VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY AND VIRTUA-WEST JERSEY HEALTH SYSTEM MEDICAL STAFFS

BYLAWS

Approved by the Virtua Board of Trustees on:

January 20, 2009 (Approved)
June 14, 2016 (Amended)
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October 1, 2015 (Amended)
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TABLE OF CONTENTS

PAGE

PAGE

PAGE

PAGE

ARTICLE I

PREAMBLE

WHEREAS, Virtua-Memorial Hospital Burlington County Medical Staff, Inc. (the "Memorial Staff") is a not-for-profit corporation of the State of New Jersey and is a Section 501(c)(6) tax-exempt organization ("Memorial Medical Staff"); and

WHEREAS, Virtua-West Jersey Health System Medical Staff, Inc. (the "West Jersey Staff") is a not-for-profit corporation of the State of New Jersey and is a Section 501(c)(6) tax-exempt organization ("West Jersey Medical Staff"); and

WHEREAS, Virtua-Memorial Hospital Burlington County, Inc. ("Memorial Hospital") and Virtua-West Jersey Health System, Inc. ("West Jersey Health System") are each part of the Virtua Health System wholly owned and operated by Virtua Health, Inc.; and

WHEREAS, the two Medical Staffs shall serve as the primary means of accountability to the governing Board of Trustees of the Virtua Health System regarding the quality and appropriateness of the professional performance and ethical conduct of their Members, and are organized to assure that patient care in the Virtua Health System is consistently maintained at the level of quality and efficiency achievable by the state of the healing arts and resources locally available; and

WHEREAS, the Memorial Staff and West Jersey Staff desire to be governed by a single set of Medical Staff Bylaws, so as to achieve more effectively the above-mentioned purposes through integration and cooperation; and

WHEREAS, while the Board of Trustees of Virtua Health System has the power and authority to appoint, remove and reappoint Members of the Medical Staff and to award clinical privileges to such persons consistent with these Bylaws, the Medical Executive Committees contemplated herein shall make recommendations to the Boards on such matters, and, further, shall exercise independent governing authority over all other matters of their respective corporations, except as may be expressly limited by the members of the corporations; and

WHEREAS, the Virtua Health System has delegated to the Medical Executive Committees contemplated herein primary responsibility for quality assurance and performance improvement within the Virtua Health System.

NOW, THEREFORE, the physicians, dentists and podiatrists practicing within the Virtua Health System shall carry out the functions delegated to each Medical Staff by the Boards of Trustees pursuant to the terms of these Bylaws.

ARTICLE II

DEFINITIONS

The following definitions shall apply to the terms used in these Bylaws:

1. "Applicant" shall mean a physician, dentist or podiatrist who is seeking appointment, reappointment or clinical privileges to the Medical Staffs.

2. "Board of Trustees" or "Virtua Board" shall mean the governing body of the Hospitals.

3. "Bylaws" shall mean these Medical Staffs Bylaws and its addendums: Policies on Appointment, Reappointment and Clinical Privileges, Medical Staff Organization Manual and Rules and Regulations.

4. "Chief Executive Officer" or "CEO" or, collectively, "CEOs" shall mean the individual(s) appointed to act on behalf of the overall Virtua administration for hospital management.

5. "Vice President of Medical Affairs" or "VPMA" shall mean the individual appointed by Virtua as chief medical administrative officer of a Hospital, after consultation with the Officers of the applicable Division(s) as set forth in Article VIII of these Bylaws.

6. "Day" shall mean calendar days unless otherwise specified.

7. "Dentist" shall mean any person holding a license to practice dentistry in the State of New Jersey.

8. "Division" shall mean the Memorial Division or the West Jersey Division of the Medical Staffs.

9. "DOH" shall mean the New Jersey Department of Health and Senior Services.

10. "Ex-Officio" shall mean service as a member of a body by virtue of an office or position held and, unless otherwise expressly stated, includes the right to vote.

11. "Hospital" or collectively "Hospitals" shall mean the acute care facilities operated by Virtua Health System, namely Virtua - Memorial Hospital Burlington County and Virtua - West Jersey Health System.

12. "Licensed Independent Practitioner" shall mean any individual other than a physician, dentist or podiatrist who is licensed to practice independently.

13. "Mail" shall mean mail sent by electronic communication, which includes, but is not limited to facsimile or e-mail, or by U.S. Postal Service. If sent by electronic communication, the notice shall be deemed delivered when sent to the facsimile number or e-mail address that has been provided to the Hospital as part of the recipient's address of record.

If sent by U.S. Postal Service, the notice shall be deemed to be delivered when deposited, postage prepaid, in the U.S. mail addressed to the Member's address of record.

14. "Medical Director" is the individual appointed by Virtua as the physician responsible for a specific hospital.

15. "Medical Executive Committee" or "Executive Committee" shall mean the Executive Committee of each Division of the Medical Staffs.

16. "Medical Staffs" shall mean the organization established by its Members, who shall include physicians, dentists and podiatrists, practicing at one or both of the Hospitals.

17. "Medical Staff Leader" means any Medical Staff officer, Department Chairperson, Section Chief, or Standing Committee Chairperson.

18. "Medical Staff Year" shall mean the calendar year January 1 through December 31.

19. "Member" shall mean those physicians, dentists and podiatrists who have been granted Medical Staff appointment by the Virtua Board to practice at one or both of the Hospitals.

20. "Performance improvement" (PI) activities means structured, long-term processes by which a physician or group of physicians can learn about specific performance measures, retrospectively assess their practice, apply performance measures prospectively over a useful interval, and reevaluate their performance.

21. "Physician" shall mean a person licensed to practice medicine and surgery in the State of New Jersey.

22. "Podiatrist" shall mean a person licensed to practice podiatric medicine and surgery in the State of New Jersey.

23. "Practicing primarily at Virtua" shall mean that (i) the Active Member has the majority of his/her hospital patient encounters at Virtua and (ii) the Active Member devotes the majority of his/her professional hospital time to patient care, membership on committees, promoting the Hospital's mission and goals, and Medical Staff affairs at Virtua.

24. "President" shall mean the individual elected by each Division of the Medical Staffs as the Chief Executive Officer of the Medical Staff as provided for in the Bylaws.

25. "Primary Division" shall mean the Division where a majority of the Member's patients are admitted and/or treated, and where the Member otherwise spends the majority of his or her Virtua working hours. A Member may designate as his or her Primary Division either the West Jersey Division or Memorial Division, but not both.

26. “Privilege” means the scope of professional activities granted to a Member by the Board of Trustees.

27. "Secondary Division" shall mean the Division within the Virtua Health System, other than where a Member admits or treats a majority of his or her patients, where a Member spends relatively few Virtua working hours. If a Member intends to admit and/or otherwise treat patients at a Division other than the Member's Primary Division, the Member shall designate the Division as a Secondary Division.

28. "Special Notice" means by hand delivery, certified mail, return receipt requested or overnight delivery service providing a receipt. "Special Notice" shall be required for the most important communications between the Hospital and staff Member, including such circumstances as notice of attendance at a required meeting, notice of change in appointment or privilege status, and notice of any adverse recommendation that triggers a right to a hearing or appeal. Special Notice will be considered received if the Hospital has sent it three times to the correct address and has been refused.

29. "Virtua" shall mean Virtua Health, Inc.

30. "Virtua Quality Plan" shall mean a document setting forth the process of planning and accountability jointly determined by the Medical Staffs and Administrator.

31. "Virtua Vine" shall mean the electronic bulletin board maintained and operated by the Virtua Health System.

32. The term "Virtua North" shall be interchangeable with "Memorial Division" and "Virtua South" with "West Jersey Division."

Words used in these Bylaws shall be read as the masculine or feminine gender, and as the singular or plural, as the content requires. The captions or headings are for convenience only, and are not intended to limit or define the scope or effect of any provision of these Bylaws.

ARTICLE III

MEDICAL STAFFS MEMBERSHIP CATEGORIES

3.1 General

When appointed to the Medical Staffs, all Members shall be assigned to one of the categories designated below. Members shall be assigned to a specific department, but shall be eligible for clinical privileges in other departments as applied for and recommended pursuant to these Bylaws, the Policies on Appointment, Reappointment and Clinical Privileges, and as approved by the Virtua Board.

3.2 Active Members

3.2.1 Qualifications:

Active Members are Physicians, Dentists and Podiatrists (i) who satisfy the qualifications set forth in the Policy on Appointment and (ii) who practice primarily at Virtua as defined in these Bylaws.

3.2.2 Prerogatives and Responsibilities:

(a) Active Members are eligible to vote, hold office and serve on committees as assigned.

(b) Active Members shall pay application fees and dues.

(c) A Member, upon initial appointment to the Medical Staffs, shall not be eligible for appointment to the Active Staff for a period of two years, provided that such period may be reduced upon recommendation of the Department Chairperson and Medical Executive Committee.

(d) Active Members shall also:

(1) assume all the responsibilities of membership on the Active Staff, including committee service, emergency call, care for unassigned patients and evaluation of members during the provisional period;

(2) actively participate in the peer review and performance improvement process;

(3) accept consultations when requested; and

(4) attend applicable meetings.

3.3 Associate Members

3.3.1 Qualifications:

Associate Member status shall be limited to Physicians, Dentists and Podiatrists who:

(a) satisfy the qualifications set forth in the Policy on Appointment; and

(b) are in the process of becoming eligible for appointment to the Active Staff; or

(c) either do not satisfy the requirements for membership on the Active Staff, or desire to be assigned to the Associate Staff, notwithstanding their eligibility for assignment to the Active Staff.

3.3.2 Responsibilities and Prerogatives:

(a) Associate Members shall not vote or hold office unless the President, at his/her discretion, assigns that member to a committee, in which case the Associate Member shall be bound by the relevant attendance requirements and have a vote in that committee.

(b) Associate Members shall pay the same dues as Active Members.

(c) Associate Members also:

(1) may attend and participate in Medical Staff and department meetings (without vote);

(2) shall assume all the responsibilities of membership on the Associate Staff, including committee service, emergency call, care for unassigned patients and evaluation of members during the provisional period;

(3) shall accept consultations when requested; and

(4) shall cooperate in the peer review and performance improvement process.

3.4 Affiliate Staff

3.4.1 Qualifications:

(a) The Affiliate Staff shall consist of Physicians, Dentists and Podiatrists who desire to be associated with, but who do not intend to establish a practice at, Virtua Health System. The primary purpose of the Affiliate Staff is to promote professional and educational opportunities, including continuing medical education, and to permit these individuals to access Virtua's services for their patients by referral of patients to Active Staff members for admission and care.

(b) Individuals requesting appointment to the Affiliate Staff must submit an application and satisfy the qualifications set forth in the Policy on Appointment.

3.4.2 Prerogatives and Responsibilities:

(a) Affiliate Staff members:

(1) may visit their hospitalized patients and review their hospital medical records, but may not admit patients, attend patients, exercise any clinical privileges, write orders or progress notes, make notations in the medical record, or actively participate in the provision or management of care to patients at the Hospital;

(2) may attend educational activities of the Medical Staffs and Virtua Health System;

(3) may be appointed to serve on committees;

(4) may use Virtua's diagnostic facilities; and

(5) must pay dues.

(b) The grant of Affiliate Staff appointment is a courtesy only, which may be terminated by the Board upon recommendation of the Medical Executive Committee, with no right to a hearing or appeal.

(c) Affiliate Staff members shall not vote or hold office unless the President, at his/her discretion, assigns the member to a committee, in which case the Affiliate Staff member shall be bound by the relevant attendance requirements and have a vote in that committee.

3.5 Consulting Members

3.5.1 Qualifications:

This category is limited to those specialists of recognized professional ability who satisfy the qualifications for appointment set forth in the Policy on Appointment and may provide a service not otherwise available from the Members. Consulting Staff Members shall be appointed for the specific purpose of providing consultation in the diagnosis and treatment of patients related to their specialty.

3.5.2 Responsibilities and Prerogatives:

Consulting Staff members:

(a) shall not admit patients, vote or hold office;

(b) may attend Medical Staff, department, and/or section meetings, but are not required to do so;

(c) may serve on Hospital or Medical Staff committees, but are not required to do so;

(d) are not required to assume care for unassigned patients or accept emergency service call, but must see consults as requested on unassigned patients; and

(e) shall pay dues and assignments as determined by the Division.

3.6 Honorary Members

3.6.1 Qualifications:

The Honorary Staff is designed for practitioners who deserve special recognition. Honorary Staff Members shall meet at least two of the following criteria:

(a) Made significant contribution to specialty (publication, education, testing development)
(b) Made significant contribution to the local community
(c) Developed or pioneered a new therapy or procedure in specialty field
(d) Performed humanitarian work
(e) Participated in 2 or more major hospital committees

Additionally, there must be absence of any disciplinary actions (Mandatory)

Any Individuals requesting Honorary Category should submit the request to Medical Affairs who will then notify the Department Chair/Chief. The Chief and Chair will discuss the individual at their Department meeting. As a result, the decision is left to the departments who know the individual to best make the determination. The Chief/Chair should also support the nomination.
Once it is agreed within a department, that a member should be nominated for Honorary Category, the recommendation should be presented by the Chair/Chief of the individual's department to the Medical Executive Committee. The Medical Executive Committee takes a vote to make the ultimate decision.

3.6.2 Prerogatives:

Honorary Members:

(a) are not eligible to admit or care for patients at the Hospital(s);

(b) may attend Medical Staff, Division, department, or section meetings but may not vote or hold office; and

(c) are not required to pay dues.

3.7 Primary and Secondary Divisions

3.7.1 If a Member wishes to exercise privileges at both West Jersey and Memorial, the Member must designate a Primary and Secondary Division when requesting privileges.

3.7.2 A request for clinical privileges will be evaluated according to Virtua's credentialing process as set forth in Article VI below. The Secondary Division shall grant privileges in accordance with the Virtua systemwide credentialing process.

3.7.3 A Member may only vote on matters being conducted at his or her Primary Division. Such matters include the election of Medical Staff Officers and Department Chairpersons.

3.7.4 A Member who has designated both a Primary and a Secondary Division shall assume all the responsibilities of membership at both Divisions as determined by the applicable Department Chairperson or Section Chief, including committee service, emergency call, care for unassigned patients and evaluation of members during the provisional period, based on the Member's level of activity at that Division.

3.8 Adjunct Practitioners

3.8.1 Qualifications:

Adjunct Practitioners are Physicians, Dentists and Podiatrists (i) who satisfy the qualifications set forth in the Policy on Appointment and (ii) who practice on a temporary or intermittent basis at Virtua. Included in this category are locum tenens practitioners and members of the military.

3.8.2 Prerogatives and Responsibilities:

(a) Adjunct Practitioners are not eligible to vote or hold office.

(b) Adjunct Practitioners may be appointed to serve on a committee and may vote if so assigned.

(c) Adjunct Practitioners shall pay application fees and dues.

(d) Adjunct Practitioners shall also assume those responsibilities of membership as may be assigned by the relevant department chairperson and consistent with the obligations of the physician for whom they are providing coverage.

(e) Adjunct Practitioners may not transfer to a category of the Medical Staff without submitting a new application and proceeding through the same application process as all applicants to the Active or Affiliate Category.

(f) The appointment as an Adjunct Practitioner is a courtesy only, which may be terminated by the Board upon recommendation of the Medical Executive Committee, with no right to a hearing or appeal.

ARTICLE IV

MEDICAL STAFF MEMBERSHIP

4.1 Medical Staff Membership ("Membership") is a privilege that may be enjoyed only by qualified individuals, and is dependent on meeting the standards for gaining and maintaining membership as established by these Bylaws and the Medical Staffs policies, rules and regulations, and code of conduct.

4.2 No individual shall be entitled to Membership solely on the basis of licensure, membership in any organization, or membership on the medical staff of another hospital.

4.3 Medical Staff Membership is available only to Physicians, Dentists, and Podiatrists who can document their experience, background, demonstrated ability, health status and availability sufficient to demonstrate to the Medical Staffs and the Virtua Board that they will provide care to patients at the generally recognized professional level of quality, taking into account patients' needs, as well as available Hospital resources and facilities.

4.3.1 Each Applicant and Member must demonstrate the ability to work cooperatively and professionally with the Hospital, its professional staff and the Medical Staffs, and refrain from disruptive behavior which has or could interfere with patient care or the smooth operation of the Hospital or its Medical Staffs.

4.3.2 The Medical Staffs are responsible for overseeing the quality of the medical care and clinical outcomes for patients at the Hospital. In collaboration with the Virtua Board and Administration, the Medical Staffs shall actively participate and lead the planning, implementation and evaluation of performance improvement through peer review, department specific performance improvement and participation with teams and Hospital performance improvement initiatives. Members shall work cooperatively with the Hospital and the Medical Staffs to perform such functions.

4.3.3 Members shall provide a reasonable amount of on-call coverage for unassigned patients who require emergency department treatment or continuing care following admission to the Hospital, as determined by the Department, with approval by the Medical Executive Committee and the Hospital. Coverage of unassigned patients is a responsibility of staff members and a service to the Hospital and community. Each Department or Section, as the case may be, shall establish a policy governing the obligation of members of the

Department/Section to provide appropriate and necessary professional services to unassigned patients. If providing complete on-call coverage presents an undue burden, the Hospital (based upon the recommendation of the Executive Committee of the applicable Division) shall provide means to assure such coverage, which may include financial support to Members who are required to endure that burden. On-call schedules shall be determined by the Department Chairperson or Section Chief.

Members shall respond to routine (non-emergent) and emergency consultation requests as follows:

4.3.3.1 Routine Requests: The Member shall respond within Twenty-Four (24) hours of the request being made.

4.3.3.2 Emergency Requests: The Member shall respond by telephone within twenty (20) minutes of consultation request being made. The treating Member and the on-call Member shall confer about the appropriate in-person response time, with the treating Member having final say in the appropriate in-person response time. For any patient under the age of 18, the in-person response time shall not be longer than sixty (60) minutes after the initial call to the on-call Member. Failure to respond as set forth above shall be referred to the relevant Department Chief or Section Chief for review.

4.3.3.3 Members who have treated patients as a result of providing on-call coverage or by accepting unassigned patients shall provide appropriate follow-up care, for the duration of the acute illness, when the patient presents for such. Such care should be provided regardless of the patient's insurance status.

4.3.4 Members shall comply with the Hospital Quality Plan as approved by the Medical Executive Committee and further delineated in these Bylaws.

4.3.5 Members shall attend Medical Staff meetings and applicable Department/Section meetings as required by these Bylaws or by the Medical Staffs policy.

4.3.6 Members shall comply with the Bylaws, as defined in Article II, and policies of the Medical Staffs, including a Medical Staffs Code of Conduct, which may be changed from time to time.

4.4 Admission to and continuing Membership shall not be denied on the basis of age, race, sex, color, creed, religion, national origin, disability or handicap, sexual orientation, marital status, or veteran status.

4.5 Acceptance and maintenance of Membership on the Medical Staffs shall constitute the individual's agreement to be bound by and abide by the Principles of Ethics, or equivalent code or document, of the applicable professional association pertaining to the discipline in which the individual is engaged.

4.6 Admission to and continuing Membership in the Medical Staffs are contingent upon the Member abiding by all pertinent Hospital bylaws, policies and procedures, rules and regulations, and codes of conduct, which may be changed from time to time.

4.7 Medical Staff Members or Applicants shall be board-certified or in the certification process for each department/section in which they seek privileges at the time of the initial request for clinical privileges. This provision, however, shall not apply to Members who were appointed to the Medical Staffs subsequent to December 1, 1984 but before January 1, 1990. Such Members may be board-eligible or board-certified.

