ALASKA
PSYCHIATRIC
INSTITUTE

MEDICAL STAFF
BYLAWS

EFFECTIVE JANUARY 2026

ALASKA PSYCHIATRIC INSTITUTE MEDICAL STAFF BYLAWS
TABLE OF CONTENTS

PREAMBLE 3

ARTICLE 1
NAME 4

ARTICLE 2
PURPOSE AND RESPONSIBILITIES 4

ARTICLE 3
MEDICAL STAFF MEMBERSHIP 5

ARTICLE 4
CATEGORIES OF STAFF MEMBERSHIP 7

ARTICLE 5
DELINEATION OF CLINICAL PRIVILEGES 8

ARTICLE 6
PROCEDURES FOR CONSIDERATION OF APPLICATIONS FOR
APPOINTMENT, REAPPOINTMENT AND DELINEATION OF CLINICAL PRIVILEGES 11

ARTICLE 7
ACTIONS TO IMPROVE PATIENT CARE AND
PROFESSIONAL REVIEW OF MEDICAL STAFF ACTIVITIES 23

ARTICLE 8
FAIR HEARING PLAN AND DUE PROCESS 36

ARTICLE 9
ORGANIZATION OF THE MEDICAL STAFF 44

ARTICLE 10
MEETINGS 49

ARTICLE 11
ADOPTION AND AMENDMENT OF BYLAWS 50

ARTICLE 12
ADOPTION AND MODIFICATION OF MEDICAL STAFF
RULES, REGULATIONS AND POLICIES 52

ARTICLE 13
HISTORY AND PHYSICAL 54

PREAMBLE

In support of the Mission of the Alaska Psychiatric Institute and its Governing Body as well as the Physicians, Advance Practice Nurses, and Physician Assistants approved by the Alaska Psychiatric Institute Governing Body, the aforementioned providers are organized into a single Medical Staff organization. These Bylaws establish:

- The framework for the Medical Staff to provide proper care to the patients and the community served by the Alaska Psychiatric Institute.
- The framework to provide leadership in assuring patient safety.
- The framework to provide oversight in analyzing, assessing, and improving patient satisfaction.
- Systematic mechanisms for communication between the Governing Body, the Administration, and the Medical Staff of Alaska Psychiatric Institute.
- Policies and procedures for self-governance of the Medical Staff.
- The foundation for collaboration between the Governing Body, Senior Management, Nursing Staff and the Medical Staff through formal linkages and encouragement of teamwork at all levels of the organization.
- The core values of the Medical Staff that enable fair self-governance functions.

The Medical Staff of the Alaska Psychiatric Institute is committed to fairness and equality in all its endeavors, regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

ARTICLE 1 – NAME

The name of this organization shall be the Alaska Psychiatric Institute Medical Staff.

ARTICLE 2 – PURPOSE AND RESPONSIBILITIES

The Medical Staff is organized to ensure:

1. That proper medical care is provided to patients served by the Alaska Psychiatric Institute in conformity with: (i) the standards of the Joint Commission; (ii) all applicable federal and state laws, regulations, and rules governing the provisions of medical care; and (iii) the administrative and ethical policies of Alaska Psychiatric Institute, including the Alaska Psychiatric Institute Code of Conduct, the Articles and Bylaws of Alaska Psychiatric Institute, and the Rules and Regulations and Bylaws of the Medical Staff;
2. Accountability to the Alaska Psychiatric Institute Governing Body for the quality of health care provided;
3. Clinical leadership within the Alaska Psychiatric Institute in order to address issues that will allowfor continual improvements in care and services; and
4. Self-governance of activities inherent to the provision of proper care in accordance with the Bylaws of the Alaska Psychiatric Institute Governing Body. Specific activities that are the responsibility of the Medical Staff are:
    a. Mechanisms for appointment and reappointment to the Medical Staff;
    b. Mechanisms for delineation of clinical privileges;
    c. Mechanisms to enhance collaboration across all disciplines and ensure coordination of services;
    d. Assessment of the quality of care, design of improvements of care and effective management of clinical resources;
    e. Mechanisms for ongoing surveillance of practitioner performance; and
    f. Mechanisms for correct actions within the Medical Staff in reference to systems and practitioner performance.

It is the policy of this Medical Staff that all people are entitled to recognition and respect by its members, regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

Comments or behavior indicating a lack of respect based on any such factor, by any Medical Staff Member, during the conduct of his or her professional responsibilities, or while present in the Alaska Psychiatric Institute facility are not acceptable.

The Medical Executive Committee shall evaluate all reports of intolerant comments or behavior by a Medical Staff Member, whether filed by another member, an employee or other person. Procedural guidelines and possible responses are delineated in Article 7 of the Medical Staff Bylaws

ARTICLE 3 – MEDICAL STAFF MEMBERSHIP

3.1 Qualifications for Membership

All applicants seeking appointment or reappointment to the Medical Staff, as more fully set forth in Article 6, will be considered for appointment or reappointment to the Medical Staff for delineation of clinical privileges only if they meet the following minimum requirements:

1. Current professional licensure from the State of Alaska or other authorization required by any regulatory authority to permit the practitioner to provide the appropriate health care service at the Alaska Psychiatric Institute;
2. Graduation from an approved United States professional school or graduation from a foreign professional school and, for physicians, Educational Commission for Foreign Medical Graduates (ECFMG) Certification;
3. Physicians must meet the educational/practice requirements to qualify to take the examination for Board Certification for their Specialty Board.
    - Members who are not board certified on initial appointment and fail to achieve initial certification but have demonstrated clinical competence during their duration of Medical Staff appointment may be recommended by the Medical Executive Committee for continued appointment and privileges.
4. Current Drug Enforcement Administration (DEA) registration as appropriate; and
5. Agreement to comply with the Bylaws and Rules and Regulations of the Medical Staff.

