.

Appointee. The term "Appointee" means any Practitioner who has been credentialed through the Medical Staff and has been granted Medical Staff Membership and/or Clinical Privileges as defined in these Bylaws.

Board. The term "Board" or "Board of Directors" means the Lee Memorial Health System Board of Directors, which constitutes the Hospital's governing body.

Board Certified. The term "Board Certified" means that a Practitioner has met the educational, post-graduate training and skill qualifications and is currently eligible to sit, within a specified period of time, for the board certification examination of a specialty board recognized by the American Board of Medical Specialties ("ABMS"), the American Osteopathic Association ("AOA"), American Dental Association ("ADA") or the American Podiatric Medical Association ("APMA").

Clinical Privilege or Privileges. The term "Clinical Privilege" or "Privileges" means the permission granted by the Board to appropriately qualified licensed Practitioners to render specifically delineated professional, diagnostic, therapeutic, medical, surgical, dental, or podiatric services with the approval of the Board.

Clinical Section or Sections. The term "Clinical Section" or "Sections" is a clinical sub-grouping of members of a Medical Staff Department in accordance with their subspecialty or specialized practice interest, as specified in these Bylaws.

Day(s). The Term "Day" or "Days" means calendar Days unless otherwise noted.

Department. The term "Department" means a clinical grouping of members of the Medical Staff in accordance with their specialty or major practice interest, as specified in these Bylaws.

Fair Hearing. The term "Fair Hearing" shall mean a hearing as defined in Part III, Section 4 of the Bylaws.

Health System or System. The term "Health System" or "System" means Lee Health, which includes its acute care facilities known as Cape Coral Hospital, Gulf Coast Medical Center, HealthPark Medical Center, Lee Memorial Hospital, Golisano Children's Hospital of Southwest Florida and other component facilities.

Hospital. The term "Hospital" as used herein shall mean Lee Memorial Hospital.

Medical Executive Committee. The term "Medical Executive Committee" or "MEC" means the executive committee of the Medical Staff of the Hospital.

Medical Staff. The term "Medical Staff" as used herein shall mean, on a collective basis, those Practitioners and Advanced Practice Providers who are authorized by the Board to exercise Clinical Privileges at one or more of the System's hospitals, and, on a component basis, those Practitioners who are authorized by the Board to exercise privileges at a particular system hospital.

Medical Staff Member. The term "Medical Staff Member" means all professionally competent physicians (M.D. or D.O.), dentists, podiatrists and/or psychologists who continuously meet the qualifications, standards, and requirements set forth in these Bylaws and associated policies of the Medical Staff and Hospitals. APPs and Telemedicine Practitioners are not eligible to become Medical Staff Members.

Medical Staff Year. The term "Medical Staff Year" means the period of time from October 1 through September 30.

Minor Traffic Violation. The term "Minor Traffic Violation" means a minor infraction of a traffic law such as speeding, running a red light, failure to yield, failure to obey a traffic device, faulty equipment or a parking ticket. The following would be considered major traffic violations not Minor Traffic Violations: reckless driving; leaving the scene of an accident; driving under the influence of drugs or alcohol; driving with a suspended or revoked license; reckless or negligent

driving; speed or drag racing; use of vehicle to commit a felony; hit and run; refusing to stop or fleeing a law enforcement officer; or, vehicular homicide, manslaughter or assault with an automobile.

Notice. The term "Notice" means a written or electronically transmitted communication delivered to the addressee by hand, e-mail as it appears in the official records of the Medical Staff, or United States mail, first class postage prepaid, to the address as it appears in the official records of the Medical Staff.

Practitioners. The term "Practitioner" means an appropriately qualified licensed medical doctor (M.D.); doctor of osteopathy (D.O.); doctor of dentistry, oral maxillofacial surgery (D.D.S., D.M.D.); doctor of podiatry (D.P.M.); psychologist (Ph.D. or Psy.D.); or any Advanced Practice Provider (APP), as defined herein.

Receipt of Notice. The term "Receipt of Notice" means the earliest date any Notice or Special Notice, is delivered personally, by facsimile or by electronic mail (e-mail), or, if such Notice is sent by U.S. Mail, it shall mean three (3) Days, not including Sundays, after the Notice is postmarked.

Relative. The term "Relative" shall mean an individual with the following relationship to the Practitioner: 1) Spouse and parents thereof; 2) Parent and spouses thereof; 3) Child and spouses thereof; 4) Siblings and spouses thereof; 5) Grandparents and grandchildren and spouses thereof; 6) Domestic Partner and parents thereof; and 7) Any individual related by blood or affinity whose close association with the Practitioner is the equivalent of a family relationship.

Rules and Regulations. The term "Rules and Regulations" or "Medical Staff Rules and Regulations" means the Rules and Regulations of the Medical Staff including those of its Departments as approved by the Executive Committee.

Special Notice. The term "Special Notice" means a written Notice sent by hand delivery, U.S. Mail or commercial service with delivery confirmation required.

Telemedicine Physician. The term "Telemedicine Physician" is defined a M.D. or D.O. who is involved with the use of medical information exchanged from one site to another via electronic communications for the health and education of the patient or health care provider and for the purpose of improving patient care, treatment, and services.

APPENDIX B

PRINCIPLES OF MEDICAL ETHICS**

PREAMBLE The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a practitioner must recognize responsibility to patients first and foremost, as well as to society, to other health professionals and to self. The following Principles are not laws but standards of conduct, which define the essentials of honorable behavior for the practitioner.

Section 1 A practitioner shall be dedicated to providing competent medical care with compassion and respect for human dignity and rights.

Section 2 A practitioner shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report health professionals deficient in character or competence, or engaging in fraud or deception, to appropriate entities.

Section 3 A practitioner shall respect the law and also recognize a responsibility to seek changes in those requirements, which are contrary to the best interests of the patient.

Section 4 A practitioner shall respect the rights of patients, colleagues, and other practitioners and shall safeguard patient confidences and privacy within the constraints of the law.

Section 5 A practitioner shall continue to study, apply and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues and the public, obtain consultation, and use the talents of other practitioners when indicated.

Section 6 A practitioner shall, in the provision of appropriate patient care, except in emergencies be free to choose whom to serve, with whom to associate and the environment in which to provide medical care.

Section 7 A practitioner shall recognize a responsibility to participate in activities contributing to an improved community and the betterment of public health.

Section 8 A practitioner shall, while caring for a patient, regard responsibility to the patient as paramount.

Section 9 A practitioner shall support access to medical care for all people.

**Adapted from the American Medical Association's "Principles of Medical Ethics" (adopted by the AMA's House of Delegates June 17, 2001).