4.7.1 All Applicants and Members must obtain initial certification by the relevant specialty/subspecialty board within five (5) years of becoming eligible to sit for the examination. Failure to attain board certification in one's specialty/subspecialty within this time shall result in ineligibility leading to the automatic expiration of Membership and privileges with no right to a hearing or appeal.

4.7.2 Medical Staff Members appointed after April 1, 2003 shall maintain specialty or subspecialty board certification, as delineated by the applicable board. All members are required to satisfy recertification requirements, to the extent required by the applicable specialty board. Members who satisfy recertification requirements for their subspecialty are encouraged, but not required, to obtain recertification in their specialty. Members who do not become recertified by the applicable specialty/subspecialty may request an extension of time, up to two years, within which to complete the recertification process. Such requests will be considered by the Department Chairperson, the Credentials Committee and the Medical Executive Committee with recommendation to the Board for final action. Failure to obtain specialty/subspecialty recertification, pursuant to this section, shall be deemed a voluntary relinquishment of clinical privileges, except as provided in Section 4.7.4.

4.7.3 The obligation to have completed a residency shall not apply to a board-certified Applicant seeking: (a) membership in the Department of Family Practice who completed medical school prior to June 30, 1986, or (b) membership in the Department of Emergency Medicine who completed medical school prior to June 30, 1989.

4.7.4 The Medical Executive Committee, upon recommendation of the Department Chairperson and subsequent approval of the Virtua Board, may waive the requirements set forth in this Section 4.7 in exceptional cases for Members who have demonstrated exceptional clinical capabilities and/or who have made exceptional professional contributions to the Hospital as further delineated in the Rules and Regulations.

4.8 A Member or Applicant shall notify in writing to the CEO and the VPMA on the next business day of any of the following events, whether voluntarily or involuntarily: revocation or suspension of professional license; imposition of terms of probation or limitation of practice by any licensing agency of any state or jurisdiction; termination or expiration of staff membership, curtailment or restriction of privileges at any hospital or health care institution; cancellation or restriction of professional liability insurance coverage or DEA number; adverse determination by a peer review organization or third party payer reimbursement program

concerning quality of care; commencement of formal investigation or filing of charges by any law enforcement agency or regulatory body of the United States or any state.

4.8.1 Upon notification, the Medical Executive Committee and/or the Virtua Board may initiate any recommendations or actions described in these Bylaws. Failure to give notice as required herein shall be grounds for the automatic relinquishment of the individual's appointment and clinical privileges.

4.9 An Applicant or Member shall give written notice to the VPMA or designee within seven (7) calendar days of the occurrence of any event described in Sections 4.9.1 and 4.9.2, and within thirty (30) calendar days for Section 4.9.3. Failure to give notice shall be grounds for the initiation of any recommendations or actions described in these Bylaws, which may include, without limitation, a precautionary suspension without any right to a Due Process Hearing or Appellate Review. Proper notice does not preclude further action by the Executive Committee and/or the Virtua Board.

4.9.1 A plea of guilty or nolo contendere or conviction in any jurisdiction of a criminal offense; a disorderly persons charge; a driving while intoxicated (drugs or alcohol) charge; or, reckless driving or careless driving where drugs or alcohol were involved. If so, s/he must indicate the date of the plea or conviction; the name and address of the court where the charge was handled; the docket number; the nature of the charge; and, the sentence or penalty imposed.

4.9.2 Acceptance into or participation in any pre-trial diversionary program that resulted in any of the foregoing charges being dismissed. If so, he/she must indicate the date and place of the pre-trial diversionary program; the nature of the charge; the docket number; and, provide a copy of the final discharge.

4.9.3 Service of any and all malpractice liability or other professional liability suits. Such notice also shall include a consent to release information from the appropriate government agency or body, or the Applicant's or Member's present and past malpractice insurance carriers.

4.10 Every Applicant and Member must practice within a field of health care or a specialty which is consistent with the purposes, treatment philosophy, methods and resources of the Hospital for which the Hospital has a current need as determined by the Medical Staff of the Division and the Virtua Board.

4.11 Any person who is employed by the Hospital with medico-administrative duties involving direct patient care shall be a Member with appropriate clinical privileges.

ARTICLE V

APPOINTMENT AND REAPPOINTMENT TO THE MEDICAL STAFFS

5.1 The requirements and procedures for Application for Initial Appointment or Reappointment to the Medical Staffs shall be as set forth in the addenda to the Bylaws entitled Policy on Appointment, Reappointment and Clinical Privileges, as approved by the Executive Committee. Section 2.2.1 of the Policy on Appointment requires that the process for reviewing applications for appointment and reappointment is completed on a timely basis.

5.2 By applying for appointment or reappointment to the Medical Staffs, the Applicant/Reapplicant agrees to cooperate fully in a timely fashion with the process and procedures set forth in the Bylaws. The burden of providing applicable information shall remain on the Applicant/Reapplicant at all times.

5.2.1 An Applicant/Reapplicant authorizes Hospital Representatives to consult with others who have been associated with him/her and who may have information bearing on his/her competence and qualifications.

5.2.2 An Applicant/Reapplicant shall consent to and authorize Hospital Representatives to inspect any records and documents that may be material to an evaluation of his/her professional qualifications and ability to carry out the clinical privileges he/she maintains or requests as well as of his/her professional and ethical qualifications. The Applicant/Reapplicant also releases from all liability all Hospital Representatives for their acts performed in good faith and without malice in connection with evaluating the Applicant/Reapplicant and his/her credentials and qualifications, and further releases from all liability all individuals and organizations who provide information, including otherwise privileged and confidential information, to Hospital Representatives in good faith and without malice concerning the Applicant/Reapplicant's ability, professional ethics, character, physical and mental health, emotional stability and other qualifications.

5.2.3 An Applicant/Reapplicant consents to and authorizes Hospital Representatives to provide other hospitals, medical associations and other organizations concerned with the quality and efficiency of patient care with any information the Hospital may have concerning him/her, and releases Hospital Representatives from all liability for so doing, provided that such provision of information is done in good faith and without malice.

5.3 Following recommendation by the Chairperson of the Department, the Credentials Committee of the applicable Division shall review all applications, the supporting documentation and such other information available to it, including information available through the National Practitioners Data Bank and Office of Inspector General that may be relevant to consideration of the Applicant/Reapplicant's qualifications. Applications are not complete until the Credentials Committee has received all of the information it requires.

5.4 After review and recommendation by the Credentials Committee, the Executive Committee shall review the application and make recommendations as to the specific clinical

privileges to be granted, and what qualifications, if any, are recommended on the grant of privileges. At the time of recommendation of appointment to the Medical Staffs, the Medical Executive Committee also shall recommend the assignment of an individual to a particular Department and, if appropriate, to a Section.

5.5 Appointments to the Medical Staffs are made by the Virtua Board, which may accept or reject, in whole or in part, the recommendations of the Executive Committee.

5.6 Initial appointments to the Medical Staffs shall be provisional for a period of up to two (2) years. If the Applicant is not recommended for appointment to regular status from provisional status, it shall be deemed a voluntary relinquishment of the Membership and clinical privileges. A provisional appointee whose Membership is terminated has the rights accorded by these Bylaws to a Member who has failed to be reappointed.

5.7 Reappointment shall be for a period of not more than two (2) years. A Member may, either in connection with reappointment or at any other time, request modification of his/her staff category, departmental assignment, or clinical privileges by submitting a written application to his/her Department Chairperson with a copy to the Credentials Committee. Such application shall be processed in substantially the same manner as provided for reappointment.

5.8 A Physician, Dentist, or Podiatrist engaged by the Hospital in a purely administrative capacity with no clinical duties, is not required to be a Member of the Medical Staffs, unless he/she has direct patient care activities. Determination of membership and clinical privileges for such person shall be obtained by the same procedure provided for other Medical Staff Members, and he/she shall have all of the rights and responsibilities of any other Member of the Medical Staffs. Decisions relating to any such Physician, Dentist or Podiatrist's employment or engagement, however, are not governed by these Bylaws and any such person shall not have any of the rights described in Article IX with respect to a decision relating to his/her employment.

ARTICLE VI

DETERMINATION OF CLINICAL PRIVILEGES

6.1 Every Member providing direct clinical services at the Hospital by virtue of his/her Membership, except as provided in Section 7.3, shall exercise only those clinical privileges or specified services specifically granted to him/her by the Virtua Board. All requests for clinical privileges shall be evaluated and granted, modified or denied pursuant to and as part of the procedures outlined in the Bylaws, and will be in effect throughout the Virtua system as described in the Policy on Appointment.

6.1.1 Each application for appointment and reappointment to the Medical Staffs must contain a request for the specific clinical privileges desired by the Applicant. A request by a Member for a modification of privileges must be supported by documentation of training and/or experience supportive of the request.

6.1.2 Requests for clinical privileges shall be evaluated on the basis of the Applicant's education, training, experience, current licensure and health status, and currently demonstrated ability and judgment.

6.2 Temporary privileges will not be routinely granted. A recipient of temporary privileges is bound by the Bylaws and any other conditions attached to the temporary privileges. The process for granting temporary privileges is set forth in the Policy on Appointment.

6.3 Military Privileges. Temporary privileges for an active duty military member of a Virtua-affiliated military hospital may be granted in accordance with the Bylaws addenda, Policies and Procedures on Appointment and Reappointment or other Medical Staff policies. A recipient of Temporary Military Privileges is bound by the Bylaws and any other conditions attached to such privileges. The expiration or termination of Temporary Military Privileges shall not create a right to Due Process or Appellate Review as provided in the Bylaws, unless such privileges are terminated for reasons related to the quality of care. Temporary Military Privileges are neither renewable, nor transferable to another Staff category.

6.4 Emergent Care. In the case of an emergency, any Member, to the degree permitted by his/her license, regardless of the status or clinical privileges, is permitted to do everything possible to save the life of a patient or save a patient from serious harm. For the purpose of this Section, an emergency is defined as a condition in which serious or permanent harm would result to a patient or in which the life of the patient is in immediate danger and any delay in administering treatment would add to that danger.

6.5 Disaster Privileges. A person who is not a Member may be granted disaster privileges during an officially declared emergency specific to Hospital facilities, the region, the state or national crisis. Disaster privileges may be granted in accordance with the procedure described in the Policy on Appointment.

6.6 Leave of Absence

6.6.1 Requests:

(a) A Member shall inform his or her department chief or section chief (if applicable) anytime he or she will be away from practice for more than 30 days. If the reason for the absence is related to the Member's physical or mental health, appropriate medical clearance is required to be reviewed and approved by the department chief before the Member can return to practice at the Hospital.

(b) A Member shall request a leave of absence if he or she will be away from practice for 90 days or longer. The request must state the reasons for the leave.

(c) A Member seeking a leave of absence to serve in the U.S. military shall automatically be granted such request.

6.6.2 Duties and Obligations:

(a) The obligation to pay dues shall continue during a leave of absence except that a Member granted a leave of absence for U.S. military service shall be exempt from this obligation.

(b) A Member on an approved leave of absence must complete the medical records of his/her patients prior to commencing the leave. Members who take a leave of absence due to emergent circumstances must make arrangements for the completion of medical records as soon as the Member is able.

(c) A Member on an approved leave of absence may not exercise any clinical privileges, vote, hold any office, or serve on any committee for the duration of the leave.

6.6.3 Reinstatement:

(a) An individual requesting reinstatement from a leave of absence shall submit a written summary of his or her professional activities during the leave and any other information that may be requested by the Hospital. Except as set forth below, requests for reinstatement shall be reviewed by the relevant department chief, the section chief (if applicable), the chairman of the Credentials Committee, and the President, and approved by theCEO (or designee).

(1) If the leave of absence was for educational or philanthropic reasons or for U.S. military service, and there are no concerns about the individual's ability to exercise safely and competently the privileges in question, the Member may immediately resume clinical practice at the Hospital upon approval by the department chief.

(2) If a leave of absence was for health reasons, the request for reinstatement must be accompanied by a report from the Member's physician indicating that the Member is physically and/or mentally capable of resuming a hospital practice and safely exercising the clinical privileges requested.

(b) As a part of the reinstatement of a Member, the department chief or section chief (if applicable) may create a plan of oversight to assure continued quality medical care. This plan shall be approved by the Credentials Committee.

(c) Absence for longer than one year shall result in automatic relinquishment of Medical Staff appointment and clinical privileges unless an extension is granted by the Medical Executive Committee and approved by the Board. Extensions will be considered only in extraordinary cases where the extension is in the best interest of the Hospital.

(d) A Member on a leave of absence whose membership will expire during the leave must complete the reappointment process prior to reinstatement.

6.7 A member may seek privileges to perform new procedures as set forth in the Policy on Appointment. In the event of any question as to whether a procedure or treatment requires a new delineation of privileges or is within the scope of existing privileges, the Department Chairperson shall make a recommendation to the Medical Executive Committee.

6.7.1 As necessary, but at least once per year, each Department Chairperson shall identify in writing those new procedures and treatments that shall require a specific privilege delineation before they can be performed.

6.8 A Member may request at any time to have his/her clinical care monitored. Such request shall be approved by theCEO (or designee), theVPMA, the President of the Medical Staff, and the Department Chairperson, who shall determine the conditions and terms of the Monitoring. Such monitoring shall not constitute a suspension or reduction of privileges, and is not subject to a Fair Hearing or Appellate Review set forth in Article IX.

ARTICLE VII

PEER REVIEW PROCEDURES FOR QUESTIONS INVOLVING MEDICAL STAFF MEMBERS

7.1 Collegial Intervention

(a) These Bylaws encourages the use of progressive steps by Medical Staff leaders and Hospital management, beginning with collegial and educational efforts, to address questions relating to an individual's clinical practice and/or professional conduct. The goal of these efforts is to arrive at voluntary, responsive actions by the individual to resolve questions that have been raised.

(b) Collegial intervention is a part of ongoing and focused professional practice evaluation, performance improvement, and peer review. Collegial intervention undertaken at one Division shall be effective at both Divisions.

(c) Collegial intervention efforts involve reviewing and following up on questions raised about the clinical practice and/or conduct of staff members and pursuing counseling, education, and related steps, such as the following:

(1) advising colleagues of all applicable policies, such as policies regarding appropriate behavior, emergency call obligations, and the timely and adequate completion of medical records;

(2) proctoring, monitoring, consultation, and letters of guidance; and

(3) sharing comparative quality, utilization, and other relevant information, including any variations from clinical protocols or guidelines, in order to assist individuals to conform their practices to appropriate norms.

(d) The relevant Medical Staff leader(s) will determine whether it is appropriate to include documentation of collegial intervention efforts in an individual's confidential file. If documentation of collegial efforts is included in an individual's file, the individual will have an opportunity to review it and respond in writing. The response will be maintained in that individual's file along with the original documentation.

(e) Collegial intervention efforts are encouraged, but are not mandatory, and will be within the discretion of the appropriate Medical Staff leaders and Hospital management.

(f) The relevant Medical Staff leader(s), in conjunction with the VPMAor CCEO (or designee), will determine whether to direct that a matter be handled in accordance with another policy such as the peer review policy, the Medical Staffs Policy on Disruptive Behavior (Appendix A), the Medical Staffs Policy on Sexual and Other Harassment (Appendix B) or the Health Policy (Appendix C). Medical Staff leaders may also direct these matters to the Medical Executive Committee for further action.

7.2 Investigations

7.2.1 Initial Review:

(a) No action taken pursuant to Section 7.2.1 will constitute an investigation.

(b) Whenever a serious question has been raised, or where collegial efforts have not resolved an issue, regarding any of the issues set forth below, the matter may be referred to the President of the Medical Staff, the Department Chairperson, theVPMA, theCEO (or designee), or the Chairperson of the Board:

(1) the clinical competence or clinical practice of any member of the Medical Staffs, including the care, treatment or management of a patient or patients;

(2) the known or suspected violation by any member of the Medical Staffs of applicable ethical standards or the Bylaws, policies, Rules and Regulations of the Hospital or the Medical Staffs; and/or

(3) conduct by any member of the Medical Staffs that is considered lower than the standards of the Hospital or disruptive to the orderly operation of the Hospital or its Medical Staffs, including the inability of the member to work harmoniously with others.

(c) The person to whom the matter is referred will make sufficient inquiry to satisfy himself or herself that the question raised is credible.

(d) The inquiry may include a request that the member undergo a clinical evaluation by a physician or other practitioner designated by theVPMA, at the Hospital's cost. In such case, the member will execute a release allowing (i) the Hospital to discuss with the health care professional(s) conducting the examination the reasons for the examination; and (ii) the health care professional(s) conducting the examination to discuss and provide documentation of the results of such examination to the Hospital. A refusal to undergo an evaluation will be referred to the Medical Executive Committee for further review.

(e) If the concern is not found to be credible, the person to whom the matter is referred may, but is not required to, discuss the matter with the member in question.

(f) If the concern is found to be credible, the person to whom the matter was referred shall discuss it with the member in question and refer the matter in writing to the Medical Executive Committee. This discussion may be delayed if, in the judgment of the person to whom the matter was referred, informing the individual immediately might compromise further review of the matter or disrupt the operation of the Hospital or Medical Staffs.

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(g) There shall only be one investigation undertaken within Virtua regarding any member. The Division that the Member has designated as Primary shall have initial responsibility to consider any request for investigation. However, if the Primary Division determines not to act and the request for an investigation was initiated within the Secondary Division, the Medical Executive Committee of the Secondary Division may also review and consider the request for investigation.

7.2.2 Initiation of Investigation:

(a) When a question involving clinical competence or professional conduct is referred to, or raised by, the Medical Executive Committee, the Medical Executive Committee will review the matter and determine whether to conduct an investigation or to direct the matter to be handled pursuant to the Medical Staffs Policy on Disruptive Behavior, the Medical Staffs Policy on Sexual and Other Harassment, the Health Policy, or to proceed in another manner. In making this determination, the Medical Executive Committee may discuss the matter with the individual. An investigation will begin only after a vote by the Medical Executive Committee to do so.

(b) The Medical Executive Committee will inform the individual that an investigation has begun. Notification may be delayed if, in the Medical Executive Committee's judgment, informing the individual immediately would compromise the investigation or disrupt the operation of the Hospital or Medical Staff.

(c) The Board may also determine to commence an investigation and may delegate the investigation to the Medical Executive Committee, a subcommittee of the Board, or an ad hoc committee.

(d) The President of the Medical Staff will keep the CEO (or designee) fully informed of all action taken in connection with an investigation.

7.2.3 Investigative Procedure:

(a) Once a determination has been made to begin an investigation, the Medical Executive Committee will either investigate the matter itself, request that the Credentials Committee conduct the investigation, or appoint an ad hoc committee to conduct the investigation. If an ad hoc committee is appointed, this committee may include individuals not on the Medical Staff. The Board may also make a determination to commence an investigation and may delegate the investigation to the Medical Executive Committee, the Credentials Committee, or an ad hoc committee.

(b) The committee conducting the investigation ("investigating committee") will not include partners, associates, or relatives of the individual being investigated and any such member shall recuse himself or herself from participating in the investigation. Whenever a question is raised concerning the clinical competence of the individual under review, the investigating committee will include a peer of the individual (e.g., physician, dentist or podiatrist).