3.2 Leaves of Absence

3.2-1 Purpose and Conditions

A Leave of Absence allows a Medical Staff Member to be excused from clinical responsibilities for an extended period of time. It is intended to accommodate unforeseen medical or family problems, or prolonged activities away from practice when the Medical Staff Member plans to return to that practice. A Leave of Absence shall only be used in extraordinary situations and is not intended to be utilized in those situations where a Medical Staff Member makes a unilateral decision to change or curtail the scope of her or his practice.

During a Leave of Absence, the Medical Staff Member is considered active in the category of membership he or she has attained. Accordingly, he or she must continuously meet Qualifications for Membership described in Section 3.1. Failure to do so will result in automatic Administrative Suspension of Privileges. If the qualification in question has not been restored within two weeks, his or her membership will be automatically terminated. It is the responsibility of the Medical Staff Member to keep track of and renew such qualifications.

In unusual circumstances, the Alaska Psychiatric Institute may consider, upon approval of the Medical Executive Committee, a Medical Staff Member to be on a Leave of Absence without the Medical Staff Member having requested such a change. Appropriate notice to the Medical Staff Member should accompany such an occurrence, and the Medical Staff Member will be given the opportunity to contest such a change. In the event of such a designation, the Medical Staff Member must comply with all of the provisions stated in this Section 3.2.

3.2-2 Period of Leave

A Leave of Absence under this policy may be granted for a minimum of one month and up to a maximum of one year. Leaves of Absence may be granted consecutively up to two years. A Leave of Absence may only be granted if the Medical Staff Member has otherwise fully complied with all the provisions stated in Sections 3.2-1 and 3.2-3. Any Leave of Absence will run concurrently with any leave taken pursuant to family & medical leave policy and/or medical Leave of Absence policy applicable to all of Alaska Psychiatric Institute. To avoid any uncertainty, in the event a Leave of Absence is taken by a Medical Staff Member who is also a member of a labor union, that Medical Staff Member will be granted all rights of the members of his or her labor union. Medical Staff Members may not take FMLA leave or other medical leave consecutively with a Leave of Absence.

3.2-3 Process of Requesting Leave

Medical Staff Members must request a planned Leave of Absence in writing at least 30 days in advance of its commencement. The request must be submitted to the Medical Director. It shall be the decision of the Medical Director as to whether to grant the Leave of Absence. In considering whether to grant the Leave of Absence, the Medical Director shall consider the best interests of the patients, the requesting Medical Staff Member, as well as the impact upon the other Members of the Medical Staff. All such submissions and discussions concerning the Leave of Absence shall be considered confidential. The Medical Director will notify the Alaska Psychiatric Institute Chief Executive Officer if the Leave of Absence is granted.

3.2-4 Return from Leave of Absence

A member on a Leave of Absence must request Return from Leave in writing to the Medical Director, who will then have the discretion as to whether to grant the Return from Leave. The Medical Director will notify the Alaska Psychiatric Institute Chief Executive Officer. This Return from Leave request must be received by the Medical Director at least 30 days in advance of the return of the Medical Staff Member. To be granted reinstatement, the Medical Staff Member must be able to demonstrate compliance with Bylaws requirements, current competence, and ability to carry out the privileges requested. In the event a Medical Staff Member is denied a request to return from a leave of absence, the Medical Staff Member shall be entitled to the fair hearing rights set forth in Section 8.

Unless additional leave is determined to be necessary to provide a reasonable accommodation, a Medical Staff Member employed by the Alaska Psychiatric Institute will be considered to have voluntarily resigned if he or she fails to return to work on the scheduled return date or otherwise fails to comply with this Section

ARTICLE 4 – CATEGORIES OF STAFF MEMBERSHIP

4.1 Categories

There are two categories of Medical Staff Membership: Active Staff and Consulting Staff.

Fellows, Telemedicine practitioners, and other practitioners as approved by Medical Executive Committee may be credentialed and granted privileges without membership.

4.2 Active Staff

4.2-1 Qualifications

1. Independent Practitioners:
    a. Physician
    b. Advance Practice Registered Nurse
2. Advanced Practice Practitioners: Physician Assistant
3. Provides care to Alaska Psychiatric Institute patients consistent with privileges granted by the Governing Body and consistent with licensure and scope of professional practice laws.
4. Must be employed or contracted by the State of Alaska or Alaska Psychiatric Institute.

4.2-2 Active Staff may:

1. Provide care to patients in the Alaska Psychiatric Institute as privileged;
2. Physicians may hold Medical Staff Office;
3. Admit patients to the Alaska Psychiatric Institute as long as the Active Staff Member has psychiatric privileges pursuant to these Medical Staff Bylaws;
4. Vote on Medical Staff matters; and
5. Serve on medical staff committees and task forces with voting rights as defined by the committee or task force.

4.2-3 Active Staff shall:

1. Deliver and manage care at the optimum level;
2. Provide for continuous coverage of patients;
3. Participate in quality assessment and peer review activities;
4. Maintain an adequate volume of clinical contact to ensure current competency can be assessed;
5. Abide by Medical Staff Bylaws and Rules and Regulations.

4.3 Consulting/Contracted Staff

4.3-1 Qualifications

1. Independent Practitioners:
    a. Physician

b. Advance Practice Registered Nurse
2. Advanced Practice Practitioners: Physician Assistant

4.3-2 Consulting/Contracted Staff may:

1. Provide care to patients in the Alaska Psychiatric Institute as privileged;
2. Not vote on Medical Staff matters;
3. Not hold Medical Staff Office

4.3-3 Consulting/Contracted Staff shall:

1. Deliver and manage care at the optimum level;
2. Provide for continuous coverage of patients;
3. Participate in quality assessment and peer review activities;
4. Maintain an adequate volume of clinical contact to ensure current competency can be assessed; and
5. Abide by applicable Medical Staff Bylaws and Rules and Regulations.

ARTICLE 5 – DELINEATION OF CLINICAL PRIVILEGES

5.1 General Information

Practitioners may only practice within the defined clinical privileges granted to them by the Alaska Psychiatric Institute Governing Body. The Medical Executive Committee has the responsibility to recommend to the Alaska Psychiatric Institute Governing Body the scope of services to be provided and the criteria for the granting of clinical privileges.