(c) The investigating committee will have the authority to review relevant documents and interview individuals. It will also have available to it the

full resources of the Medical Staff and the Hospital, as well as the authority to use outside consultants, if needed. An outside consultant or agency may be used whenever a determination is made by the Hospital and investigating committee that:

(1) the clinical expertise needed to conduct the review is not available on the Medical Staff; or

(2) the individual under review is likely to raise, or has raised, questions about the objectivity of other practitioners on the Medical Staff; or

(3) the individuals with the necessary clinical expertise on the Medical Staff would not be able to conduct a review without risk of allegations of bias, even if such allegations are unfounded.

(d) The investigating committee may require a physical and/or mental examination of the individual by health care professional(s) acceptable to it. The individual being investigated will execute a release allowing (i) the investigating committee (or its representative) to discuss with the health care professional(s) conducting the examination the reasons for the examination; and (ii) the health care professional(s) conducting the examination to discuss and provide documentation of the results of such examination directly to the investigating committee.

(e) The individual will have an opportunity to meet with the investigating committee before it makes its report. Prior to this meeting, the individual will be informed of the general questions being investigated. At the meeting, the individual will be invited to discuss, explain, or refute the questions that gave rise to the investigation. A summary of the interview will be made by the investigating committee and included with its report. This meeting is not a hearing, and none of the procedural rules for hearings will apply. Neither the individual being investigated nor the investigating committee will be represented by legal counsel at this meeting. If the individual requests to have counsel, or a peer, accompany him or her to the meeting, the investigating committee will consider this request. If the investigating committee decides to allow counsel, both parties may have counsel present, but the attorneys will be invited as observers only.

(f) The investigating committee will make a reasonable effort to complete the investigation and issue its report within 30 days of the commencement of the investigation, provided that an outside review is not necessary. When an outside review is necessary, the investigating committee will make a reasonable effort to complete the investigation and issue its report within 30 days of receiving the results of the outside review. These time frames

are intended to serve as guidelines and, as such, will not be deemed to create any right for an individual to have an investigation completed within such time periods. In the event the investigating committee is unable to complete the investigation and issue its report within these time frames, it will inform the individual of the reasons for the delay and the approximate date on which it expects to complete the investigation.

(g) At the conclusion of the investigation, the investigating committee will prepare a report with its findings, conclusions, and recommendations and forward such to the Medical Executive Committee.

(h) In making its recommendations, the investigating committee will strive to achieve a consensus as to what is in the best interests of patient care and the smooth operation of the Hospital, while balancing fairness to the individual, recognizing that fairness does not require that the individual agree with the recommendation. Specifically, the committee may consider:

(1) relevant literature and clinical practice guidelines, as appropriate;

(2) all of the opinions and views that were expressed throughout the review, including report(s) from any outside review(s);

(3) any information or explanations provided by the individual under review;

(4) any other information the committee regards as relevant.

7.2.4 Recommendation:

(a) The Medical Executive Committee may accept, modify, or reject any recommendation it receives from an investigating committee. Specifically, the Medical Executive Committee may:

(1) determine that no action is justified;

(2) issue a letter of guidance, counsel, warning, or reprimand;

(3) impose conditions for continued appointment;

(4) impose conditions, monitoring or a general consultation requirement (i.e., the individual must obtain a consult but need not get prior approval for the treatment);

(5) require additional training or continuing education;

(6) recommend a mandatory concurring consultation requirement (i.e., the consultant must approve the course of treatment in advance);

(7) recommend reduction of clinical privileges;

(8) recommend suspension of clinical privileges for a term;

(9) recommend revocation of appointment and/or clinical privileges; or

(10) make any other recommendation that it deems necessary or appropriate.

(b) A recommendation by the Medical Executive Committee that would entitle the individual to request a hearing, as described in Section 8.1.1 of these Bylaws, will be forwarded to theVPMA, who will then notify the individual by Special Notice. The VPMAwill not forward the recommendation to the Board until the individual has completed or waived a hearing and appeal.

(c) If the Medical Executive Committee makes a recommendation that does not entitle the individual to request a hearing, as described in Section 8.1.2 of these Bylaws, it will take effect immediately. The VPMAwill notify the Board of all such actions. The action will remain in effect unless modified by the Board.

(d) The Board may accept the recommendation of the Medical Executive Committee or modify its recommendation. If the Board considers a modification to the recommendation of the Medical Executive Committee that would entitle the individual to request a hearing, as described in Section 8.1.1 of these Bylaws, the VPMAwill inform the individual by Special Notice. No final action will occur until the individual has completed or waived a hearing and appeal.

(e) When applicable, any recommendations or actions that are the result of an investigation or hearing and appeal will be monitored by Medical Staff leaders on an ongoing basis through the Hospital's performance improvement activities or pursuant to the applicable policies regarding conduct, as appropriate.

7.3 Precautionary Suspension or Restriction of Clinical Privileges

7.3.1 Grounds for Precautionary Suspension or Restriction:

(a) Whenever, in their sole discretion, failure to take such action may result in imminent danger to the health and/or safety of any individual or may

seriously interfere with the operation of the Hospital, the President of the Medical Staff, the chairperson of the relevant clinical department, theVPMA, theCEO (or designee), the Board Chairperson, or the Medical Executive Committee will each have the authority to (1) afford the individual an opportunity to refrain voluntarily from exercising privileges pending an investigation; and/or (2) suspend or restrict all or any portion of an individual's clinical privileges.

(b) A precautionary suspension or restriction can be imposed at any time following, but not limited to: (i) a specific event that causes concern; (ii) a pattern of occurrences that raises concern; or (iii) a recommendation of the Medical Executive Committee that would entitle the individual to request a hearing.

(c) Precautionary suspension or restriction is an interim step in the professional review activity, but it is not a complete professional review action in and of itself. It will not imply any final finding of responsibility for the situation that caused the suspension or restriction.

(d) A precautionary suspension or restriction will become effective immediately upon imposition, will immediately be reported by the individual imposing the precautionary suspension or restriction, in writing, to the CEO (or designee)and the President of the Medical Staff of each Hospital, and will remain in effect throughout Virtua unless it is modified by the CEO(or designee) or the Medical Executive Committee.

(e) The President of the Medical Staff or the CEO (or designee) shall provide the individual in question a brief description of the reason(s) for the precautionary suspension within three days of its imposition. This will include the names and medical record numbers of the patient(s) involved, if any.

7.3.2 Medical Executive Committee Procedure:

(a) The Medical Executive Committee will review the matter resulting in a precautionary suspension or restriction within a reasonable time under the circumstances, not to exceed 14 days. Prior to, or as part of, this review, the individual may be given an opportunity to meet with the Medical Executive Committee. The individual may propose ways other than precautionary suspension or restriction to protect patients, employees and/or the operation of the Hospital, depending on the circumstances.

(b) After considering the matters resulting in the suspension or restriction and the individual's response, if any, the Medical Executive Committee will do one of the following: (1) determine there is no ground for further action or investigation and remove the suspension, or (2) determine that there is

sufficient information to warrant further investigation as described in Section 7.2.2. If so, the Medical Executive Committee will decide whether to continue, modify, or terminate the precautionary suspension or restriction pending the completion of the investigation (and hearing, if applicable).

(c) There is no right to a hearing based on the imposition or continuation of a precautionary suspension or restriction.

7.3.3 Care of Patients:

(a) Immediately upon the imposition of a precautionary suspension or restriction, the President of the Medical Staff will assign to another individual with appropriate clinical privileges responsibility for care of the suspended individual's hospitalized patients. The assignment will be effective until the patients are discharged. The wishes of the patient will be considered in the selection of a covering physician.

(b) All members of the Medical Staff have a duty to cooperate with the President of the Medical Staff, the department chairperson, the Medical Executive Committee, and the CEO (or designee) in enforcing precautionary suspensions or restrictions.

7.4 Automatic Relinquishment

7.4.1 Failure to Complete Medical Records:

(a) The admitting clinical privileges of any individual shall be deemed to be automatically relinquished throughout Virtua for failure to complete medical records in accordance with applicable regulations governing the same. After notification by the Medical Records Department of such delinquency, such relinquishment shall be complete and shall include consulting privileges, voting and committee membership. It shall not include patients already admitted at the time of relinquishment and under care either as attending or consultant of the practitioner. Exceptions in the case of emergencies may be made with the approval of the President of the Medical Staff, theVPMA, or their designees. Such relinquishment shall be effective until medical records are completed in accordance with Medical Executive Committee policy unless the period of relinquishment exceeds 45 days. Relinquishments in excess of 45 days will be considered an automatic relinquishment of staff appointment, except as described in 7.4.1(b). No procedural fair hearing rights shall apply. The practitioner may be eligible to reapply for staff appointment. Such reapplication shall be processed in the same manner as if it were an initial application for staff appointment.

(b) Justified reasons for delay in completing medical records shall include:

(1) that the attending physician or any other practitioner contributing to the record is ill, on vacation, or otherwise unavailable for a period of time and has acted in accordance with 6.6;

(2) that a practitioner is waiting for the results of a late report, if the record is otherwise complete except for the discharge summary and the final diagnosis;

(3) that a practitioner has dictated reports and is waiting for Hospital personnel to transcribe them.

7.4.2 Failure to Provide Requested Information:

(a) For purposes of 7.4.2, "requested information" shall refer to the physical or mental examinations as specified in these Bylaws or to information necessary to explain an investigation, disciplinary action or resignation from another facility or agency.

(b) If at any time a member fails to provide requested information pursuant to a formal request by the Credentials Committee, the Executive Committee, theVPMA, or any other committee designated with such authority in these Bylaws, the member's clinical privileges shall be deemed to be automatically relinquished until the requested information is provided to the satisfaction of the requesting party. No procedural fair hearing rights shall apply.

7.4.3 Failure to Satisfy Continuing Education Requirements:

Failure to complete mandated continuing education requirements shall constitute a voluntary relinquishment of medical staff appointment and shall render an individual ineligible for reappointment to the Medical Staffs. Such failures shall be documented and evidence of such shall be made available to the Credentials Committee and the Executive Committee when making recommendations for reappointment, and by the Virtua Board when making its final decisions. No procedural fair hearing rights shall apply.

7.4.4 Failure to Attend a Special Meeting:

(a) Whenever there is an apparent or suspected deviation from standard clinical practice or appropriate professional behavior involving any individual, the President of the Medical Staff, Department Chairperson, or Section Chief may notify the individual that he/she is required to attend a special meeting to consider the matter. The meeting may be held with the

individual Medical Staff leaders and/or with a standing or ad hoc committee of the Medical Staff.

(b) Special Notice shall be given to the individual regarding this meeting at least five days prior to the meeting by hand delivery, certified mail, return receipt requested or overnight delivery service providing a receipt and shall inform the individual that attendance at the meeting is mandatory. Failure of the individual to attend the scheduled meeting shall be reported to the Executive Committee. Unless excused by the Executive Committee upon a showing of good cause, said failure shall result in automatic relinquishment of all or such portion of the individual's clinical privileges as the Executive Committee may direct. Such relinquishment shall remain in effect until the matter is resolved.

7.4.5 Action by Government Agency or Insurer and Failure to Satisfy Threshold Eligibility Criteria:

(a) Any action taken by any licensing board, professional liability insurance company, court or government agency regarding any of the matters set forth below or failure to satisfy any of the threshold eligibility criteria set forth in these Bylaws must be promptly reported to the Medical Staff Office.

(b) An individual's appointment and clinical privileges will be automatically relinquished throughout Virtua if any of the following occur:

(1) Licensure: Revocation, expiration, suspension, or the placement of conditions or restrictions on an individual's license.

(2) Controlled Substance Authorization: Revocation, expiration, suspension or the placement of conditions or restrictions on an individual's DEA or state controlled substance authorization.

(3) Insurance Coverage: Termination or lapse of an individual's professional liability insurance coverage or other action causing the coverage to fall below the minimum required by the Hospital or cease to be in effect, in whole or in part.

(4) Medicare and Medicaid Participation: Termination, exclusion, or preclusion by government action from participation in the Medicare/Medicaid or other federal or state health care programs.

(5) Criminal Activity: Indictment, conviction, or a plea of guilty or no contest pertaining to any felony, or to any misdemeanor involving (i) controlled substances; (ii) illegal drugs; (iii) Medicare,

Medicaid, or insurance or health care fraud or abuse; or
(iv) violence against another.

(c) An individual's appointment and clinical privileges will be automatically relinquished, throughout Virtua, without entitlement to the procedural rights outlined in these Bylaws, if the individual fails to satisfy any of the other threshold eligibility criteria set forth in these Bylaws.

(d) Automatic relinquishment will take effect immediately upon Special Notice to the Hospital and continue until the matter is resolved, if applicable. If an individual engages in any patient contact at the Hospital after the occurrence of an event that results in automatic relinquishment, without notifying the Hospital of that event, then the relinquishment will be deemed permanent.

(e) Failure to resolve the underlying matter leading to an individual's clinical privileges being automatically relinquished in accordance with paragraphs (b)(1), (b)(2) or (b)(3) above, within 90 days of the date of relinquishment will result in automatic resignation from the Medical Staffs.

(f) Requests for reinstatement will be reviewed by the relevant Department Chairperson, the Chairperson of the Credentials Committee, the President of the Medical Staff, and the CEO (or designee) (s). If all these individuals make a favorable recommendation on reinstatement, the Medical Staff member may immediately resume clinical practice at the Hospital. This determination will then be forwarded to the Credentials Committee, the Medical Executive Committee, and the Board for ratification. If, however, any of the individuals reviewing the request have any questions or concerns, those questions will be noted and the reinstatement request will be forwarded to the full Credentials Committee, Medical Executive Committee, and Board for review and recommendation.

ARTICLE VIII

HEARING AND APPEAL PROCEDURES

8.1 Initiation of Hearing

8.1.1 Grounds for Hearing:

(a) An individual is entitled to request a hearing whenever the Medical Executive Committee makes one of the following recommendations:

(1) denial of initial appointment to the Medical Staffs;

(2) denial of reappointment to the Medical Staffs;

(3) revocation of appointment and/or clinical privileges;

(4) denial of requested clinical privileges;

(5) reduction of clinical privileges;

(6) suspension of clinical privileges for more than 30 days (other than precautionary suspension);

(7) mandatory concurring consultation requirement (i.e., the consultant must approve the course of treatment in advance); or

(8) denial of reinstatement from a leave of absence if the reasons relate to professional competence or conduct.

(b) No other recommendations will entitle the individual to a hearing unless the Medical Executive Committee determines, after consulting with the Chief Executive Officer, that the recommendation, when final, would trigger an obligation on the part of the Hospital to file a report with the National Practitioner Data Bank.

(c) If the Board makes any of these recommendations without an adverse recommendation by the Medical Executive Committee, an individual would also be entitled to request a hearing. For ease of use, this Article refers to adverse recommendations of the Medical Executive Committee. When a hearing is triggered by an adverse recommendation of the Board, any reference in this Article to "the Medical Executive Committee" will be interpreted as a reference to the "Board."

(d) Pursuant to Section 8.1.1, an individual will only be given one hearing for any recommendation that entitles him or her to such. This hearing shall be conducted at the Division which the individual has designated as his or her Primary Division. The outcome of this hearing shall be binding on the individual and both Divisions within Virtua.

8.1.2 Actions Not Grounds for Hearing:

None of the following actions will constitute grounds for a hearing, and they will take effect without hearing or appeal, provided that the individual will be entitled to submit a written explanation to be placed into his or her file:

(a) a letter of guidance, counsel, warning, or reprimand;

(b) conditions for continued appointment;

(c) a requirement for monitoring or a general consultation requirement (i.e., the individual must obtain a consult but need not get prior approval for the treatment);

(d) additional training or continuing education;

(e) suspension of clinical privileges for 30 days or less;

(f) termination of temporary privileges;

(g) automatic relinquishment of appointment or privileges (see Section 7.4 of these Bylaws);

(h) precautionary suspension (see Section 7.3 of these Bylaws);

(i) denial of a request for leave of absence or for an extension of a leave (see Section 6.6 of the Bylaws);

(j) determination that an application is incomplete (see, i.e., Section 2.2.1 of the Policy on Appointment);

(k) determination that an application will not be processed due to a misstatement or omission (see, i.e., Section 2.2.2 of the Policy on Appointment);

(l) determination of ineligibility based on a failure to meet threshold qualifications (see, i.e., Section 2.1 of the Policy on Appointment), a lack of need or resources, or because of an exclusive contract; or

(m) in the case of an individual who has designated both a Primary and Secondary Division, any recommendation where a hearing has already been adjudicated by the Primary Division.

8.1.3 Notice of Recommendation:

The CEO (or designee) will promptly give Special Notice of a recommendation which entitles an individual to request a hearing. This notice will contain:

(a) a statement of the recommendation and the general reasons for it;

(b) a statement that the individual has the right to request a hearing on the recommendation within 30 days of receipt of this notice; and

(c) a copy of this Article.

8.1.4 Request for Hearing:

An individual has 30 days following receipt of the notice to request a hearing. The request will be in writing to the CEO (or designee) and will include the name, address, and telephone number of the individual's counsel, if any. Failure to request a hearing will constitute waiver of the right to a hearing, and the recommendation will be transmitted to the Board for final action.

8.1.5 Notice of Hearing and Statement of Reasons:

(a) The CEO (or designee) will schedule the hearing and provide, by Special Notice, the following:

(1) the time, place, and date of the hearing;

(2) a proposed list of witnesses who will give testimony at the hearing and a brief summary of the anticipated testimony;

(3) the names of the Hearing Panel members and Presiding Officer (or Hearing Officer) if known; and

(4) a statement of the specific reasons for the recommendation, including a list of patient records (if applicable), and information supporting the recommendation. This statement may be revised or amended at any time, even during the hearing, so long as the additional material is relevant to the recommendation or the individual's qualifications and the individual has had a sufficient opportunity, up to 30 days, to review and rebut the additional information.

(b) The hearing will begin as soon as practicable, but no sooner than 30 days after the notice of the hearing, unless an earlier hearing date has been specifically agreed to in writing by the parties.

8.1.6 Witness List:

(a) At least 15 days before the pre-hearing conference, the individual requesting the hearing will provide a written list of the names of witnesses expected to offer testimony on his or her behalf.

(b) The witness list will include a brief summary of the anticipated testimony.

(c) The witness list of either party may, in the discretion of the Presiding Officer, be amended at any time during the course of the hearing, provided that notice of the change is given to the other party.

8.1.7 Hearing Panel, Presiding Officer, and Hearing Officer:

(a) Hearing Panel:

TheCEO (or designee), after consulting with the President of the Medical Staff, will appoint a Hearing Panel in accordance with the following guidelines:

(1) The Hearing Panel will consist of at least three members, one of whom will be designated as Chairperson.

(2) The Hearing Panel may include any combination of:

(i) any member of the Medical Staff, provided the member has not actively participated in the matter at any previous level, and/or

(ii) physicians or laypersons not connected with the Hospital (i.e., physicians not on the Medical Staff or laypersons not affiliated with the Hospital).

(3) Knowledge of the underlying peer review matter, in and of itself, will not preclude the individual from serving on the Panel.

(4) Employment by, or other contractual arrangement with, the Hospital or an affiliate will not preclude an individual from serving on the Panel.

(5) The Panel will not include any individual who is in direct economic competition with the individual requesting the hearing.

(6) The Panel will not include any individual who is professionally associated with, related to, or involved in a referral relationship with the individual requesting the hearing.

(7) The Panel will not include any individual who is demonstrated to have an actual bias, prejudice, or conflict of interest that would prevent the individual from fairly and impartially considering the matter.

(b) Presiding Officer:

(1) In lieu of a Hearing Panel Chairperson, the CEO (or designee) may appoint a Presiding Officer who may be an attorney. The Presiding Officer will not act as an advocate for either side at the hearing.

(2) If no Presiding Officer has been appointed, the Chairperson of the Hearing Panel will serve as the Presiding Officer and will be entitled to one vote.

(3) The Presiding Officer will:

(i) allow the participants in the hearing to have a reasonable opportunity to be heard and to present evidence, subject to reasonable limits on the number of witnesses and duration of direct and cross-examination;

(ii) prohibit conduct or presentation of evidence that is cumulative, excessive, irrelevant or abusive or that causes undue delay;

(iii) maintain decorum throughout the hearing;

(iv) determine the order of procedure;

(v) rule on all matters of procedure and the admissibility of evidence;

(vi) conduct argument by counsel on procedural points outside the presence of the Hearing Panel unless the Panel wishes to be present.

(4) The Presiding Officer may be advised by legal counsel to the Hospital with regard to the hearing procedure.

(5) The Presiding Officer may participate in the private deliberations of the Hearing Panel and be a legal advisor to it, but will not be entitled to vote on its recommendations, except as designated in 3.1.7(b)(2) above.

(c) Hearing Officer:

(1) As an alternative to a Hearing Panel, the CEO (or designee), after consulting with the President of the Medical Staff, may appoint a Hearing Officer, preferably an attorney, to perform the functions of

a Hearing Panel. The Hearing Officer may not be, or represent clients, in direct economic competition with the individual requesting the hearing.

(2) If a Hearing Officer is appointed instead of a Hearing Panel, all references in this Article to the "Hearing Panel" or "Presiding Officer" will be deemed to refer to the Hearing Officer.

(d) Objections:

Any objection to any member of the Hearing Panel, or the Hearing Officer or Presiding Officer, will be made in writing, within ten days of receipt of notice, to theCEO (or designee). A copy of such written objection must be provided to the President of the Medical Staff and must include the basis for the objection. The President of the Medical Staff will be given a reasonable opportunity to comment. The CEO (or designee) will rule on the objection and give notice to the parties. The CEO (or designee) may request that the Presiding Officer make a recommendation as to the validity of the objection.

8.1.8 Counsel:

The Presiding Officer, Hearing Officer, and counsel for either party may be an attorney at law who is licensed to practice, in good standing, in any state.

8.2 Pre-Hearing Procedures

8.2.1 General Procedures:

The pre-hearing and hearing processes will be conducted in an informal manner. Formal rules of evidence or procedure will not apply.

8.2.2 Provision of Relevant Information:

(a) Prior to receiving any confidential documents, the individual requesting the hearing must agree that all documents and information will be maintained as confidential and will not be disclosed or used for any purpose outside of the hearing. The individual must also provide a written representation that his/her counsel and any expert(s) have executed Business Associate agreements in connection with any patient Protected Health Information contained in any documents provided.

(b) Upon receipt of the above agreement and representation, the individual requesting the hearing will be provided with a copy of the following:

(1) copies of, or reasonable access to, all patient medical records referred to in the statement of reasons, at the individual's expense;

(2) reports of experts relied upon by the Medical Executive Committee;

(3) copies of relevant minutes (with portions regarding other physicians and unrelated matters deleted); and

(4) copies of any other documents relied upon by the Medical Executive Committee.

The provision of this information is not intended to waive any privilege under the state peer review protection statute.

(c) The individual will have no right to discovery beyond the above information. No information will be provided regarding other practitioners.

(d) Prior to the pre-hearing conference, on dates set by the Presiding Officer or agreed upon by both sides, each party will provide the other party with its proposed exhibits. All objections to documents or witnesses, to the extent then reasonably known, will be submitted in writing in advance of the pre-hearing conference. The Presiding Officer will not entertain subsequent objections unless the party offering the objection demonstrates good cause.

(e) Evidence unrelated to the reasons for the recommendation or to the individual's qualifications for appointment or the relevant clinical privileges will be excluded.

(f) Neither the individual, nor any other person acting on behalf of the individual, may contact Hospital employees whose names appear on the Medical Executive Committee's witness list or in documents provided pursuant to this section concerning the subject matter of the hearing, until the Hospital has been notified and has contacted the employees about their willingness to be interviewed. The Hospital will advise the individual once it has contacted such employees and confirmed their willingness to meet. Any employee may agree or decline to be interviewed by or on behalf of the individual who requested a hearing.

8.2.3 Pre-Hearing Conference:

The Presiding Officer will require the individual or a representative (who may be counsel) for the individual and for the Medical Executive Committee to participate in a pre-hearing conference. At the pre-hearing conference, the

Presiding Officer will resolve all procedural questions, including any objections to exhibits or witnesses. The Presiding Officer will establish the time to be allotted to each witness's testimony and cross-examination. It is expected that the hearing will last no more than 15 hours, with each side being afforded approximately seven and a half hours to present its case, in terms of both direct and cross-examination of witnesses. Both parties are required to prepare their case so that a hearing will be concluded after a maximum of 15 hours. The Presiding Officer may, after considering any objections, grant limited extensions upon a demonstration of good cause and to the extent compelled by fundamental fairness.

8.2.4 Stipulations:

The parties and counsel, if applicable, will use their best efforts to develop and agree upon stipulations, so as to provide for a more orderly and efficient hearing by narrowing the issues on which live testimony is reasonably required.

8.2.5 Provision of Information to the Hearing Panel:

The following documents will be provided to the Hearing Panel in advance of the hearing: (a) a pre-hearing statement that either party may choose to submit; (b) exhibits offered by the parties following the pre-hearing conference, (without the need for authentication); and (c) stipulations agreed to by the parties.

8.3 The Hearing

8.3.1 Failure to Appear:

Failure, without good cause, to appear and proceed at the hearing will constitute a waiver of the right to a hearing and the matter will be transmitted to the Board for final action.

8.3.2 Record of Hearing:

A stenographic reporter will be present to make a record of the hearing. The cost of the reporter will be borne by the Hospital. Copies of the transcript will be available at the individual's expense. Oral evidence will be taken only on oath or affirmation administered by any person entitled to notarize documents in this state.

8.3.3 Rights of Both Sides and the Hearing Panel at the Hearing:

(a) At a hearing, both sides will have the following rights, subject to reasonable limits determined by the Presiding Officer:

(1) to call and examine witnesses, to the extent they are available and willing to testify;

(2) to introduce exhibits;

(3) to cross-examine any witness on any matter relevant to the issues;

(4) to have representation by counsel who may call, examine, and cross-examine witnesses and present the case;

(5) to submit a written statement at the close of the hearing; and

(6) to submit proposed findings, conclusions and recommendations to the Hearing Panel.

(b) If the individual who requested the hearing does not testify, he or she may be called and questioned.

(c) The Hearing Panel may question witnesses, request the presence of additional witnesses, and/or request documentary evidence.

8.3.4 Admissibility of Evidence:

The hearing will not be conducted according to rules of evidence. Evidence will not be excluded merely because it is hearsay. Any relevant evidence will be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. The guiding principle will be that the record contains information sufficient to allow the Board to decide whether the individual is qualified for appointment and clinical privileges.

8.3.5 Post-Hearing Statement:

Each party will have the right to submit a written statement, and the Hearing Panel may request that statements be filed, following the close of the hearing.

8.3.6 Persons to be Present:

The hearing will be restricted to those individuals involved in the proceeding. Administrative personnel may be present as requested by the CEO (or designee) or the President of the Medical Staff.

8.3.7 Postponements and Extensions:

Postponements and extensions of time may be requested by anyone, but will be permitted only by the Presiding Officer or the CEO (or designee) on a showing of good cause.

8.3.8 Presence of Hearing Panel Members:

A majority of the Hearing Panel will be present throughout the hearing. In unusual circumstances when a Hearing Panel member must be absent from any part of the hearing, he or she will read the entire transcript of the portion of the hearing from which he or she was absent.

8.4 Hearing Conclusion, Deliberations, and Recommendations

8.4.1 Order of Presentation:

The Medical Executive Committee will first present evidence in support of its recommendation. Thereafter, the burden will shift to the individual who requested the hearing to present evidence.

8.4.2 Basis of Hearing Panel Recommendation:

Consistent with the burden on the individual to demonstrate that he or she satisfies, on a continuing basis, all criteria for initial appointment, reappointment and clinical privileges, the Hearing Panel will recommend in favor of the Medical Executive Committee unless it finds that the individual who requested the hearing has proved, by a preponderance of the evidence, that the recommendation that prompted the hearing was arbitrary, capricious, or not supported by credible evidence.

8.4.3 Deliberations and Recommendation of the Hearing Panel:

Within 20 days after final adjournment of the hearing (which may be designated as the time the Hearing Panel receives the hearing transcript or any post-hearing statements, whichever is later), the Hearing Panel will conduct its deliberations outside the presence of any other person except the Presiding Officer. The Hearing Panel will render a recommendation, accompanied by a report, which will contain a concise statement of the basis for its recommendation.

8.4.4 Disposition of Hearing Panel Report:

The Hearing Panel will deliver its report to theCEO (or designee). The CEO (or designee) will send by Special Notice a copy of the report to the individual who requested the hearing. The COO will also provide a copy of the report to the Medical Executive Committee.

8.5 Appeal Procedure

8.5.1 Time for Appeal:

Within ten days after notice of the Hearing Panel's recommendation, either party may request an appeal. The request will be in writing, delivered to the CEO (or designee) either in person or by certified mail, return receipt requested, and will include a statement of the reasons for appeal and the specific facts or circumstances which justify further review. If an appeal is not requested within ten days, an appeal is deemed to be waived and the Hearing Panel's report and recommendation will be forwarded to the Board for final action.

8.5.2 Grounds for Appeal:

The grounds for appeal will be limited to the following:

(a) there was substantial failure by the Hearing Panel to comply with the Bylaws of the Hospital or Medical Staff during the hearing, so as to deny a fair hearing; and/or

(b) the recommendations of the Hearing Panel were made arbitrarily or capriciously and/or were not supported by credible evidence.

8.5.3 Time, Place and Notice:

Whenever an appeal is requested as set forth in the preceding Sections, the Chairperson of the Board will schedule and arrange for an appeal. The individual will be given Special Notice of the time, place, and date of the appeal. The appeal will be held as soon as arrangements can reasonably be made, taking into account the schedules of all the individuals involved.

8.5.4 Nature of Appellate Review:

(a) The Board may consider the appeal as a whole body, or the Chairperson of the Board may appoint a Review Panel composed of not less than three persons, either members of the Board or others, including but not limited to reputable persons outside the Hospital, to consider the record upon which the recommendation before it was made and recommend final action to the Board.

(b) Each party will have the right to present a written statement in support of its position on appeal. The party requesting the appeal will submit a statement first and the other party will then have ten days to respond. In its sole discretion, the Board (or Review Panel) may allow each party or its representative to appear personally and make oral argument not to exceed 30 minutes.

(c) The Board (or Review Panel) may, in its discretion, accept additional oral or written evidence subject to the same rights of cross-examination or confrontation provided at the Hearing Panel proceedings. Such additional evidence will be accepted only if the party seeking to admit it can demonstrate that it is new, relevant evidence or that any opportunity to admit it at the hearing was improperly denied, and then only at the discretion of the Board (or Review Panel).

8.5.5 Final Decision of the Board:

Within 30 days after the Board considers the appeal, or receipt of a Review Panel's recommendation, the Board will render a final decision in writing, including specific reasons, and will send Special Notice thereof to the individual. The Board may affirm, modify, or reverse the recommendation of the Review Panel or, in its discretion, refer the matter for further review and recommendation, or make its own decision based upon the Board's ultimate legal responsibility to grant appointment and clinical privileges. A copy will also be provided to the Medical Executive Committee of each Division, for its information.

8.5.6 Further Review:

Except where the matter is referred for further action and recommendation, the final decision of the Board following the appeal will be effective immediately and will not be subject to further review. If the matter is referred for further action and recommendation, such recommendation will be promptly made to the Board in accordance with the instructions given by the Board.

8.5.7 Right to One Hearing and One Appeal Only:

No member of the Medical Staff will be entitled to more than one hearing and one appellate review on any matter. If the Board denies initial appointment to the Medical Staff or reappointment or revokes the appointment and/or clinical privileges of a current member of the Medical Staff, that individual may not apply for staff appointment or for those clinical privileges for a period of five years unless the Board provides otherwise.

ARTICLE IX

ORGANIZATION OF THE MEDICAL STAFFS

9.1 The Medical Staffs shall be organized into two Divisions, "Virtua North" or the Memorial Division and "Virtua South" or the West Jersey Division.

9.1.1 Each Division shall elect its Division officers and appoint its Division committees in accordance with the Bylaws.

9.1.2 The Divisions shall endeavor to coordinate their activities, to the extent reasonably feasible, in order to promote efficiency and consistency within Virtua and the President of each Division may appoint an Ad Hoc Committee to assist in this coordination, as described in Section 12.4.

9.2 Chairpersons of Departments in the same specialty at the two Divisions shall meet at least quarterly to coordinate efforts, to the extent reasonably feasible, to promote efficiency and consistency within the Hospital. The Chairpersons shall report to their respective Medical Executive Committees as to the substance and results, if any, of said meetings.

9.3 Pursuant to Article XII, standing committees of the Medical Staff at each Division shall meet jointly at least annually to coordinate efforts to the extent reasonably feasible, to promote efficiency and consistency within the Hospital. The Committees shall report to their respective Medical Executive Committees as to the substance and results, if any, of said meetings.

ARTICLE X

OFFICERS AND THE CHIEF MEDICAL OFFICER

10.1 Each Division shall elect as officers a President, President-Elect, Vice President, and Secretary-Treasurer. Only Active Members in good standing may be nominated, elected, or hold office. No Active Member who is an employee, trustee, director or officer of a hospital, medical staff, health system, or other health care institution other than Virtua Health System may be nominated, elected or hold office. Any member who seeks to be a Medical Staff officer shall disclose in writing any actual or potential conflict of interest. This shall include:

(1) percentage of total earned income derived from Virtua and its affiliates and from each and every other such source, including business or practice expenses, in kind payments, and any substantial gifts;

(2) percentage of income of the member's medical practice group (corporation, partnership, or association) derived from Virtua and its affiliates and from each and every other such source, including business or practice expenses, in kind payments, and any substantial gifts;

(3) percentage of earned income of any family members derived from Virtua and its affiliates and from each and every other such source, including business or practice expenses, in kind payments, and any substantial gifts;

(4) whether the Member, any of the Member's partners, business associates, or any family member is the beneficiary of any exclusive contracts with the Hospital, Virtua or its affiliates; and

(5) any further details deemed necessary by the Medical Staff President or Nominating Committee to clarify possible conflicts.

10.1.1 Financial information for candidates for officers shall only be disclosed to active staff members in accordance with Virtua Medical Staffs Rules and Regulations.

10.1.2 The President-Elect shall assume the duties and have the authority of the President in his/her absence or inability to act. He/she shall perform such further duties to assist the President as the President from time to time may request, and shall fulfill those duties specified in the Bylaws.

10.1.3 The Vice-President shall accept assignments from the President. The Vice-President shall fulfill the duties specified in the Bylaws.

10.1.4 The Secretary-Treasurer shall accept assignments from the President. The Secretary-Treasurer shall fulfill the duties specified in the Bylaws.

10.2 All officers, shall be elected by those Members entitled to vote thereon at the annual meeting of the Medical Staff of the Division. The appointments shall take effect on the first day of the next Medical Staff year.

10.2.1 All officers shall serve a term of two (2) years and until such a time as a successor is elected. No individual may serve two (2) consecutive terms in the same office, with the exception of the Secretary-Treasurer who may serve up to two (2) consecutive terms in that office.

10.2.2 All officers shall be members of the Medical Executive Committee for the duration of their term.

10.3 Any officer may be removed from office without cause and at any time upon the petition of fifty percent (50%) of the Members of the Medical Executive Committee and the vote of eighty percent (80%) of the Medical Executive Committee or upon petition of fifteen percent (15%) of the active Staff Members and a vote of eighty percent (80%) the active Members entitled to vote at the election of officers. The officer in question shall be entitled to vote.

10.4 In the event of a vacancy in the office of President, either temporary or permanent, the President-Elect shall assume that office without election or vote. A vacancy in any other office shall be filled by an election to be conducted in accordance with the process in the Bylaws. Until such time as an election may be held, the President of the Medical Staff, at his discretion, may appoint a Member to fill the vacancy as an "acting" officer, who must be ratified by the Medical Executive Committee within sixty (60) days by a two-thirds (2/3) vote.

10.4.1 An individual elected or appointed to a vacant office shall complete the unexpired term. The completion of an unexpired term shall not count as a term of office under Section 10.2.3.

10.5 Elections for Medical Staff Officers shall be conducted in accordance with this Section.

10.5.1 The Nominating Committee shall consist of a minimum of seven members including at least one past president of the Medical Staff. The current Medical Staff President shall appoint the Nominating Committee and the chair of said committee. Vacancies on the Nominating Committee shall be filled by appointment by the President.

10.5.2 The Nominating Committee shall present a slate of candidates for the elected Officers. No candidate for President shall be presented unless required pursuant to Section 10.1.2.

10.5.3 The Nominating Committee shall commence its deliberations in January in the year an election is held. It shall use a search process to develop the slate of candidates. The Committee shall notify the Members by mail or posting, and any Member in good standing may submit his/her name along with the position sought. The Committee shall select the best candidates from the pool of candidates. Interviews will be held at the discretion of the Committee. The Committee may put more than one name on the slate for any given position.

10.5.4 Each candidate listed on the slate shall file with the Office of Medical Affairs a written statement of his/her credentials for the position sought.

10.5.5 Members seeking office who are not included in the Nominating Committee slate, shall submit written notice of their candidacy, supported by a petition of not fewer than fifty (50) active Members, and the position sought to the Office of Medical Affairs at least thirty (30) days prior to the annual meeting. Such "at-large" candidates also shall provide a written statement of their credentials for the position sought which shall be available for review in the Office of Medical Affairs.

10.5.6 The Committee shall post the slate of candidates in one or more conspicuous places, and shall e-mail the slate, at least forty five (45) days prior to the annual meeting. Members shall be informed by E-mail that the candidates' written statements are available for review in the Office of Medical Affairs. Twenty days prior to the Annual Staff Meeting E-mail notification will be sent to the members with the slate of candidates. The E-mail shall clearly distinguish the Nominating Committee slate from the at-large candidates.

10.5.7 At the Annual Medical Staffs Meeting, the election shall take place. Members eligible to vote may vote for any candidate whose name was posted. No nominations shall be taken from the floor.

10.5.8 Voting shall be closed ballot. If no candidate receives a majority of the votes cast, an additional vote shall be taken between the candidates with the two highest number of votes.

10.6 The Chief Medical Officer ("CMO") may be employed by the Hospital for one or both Division(s), after consultation with the Officers of the applicable Division(s). The CMO shall be an employee of the Hospital and shall be a Member of the Medical Staff. If the CMOhired by the Hospital is not yet a Member, he/she shall apply for membership as soon as is practicable upon assuming the position. The CEO and the Executive Vice President of Physician

Services for Virtua shall define his/her responsibilities in consultation with the CMO and the Officers of the applicable Division(s).

ARTICLE XI

CLINICAL DEPARTMENTS

11.1 Clinical Departments

11.1.1 Organization of Departments:

(a) Each department shall be organized as a clinical unit of the Medical Staff and shall have a Chairperson as set forth in the Bylaws.

(b) Departments may have one or more sections, subject to the provisions in this Article, which shall be considered specialty units within the Department.