The Medical Executive Committee has the responsibility to monitor the performance of all practitioners granted defined clinical privileges and to develop mechanisms to ensure that all practitioners' practices are limited to the defined privileges granted by the Alaska Psychiatric Institute Governing Body.

5.2 Definition

Privileges will be defined as Core or Supplemental.

5.2-1 Core Privileges

Medical Staff Members qualify for core privileges based upon successful completion of a relevant educational and training program in a defined specialty. Core privileges are those privileges in which, in the judgment of the Medical Staff leadership, practitioners through their education and training will maintain competency. The Medical Executive Committee will review Privilege Delineation Forms annually to determine if individual core privileges continue to meet these criteria. Medical Staff Members are qualified to diagnose and treat patients within this specialty as defined on the Clinical Privilege Delineation Sheet approved by the Alaska Psychiatric Institute Governing

Body. These privileges are granted at the time of initial privileging.

Medical Staff Members may decline designated Core Privileges. The Medical Staff Member is responsible for notifying the Medical Staff Office if they are unable to perform or do not wish to exercise a particular Core Privilege.

5.2-2 Supplemental Privileges

Medical Staff Members holding core privileges in a defined specialty will be eligible to hold supplemental privileges based upon successful documented completion of additional education and training requirements, or experience as defined on the clinical privilege delineation sheet. These privileges may be granted at the time of appointment, reappointment or modification of privileges. These privileges may require ongoing requirements for eligibility to hold the privilege.

5.3 Delineation of Clinical Privileges

5.3-1 Mechanism

Each application for appointment or reappointment to the Medical Staff or granting of privileges must be accompanied by a request for specific clinical privileges using the Clinical Privilege Delineation Form. Members of the Staff may request modifications (enhancements or reductions) or termination of privileges at any time in accordance with procedures in Article 6.

5.3-2 Criteria for the Delineation of Clinical Privileges

The following criteria shall be used in the delineation of clinical privileges:

1. The scope of services permitted by Alaska state law and regulations, and by the Alaska Psychiatric Institute Governing Body;
2. Education and training relative to privileges requested;
3. Current competence in areas requested;
4. Ability to perform the full scope of privileges requested;

5.4 Establishment of Privileges for New Procedures or Expanded Scope of Care

The Medical Staff shall use the mechanism described below to make recommendations to the Alaska Psychiatric Institute Governing Body for adding privileges for significant new procedures or to significantly expand the scope of care of the Alaska Psychiatric Institute.

1. The Medical Executive Committee shall maintain and update, as needed, a New Procedure Policy.
2. The New Procedure Policy will always address the following issues:

    a. Whether a new procedure offers significant benefits to patients;
    b. Whether a new procedure requires skills of the practitioner that are significantly different from those exercised in current procedures;

c. Whether the new procedure or expanded scope of care is appropriate for the Alaska Psychiatric Institute;
d. Qualifications needed to hold the new privilege;
e. Equipment needs and training requirements for Alaska Psychiatric Institute personnel to assist the practitioner who will utilize the new procedure or care;
f. Expected potential complications of the procedure or care; and
g. A plan for monitoring the outcomes and complications of the procedure or care.

3. Medical Staff Members may submit a New Procedure Application simultaneously while applying for a new privilege.
4. The Medical Executive Committee will review a New Procedure Application and make its recommendation to the Alaska Psychiatric Institute Governing Body.
5. Approval by the Alaska Psychiatric Institute Governing Body is required to establish a new privilege.

5.5 TELEMEDICINE PRIVILEGES (API is not currently utilizing any telemedicine for behavioral health services, is rarely utilizing telemedicine for medical consultations)

Telemedicine is defined as the medical diagnosis, management, evaluation, treatment or monitoring of injuries or diseases through the use of communication technology when the practitioner does not come to the Hospital. The Alaska Psychiatric Institute Governing Body will determine what clinical services may be provided through telemedicine after considering the recommendations of the Medical Executive Committee.

Practitioners who diagnose and treat Alaska Psychiatric Institute patients via telemedicine link shall not be members of the Medical Staff but shall be privileged and credentialed in accordance with these Medical Staff Bylaws, this does not apply to practitioners acting solely in the role of a consultant. If permitted by law, regulations and any applicable accreditation standards the Alaska Psychiatric Institute may obtain and rely on information and documentation related to the practitioner's qualifications and competence provided by the organization with which the practitioner is affiliated, if that organization is Joint Commission accredited and is accredited by Medicare as, a participating hospital or is an entity which complies with the Medicare Conditions of Participation. The Alaska Psychiatric Institute may verify directly through original sources such information as the Alaska Psychiatric Institute deems appropriate.

All practitioners providing telemedicine services must be properly licensed, certified, and/or permitted to practice via telemedicine in the State of Alaska.

The granting of telemedicine privileges shall be at the discretion of the Alaska Psychiatric Institute Governing Body. Such privileges may be terminated or withdrawn at any time by the Alaska Psychiatric Institute Governing Body or the Alaska Psychiatric Institute CEO with or without cause,

after consultation with the Medical Director. Practitioners with telemedicine privileges shall not be entitled to hearing or other review procedures pursuant to these Medical Staff Bylaws unless action is taken regarding a practitioner who is required to be reported to the National Practitioner Data Bank or a state licensing or disciplinary agency.

ARTICLE 6 – PROCEDURES FOR CONSIDERATION OF APPLICATIONS FOR APPOINTMENT, REAPPOINTMENT AND DELINEATION OF CLINICAL PRIVILEGES

6.1 Overview of Procedures

The Alaska Psychiatric Institute Governing Body has the responsibility and accountability for all appointments and reappointments to the Medical Staff and for the granting of defined clinical privileges.

The Alaska Psychiatric Institute Governing Body maintains the responsibility to evaluate the qualifications, current competence, professional behavior, ability to perform the full scope of privileges requested, and ethical qualities of each practitioner applying for appointment, reappointment or modification of clinical privileges.