(c) An up-to-date list of departments and sections of the Medical Staffs shall be set forth in the Medical Staffs Organizational Manual.

(d) No department or section shall be added or eliminated without the approval of the Executive Committee.

11.1.2 Functions of Departments:

(a) Each Department Chairperson shall recommend to the Credentials Committee written criteria for the assignment of clinical privileges within the Department and each of its Sections. Such criteria shall be consistent with, and subject to, the Bylaws. Criteria shall be effective when recommended by the Credentials Committee and Executive Committee and approved by the Virtua Board. Clinical privileges shall be based upon demonstrated competence, training, and experience within the scope of services covered by the department.

(b) Each Department shall monitor and evaluate medical care in all major clinical activities of the Department. This monitoring and evaluation shall include:

(1) the identification and collection of information about any important aspects of patient care and safety provided in the department;

(2) the identification of the indicators used to monitor the quality and appropriateness of the important aspects of care and safety;

(3) the periodic assessment of patient care information to evaluate the quality and appropriateness of care and to identify opportunities to improve patient care and safety; and

(4) the reporting of its conclusions, recommendations and actions to the Executive Committee. Copies of these reports shall be filed with theVPMA.

11.1.3 Department Chairpersons:

(a) Each Department Chairperson shall be an Active Member who possesses the qualifications set forth in Section 4.3, is certified in his/her specialty and/or subspecialty Board(s).

(b) Selection of Departmental Chairperson:

(1) Department Chairpersons shall be appointed to four (4) year terms. Terms shall begin the first day of January of the first year in the four year term or as soon after that date as a chairperson is confirmed by the Medical Executive Committee. There is no limit on the number of consecutive terms which may be served.

(a) If a position becomes vacant during the four (4) year term:
(i) The President of the Medical Staff shall appoint an interim chairperson to serve until a new chairperson is confirmed by the Medical Executive Committee.
(ii) The new chairperson will be appointed using the same process for identification, selection and confirmation as for any other appointment. The new chairperson will finish the four (4) year term during which the vacancy was created.

(2) Identification of candidates:

(a) Medical Affairs shall send a call for candidates to the members of the department(s) ninety (90) days prior to the start of a new term. Eligible candidates will submit a statement of intent and credentials for the position sought as well as a current curriculum vitae to Medical Affairs no later than twenty (20) days after the call for candidates is announced. Candidates also must complete a Virtua conflict of interest disclosure.

(b) Medical Affairs will notify the President of the Medical Staff of the names of candidates seeking the position.

(i) If the only candidate is an incumbent department chairperson then the President shall present that candidate to the Medical Executive Committee for confirmation.

(ii) In all other cases the President of the Medical Staff will appoint a selection committee and follow the process as defined in 11.1.3 b) (3) below.

(3) Selection process with multiple or non-incumbent candidates:

(a) The President of the Medical Staff shall appoint a selection committee to consider the candidate(s) for the department chairperson position.

(i) Voting members of the selection committee will include the following active medical staff members: one (1) committee chairperson (who will be a past President of the Medical Staff if available), three (3) members of the department whose chairperson is being selected, three (3) current chairpersons of other departments, and two (2) at large members.

(ii) Non-voting members of the selection committee will include one (1) physician representative from Medical Affairs (VPMAor his/her designee), one (1) representative from nursing administration (Chief Nursing Officer, VP Patient Care or Admin Director) and one (1) representative from Division administration (Senior Vice President or designee)

(iii) The President may at his/her discretion appoint additional selection committee members if needed to have adequate representation of the department.

(iv) All members of the selection committee must fully disclose any conflicts or potential conflicts of interest.

(b) Medical Affairs will notify all members of the department of the candidates through email. Members of the department will have the opportunity to submit feedback in writing or in person to the selection committee prior to the selection committee's decision.

(c) The committee shall consider the candidates for the department chairperson position. The committee shall consider the candidate's training, experience, clinical abilities, peer respect, ethical standards and anticipated ability to carry out the duties and responsibilities of a department chairperson. The committee shall notify the President of the Medical Staff and Medical Affairs of its nominee no less than forty (40) days prior to the start of the term.

(d) Medical Affairs shall submit the name of the nominee electronically to active members of the department. Members of the department will have ten (10) days to vote electronically to ratify the nominee. Whenever possible the vote should be completed at least thirty (30) days prior to the start of the term.

(i) If greater than fifty percent (>50%) of the active members of the department vote to reject the nominee then the selection committee will be reconvened for the purpose of selecting a nominee. A new call for candidates may be made at the request of the committee.

(ii) If the nominee is not rejected by greater than fifty percent (>50%) of the active members of the department then the name of the nominee shall be submitted to the Medical Executive Committee for confirmation.

(4) Confirmation by Medical Executive Committee and the Virtua Board of Trustees:

(a) The Medical Executive Committee shall confirm the nominee for department chairperson by a majority vote (>50% of the votes at a Medical Executive Committee meeting at which a quorum is present or an affirmative vote from >50% of those eligible to vote if the vote is conducted electronically).

(b) The name of the department chairperson will be submitted to the Virtua Board of Trustees for approval.

(c) Removal of Department Chairperson:

(1) Removal of a Department chairperson during a term of office may be initiated by:

(i) A two-thirds (2/3) vote of all active members in the department which must be ratified by a two-thirds (2/3) vote of the Medical Executive Committee,

(ii) A two-thirds (2/3) vote by the Medical Executive Committee; or

(iii) The Board on its own motion.

(2) The chairperson whose removal is proposed must be provided with special notice of the meeting at which such action will be discussed and this special notice must be given at least ten (10) days prior to the date of the meeting. The individual will be afforded an opportunity to be heard prior to the taking of any vote on such removal. Such removal will be effective upon approval of the Virtua Board.

(d) Biennial review of department Chairperson:

(1) Department chairpersons will be reviewed on a biennial basis. This review will occur in September of the second and fourth years of the term.

(i) Review committee will be appointed by the President of the Medical Staff and will include: medical staff officers, one department chairperson, one at large member at the discretion of the President, one (1) physician representative from Medical Affairs (VPMA or his/her designee) and one (1) representative from Division administration (Senior Vice President or designee). One (1) representative from nursing administration (Chief Nursing Officer, VP Patient Care or Admin Director) may be included at the discretion of the President.

(2) The department chairperson will present a brief report with respect to the performance of the department in the previous two years.

(3) The review committee will focus on goals for the department and the chairperson in the next two years in the context of the larger goals of the medical staff and Virtua. The review committee will provide feedback to the chairperson regarding performance as needed.

11.1.4 Functions of Department Chairpersons:

Each Chairperson shall:

(a) be responsible for the supervision and coordination of all clinically related activities of the Department and its administrative functions, and shall develop and implement rules and regulations to further the functions of the Department. The Chairperson, or designee, shall review, with the assistance of Medical Staff counsel, all departmental policies on a periodic basis for compliance with local, state, and federal regulations. The Chairperson shall submit a set of the policies to the Office of Medical Affairs within five (5) business days of completing the review;

(b) make written recommendations on appointments including but not limited to staff category, the criteria for clinical privileges, and reappointments as pertinent to that specialty;

(c) determine and monitor the qualifications and competency of practitioners who provide patient care services through quality control programs which shall review, among other things, professional competence, ethics, hospital obligations, committee assignments, and meeting attendance;

(d) chair the Department meetings and provide its members with information on administrative and Medical Staff matters, performance improvement and peer review activities, policy and procedure development, patient care, and other concerns;

(e) appoint a Vice Chairperson, who shall act on his/her behalf in his/her absence, subject to approval by the Medical Executive Committee and ratification by the Board;

(f) assure that minutes describing the discussions and actions of the Department are accurate and prepared in a timely manner, and prepare agendas, reports, minutes, letters, and other written materials as required;

(g) serve as a member of the Executive Committee and provide written and oral reports on departmental activities, recommendations and actions. Represent the views, policies, needs, and grievances of the Department to the Executive Committee;

(h) mentor the Vice Chairperson and Section Chief in medical and administrative duties and mentor and develop other Department members for leadership positions;

(i) appoint departmental committees and make recommendations to the President on appointment of Department members to Medical Staff, administrative, and Virtua committees;

(j) develop and coordinate departmental continuing education activities, in consultation with the Director of Medical Education, taking into consideration Department needs and quality and peer review results, and orient new members to the Department;

(k) develop policies, procedures, guidelines, and protocols through multi-disciplinary, cross-functional collaboration, and participate in capital equipment, budget, program, and service planning for new equipment and facilities as requested. Assess and recommend offsite sources of services needed for patient care not available through the Hospital or its affiliates;

(l) establish an on-call schedule and oversee compliance with a policy governing the obligation of the Department members to provide appropriate and necessary professional services to patients who are unable to pay or who require emergent care and report to the Medical Executive Committee if a Department member fails to comply with such policy. In the event that a department is unable to meet its obligation to provide emergent care without placing unreasonable demands upon its members, upon recommendation of the Chairperson, the Executive Committee shall recommend to the CEO (or designee) and the Virtua Board that incentives

or alternative means be developed to provide such coverage in accordance with Section 4.3.3;

(m) participate in Joint Commission, DOHSS, CMS, and other regulatory site reviews as requested;

(n) act in cooperation and coordination with the Administration and the Virtua Board and Officers of the Medical Staff in all matters of mutual concern;

(o) recommend space and other resources needed by the Department to the Medical Executive Committee;

(p) recommend the qualifications, competencies, and permitted scopes of practice for practitioners who practice at the Hospital but are not Members of the Medical Staff to the Medical Executive Committee;

(q) be a spokesperson for the Department with governmental and community agencies and bodies;

(r) be responsible for the coordination and integration of interdepartmental and intradepartmental services;

(s) recommend a sufficient number of qualified and competent persons to provide care or service to the Medical Executive Committee;

(t) continuously assess and improve the quality of care and services provided; and

(u) perform other duties as requested by the President of the Medical Staff.

11.1.5 Creation of a New Department:

A new department may be created within the structure of the Medical Staff as follows:

(a) Application shall be made in writing to the VPMA addressing the following elements:

(1) the reason for creation of the Department, which may include an explanation as to why simply establishing a section within an existing department would not suffice;

(2) documentation demonstrating that the department is a specialty or subspecialty recognized by the American Board of Medical Specialties ("ABMS"); and

(3) the criteria for Medical Staff membership in this Department (including certifications).

(b) Membership of a new Department must consist of no fewer than four (4) members of the Medical Staff.

(c) The written request will be reviewed by the VPMAfor the appropriate elements and forwarded to the President of the Medical Staff.

(d) The President of the Medical Staff will then appoint an ad hoc committee of the Medical Executive Committee which will investigate the advisability and feasibility of the creation of the requested Department.

(e) The ad hoc committee will make a formal report of its findings and recommendations to the Medical Executive Committee. The Medical Executive Committee may approve creation of a new Department subject to a final decision by the Virtua Board at the next meeting. The Board shall appoint members to this new Department.

11.2 Clinical Sections

11.2.1 Functions of Sections:

Sections shall meet at a self-determined frequency in order to discuss issues relevant to the Section. In the event a Section or Section Chief wishes to have an issue considered at the Department meeting or the Executive Committee meeting, this shall be accomplished by forwarding minutes, letter, or memo.

11.2.2 Section Chiefs:

(a) Each Section Chief shall be an Active Member who possesses the qualifications set forth in Section 4.3, is certified in his/her specialty and/or subspecialty Board(s).

(b) Selection of Section Chiefs

(1) The Section Chief for each section will be appointed by the Department Chairperson. The appointment will be ratified by the Medical Executive Committee and the name will be sent to the Virtua Board of Trustees for approval.

(2) The Section Chief may be removed by:

(i) The Department Chairperson if he/she determines it is appropriate;

(ii) Two-thirds (2/3) vote of the Medical Executive Committee; or

(iii) The Board on its own motion.

11.2.3 Functions of Section Chief:

Section Chiefs shall assist the Department Chairperson upon request as follows:

(a) Evaluating and reporting on specialty specific privilege requests.

(b) Recommending specialty specific privileging criteria.

(c) Monitoring and evaluating the quality of medical care and patient safety provided by the section.

(d) Appointing a vice chief who shall act on behalf of the Chief in his/her absence.

(e) Being responsible for the supervision of medical and administrative functions of the Section, developing and implementing rules and regulations in accordance with Section policies. The chief or designee shall review, with the assistance of Medical Staff counsel, all Section policies on a periodic basis for compliance with local, state, or federal regulations and/or Virtua policies, rules, and regulations. The chief shall submit a set of the policies to the Office of Medical Affairs within five (5) business days of completing the review.

(f) Establishing and enforcing a policy obligating the Section members to provide appropriate and necessary professional services to patients who are unable to pay or who require emergent care. This shall include scheduling section members for emergency on-call and clinic coverage as required by these Bylaws.

(g) Performing such other duties as may from time to time be requested by the Department Chairperson.

11.2.4 Creation of a New Section:

A new Section within a Department (either existing or new) may be created within a Department as follows:

(a) Application made in writing to the VPMA with the following elements:

(1) reason for creation of the Section; and

(2) criteria for Medical Staff membership in this Section (including certifications).

(b) The written request will be reviewed by the VPMA for the appropriate elements and forwarded to the Chairperson of the Department.

(c) The Chairperson of the Department will then evaluate the request for a new Section, and make a recommendation to the Medical Executive Committee. The request for creation of a new Section may be approved by the Medical Executive Committee subject to disapproval by the Virtua Board.

ARTICLE XII

COMMITTEES OF THE MEDICAL STAFFS

12.1 Types of Committees: Standing or Special

12.1.1 A Standing Committee shall perform any task assigned to it by the Bylaws or referred to it by the Executive Committee. Standing Committee shall include the Executive Committee and those Committees described in the Policies, Procedures, and Organizational Manual of the Medical Staffs.

12.1.2 A Special or Ad Hoc Committee shall perform a specific assignment, and shall cease to function when the assignment is completed.

12.2 Appointment

12.2.1 Chairpersons: The President of the Medical Staff shall appoint Committee Chairpersons in consultation with theVice President of Medical Affairs . There shall be no limitation in the number of terms they may serve. Any appointed Chairperson may be removed and such vacancy filled at the discretion of the President.

12.2.2 Members: The President of the Medical Staff shall appoint the Members of each committee in consultation with theVPMA. There shall be no limitation in the number of terms they may serve. Any appointed member may be removed and such vacancy filled at the discretion of the President.

(a) The Chairperson shall appoint the secretary of each committee.

(b) Non-Medical Staff committee members may not vote on Medical Staff committees unless specifically so designated by the Executive Committee. In matters relating to quality of care or patient safety rendered by a practitioner or group of practitioners, non-Medical Staff members may not vote, even if so permitted otherwise.

12.3 Executive Committee

12.3.1 Composition of the Executive Committee:

(a) The Executive Committee shall consist of: the Officers and the Chairperson of each clinical department, the Chairperson of the Credentials Committee, immediate past president and up to five at-large members.

(b) Selection of the At-Large Members:

(1) At Virtua South, the President may appoint at-large members, each of whom shall be a member of a different Department.

(2) At Virtua North, at-large members shall be chosen by the members of the Medical Staff in accordance with policy set forth by the Medical Executive Committee.

(c) No Active Member may be excluded from participating on the Executive Committee because of his/her specialty or subspecialty.

(d) The President of the Medical Staff shall be Chairperson of the Executive Committee.

12.3.2 Other Attendees: The CEO or his/her designee shall attend without vote. The Executive Committee may, at its discretion, invite members of Administration or other individuals to attend meetings of the Executive Committee and, if requested by the Executive Committee, such invitees may participate in its discussions, but without a vote.

12.3.3 Duties: The Executive Committee is delegated the primary authority over activities related to the functions of the Medical Staff and performance improvement activities regarding the professional services provided by individuals with clinical privileges. The duties of the Executive Committee shall be:

(a) to represent and to act on behalf of the Medical Staff in all matters without requirement of subsequent approval by the staff, subject only to any limitations imposed by these Bylaws;

(b) to coordinate the activities, policies, and strategies with the Executive Committee of the other Division of Virtua so as to provide that the Medical Staff functions as one body;

(c) to coordinate the activities and general policies of the various departments, and to supervise implementation of policies that affect the Medical Staff;

(d) to receive and to act upon those committee reports as specified in these Bylaws and relevant Hospital policies, and to make recommendations concerning them to the Credentials Committee, theCEO (or designee), and the Virtua Board, as appropriate, and to act as a liaison among the Medical Staffs, The Medical Affairs Committee, the CEO(or designee) and the Virtua Board;

(e) to recommend directly to the Board on at least the following:

(1) the Medical Staff's structure;

(2) the mechanism used to review credentials and to delineate individual clinical privileges;

(3) the mechanism by which Medical Staff appointment may be terminated;

(4) applicants for Medical Staff appointment;

(5) delineation of clinical privileges for each eligible individual;

(6) participation of the Medical Staff in Hospital performance improvement activities; and

(7) hearing procedures.

(f) to review and approve scopes of practice for Allied Health Professionals subject to final approval by the Virtua Board;

(g) to keep the Medical Staff abreast of applicable accreditation and regulatory requirements affecting the Hospital;

(h) to enforce Medical Staff rules in the best interest of patient care and safety and best interest of the Hospital with regard to all Medical Staff Members;

(i) to implement policies affecting the Medical Staff;

(j) to consult with administration on quality-related aspects of contracts for patient care services;

(k) to review the bylaws, policies, rules and regulations, and associated documents of the Medical Staff at least once a year and recommend such changes as may be necessary or desirable;

(l) to determine, after consideration of the recommendations of the Credentials Committee and external regulatory agencies, the minimum continuing education requirements for appointees to the staff;

(m) to review the Credentials Committee's report and recommendation regarding the credentials of all applicants and to make recommendations directly to the Virtua Board for appointment to the Medical Staff, and to make recommendations for assignment to departments, and delineation of clinical privileges as set forth in the Policy on Appointment, Reappointment and Clinical Privileges;

(n) to review and approve Medical Staff Committees' recommendations;

(o) to review and approve the Medical Staff budget, dues, expenses and investments;

(p) to review (or delegate the review of) quality indicators to ensure uniformity of care;

(q) to provide leadership in activities related to patient safety;

(r) to provide oversight in the process of analyzing and improving patient satisfaction; and

(s) to perform such other functions as are assigned to it by these Bylaws, the Policy on Appointment, Reappointment and Clinical Privileges or other applicable policies.

12.3.4 Performance Improvement Functions: The Medical Staff is actively involved in, and has primary responsibility for, performance improvement functions, including reviewing data and recommending and implementing processes to address the following:

(a) patient safety, including processes to respond to patient safety alerts, meet patient safety goals and reduce patient safety risks;

(b) the Hospital's and individual practitioners' performance on Joint Commission and CMS core measures;

(c) medication usage, including review of significant adverse drug reactions, medication errors and the use of experimental drugs and procedures;

(d) the utilization of blood and blood components, including review of significant transfusion reactions;

(e) operative and other procedures, including tissue review and review of discrepancies between pre-operative and post-operative diagnoses;

(f) education of patients and families;

(g) coordination of care, treatment and services with other practitioners and Hospital personnel;

(h) accurate, timely and legible completion of medical records;

(i) the required content and quality of history and physical examinations, as well as the time frames required for completion, all of which are set forth in the Medical Staffs Rules and Regulations;

(j) the use of developed criteria for autopsies;

(k) sentinel events, including root cause analyses and responses to unanticipated adverse events;

(l) nosocomial infections and the potential for infection;

(m) unnecessary procedures or treatment;

(n) appropriate resource utilization; and

(o) any other performance improvement issues.

12.3.5 Meetings, Reports and Recommendations: The Executive Committee shall meet not less than Six (6) times per year. On months the executive Committee does not meet Credentials will be reviewed and approved electronically. The Secretary-Treasurer will maintain reports of all meetings, which reports shall include the minutes of the various committees and departments of the Medical Staff. Copies of all minutes and reports of the Executive Committee shall be transmitted to the Vice President of Medical Affairs after approval. Recommendations of the Executive Committee shall be transmitted to the Virtua Board with a copy to theVice President of Medical Affairs. The Chairperson of the Executive Committee shall be available to meet with the Virtua Board or its applicable committee on all recommendations that the Committee may make.

12.3.6 Policies, Procedures and Organization Manuals: Policies, procedures, and formal organizational structures related to the activities of the Medical Staff shall be contained in written Policies, Procedures and Organizational Manuals which shall be approved by the Executive Committee.

12.4 On an as needed basis, the President of each Division, after consultation with appropriate Department Chairpersons, shall appoint an Ad Hoc Committee of an equal number of Members who have designated the Division as Primary, to assist in coordinating policies and procedures at the two Divisions to promote efficiency and consistency within the Hospital. This Ad Hoc Committee may make recommendations to the Medical Executive Committee of each Division and take such action that is authorized by the Medical Executive Committee of both Divisions.

ARTICLE XIII

MEETINGS

13.1 Regular Meetings. Medical Staff Regular Meeting shall be an annual meeting to take place in October.

13.1.1 With proper notice of at least sixty (60) days the President, with the approval of the Executive Committee, may schedule additional regular meetings.

13.1.2 At the October meeting, the Nominating Committee shall render its report and the Medical Staff shall elect its Officers. Those elected shall assume office on the first day of the next Medical Staff year.

13.2 Special Meetings. The President or the Executive Committee may call a Special Meeting at any time. The time and place of a Special Meeting shall be set by the President or the Executive Committee, as the case may be.

13.2.1 Notice stating the place, day, hour, and agenda of any Special Meeting shall be given to each Member not less than five (5) days prior to the date of such meeting. The Member's attendance at a Special Meeting shall constitute a waiver of notice of such meeting.

13.2.2 No business shall be transacted at any Special Meeting except that business specifically stated in the agenda contained in the notice of the meeting.

13.2.3 The President must call a Special Meeting within twenty (20) days after receipt of a written request signed by not less than one-fourth of the active Members. Such request must state the specific purpose for such meeting.

13.3 Quorum. The presence of at least fifty-percent (50%) of the Active Members entitled to vote constitutes a quorum at any of its meetings.

13.3.1 If a quorum is not present, the matters requiring a vote shall be submitted to the non-binding vote of those present who are entitled to vote. The results of the vote shall be referred to the Executive Committee, which shall vote on the matter. The results of such vote shall be as binding as though the vote was taken at a meeting of the Medical Staff at which a quorum was present, any provisions in these Bylaws to the contrary notwithstanding.

13.4 Agenda. The President shall have the right to establish and modify the agenda for Regular Meetings of the Medical Staff.

13.5 Regular Meetings of Committees, Departments and Sections. Committee Chairpersons shall establish and advise committee members of the time for the holding of regular committee meetings, consistent with requirements for such meetings set forth in the Bylaws. Departments and Sections shall hold meetings, as necessary, to review and evaluate the clinical work of practitioners with privileges in their departments or sections and to accomplish the administrative affairs of the departments. The Department Chairperson or Section Chief shall establish and publish the schedule of meetings of his/her department or section.

13.5.1 Special Meetings of Committees, Departments and Sections: A committee Chairperson, Department Chairperson or Section Chief may call for a Special Meeting of his/her committee, department or section at any time. The Chairperson or Chief must call a Special Meeting of his/her committee, department or section if requested to do so (i) by the President, or (ii) by one-third (1/3) of respective committee or department's Members, but by not less than two (2) such Members.

13.5.2 Notice stating the place, day and hour of any Special Meeting shall be given to each committee, department or section member not less than ten (10) days prior to the date of such meeting. A member's attendance at a meeting is a waiver of notice by the member of such meeting. The notice of a Special Meeting shall include a statement of that meeting's agenda, and no other business may be conducted thereat.

13.6 Ten (10) percent, but not fewer than two (2) members of a committee, department or section shall constitute a quorum at any meeting. The action of a majority of the members present at a meeting at which a quorum is present shall be deemed to be the action of the committee, department or section.

13.7 Action may be taken without a meeting upon the unanimous written consent to the action to be taken.

13.8 Any persons serving under these Bylaws as Ex-Officio members of a committee shall have all the rights and privileges of regular members except when otherwise stated. Non-Medical Staff members serving under these Bylaws as members of a committee shall not have the right to vote unless specifically so designated by the Executive Committee. In matters relating to quality of care or patient safety rendered by a practitioner or group of practitioners, non-Medical Staff members may not vote, even if so permitted otherwise.

13.9 Minutes of each meeting of a committee, department, or section shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. Each committee, department, or section shall maintain minutes of each meeting in accordance with the Hospital record retention policies.

13.9.1 Minutes of all committee, department, and section meetings shall be forwarded to the Office of Medical Affairs and to the Executive Committee, and to the applicable Department Chairperson, in the case of sections.

13.10 Attendance Requirement. A Member whose patient's clinical course is scheduled for discussion and/or evaluation at a department, committee or section meeting shall be given Special Notice and the Member must attend that meeting if so required by the Department Chairperson, Section Chief or the Committee Chairperson. The Chairperson or Chief shall give the Member at least ten (10) days advance written Special Notice of the time and place of the meeting. A Member's failure to attend any such meeting, unless the Chairperson or Chief excuses his/her absence for good cause such as improper notice, may result in the summary suspension of the Member's clinical privileges.

Such suspension shall remain in effect until the matter is resolved through any mechanism consistent with these Bylaws, including the initiation of any recommendations or actions described in these Bylaws. If the Member makes a timely request for postponement of such meeting supported by an adequate showing that his/her absence is unavoidable, the Chairperson or Chief may postpone his/her appearance. The postponement, however, may not continue beyond the next regular meeting of the body in question.

ARTICLE XIV

RIGHTS AND RESPONSIBILITIES

14.1 In consideration for Membership on the Medical Staffs, each Applicant or Member agrees to hold harmless and to relinquish any right to sue, in law or in equity, the Hospital, Virtua or any of its subsidiaries or affiliates and their employees, agents, officers, and trustees and the Medical Staffs, or any of its Officers, Chairperson, agents or chiefs for any act, communication, report, recommendation, or disclosure with respect to any Member or Applicant performed or made in good faith at the request of an authorized representative of this or any other health care facility, for the purpose of verifying credentials or achieving and maintaining quality patient care in this or any other health care facility. This agreement shall preclude any claim of liability or for damages arising from any such communication.

14.1.1 The agreement applies to all acts or communications relating to a Member or Applicant's professional qualifications, clinical competency, character, mental or emotional stability, physical condition, ethics, or any other matter that might directly or indirectly have an effect on patient care performed or made in connection with this or any other health care institution's activities related, but not limited to: (1) application for appointment or clinical privileges; (2) periodic reappraisal for reappointment or clinical privileges; (3) interim modification of privileges; (4) any recommendations or actions described in these Bylaws, including summary suspension; (5) hearing and appellate reviews; (6) medical care evaluations; (7) utilization reviews; and (8) other Hospital, Departmental, Section, or Committee activities related to quality patient care and interprofessional conduct.

14.1.2 The agreement applies to third parties who supply information to any of the foregoing. For the purpose of this Section the term "third parties" means both individuals and organizations from which information has been requested by an authorized representative of the Virtua Board or of the Medical Staffs. Each Member or Applicant shall execute releases as requested in favor of the individuals and organizations.

14.2 Actions taken and recommendations made pursuant to these Bylaws shall be held strictly confidential. Any unauthorized disclosure of Confidential Information by individuals who are participating in, or subject to, any credentialing or peer review activities, including the Hospital, its agents or subsidiaries, to anyone without a legitimate reason to know such information may result in a professional review action and/or appropriate legal action. For the purpose of this section, Confidential Information is defined as written or oral record of proceedings, minutes, records, reports, memoranda, statements, recommendations, data, and other disclosures relating to any activity carried on pursuant to these Bylaws.

14.3 All Members shall cooperate fully with the Corporate Compliance Policy of Virtua and adhere to all laws, regulations, and standards of conduct applicable to their activities at the Hospital, the practice of their profession, and their participation in any station federal health program as a condition of their continued appointment to the medical staffs. In the event that any Member knows or suspects that s/he or any director, officer, employee or other Member has violated applicable laws or regulations, s/he immediately shall report the same to the CEO (or designee) or the Virtua Compliance Officer.

ARTICLE XV

RULES AND REGULATIONS AND POLICY ON APPOINTMENT, REAPPOINTMENT AND CLINICAL PRIVILEGES

15.1 Rules and Regulations. The Medical Staffs shall adopt such Rules and Regulations as may be necessary to implement more specifically the general principles found within these Bylaws. These shall relate to the proper conduct of Medical Staff activities as well as embody the level of practice that is to be required of each Member. Such Rules and Regulations shall become effective when approved by the Executive Committee and by the Virtua Board and if so approved shall be a part of these Bylaws.

15.1.1 The Medical Staffs Rules and Regulations may be amended by a majority vote of the members of the Executive Committee. Notice of all proposed amendments to this document shall be provided to each member of the Active Medical Staff at least ten (10) days prior to the vote by the Executive Committee. Any voting member may submit written comments on the amendments to the President of the Medical Staff.

15.1.2 Amendments to the Medical Staffs Rules and Regulations may also be proposed by a petition signed by one-fourth (25%) of the Active Staff. Any such proposed amendments will be reviewed by the Executive Committee, which may comment on the amendments before they are forwarded to the Board for its final action.

15.2 Policy on Appointment, Reappointment and Clinical Privileges. The Medical Staffs shall adopt a Policy on Appointment, Reappointment and Credentialing as provided in Articles IV – VI.

15.2.1 The Policy on Appointment, Reappointment and Clinical Privileges may be adopted or amended by a majority vote of the Members of the Executive Committee present and voting at a meeting where a quorum exists after any written recommendations of the Credentials Committee concerning the proposed amendments have first been received and reviewed.

15.2.2 Amendments to the Policy on Appointment, Reappointment and Clinical Privileges may also be proposed by a petition signed by one-fourth (25%) of the Active Staff. Any such proposed amendments will be reviewed by the Executive Committee, and the Credentials Committee, which may comment on the amendments before they are forwarded to the Board for its final action.

ARTICLE XVI

CONFLICTS OF INTEREST

16.1 All Members of the Medical Staffs of Virtua Health System, especially Members serving as a Medical Staff Leader, and Members who are performing credentialing, privileging, peer review, or performance improvement functions, must be sensitive to potential conflicts of interest in carrying out their duties.

16.2 Definitions of Conflicts used in this Policy:

16.2.1 "Conflict of Interest Involving a Competing Entity" means employment by, or serving as a trustee, director or officer of, a competing hospital, medical staff health system, or other health care institution, other than Virtua Health System.

16.2.2 "Conflict of Interest Involving Virtua Health System" means employment by, or other contractual arrangement with, Virtua Health System or any of its affiliates.

16.2.3 "Financial Interest" means that an individual has, directly or indirectly, through business, practice or family:

(a) an ownership or investment interest in any entity with which Virtua Health System, or any of its affiliates, has a transaction or arrangement; or

(b) a compensation arrangement with Virtua Health System, any entity in the health care system or any entity or individual with which Virtua Health System or any entity in the health care system has a transaction or arrangement; or

(c) a potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which Virtua Health System or any entity in the health care system is negotiating a transaction or arrangement.

A Financial Interest is not necessarily a conflict of interest. An individual who has a Financial Interest may have a conflict of interest only as determined under this Policy.

16.2.4 "Medical Staff Leader" means any Member of the Medical Staffs of Virtua Health System who is serving as a Medical Staff Officer, Department Chairperson, Section Chief, or Standing Committee Chairperson.

16.3 Pursuant to Section 10.1 of the Bylaws, any Medical Staff Officer, or any candidate for a position as an officer of the Medical Staff, who has an actual or potential Conflict of Interest Involving a Competing Entity or an actual or potential Conflict of Interest Involving Virtua Health System shall make a complete and accurate disclosure of the existence and nature of the relationship.

16.3.1 In the case of a Conflict of Interest Involving a Competing Entity, the President of the Medical Staff shall determine if a conflict of interest

exists. The President-Elect shall be responsible for reviewing any conflicts related to the disclosure of the President of the Medical Staff. If an individual is found to have a Conflict of Interest Involving a Competing Entity, that individual may not be nominated, be elected, or hold office as a Medical Staff Officer.

16.3.2 In the case of a Conflict of Interest Involving Virtua Health System, and as described in Section 10.1 of the Bylaws, any candidate for a position as an officer of the Medical Staff shall disclose any arrangement in which the candidate is receiving any remuneration from the Hospital, Virtua or any of its affiliates.

16.3.3 All disclosures and written information provided by an individual related to a Conflict of Interest Involving Virtua Health System shall be kept on file in the Medical Affairs Office. Such records may be reviewed only by Active Members primarily practicing in the relevant Division. Unwarranted dissemination or copying of this information shall result in appropriate disciplinary and corrective action.

16.3.4 Those serving as Medical Staff Officers shall update their disclosures of any conflicts of interest on an annual basis. The Medical Affairs Office will obtain an updated disclosure every January. The President of the Medical Staff shall become familiar with all such disclosures in case a conflict arises. The President-Elect shall become familiar with the disclosures of the President of the Medical Staff. The burden is on all Medical Staff Officers to make ongoing disclosures anytime any conflict of interest arises.

16.4 Managing Actual or Potential Financial and/or Interpersonal Conflict Situations

16.4.1 An actual or potential conflict situation could arise whenever a Member of the Medical Staff is engaged in deliberations related to the Medical Staffs, Medical Staff members or Virtua Health System that involve one of the following interests:

(1) a direct or indirect financial interest;
(2) membership in the same group practice;
(3) being a direct competitor;
(4) an immediate family member (spouse, parent, child, sibling or in-law);
(5) a close friendship; or
(6) a history of personal conflict.

16.4.2 Whenever a Member has a potential or actual conflict of interest as described in the above paragraph, the Member must disclose the existence of the conflict and all material facts related to his or her interest. Failure to make such a disclosure shall result in appropriate disciplinary and corrective action.

16.4.3 Any Member who is concerned about, or has knowledge of the existence of, a potential conflict of interest on the part of any other Member, including but not limited to the situations noted above, is encouraged to call the potential conflict of interest to the attention of the President of the Medical Staff (or the President-Elect if the President of the Medical Staff

is the person with the potential conflict) or the applicable department, section, or committee chairperson.

16.4.4 The President of the Medical Staff or the applicable department, section or committee chairperson has the authority to make a final determination as to how best to manage the situation, including recusal of the individual, if necessary.

16.4.5 When the disclosure of a potential or actual conflict of interest occurs during a meeting of a department, section, or committee, the chairperson of the department, section or committee (or the vice-chairperson if the chairperson is the person with the potential conflict) shall consider whether the Member's presence would inhibit full and fair discussion of the issue or if it would otherwise skew the recommendation. If such a determination is made, that there is a conflict of interest, the Member shall be recused from participating in the meeting and must leave the meeting prior to the final vote. Prior to leaving, the Member may provide information that he or she thinks is relevant to the issue at hand. The minutes will reflect that the Member left the meeting.

16.4.6 No staff Member has a right to compel the disqualification of another staff Member based on an allegation of conflict of interest. Rather, that determination is within the discretion of the Medical Staff Leaders, guided by this Policy.

16.4.7 The fact that an individual chooses to refrain from participation or is excused from participation in any activity shall not be interpreted as a finding of actual conflict that inappropriately influenced the process.

ARTICLE XVII

AMENDMENTS

17.1 Amendment by Vote. Amendments to these Bylaws may be proposed by the Executive Committee or by a petition signed by one-fourth (25%) of the Active Staff. All proposed amendments of these Bylaws initiated by the Medical Staffs shall, as a matter of procedure, be referred to and reviewed by the Executive Committee. Unless otherwise specified herein to allow for Amendment by Posting, the Executive Committee shall provide notice of all proposed amendments, including amendments proposed by the Medical Staffs as set forth above, to the Medical Staffs. Appropriate notice shall be given by electronic notification of the membership of the fact that a Bylaws amendment is to be considered and is available for review. Any proposed amendment shall be available for inspection at the Office of Medical Affairs, for at least ten (10) days prior to its consideration by the Medical Staffs. The Executive Committee may also report on proposed amendments, either favorably or unfavorably, at any Regular or Special Meeting of the Medical Staff. Voting shall be conducted by electronic ballot with a minimum 14-day voting period to begin no sooner than 10 days after the medical staffs are notified of the proposed amendment. To be adopted, an amendment shall require a two-thirds (2/3) approval or "yes" vote of the Active Members of the Medical Staffs. To be rejected, an amendment shall require a two-thirds (2/3) negative or "no" vote of the Active Members of the Medical Staffs. If the amendment is neither approved, nor rejected by failure to reach a two-

thirds (2/3) majority vote, then the amendment will be referred back to the Executive Committee. To be adopted, an amendment referred back to the Executive Committee shall require a two-thirds (2/3) approval or "yes" vote of the Executive Committee. Voting of the Executive Committee may occur at a meeting or by electronic ballot. Such amendments shall be effective when approved by the Virtua Board. Neither the Medical Staffs nor the Virtua Board may unilaterally amend these Bylaws.

17.1.1 Amendment by Posting: In lieu of the procedure contained in Section 17.1, these Bylaws may be amended by posting a Notice of Amendment on the Medical Staffs Bulletin Board and on the Vine, as well as by emailing a copy of the Amendment to the Medical Staff. If no opposition to the amendment is received in the Office of Medical Affairs within thirty (30) days, then the amendment shall be deemed adopted, subject to the approval of the Executive Committee and
the Virtua Board. If there is opposition, then the proposed amendment may be adopted only in accordance with Section 17.1.

17.2 The Certificate of Incorporation of the Corporation may be amended after the submission of the proposed Amendment at any Regular or Special Meeting of the Members for approval. Appropriate notice shall be given by the posting of a notice in a prominent location and by electronic notification of the membership of the fact that a Bylaw amendment is to be considered and is available for review. A proposed amendment shall be available for inspection by the Members entitled to vote thereon at the Office of Medical Affairs, and by electronic posting on the Vine, for at least fourteen (14) days prior to its consideration by the Members. To be adopted, an amendment shall require a two-thirds (2/3) vote of the Members present at any Membership meeting where a quorum is present. Such amendment shall be effective when approved by the Active Members and the Executive Committee.

APPENDIX A

MEDICAL STAFF POLICY ON DISRUPTIVE BEHAVIOR

Collaboration, communication, and collegiality are essential for the provision of safe and competent patient care. Thus, all Medical Staff members and Allied Health Professionals practicing in the Hospital must treat others with respect, courtesy, and dignity and must conduct themselves in a professional and cooperative manner. No member of the medical staffs may engage in abusive, abrasive, intimidating or other inappropriate and unwarranted behavior towards other staff members, employees, volunteers, patients or visitors which actually or potentially disrupts the provision of quality medical care in the Hospital.