The Medical Staff's activities to facilitate this Governing Body responsibility are:

1. The Medical Director, with the assistance of the Medical Staff Coordinator, shall be responsible for evaluating candidates' CV's and render a preliminary determination on whether the candidate meets the membership criteria, fulfills an important clinical need, and supports the mission of the Alaska Psychiatric Institute; and

2. The Medical Executive Committee shall be responsible for evaluating and recommending appointment and reappointment to the Medical Staff using criteria for appointment, reappointment and delineation or modification of clinical privileges as set forth in this Article 6 including current licensure, education and training, current competence, results of criminal background check, and the ability to perform the full scope of privileges requested.

6.1-1 Time Periods for Processing

1. **General Information**

   The time frames stated below for processing applications shall be from the date that the application is considered complete in accordance with Articles 6.2, 6.3 and 6.4. Medical Staff Office personnel or a contracted Credentials Verification Organization shall assist applicants in meeting the requirements for completed applications to the extent possible,

although as stated in Article 6.1-3, the applicant has the burden of producing the required materials.

2. **Specific Time Periods**
   Each person and committee required by these Bylaws to act shall strive to complete such action in a timely fashion so that all reports, recommendations, and approvals described in Article 6 shall be completed within the following time frames:

   a. Initial appointment – 90 days after submission of complete application;
   b. Reappointment – 60 days after submission of complete application;
   c. Modification of privileges- 60 days after submission of complete request; and
   d. Temporary privileges – 30 days after submission of complete application.

6.1-2 Applicant's Burden

Applicants have the burden of producing the information or having the required information submitted satisfying relevant criteria, as described in Articles 3 and 6. In addition, the applicant has the burden to provide information to resolve any doubts that may be identified in the credentials review process.

6.1-3 Automatic Withdrawal

Should an applicant fail to complete the application or have the required information submitted within four (4) months from the date of original submission, the application shall automatically be considered withdrawn. A thirty (30) day extension may be requested in writing prior to the end of the four (4) months; such a request should be addressed to the Medical Director and may be granted for good cause at the sole discretion of the Medical Director. No more than two (2) thirty (30) day extensions may be granted.

6.1-4 Action

All initial appointments and reappointments to the Medical Staff, privileges, and modification of privileges are made by the Alaska Psychiatric Institute Governing Body and State of Alaska Chief Medical Officer upon the recommendation of the Medical Executive Committee.

6.1-5 Denials and Non-Action for Applications for Appointment and/or Requests for Privileges

The Alaska Psychiatric Institute Governing Body has the authority to deny appointment or reappointment to the Medical Staff or to deny all or some of the clinical privileges requested. Applications that are not processed because they are considered incomplete do not constitute a formal denial.

6.1-6 Conditions in Which Action is Not Possible

No action may be taken for appointments, reappointments, or requests for privileges in which one or more of the following conditions apply:

1. Requests for privileges to provide services that are prohibited by federal, state or local laws.
2. Requests for privileges to provide services that are not performed at the Alaska Psychiatric Institute and have not been newly established in accordance with Section 5.4.
3. Requests for appointment or privileges where the applicant:

    a. Does not have the qualifications set forth in Section 3.1;
    b. Does not have the qualifications to hold a specific privilege for which qualifications have been established by the Medical Staff;
    c. Made a misrepresentation, misstatement or omission on the application for Medical Staff membership;

***A circumstance, in which no action may be taken, as described in this Section 6.1-7, does not afford the applicant due process procedures described in Article 8.

6.1-7 Adverse Denials

Denials of appointment, reappointment, and requests for some or all clinical privileges that are not related to conditions described in Article 6.1-7 may be considered adverse and the individual shall have access to Fair Hearing procedures described in Article 8.

6.2 Application for Appointment to the Medical Staff or Privileges

Requests for application to the Medical Staff or for privileges shall be documented by the Medical Staff Coordinator and shall specify service and/or specialty affiliation(s), staff category, and privileges requested. Each application for appointment or privilege shall be submitted on the prescribed form and signed by the applicant. For first time applicants, the Medical Staff Coordinator shall provide the applicant with a copy of these Bylaws and the Medical Staff Rules and Regulations.

6.2-1 Effect of Application

By applying for appointment to the Medical Staff or privileges, an applicant:

1. Signifies willingness to appear for interviews in regard to the application;
2. Authorizes Alaska Psychiatric Institute representatives to consult with others who have been associated with the applicant or who may have information bearing on the applicant's competence and qualifications;
3. Consents to Alaska Psychiatric Institute representatives inspecting all records and documents that may be material to an evaluation of their professional qualifications and competence to carry out the clinical privileges they request and of their professional and ethical qualifications. The Governing Body or Medical Staff may request, at any time,

that the applicant submit additional information relating to the ability to perform the full scope of privileges requested;

4. Releases from all liability all Alaska Psychiatric Institute representatives for their acts performed in connection with the evaluation of the applicant and the applicant's credentials;
5. Releases from any liability all individuals and organizations who provide information, including otherwise privileged or confidential information, to Alaska Psychiatric Institute representatives concerning the applicant's competence and professional ethics, character, physical and mental health, emotional stability, and other qualifications for staff appointment and clinical privileges;
6. Authorizes Alaska Psychiatric Institute representatives to provide other persons or organizations legitimately concerned about the applicant's performance with any information about the applicant's performance that the Alaska Psychiatric Institute may have, and releases Alaska Psychiatric Institute representatives from liability for so doing provided that such information is furnished after receiving in each instance a specific written authorization from the practitioner to do so;
7. Authorizes the Alaska Psychiatric Institute to conduct a criminal background check; and
8. Agrees to all terms and conditions imposed by the application form.

***For purposes of this Section 6.2-1, the term "Alaska Psychiatric Institute representative" includes the Governing Body, its directors and committees, the Chief Executive Officer or designee, the Medical Staff organization and all Medical Staff Members, committees and any other Alaska Psychiatric Institute agent which have responsibility for collecting or evaluating the applicant's credentials or acting upon the application and any authorized representative of any of the foregoing.

6.2-2 Complete Application

A complete application consists of:

1. A completed and signed application form;
2. A Privilege delineation form;
3. Three (3) peer references that describe current competence and include at least the following:

    a. Scope of practice;
    b. Results of quality assessment/risk management activities;
    c. Clinical judgment;
    d. Ethical conduct; and
    e. Ability to perform the full scope of privileges requested.

    Note: Preferred reference sources include: Training Program Director, faculty member; Department Chair, Chief of Service or CMO at most recent hospital affiliation; Senior

Practice Partner in recent practice affiliation. Depending on circumstances, the MEC may request additional references.

4. Medical malpractice (or other professional liability) claims history;
5. Current medical malpractice (or other professional liability) insurance certificate in the required amount of coverage (for staff LP's who also practice outside of API and for contracted providers);
6. Primary source verification of all licenses, highest level of health care professional education, and board certification (if applicable)
7. Secondary source verification of documents submitted for registrations, professional school diplomas, certificates of completion of internship, residency(s) and fellowship(s), and other pertinent professional documents (copies of documents to be provided if requested by Medical Staff Coordinator);
8. Results of provisional criminal background check (pending full check); and
9. Current photograph in the form of a valid picture ID issued by a state or federal agency (e.g., driver's license or passport).

6.2-3 Processing the Application

Upon receipt of a completed application form, the Medical Staff Office personnel or the contracted Credentials Verification Organization shall establish a credentials file, begin to collect required documentation, verify by primary source professional education, training and experience, licensure(s) and registration(s), board certification status, and to confirm current competence and the ability to perform the full scope of privileges requested. In addition, inquiries will be made to the relevant Alaska Licensing Board and the National Practitioner Data Bank. The Medical Staff Credentials Office or the contracted Credentials Verification Organization will promptly notify the applicant of any unresolved problems in obtaining or verifying the required information.

6.2-4 Procedures for Appointment and Reappointment

1. MEC Action

Upon receipt of a completed application as per Article 6.2-2, the Medical Staff Office or the contracted Credentials Verification Organization personnel shall notify the Medical Director. The Medical Executive Committee acting on behalf of the Medical Staff, considers the application, required supporting documentation and other relevant information available to it. In making its recommendations to the Governing Body, the Medical Executive Committee applies the criteria described in Article 3 and any practitioner-specific criteria. The Medical Executive Committee's written recommendation shall address appointment and category of appointment (i.e. Active or Consulting Staff), delineation of clinical privileges, and special conditions to be attached to either appointment or clinical privileges and specialty affiliation(s). Action to defer the application for further consideration must be addressed at the next regularly scheduled meeting with a recommendation concerning appointment and

delineation of privileges made at that meeting.

2. Governing Body Action

Only completed applications will be presented to the Governing Body.

a. On Favorable Medical Executive Committee Recommendation. The Governing Body may, in whole or in part, adopt, modify, or reject a favorable recommendation of the Medical Executive Committee or refer the recommendation to the Medical Executive Committee for further consideration stating the reasons for such referral and setting a time limit within which a subsequent recommendation shall be made. If the Governing Body takes an action adverse to the applicant as defined in Article 8, the Chief Executive Officer shall promptly inform the applicant by certified mail, return receipt requested, and the applicant shall be entitled to pursue the procedures specified in the Fair Hearing Plan set forth in Article 8.

b. On Unfavorable Medical Executive Committee Recommendation. The Governing Body will not take any final action on unfavorable Medical Executive Committee recommendations until after the applicant has received notice of any right to a hearing and has either exercised or waived that right in accordance with Article 7.

3. Notification of Governing Body Decisions or Medical Executive Committee recommendation.

a. Notification of the Governing Body's decision shall be given promptly through the Chief Executive Officer or his or her designee to the applicant. If the Medical Executive Committee's recommendation is favorable to the applicant but the Governing Body action is adverse to the applicant as defined in Article 8, or if the Medical Executive Committee's recommendation is adverse to the applicant as defined in Article 8, the Chief Executive Officer or his or her designee shall promptly inform the applicant by certified mail, return receipt requested, and the applicant shall be entitled to pursue the procedures as provided in Article 8 and in the Fair Hearing Plan.

b. A decision and notification to appoint and/or grant clinical privileges shall include:
   i. The staff category to which the applicant is appointed;
   ii. The Specialty to which the applicant is assigned;
   iii. The clinical privileges the applicant may exercise;
   iv. And special conditions to be attached to either appointment or clinical privileges; and
   v. The duration of appointment.

6.2-5 Expedited Approval and Temporary Privileges

Temporary privileges are equivalent to defined privileges except for the fact that they are limited to a period of one hundred and twenty (120) days. Temporary privileges are granted:

1. When a new applicant submits a complete application that raises no concerns and is awaiting review and approval of the Medical Executive Committee and the Governing Body; and
2. In order to meet an important care need, temporary privileges may be granted to a practitioner who is not a member of the Alaska Psychiatric Institute Medical Staff but who has unique skills or knowledge, and a current Medical Staff Member wishes, with the approval of the Medical Director, to have the practitioner participate in or provide training for a specific individual procedure, provide proctoring, or render care to a specific patient. Section 6.7 further sets forth granting temporary privileges in order to fulfill an important care need.

Expedited approval and temporary privileges for new applications may be granted while awaiting review and approval by the Medical Staff upon verification of the following:

1. Current Licensure;
2. Relevant training or experience;
3. Current competence;
4. Ability to perform privileges requested;
5. A query and evaluation of the NPDB information;
6. A complete application;
7. No current or previously successful challenge to licensure or registration;
8. No subjection or involuntary termination of medical staff membership at another organization;
9. No subjection or involuntary limitation, reduction, denial or loss of clinical privileges;
10. Criminal background investigation;
11. Current medical malpractice liability (or other applicable professional liability) insurance coverage for medical work of at least $1,000,000/$3,000,000 in the Specialty area for which privileges are requested, or in amounts of coverage that may be required from time to time by the Governing Body; and
12. No unusual pattern of or excessive number of professional liability actions resulting in a final judgment against the applicant.