This Policy outlines collegial and educational efforts that can be used by Medical Staff leaders to address conduct that does not meet this standard. The goal of these efforts is to arrive at voluntary, responsive actions by the individual to resolve the concerns that have been raised, and thus avoid the necessity of proceeding through disciplinary processes. It also outlines the disciplinary steps when such actions do not suffice.

In dealing with all incidents of inappropriate conduct, the protection of patients, employees, physicians, and others in the Hospital and the orderly operation of the Medical Staffs and Hospital are paramount concerns. Complying with the law and providing an environment free from sexual harassment are also critical.

All efforts undertaken pursuant to this Policy shall be part of the Hospital's performance improvement and professional and peer review activities.

Sexual harassment of employees, patients, other members of the Medical Staffs, and others, is a particularly intolerable form of disruptive behavior and is considered in a separate policy. Behavior issues deemed the result of practitioner impairment should lead also to reference to the Policy on Health Impairment.

DEFINITION

Disruptive behavior may be described as actions which may do any of the following:

interfere substantially with the operation of the hospital;

jeopardize patient care;

materially affect the ability of others to get their jobs done;

create a hostile work environment for hospital employees or other medical staff appointees;

have the potential to interfere with the practitioner's own ability to practice competently.

To aid in both the education of Medical Staff members and Allied Health Professionals and the enforcement of this Policy, examples of "inappropriate conduct" include, but are not limited to:

- threatening or abusive language directed at patients, nurses, Hospital personnel, Allied Health Professionals or other physicians (e.g., belittling, berating, and/or non-constructive criticism that intimidates, undermines confidence, or implies incompetence);

- degrading or demeaning comments regarding patients, families, nurses, physicians, Hospital personnel, or the Hospital;

- profanity or similarly offensive language while in the Hospital and/or while speaking with nurses or other Hospital personnel;

- inappropriate physical contact with another individual that is threatening or intimidating;

- derogatory comments about the quality of care being provided by the Hospital, another Medical Staff member, or any other individual outside of appropriate Medical Staff and/or administrative channels;

- inappropriate medical record entries impugning the quality of care being provided by the Hospital, Medical Staff members or any other individual;

- imposing onerous requirements on the nursing staff or other Hospital employees;

- refusal to abide by Medical Staff requirements as delineated in the Medical Staffs Bylaws, Credentials Policy, and Rules and Regulations (including, but not limited to, emergency call issues, response times, medical record keeping, and other patient care responsibilities, failure to participate on assigned committees, and an unwillingness to work cooperatively and harmoniously with other members of the Medical and Hospital Staffs).

GENERAL GUIDELINES/PRINCIPLES

Issues of employee conduct will be dealt with in accordance with Virtua's Human Resources Policies. Issues of conduct by members of the Medical Staffs or Allied Health Professionals (hereinafter referred to as "practitioners") will be addressed in accordance with this Policy. If the matter involves an employed practitioner, hospital management in consultation with appropriate medical staff leaders and legal counsel will determine which of any applicable policies will be applied.

This Policy outlines collegial steps (i.e., counseling, warnings, and meetings with a practitioner) that can be taken to address complaints about inappropriate conduct by practitioners. Sometimes a single incident of inappropriate conduct or a pattern of inappropriate conduct may be so unacceptable that immediate disciplinary action is required. Therefore, nothing in this Policy precludes an immediate referral of a matter being addressed through this Policy to the Executive Committee or the elimination of any particular step in the Policy.

In order to carry out the objectives of this Policy, and except as otherwise may be determined by the Medical Staff Officers (or their designees*)*, the practitioner's counsel shall not attend any of the meetings described in this Policy.

The Medical Staff leadership and Hospital Administration shall provide education to all Medical Staff members and Allied Health Professionals regarding appropriate professional behavior. The Medical Staff leadership and Hospital Administration shall also make employees, members of the Medical Staffs, and other personnel in the Hospital aware of this Policy and shall institute procedures to facilitate prompt reporting of inappropriate conduct and prompt action as appropriate under the circumstances.

REPORTING OF INAPPROPRIATE CONDUCT

Nurses and other Hospital employees who observe or are subjected to inappropriate conduct by a practitioner shall notify their supervisor about the incident or, if their supervisor's behavior is at issue, shall notify any of the following: the President of the Medical Staff, the Department Chairperson, theVice President of Medical Affairs, theCEO (or designee), or the Chairperson of the Board (hereafter in this Policy, the Medical Administrative Contact). The person initiating the report shall also make such reports as are required by applicable Hospital human resources policies. The supervisor will in turn forward the information to one of the Medical Administrative Contacts. Any practitioner who observes such behavior by another practitioner shall notify any of the above listed individuals directly.

The individual who reports an incident shall be requested to document it in writing. If he or she does not wish to do so, the supervisor or Medical Administrative Contact may document it, after attempting to ascertain the individual's reasons for declining and encouraging the individual to do so.

The documentation should include:

(a) the date and time of the incident;

(b) a factual description of the questionable behavior;

(c) the name of any patient or patient's family member who may have been involved in the incident, including any patient or family member who may have witnessed the incident;

(d) the circumstances which precipitated the incident;

(e) the names of other witnesses to the incident;

(f) consequences, if any, of the behavior as it relates to patient care, personnel, or Hospital operations;

(g) any action taken to intervene in, or remedy, the incident; and

(h) the name and signature of the individual reporting the matter.

The Medical Administrative Contact shall follow up with the individual who made the report by informing him/her that the matter is being reviewed, offering thanks for reporting the matter and giving instruction to report any further incidents of inappropriate conduct. The individual shall also be informed that, due to legal confidentiality requirements, no further information can be provided regarding the review of the matter.

PROCEDURE

The Medical Administrative Contact shall review the report and may meet with the individual who prepared it and/or any witnesses to the incident to ascertain the details of the incident. Thereafter, the process of evaluation will follow that outlined in the Bylaws 7.2.1, Initial Review. If the event of is sufficient gravity to invoke precautionary suspension, that may be undertaken following the rules promulgated in Section 7.3 of the Bylaws.

The Leader to whom the referral comes may do one or more of the following beyond the steps described in Section 7.2.1:

1. notify the practitioner that a complaint has been received and invite the practitioner to meet to discuss it, as described in 7.2.1(e) and (f);

2. send the practitioner a letter of guidance about the incident;

3. educate the practitioner about administrative channels that are available for registering complaints or concerns about quality or services, if the practitioner's conduct suggests that such concerns led to the behavior. Other sources of support may also be identified for the practitioner, as appropriate;

4. send the practitioner a letter of warning or reprimand, particularly if there have been prior incidents and a pattern may be developing; and/or

5. meet with the practitioner to counsel and educate the individual about the concerns and the necessity to modify the behavior in question

The identity of an individual reporting a complaint of inappropriate conduct will generally not be disclosed to the practitioner during these efforts, unless the Medical Staff Leaders agree in advance that it is appropriate to do so. In any case, the practitioner shall be advised that any retaliation against the person reporting a concern, whether the specific identity is disclosed or not, will be grounds for immediate referral to the Executive Committee pursuant to the Credentials Policy.

As described in 7.1 (d) of the Bylaws the practitioner shall be apprised of any documentation prepared for a practitioner's file regarding efforts to address concerns with the practitioner and

given an opportunity to respond in writing. Any such response shall then be kept in the practitioner's confidential file along with the original concern and the Medical Administrative Contact's documentation.

If additional complaints are received concerning a practitioner, the Medical Staff Leaders may continue to utilize the collegial and educational steps noted in this Section as long as they believe that there is still a reasonable likelihood that those efforts will resolve the concerns.

REFERRAL TO THE EXECUTIVE COMMITTEE

At any point, the Medical Staffs Contact may refer the matter to the Executive Committee for a formal investigation and subsequent action, in accordance with Section 7.2.2 of the Bylaws. The Executive Committee shall be fully apprised of the actions taken by the Medical Staffs Contact or others to address the concerns. When such a referral for investigation is made, the Medical Staffs Contact may also suggest a recommended course of action.

The Executive Committee may undertake formal investigation as described in Section 7.2.3 of the Bylaws. The Executive Committee may also direct that a matter be handled pursuant to the Practitioner Health Policy. In addition to any of the actions described in Section 7.4, the Medical Executive Committee may take additional steps to address the concerns including, but not limited to, the following:

(a) require the practitioner to meet with the full Executive Committee or a designated subgroup;

(b) require the practitioner to meet with specified individuals (including any combination of current or past medical staff leaders, outside consultant(s), the Board Chair or other Board members if medical staff leaders, hospital management and legal counsel determine that board member involvement is reasonably likely to impress upon the practitioner involved the seriousness of the matter and the necessity for voluntary steps to improve);

(c) require the physician to complete a behavior modification course;

(d) impose a "personal" code of conduct on the practitioner and make continued appointment and clinical privileges contingent on the practitioner's adherence to it; and/or

(e) suspend the practitioner's clinical privileges for 30 days or less.

The imposition of any of these actions does not entitle the practitioner to a hearing or appeal, as outlined in Sections 8.1.1 and 8.1.2 of the Bylaws. The Medical Executive Committee may take other actions including restriction of privileges, suspension for longer than thirty days, or revocation of privileges, as described in Section 7.4. Some actions may entitle the Practitioner to a Hearing as enumerated in the Bylaws.

APPENDIX B

MEDICAL STAFFS POLICY ON SEXUAL AND OTHER HARASSMENT

Virtua Health is committed to providing a work environment in which productivity, interpersonal relations and behavior are promoted in a fair and professional manner and free from illegal discrimination and harassment. It is the policy of Virtua Health that harassment in any form, whether verbal, physical or environmental, is unacceptable and will not be tolerated. This policy reaffirms Virtua Health's commitment that all employee/practitioners should be able to enjoy a work environment free from all forms of discrimination including sexual harassment, and reaffirms that Virtua Health is an equal opportunity employer.

Although much of this policy is framed in terms of sexual harassment, it applies equally to harassment and discrimination of any sort whether based upon sex, gender, race, age, disability, religion, ethnicity, sexual preference or other individual or group characteristics protected by federal, state and local law.

This Medical Staffs Policy conforms to the Virtua-wide policy that covers all employees of Virtua Health as well as physicians and others doing business with Virtua Health and visitors, patients and family members. Virtua Health will not condone or allow illegal harassment and/or discrimination, whether engaged in by fellow employee/practitioners, supervisors or non-employee/practitioners (including medical staffs) who conduct business with Virtua Health. Virtua Health encourages reporting of all incidents of harassment and discrimination, regardless of whomever the offender may be.

DEFINITIONS

Sexual harassment in the workplace is offensive, unwelcome or unwanted verbal and/or physical conduct of a sexual nature. It is behavior:

(a) In which there is an explicit or implicit threat that a refusal to submit or a rejection of the conduct will adversely affect an employee's employment evaluation, work advancement, assignment, or other condition of employment or when preferential treatment is promised in return for engaging in sexual conduct, and/or

(b) Which creates an intimidating, offensive or hostile work environment or substantially interferes with an employee/practitioners work performance.

Inappropriate behavior in the workplace is behavior that is based on sex, gender, race, age, disability, religion, ethnic background, etc. Examples may include, but are not limited to:

(a) linking sexual behavior to employment, evaluation, pay, promotion, assignment or any other aspect of employment;

(b) unwelcome sexual flirtation, touching, advances, or similar behavior;

(c) gestures or verbal abuse of a sexual nature;

(d) sexually graphic or suggestive comments about an individual's or group's dress, body, appearance or activities;

(e) jokes, comments or stories which have the purpose or effect of stereotyping, demeaning or making fun of any individual or group;

(f) using sexually degrading words or gestures to describe an individual or group, including innuendoes, epithets, derogatory slurs, off-color jokes, propositions, graphic commentaries, threats, and/or suggestive or insulting sounds;\

(g) displaying objects or pictures in the work place which are sexually suggestive and/or offensive due to their racial, gender, age, ethnic, disability, and/or religious perspectives;

(h) graphic or suggestive gestures, comments and/or abuse about an individual's or group's dress, body, appearance or activities based on race, ethnic background, age, gender, disability, religion or other personal attributes;

(i) E-mail or internet use that violates policy.

Harassment of any kind is unacceptable in the work place and in other work-related settings, such as business trips and business-related social events, and in non-work settings if the conduct affects the work relationship.

REPORTING GUIDELINES

(a) Any employee/practitioner or practitioner who believes he/she is being harassed is encouraged to notify the individual(s) involved firmly and promptly that the behavior is unwelcome.

(b) If a discussion is not possible due to the relationship between the employee/practitioner and the offender(s), or if the employee/practitioner is uncomfortable with raising the issue with the offender or is not satisfied with the resolution of the problem, the following steps must be followed:

(1) The employee must notify his/her Human Resources Manager immediately. Physicians should notify employees' supervisors or the President of the Medical Staff.

(2) If the employee/practitioner is uncomfortable in notifying the Human Resources Manager, or is not satisfied with the action or resolution after notifying his/her Human Resources Manager, he/she should notify the Director, HR Client Relations.

(3) Any questions regarding the policy or possible harassment can also be brought to the attention of the same people and/or the employee/practitioner's direct supervisor.

(c) Employee/practitioners are encouraged to report all incidents of harassment, regardless of who the offender may be.

(d) Employee/practitioners also always have the option of reporting issues/concerns to Virtua Health's Corporate Compliance Hotline: 800-268-0502.

The individual who reports an incident shall be requested to document it in writing. If he or she does not wish to do so, the supervisor or Medical Administrative Contact (Medical Staff President, Department Chairperson, CCEO (or designee), orVPMA) may document it, after attempting to ascertain the individual's reasons for declining and encouraging the individual to do so.

The documentation should include:

(a) the date and time of the incident;

(b) a factual description of the questionable behavior;

(c) the name of any patient or patient's family member who may have been involved in the incident, including any patient or family member who may have witnessed the incident;

(d) the circumstances which precipitated the incident;

(e) the names of other witnesses to the incident;

(f) consequences, if any, of the behavior as it relates to patient care, personnel, or Hospital operations;

(g) any action taken to intervene in, or remedy, the incident; and

(h) the name and signature of the individual reporting the matter

The Medical Administrative Contact shall follow up with the individual who made the report by informing him/her that the matter is being reviewed, offering thankings for reporting the matter and rendering instruction to report any further incidents of inappropriate conduct. The individual shall also be informed that, due to legal confidentiality requirements, no further information can be provided regarding the review of the matter.

INVESTIGATION AND RECOMMENDATIONS

Because of the unique legal implications surrounding sexual harassment, a single confirmed incident requires the following actions:

(a) A meeting shall be held with the practitioner to discuss the incident. If the practitioner agrees to stop the conduct deemed specifically to constitute sexual harassment, the meeting shall be followed up with a formal letter of admonition and warning to be placed in the confidential portion of the practitioner's file. This letter shall also set forth those additional actions, if any, which result from the meeting. If the incident is so egregious as to merit further specific action, the matter shall be referred to the Executive Committee and Precautionary Suspension invoked if necessary.

(b) If the practitioner refuses to stop the conduct immediately, this refusal shall result in the matter being referred to the Executive Committee for review pursuant to Article VII of the Bylaws.

(c) Any reports of retaliation or any further reports of sexual harassment, after the practitioner has agreed to stop the improper conduct, shall result in an immediate investigation by the Medical Executive Committee (or its designee(s)). If the investigation results in a finding that further improper conduct took place, the matter shall be referred to the Executive Committee for a formal investigation or other steps in accordance with the Bylaws. Such referral shall not preclude other action under applicable hospital policies. Should the Executive Committee make a recommendation that entitles the individual to request a hearing under the Bylaws, the individual shall be provided with copies of all relevant complaints so that he or she can prepare for the hearing subject to agreement of the practitioner and counsel, if any, not to retaliate in any way.

(d) Investigation, Medical Executive Committee actions, and Hearings shall be as provided in Articles VII and VIII of the Bylaws. Referral for evaluation of Health Impairment may be made at any point during the investigation or Medical Executive Committee actions, as provided in the Health Impairment Policy.

APPENDIX C

HEALTH POLICY

PURPOSE:

This policy and procedure describes the detailed process by which the Health and well-being will complete its responsibilities.

POLICY STATEMENT

The Hospital and its Medical Staffs are committed to providing quality care, which can be compromised if a member of the Medical Staff is suffering from an impairment. “Impairment" means substance abuse or a physical, mental or emotional condition that adversely affects an individual's ability to practice safely and competently.

The Health and well- being shall recommend to the Executive Committee educational materials that address practitioner health issues and emphasize prevention, diagnosis, and treatment of physical, psychiatric, and emotional illness.

To the extent possible, and consistent with quality of care concerns, the Health and well-being will handle impairment matters in a confidential fashion. The Health and well-being shall keep the Chairperson of the Credentials Committee apprised of matters under review.

PROCEDURE

Composition of Health and well being. Composition will be as specified in the Virtua Organizational Manual. The Health Team will meet as often as necessary, upon the call of the Chairman, to review and Investigate complaints of impairment of a physician, dentist or allied health practitioner on the Virtua

Medical Staffs. The Team may also be called together when a self-referral is made.

Referral to Health and well being. Practitioners who are suffering from an impairment are encouraged to bring the issue voluntarily to the Health and well-being so that appropriate steps can be taken to protect

patients and to help the physician to practice safely and competently.

Any individual who is concerned that a member of the Medical Staff is impaired shall submit a written report to the President of the Medical Staff or the VPMAdescribing the factual details of the incident(s) that led to the concern.

Any individual who is concerned that a member of the Medical Staff who is on Hospital premises is impaired and poses an immediate threat to the health and safety of patients or to the orderly operation of the Hospital, shall immediately notify the relevant department chairperson, the President of the Medical Staff, theVPMA, or their designees. The department chairperson, President of the Medical Staff, and/or the Vice President of Medical Affairs (or their designees) shall immediately assess the physician and, if necessary to protect patients, may relieve the physician of patient care responsibilities, in accordance with the procedure described in Section 7.3 of the Bylaws. When a concern has been raised as to whether an individual may have a contagious disease such as HIV infection, the matter will be addressed in accordance with Federal and State laws and regulations as well as formal guidelines adopted by the Virtua Board.

If, after discussing the incident(s) with the individual who filed the report, the President of the Medical Staff or the Vice President of Medical Affairs believes there is enough information to warrant a review, the matter shall be referred to the Health and well-being. If the event required an immediate response, the department chairperson, President of the Medical Staff, and/or the VPMA (or their designees) shall file formal reports as described in this Policy, in order for the question of impairment to be more fully assessed and addressed by the Health and well-being.

The President of the Medical Staff or the Vice President of Medical Affairs shall inform the individual who filed the report that follow-up action was taken. The specifics of any action shall not be shared in light of their confidential nature.

Initial review. Upon the receipt of a complaint or self-referral of impairment from a medical staff member, hospital employee or patient, a member of the Health and well-being will review the information available. If the complaint or self-referral is not written, the team member will speak directly with the individual and will write a summary description of the details of the complaint.

If, in the opinion of the reviewer, no action is necessary, the team member will sign, date and that no further action is required. The information will be coded and maintained in confidential files in the office of medical affairs.

If the initial review is inconclusive or additional information becomes available, a full investigation may be made.

Impairment. When the results of the initial review or full investigation indicate that there is a potential for impairment, at least 2 members of the health and well-being will meet with the affected practitioner. At this meeting, the physician should be told that there is a concern that he or she might be suffering from an impairment and advised of the nature of the concern, but should not be told who filed the initial report.

The Health and well-being may request that the physician be evaluated by an outside physician or organization and have the results of the evaluation provided to it. A form authorizing the Hospital to release information to the outside physician or organization conducting the evaluation is attached as Attachment B. A form authorizing the outside physician or organization to disclose information about the physician to the Health and well-being is attached as Attachment C.