Once the above factors are verified, expedited approval involves a recommendation by the Medical Director or authorized designee and granting of privileges by the Alaska Psychiatric Institute Governing Body with the approval of the Chief Executive Officer. The Medical Staff Office will notify the applicant that temporary privileges have been granted by the Alaska Psychiatric Institute Governing Body.

6.3 Term of Initial Medical Staff Appointment or Privileges

Initial appointments to the Medical Staff or privileges will be for a period of no longer than three (3) years.

6.4 Assessing Current Competency for Initial Medical Staff Appointment or Privilege(s)

Following initial appointment, the Medical Staff Member's performance will be subject to Focused Professional Practice Evaluation (FPPE), an enhanced surveillance method to evaluate the privilege-specific competence of new Medical Staff Members. The FPPE process is established and reviewed periodically by the Medical Executive Committee and approved by the Alaska Psychiatric Institute Governing Body.

Where a question concerning current competence exists after review and evaluation of the FPPE, the Medical Director has the prerogative to assign additional performance monitoring to further assess current competence, practice behavior and the ability to perform the requested privilege.

6.5 Application for Reappointment to Medical Staff or Privileges

6.5-1 General

Applications for reappointment are considered in the same manner as the initial application. The Medical Staff Office or the contracted Credentials Verification Organization shall provide eligible Medical Staff Members an application for reappointment. Each eligible Medical Staff Member who desires reappointment shall, at least sixty (60) days prior to his or her medical staff membership expiration date, send a completed application to the Medical Staff Office. Failure to return the completed application shall be considered a voluntary relinquishment of privileges as of the expiration date of the current appointment. The applicant-Medical Staff Member shall have the burden to ensure that the Alaska Psychiatric Institute can obtain information to consider an application complete, to demonstrate compliance with all pertinent criteria and provide information to resolve any doubts that may arise. Documentation shall consist of at least the following:

1. Primary source verification of current Alaska licensure.
2. If not a State of Alaska employee (for whom medical malpractice is covered by the State of Alaska), applicant must provide proof of medical malpractice (or other professional liability) insurance certificate in the required amount of coverage.
3. Copies of certificates of Board certification or documentation for Board status regarding any updated information, if applicable;
4. Copies of any other updated documents related to professional education, training, certification or experience, including any professional review action taken against the applicant by a health care facility or professional licensing board;
5. Updates on any open or new medical malpractice (or other professional liability) claims since the time of previous appointment;
6. A completed Clinical Privileges Delineation Sheet; and
7. Results of a current National Practitioner Data Bank query.

6.5-2 Assessing Current Competency for Reappointment to Medical Staff or Privileges

During the period of appointment to the Medical Staff, the Medical Staff Member's performance will be subject to biannual Ongoing Professional Practice Evaluations (OPPE). At the end of the period of reappointment, the Medical Director will evaluate the clinical performance of the Medical Staff Member based on the following factors wherever applicable:

1. Scope of practice;
2. The results of OPPE and other quality assessment and improvement activities related to the individuals' performance;
3. Utilization of the Alaska Psychiatric Institute's resources;
4. Participation in Medical Staff activities;
5. Ethical conduct;
6. Compliance with these Medical Staff Bylaws and Rules and Regulations;
7. Continuing professional education;
8. Medical liability (or other professional liability) claims experience; and
9. Ability to perform the full scope of privileges requested.

This evaluation will be considered with the individual's application for reappointment by the Medical Executive Committee. Current competency of each credentialed individual will be assessed by evaluation of patient care provided at Alaska Psychiatric Institute. Policies and procedures for doing so will be developed and kept current by the Medical Executive Committee with ratification by the Alaska Psychiatric Institute Governing Body.

6.5-3 Term of Reappointment Medical Staff or Privileges

Reappointments to the Medical Staff or privileges are for periods of time not to exceed three (3) years.

6.6 Applications for Modification of Clinical Privileges

6.6-1 General

Applications for modifications of clinical privileges shall be submitted in writing by the Medical Staff Member to the Medical Staff Office and shall be accompanied by a recommendation from the Medical Director, the Chief Medical Officer, or both. Requests for enhancement of clinical privileges that include a new procedure or an expanded scope of services at Alaska Psychiatric Institute shall be made in accordance with Section 5.4.

6.6-2 Processing the Application

A credentials file will be established with verification of:

1. Current licensure;

2. Relevant training or experience;
3. Current competence;
4. Ability to perform the privileges requested;
5. A query and evaluation of the National Practitioner Data Bank;
6. A complete application;
7. No ongoing challenge to applicant's licensure;
8. Involuntary termination of medical staff membership at another organization;
9. No subjection or involuntary limitation, reduction, denial or loss of clinical privileges;
10. If not a State of Alaska employee (for whom medical malpractice is covered by the State of Alaska), applicant must provide proof of current medical malpractice (or other professional liability) insurance coverage for work of at least $1,000,000/$3,000,000 in the specialty area for which privileges are requested, or in the amounts of coverage that may be required from time to time by the Governing Body;
11. No unusual pattern of or excessive number of professional liability actions resulting in a final judgment against the applicant, to be determined in the sole discretion of the Medical Executive Committee;

6.6-3 Expedited Approval for Modification of Privileges

The expedited approval process may be initiated to grant privileges to a currently credentialed Medical Staff Member who is modifying or adding privileges.

Consistent with Section 6.2-5, requests for a temporary modification of privileges require recommendations by the Medical Director or authorized designees and are granted by the Alaska Psychiatric Institute Governing Body with the approval of the Chief Executive Officer. The Medical Staff Office will notify the applicant that temporary privileges have been granted.

6.6-4 Assessing Current Competency for New Privileges

Following modification of privileges, the active Medical Staff Member or practitioner's performance will be subject to an FPPE consistent with Section 6.4 that is focused on the newly granted privileges. At the completion of the FPPE the Medical Director, Chief Medical Officer, or both will evaluate the clinical performance of the individual using his or her new privileges based on the results of the FPPE and other quality assessment and improvement activities related to the individual's performance when available.