The results of the interview and, if necessary, outside evaluation, will be discussed by the Team members. If no further action is required, the results will be written up, signed and dated by the chairman of the health and well-being, coded and filed in the confidential files of the office of medical

affairs. When further action is required, the team will make a recommendation for local assistance or referral to the Medical Director of the Physicians' Assistance Program, or another, comparable program accepted by the health and well-being ("Program"). The referral must be made with the permission of the affected practitioner.

Treatment. A contract between the affected practitioner, the Program and the Hospital will be prepared by hospital general counsel. The details of the contract will be established by the health team in consultation with the VPMA and may include: voluntary leave of absence, voluntary restriction in clinical privileges or practice, continued monitoring of the physician during rehabilitation, the term of the contract, and psychological/psychiatric testing requirements, and any other steps deemed most conducive to the safety of the physician and patients.

If the affected practitioner refuses initial treatment and referral, the matter will be referred for appropriate action under the Medical Staffs Bylaws.

The Program will report the results on ongoing monitoring to theVPMA, Chairman of the Credentials Committee, and Department Chair at the time periods established in the contract.

If the report is deemed acceptable, it will be noted as such, dated, signed and coded by theVPMA. The results will be filed in the confidential files of the Office of Medical Affairs. If the report indicates that the practitioner has not met the terms of the contract, he/she will be immediately terminated with no right to appeal.

Reinstatement. Upon sufficient proof that a physician has successfully completed a rehabilitation or treatment program, the Health and well-being may recommend to the Executive Committee and the Board that the physician's clinical privileges be reinstated, if restricted. In making such a recommendation, patient care interests shall be paramount.

Prior to recommending reinstatement, the Health and well-being must obtain a letter from the physician overseeing the rehabilitation or treatment program. (A form authorizing this letter is attached as Attachment C.) The letter must address the following:

(a) the nature of the physician's condition;

(b) whether the physician is participating in a rehabilitation program or treatment plan and a description of the program or plan;

(c) whether the physician is in compliance with all of the terms of the program or treatment plan;

(d) to what extent the physician's behavior and conduct need to be monitored;

(e) whether the physician is rehabilitated or has completed treatment;

(f) whether, if applicable, an after-care program has been recommended to the physician and, if so, a description of the after-care program; and

(g) whether the physician is capable of resuming medical practice and providing continuous, competent care to patients.

Before recommending reinstatement, the Health and well-being may request a second opinion on the above issues from a physician of its choice.

Assuming that all of the information received indicates that the physician is capable of safely resuming care of patients, the following additional precautions shall be taken before the physician's clinical privileges are reinstated:

(a) the physician must identify at least one practitioner who is willing to assume responsibility for the care of his or her patients in the event of the physician's inability or unavailability; and

(b) the physician shall be required to provide periodic reports to the Health and well-being from his or her attending physician or other treating professionals, for a period of time specified by the Committee, stating that the physician is continuing rehabilitation or treatment, as appropriate, and that his or her ability to treat and care for patients in the Hospital is not impaired. Additional conditions may also be recommended for the physician's reinstatement.

If the physician has taken a formal leave of absence, the final decision to reinstate a physician's clinical privileges must be approved pursuant to the process set forth in the Section 6.6.3 of the Bylaws.

The physician's exercise of clinical privileges in the Hospital shall be monitored by the department chairperson or by a physician appointed by the department chairperson, as described in Section 6.6.3 (b) of the Bylaws. The nature of that monitoring shall be recommended by the Health and well-being in consultation with the department chairperson.

If the impairment related to substance abuse, the physician must, as a condition of reinstatement, agree to submit to random alcohol or drug screening tests at the request of the Department Chair, VPMA, the President of the Medical Staff, the Chairperson of the Credentials Committee, or any member of the Health and well-being.

Documentation. The original report and a description of any recommendations made by the Practitioner Health Committee shall be included in the physician's credentials file. If, however, the review reveals that there was no merit to the original report, the report will not be accepted for the file. If the review reveals that there may be some merit to the report, but does not rise to the level of seriousness to require immediate action, the report shall be included in the physician's credentials file and the physician's activities and practice shall be monitored until it can be established whether there is an impairment that might affect the physician's practice. The physician shall have an opportunity to provide a written response to the concern about the potential impairment and this shall also be included in his or her credentials file.

Throughout this process, all parties should avoid speculation, conclusions, gossip, and any discussions of this matter with anyone other than those described in this policy.

If at any time it becomes apparent that a particular matter cannot be handled internally, or jeopardizes the safety of the physician or others, the VPMA may contact law enforcement authorities or other governmental agencies.

A report of the final investigation will be made in writing, signed, dated and coded by the

chairman. The report will be filed in the confidential files in the office of medical affairs. All requests for information concerning the impaired physician shall be forwarded to the VPMA or the President of the Medical Staff for response.

All minutes, reports, recommendations, communications, and actions made or taken pursuant to this policy are intended to be covered by the provisions of the Health Care Quality Improvement Act of 1986, 42 U.S.C.A. 11101 et seq., and the [citation to state peer review statute], or the corresponding provisions of any subsequent federal or state statute providing protection to peer review or related activities. Furthermore, the committees and/or panels charged with making reports, findings, recommendations or investigations pursuant to this policy shall be considered to be acting on behalf of the Hospital and its Board of Directors when engaged in such professional review activities and thus are "professional review bodies" as that term is defined in the Health Care Quality Improvement Act of 1986.

The Office of Medical Affairs will compile and retain documentation on the number of physicians assisted and the type of assistance provided. An annual report of aggregated data will be presented to the Executive Committee by the Vice President, Medical Affairs (or immediately upon analysis. Any trends or patterns identified in the date will require an implementation plan.

ATTACHMENT A

DRUG AND ALCOHOL TESTING

I. DEFINITIONS

For the purposes of these Rules and Regulations, the terms set forth shall be defined as follows:

"Alcohol" means any intoxicating beverage, including beer and wine.

"Collecting Agent" means a member of the Occupational Health Department, to perform the specimen collection and the testing described herein.

"Drug" means any controlled substance listed in Schedules I, II, III, IV or V of the Federal Controlled Substances Act. VIRTUA, through the Collecting Agent, may test for any drug as defined above. Every drug test shall, at a minimum, test for marijuana, cocaine and narcotics. Other drugs of choice may be added at the direction of the Official or VPMA.

"Drug or alcohol testing" means the collection, transportation and initial and confirmatory analysis of a urine or a blood specimen for the purpose of detecting the presence of drugs or alcohol.

"Hospital" means Memorial Hospital of Burlington County.

"Medical Staffs" means the medical staff of Memorial Hospital of Burlington County.

"Medical Staff Member" means a member of the Medical Staffs in any category.

"Observer/witness" means a same gender peer, official or same gender Occupational Health Department member.

"Official" means any of those persons who are authorized to impose a Summary Suspension under Section 7.3of the Medical Staffs Bylaws.

"Testing Laboratory" means the laboratory or laboratories, which the Medical Executive Committee of a Virtua Division has approved, for the analysis of specimens obtained pursuant hereto.

II. SCOPE OF TESTING

Any Medical Staff Member who has been placed on precautionary suspension by the (a) President of the Medical Staff, (b)CEO, (c)VPMA, (d) Chair of the Department in

which the affected Medical Staff Member has privileges, or their designee and is suspected of using drugs or alcohol shall be required to submit to drug or alcohol testing.

III. PRE-TESTING PROCEDURES

A. Consent Form. A Medical Staff Member who is required to submit to drug or alcohol testing shall sign a Consent Form which acknowledges his or her release of the test results to theVPMA.

B. Opportunity to Explain. Prior to submitting to drug or alcohol testing, a Medical Staff Member shall be given the opportunity to explain in writing his or her use of any legal, or illegal, drug or use of alcohol and any circumstances addressing the Official's reasonable cause to believe that the Medical Staff Member has used or is under the influence of a drug or alcohol. The Consent Form shall serve as the recording document and will be maintained with test results.

IV. DRUG TESTING PROCEDURES

A. Medical Staff Member is suspected of being under the influence of drug(s) or alcohol.

B. The Official, or designee as defined under Section 8.8.1 of the Medical Staffs Bylaws, is notified.

C. The Official or designee evaluates the Medical Staff Member. If it is determined he/she is impaired the Official removes the Medical Staff Member from the work site (precautionary suspension).

D. At the direction of the Official, Occupational Health Department member (on-duty or on-call) is contacted to conduct drug testing.

E. Collection Site and Personnel. Specimen collection shall be conducted by the Collecting Agent (Occupational Health Department member) in a place (Occupational Health Department) and in a manner which are designed to insure the highest possible degree of confidentiality.

F. Specimen Collection.

In conducting a drug test, the following precautions shall be taken to ensure that unadulterated urine specimens are obtained and all specimens are correctly identified while simultaneously protecting the Medical Staff Member to the extent reasonable practicable under the circumstances.

1. When the Medical Staff Member arrives at the Collection Site, he or she shall be requested to present photo identification. The Official may identify the Medical Staff Member if photo identification is not available. If his or her identity cannot be established, the collection shall not proceed.

2. The Medical Staff Member shall complete the Consent Form.

3. The Medical Staff Member shall be asked to remove any unnecessary outer garments such as a coat or jacket that might conceal items or substances that could be used to tamper with, or adulterate, his or her urine specimen. The Collecting Agent responsible for conducting the test shall ensure that all personal belongings such as a purse or briefcase remain with the outer garments. The Medical Staff Member may retain his or her wallet.

4. Urine Specimen. The Medical Staff Member is accompanied to the bathroom by the Observer/witness.

5. The Medical Staff Member may wash and dry his or her hands prior to urination.

6. The Medical Staff Member being screened for suspicion-based testing will be accompanied to the bathroom by Occupational Health Department personnel or an observer of the same gender.

7. The urine specimen is given to the Collecting Agent. Upon receipt of the urine specimen the Collecting Agent shall determine that the amount is sufficient, 60 milliliters. If the amount is insufficient, additional urine shall be collected in a separate container to reach a total of 60 milliliters. The Medical Staff Member may be given a reasonable amount of liquid to drink for this purpose (e.g., a glass of water). If he or she fails for any reason to provide 60 milliliters of urine, the collection shall not proceed.

8. Immediately after the specimen is collected, the temperature of the urine specimen shall be measured. The temperature-measuring device used must accurately reflect the temperature of the specimen and not contaminate the specimen. The time from urination to temperature measurement is critical and in no case shall exceed four minutes.

9. If the temperature of a specimen in any container is outside the range of 32.5 - 37.7 degrees C (or 90.5 - 99.8 degrees F), the deviation shall constitute a reason to believe that the Medical Staff Member may have altered or substituted the specimen, and another specimen shall be collected under the direct observation of the Observer/witness of the same gender. A Medical Staff Member may volunteer to have his or her body temperature

taken to provide evidence to counter the reason to believe that he or she may have altered or substituted the specimen caused by the specimen's temperature falling outside the prescribed range.

10. Immediately after the specimen is collected, the Collecting Agent shall inspect the specimen to determine its color and look for any signs of contaminants. Any unusual findings shall be noted on the Chain of Custody Form and in the permanent log.

11. Whenever there is reason to believe that a Medical Staff Member may alter or substitute the specimen to be provided, a second specimen shall be obtained as soon as possible under the direct observation of an Observer/witness of the same gender.

    NOTE: An Official must review, and concur, in advance with any decision by the Collecting Agent to obtain a specimen under the direct observation of an Observer/witness of the same gender.

12. After the urine specimen has been provided to and evaluated by the Collecting Agent, the Medical Staff Member shall be allowed to wash his or her hands.

13. Both the Medical Staff Member and the Collecting Agent shall keep the urine specimen in view at all times prior to its being labeled and sealed. If the specimen is transferred to a second bottle, the Collecting Agent shall require the Medical Staff Member to observe the transfer of the specimen and the placement of the tamper-proof seal over the bottle cap and down the sides of the bottle.

14. Alcohol testing. A Medical Staff Member shall be required to submit to alcohol testing through serum levels. A Medical Staff Member who is found to have a blood alcohol concentration of .05 percent or more shall be deemed to have a positive test result.

15. The Medical Staff Member shall initial specimen labels for the purpose of certifying that the specimens were collected from him or her.

16. The Collecting Agent shall place an identification label securely on the urine and blood specimen containers. This label shall contain the date and Medical Staff Member's identification number.

17. The Chain of Custody form shall be completed by the Collecting Agent and shall include the Medical Staff Member's signature. A copy of the

completed form shall be given to the Medical Staff Member for his or her personal record.

18. The Collecting Agent places the form, blood and urine specimens in the Chain of Custody bag. The Chain of Custody bag is then prepared for transportation to the designated lab.

19. While any portion of the above Chain of Custody procedures is being performed, the specimen and custody documents shall be under the control of the Collecting Agent.

G. Specimen Analysis

The initial test shall use an immunoassay, which meets the requirements of the Food and Drug Administration for commercial distribution. These levels are subject to change in accordance with lab procedures and the standards of the Professional Assistance Program of New Jersey.

	Initial Test Level (NG/ML)	Confirmatory Test Test Level (NG/ML)	Method
Amphetamines	300		
Amphetamine		300	GC/MS
Methamphetamine		300	GC/MS
Barbiturates	300		
Amobarbital		500	GC/MS
Butabarbital		500	GC/MS
Butalbital		500	GC/MS
Pentobarbital		500	GC/MS
Phenobarbital		500	GC/MS
Secobarbital		300	GC/MS
Benzodiazepine Metabolites	300		
Diazepam		300	GC/MS
Hydroxyalprazolam		300	GC/MS
Lorazepam		300	GC/MS
Nordiazepam		300	GC/MS
Oxazepam		300	GC/MS
Temazepam		300	GC/MS
Cocaine Metabolites	300	300	GC/MS
Marijuana Metabolites	50		
Delta-9-Carboxy THC		10	GC/MS
Methadone	300	300	GC/MS
Methaqualone	300	300	GC/MS
Opiate Metabolites	300		
Codeine		300	GC/MS
Hydromorphone		1000	GC/MS
Morphine		300	GC/MS
Phencyclidine (PCP)	75	75	GC/MS
Propoxyphene	300	300	GC/MS

H. Positive Test Results. If the result of a Medical Staff Member's initial drug/alcohol test or confirmatory drug test is negative, he or she will be deemed to have tested negative. A Medical Staff Member will be deemed to have tested positive if both the initial test and the confirmatory test (GCMS) are positive.

I. Reporting Results. The testing laboratory shall report test results to the Occupational Health Department. Test results will be received within an average of five working days after receipt of the specimen by the testing laboratory. Before any test is reported, it shall be reviewed and the test certified as an accurate report by the testing laboratory. The report shall identify the substance(s) tested for, whether positive or negative, the cutoff for each, the specimen identification number which had been assigned by the Collecting Agent.

The Occupational Health Department shall provide the VPMA a copy of the original chain of custody consent form and the certified test results. The testing laboratory's certifying agent shall be the individual responsible for the day-to-day management of the testing laboratory or the individual responsible for attesting to the validity of the test results.

V. Record Keeping and Miscellaneous

A. All reasonable steps are to be taken to limit disclosure of the fact that a Medical Staff Member is being subjected to drug or alcohol testing to the Official who has imposed the testing requirement, the Collecting Agent and theVPMA.

B. The Collecting Agent responsible for conducting drug and alcohol testing under this Policy shall maintain a permanent record book (log) in which identifying data on each specimen collected are permanently recorded in the sequence of collection. The Collecting Agent shall assure that this record is held in strict confidence.

C. The Collecting Agent shall note any unusual behavior or appearance of the Medical Staff Member in the permanent record book (log).

D. The Collecting Agent shall record test results in the permanent record book.

Drug/Alcohol Testing Consent Form

I, _____, do hereby consent to a drug/alcohol test conducted at the request of Virtua. I understand that the results of the test will be provided to the Employer.

I hereby release and forever discharge the Employer, its trustees, officers, agents and employees, and any of its medical staff members from any and all claims arising out of or in connection with the test. I am/am not taking prescription or non-prescription medications.

**** List all medication, including over-the-counter medications, that you have taken in the last 14 days:**

_____ _____

_____ _____

_____ _____

The above prescription medications have been ordered by

_____

_____ _____

Date Signature of applicant/employee

Witness:

_____

Medical Executive Committee - 7/11/91
Board of Trustees 7/25/91

ATTACHMENT B

CONSENT FOR DISCLOSURE OF INFORMATION
AND
RELEASE FROM LIABILITY

I hereby authorize Virtua (the "Hospital") to provide _____ [facility performing health assessment] (the "Facility") all information, both written and oral, relevant to an evaluation of my health status.

I understand that the purpose of this Authorization and Release is to allow the Facility to conduct a full and complete evaluation of my health status so that the Hospital can determine if I am able to care for patients safely and competently.

I also understand that the information being disclosed is protected by the New Jersey peer review law and that the Hospital, the Facility, and others involved in the peer review process are required to maintain the confidentiality of peer review information, pursuant to that state law.

I release from any and all liability, and agree not to sue, the Hospital, or any of its officers, directors, employees or any physician on the Hospital's Medical Staffs, or any authorized representative of the Hospital, for any matter arising out of the release of information by the Hospital to the Facility.

I also release from any and all liability, and agree not to sue, the Facility, or any of its officers, directors, employees or authorized representatives, for any matter arising out of the Facility's provision of an evaluation of my health status to the Hospital.

_____ _____

Date Signature of Physician

ATTACHMENT C

AUTHORIZATION FOR RELEASE
OF PROTECTED HEALTH INFORMATION

I hereby authorize _____ [facility performing health assessment and/or practitioner overseeing treatment or treatment program] (the "Facility") to provide all information, both written and oral, relevant to an assessment of my health status and my ability to safely practice, to Virtua (the "Hospital") and its Medical Executive Committee or Health Team. The information to be released includes, but is not limited to, answers to the questions on the attached Health Status Assessment Form, along with the following:

(a) the nature of my condition;

(b) whether I am participating in a rehabilitation program or treatment plan;

(c) whether I am in compliance with all of the terms of the program or plan;

(d) to what extent my behavior and/or conduct needs to be monitored;

(e) whether I am rehabilitated or have completed treatment;

(f) whether, if applicable, an after-care program has been recommended for me and, if so, a description of the after-care program; and

(g) whether I am capable of resuming medical practice and providing continuous, competent care to patients.

I understand that the purpose of this Authorization is to allow the Hospital to obtain information that is relevant to my qualifications for medical staff appointment and clinical privileges, including, but not limited to, my ability to care for patients safely and competently and to relate cooperatively with others in the Hospital.

I understand that the willingness of the Facility to conduct this assessment or provide treatment does not depend on my signing this Authorization.

I understand that my health information is protected by federal law and that, by signing this Authorization, the information will be disclosed to the parties hereby authorized to receive it and could be disclosed to other parties. I also understand that the information being disclosed is protected by state peer review laws and that the Facility, the Hospital, and others involved in the peer review process are required to maintain the confidentiality of peer review information pursuant to those state laws.

I understand that I may revoke this Authorization at any time, in writing, except to the extent that the Facility has already relied upon it in making a disclosure to the Hospital. My written revocation will become effective when the Facility has knowledge of it.

This Authorization expires when my medical staff appointment and clinical privileges at the Hospital end. Once this Authorization has expired, the Facility may no longer use or disclose my health information for the purpose listed in this Authorization, unless I sign a new Authorization form.

Date	Signature of Physician