In any case where a question concerning current competence exists after review and evaluation of the FPPE, the Medical Director or Chief Medical Officer, or both have the prerogative to assign additional performance monitoring to further assess current competence, practice behavior, and the ability to perform the requested privilege.

6.7 Temporary Privileges for an Important Care Need

Temporary privileges set forth in Section 6.7 are granted in order to fulfill an important patient care, treatment and service need and are granted for no more than one hundred and twenty (120) days.

Temporary privileges may be requested for treatment of a specific patient or patients requiring unique services or level of skills not normally available at the Alaska Psychiatric Institute from a practitioner or recognized expert in the field or, in bona fide emergency situations where coverage by a practitioner with temporary privileges will provide continuity of care for patients admitted to the Alaska Psychiatric Institute.

6.7-1 Processing the Application

Requests for temporary privileges to fulfill an important care need shall be in writing from the practitioner seeking temporary privileges or from a credentialed Medical Staff Member on the practitioner's behalf. The Medical Staff Coordinator or the contracted Credentials Verification Organization will establish a file to include:

1. Alaska State license verification;
2. Alaska State License exception, if applicable;
3. DEA license verification, if applicable;
4. National Practitioner Data Bank query;
5. Current medical malpractice liability (or other professional liability) insurance coverage for professional work of at least $1,000,000/$3,000,000 in the Specialty area for which privileges are requested; and
6. Verification of Privileges in Good Standing at other Hospitals.

6.7-2 Action

Requests for temporary privileges to fulfill an important care need require recommendation by the Medical Director or designee and are granted by the Alaska Psychiatric Institute Governing Body with the approval of the Chief Executive Officer.

6.7-3 Notification

The Medical Staff Office will notify the individual that temporary privileges have been granted.

6.8 Disaster Privileges

Privileges may be granted to provide additional medical services if a community or regional disaster requires a volume of clinical services beyond the capacity of the medical staff.

For the well-being of the patients and community served by the Alaska Psychiatric Institute, all categories of staff members may render services within the scope of their professional licenses in bona fide emergency situations. Cases where emergency privileges have been exercised shall be

reviewed by the Medical Executive Committee.

6.8-1 Emergency Verification of Credentials and Temporary Privileges in the Event of a Disaster

In the event of a community or regional medical disaster, the Emergency Incident Commander for the Alaska Psychiatric Institute will initiate the Emergency Operations Plan Protocol. The Medical Director or the person acting in that capacity, will assess the availability and capacity of Medical Staff Members to provide appropriate care for all patients under treatment by the Alaska Psychiatric Institute in accordance with the protocol.

Any non-staff practitioner will be responsible for maintaining a list of patients seen and treated during the disaster. The care, treatment, and services delivered by this non-staff practitioner during this disaster will be evaluated by the Medical Director or designee.

The non-staff practitioners responding to the Alaska Psychiatric Institute during a disaster shall wear a badge with a unique identifier in conjunction with the practitioners' own Medical Staff badge from his/her primary hospital, if applicable. Before a non-staff practitioner is eligible to function with disaster privileges, the Medical Staff Office has obtained valid government-issued photo identification issued by a state or federal agency (e.g., driver's license or passport) and at least one of the following:

1. A current picture hospital ID card that clearly identifies professional designation;
2. A current license to practice the health care profession for which the applicant is seeking disaster privileges;
3. Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), or Medical Reserve Corps (MRC), The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal organization or groups;
4. Identification indicating that the individual has been granted authority to render patient care, treatment and services in disaster circumstances (such authority having been granted by a federal, state or municipal entity); or
5. Confirmation by current hospital or Medical Staff Member(s) who possesses personal knowledge regarding volunteer's ability to act as a licensed independent practitioner during a disaster.

Temporary privileges granted in a disaster situation will be consistent with the training and experience of the individual practitioner.

The Medical Staff Office begins, as a high priority, the primary source verification process of the license credentials and privileges of individuals who receive disaster privileges as soon as the

immediate situation is under control consistent with Section 6.7-1 and is completed within 72 hours from the time the volunteer practitioner presents to the organization.

In the extraordinary circumstance that primary source verification cannot be completed in 72 hours for volunteer practitioners who have provided care, treatment, and service under the disaster privileges, the verification will be done as soon as possible. In this circumstance, there will be documentation of the following:

1. Why primary source verification could not be performed in the required time frame;
2. Evidence of a demonstrated ability to continue to provide adequate care, treatment, and services; and
3. an attempt to rectify the situation as soon as possible.
    a. The organization decides (based on information obtained regarding the professional practice of the volunteer) within 72 hours related to the continuation of the disaster privileges initially granted.

6.9 Privileges without Membership

Privileges may be offered without Medical Staff Membership to physicians who provide certain categories of interpretive and other defined services. An application for privileges without Medical Staff membership will be processed in the same manner as an application for appointment to the Medical Staff as described in Article 6.

ARTICLE 7 – ACTIONS TO IMPROVE PATIENT CARE AND PROFESSIONAL REVIEW OF MEDICAL STAFF ACTIVITIES

7.1 General

The Medical Staff and Alaska Psychiatric Institute have a responsibility to ensure the quality of care given to their patients by all reasonable means. Such means include monitoring and evaluating the clinical, professional, and ethical conduct of Medical Staff Members. The Medical Staff and Alaska Psychiatric Institute must also ensure compliance with these Bylaws; the Medical Staff Rules and Regulations; the policies of the Alaska Psychiatric Institute; and all pertinent federal, state, and local laws. All activities established to carry out these responsibilities are intended to improve patient care and the performance of Medical Staff Members and to ensure fairness and impartiality to any Medical Staff Member to whom they may apply.

7.1-1 Expectations

1. **Patient Care and Procedural Skills**

    Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and care at

the end of life.

2. **Medical/clinical Knowledge**
   Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others.
3. **Practice-Based Learning and Improvement**
   Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.
4. **Interpersonal and Communication Skills**
   Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.
5. **Professionalism**
   Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, a responsible attitude toward their patients, and their profession and society.
6. **Systems-Based Practice**
   Practitioners are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.

7.1-2 Behavioral Expectations

It is the policy of this Medical Staff that its members are to treat all individuals within the Alaska Psychiatric Institute with courtesy, respect, and dignity. We will do so personally and encourage one another to do so. We will not tolerate egregious acts or repetitive patterns of behavior that violate this principle. Offensive behavior is destructive to the collaboration that is essential to our provision of quality care. Excellent professional conduct is an essential component of complete clinical competence.

Therefore, inappropriate behavior toward patients, Alaska Psychiatric Institute staff members or colleagues may be sufficient cause for the Medical Executive Committee to initiate a review of a Medical Staff Member. The process and the Medical Executive Committee's range of possible actions are described in the Medical Staff Bylaws Sections 7.3 and 7.4. Specific behaviors that will be considered for such review include, but are not limited to:

1. Physical contact that is unwelcome or inappropriate.
2. Language that is profane, obscene, or offensive.
3. Intimidation or harassment by use of language or demeanor.
4. Behavior that berates or demeans another person.
5. Potentially destructive or injurious actions, such as throwing instruments.

6. Any behavior that is offensive and repetitive as determined by the Medical Executive Committee.

Medical Staff behavioral concerns may be formally reported by Alaska Psychiatric Institute staff through a verbal or written complaint to the Medical Director or Chief Executive Officer. A patient or family member may register a complaint through Patient Advocacy or through communication with a Medical Staff Member or administrative leadership of Alaska Psychiatric Institute. Reported behavior concerns shall be reviewed and acted upon in accordance with the Medical Staff's Rules and Regulations and these Medical Staff Bylaws.

7.1-3 Definitions

1. "Affect(s) adversely or adversely affect(s)" means reducing, restricting, suspending, revoking, denying, or failing to renew Medical Staff membership or clinical privileges.
2. "Professional Review Investigation" means a focused and purposeful gathering of information, records and other data pertaining to the competence, professional conduct, or practice patterns of a Medical Staff Member for the purpose of determining whether to take or recommend a Professional Review Action. Federal and State laws may require certain actions to be reported, including but not limited to resignations taken during the course of a Professional Review Investigation. A Professional Review Investigation may be initiated by the Medical Director, The Chief Medical Officer, or Chief Executive Officer. The routine functions of the Medical Staff and its committees, the Alaska Psychiatric Institute's performance improvement committees, and discussions with a member relating to these matters do not constitute a Professional Review Investigation. The Professional Review must be completed in conjunction with Human Resources' investigation.
3. "Professional Review Action" means an action with the following characteristics:
    a. It is an action or recommendation of a Professional Review Body;
    b. Which is taken or made in the conduct of a Professional Review Activity;
    c. Which is based on the competence or professional conduct of a Medical Staff Member that is harmful or potentially harmful to patients; and
    d. Where the action or recommendation affects or might affect adversely the clinical privileges of the Medical Staff Member and/or membership on the Medical Staff.

    ****A Professional Review Action does not include actions relating to a Medical Staff Member's association with a professional society; to a Medical Staff Member's fees, advertising or other acts to solicit business; to a Medical Staff Member's participation in prepaid group health plans, salaried employment or any other manner of delivering health services; or to any other matter that does not relate to the competence or professional conduct of the Medical Staff Member.*
4. "Professional Review Activity" means any activity to determine whether a Medical Staff Member may hold clinical privileges or membership on the Medical Staff, to determine the

scope of such privileges or membership or to modify such privileges or membership.

5. "Professional Review Body" means the Alaska Psychiatric Institute, the Governing Body, the Medical Executive Committee, and any duly constituted or appointed committee, sub-committee or ad hoc committee of the Alaska Psychiatric Institute that conducts Professional Review Activities. It includes each committee of the Medical Staff that assists the Alaska Psychiatric Institute or the Medical Staff in Professional Review Activities. The Professional Review Body must include at least one Human Resource Consultant.
6. "Professional Concern" means information regarding professional conduct or clinical actions by a Medical Staff Member that indicate the likelihood of one of the following:
    a. Patient safety was put at risk;
    b. Quality of care was at variance from expected level of care;
    c. Professional or behavioral conduct was inappropriate as described in these Medical Staff Bylaws;
    d. Actions were not in compliance with one or more policies, rules or regulations established by the Alaska Psychiatric Institute or its Medical Staff;
    e. Impairment of a Medical Staff Member as defined in these Bylaws.

7.2 Mechanisms to Identify Potential Opportunities to Improve or Areas of Concern

The Medical Staff and Alaska Psychiatric Institute have established mechanisms to assess and improve the quality of care. These include, but are not limited to:

1. Peer review responsibilities of the Medical Director and the Chief Medical Officer;
2. Alaska Psychiatric Institute's Performance Improvement Program;
3. Performance Improvement functions of the Medical Director;
4. Multi-disciplinary standing committees to provide assessment of specific clinical functions and recommendations for improvements in quality;
5. The Medical Staff credentialing process described in Article 6;
6. Reviews carried out in accordance with these Medical Staff Bylaws and Rules and Regulations, including, but not limited to: Ongoing Professional Practice Evaluations; Focused Professional Practice Evaluations; and concerns reported through an Unusual Occurrence Report; and
7. Gathering of information from any Alaska governmental entity and the National Practitioner Data Bank by the Medical Staff Office or the contracted Credentials Verification Organization; and reporting of such information as is required by those laws.

In addition, the Medical Director and Chief Medical Officer, the Chief Executive Officer, or the Chair of the Alaska Psychiatric Institute Governing Body may be made aware, through formal or informal means, by persons within or outside of the Medical Staff and Alaska Psychiatric Institute, of concerns related to patient care that involve one or more Medical Staff Members. Such concerns include significant acts, statements, demeanor, or professional conduct, either within or outside the

Alaska Psychiatric Institute that are or are reasonably likely to be detrimental to patient safety, the quality of care, or the conduct of operations of the Alaska Psychiatric Institute that affect patient care.

The Medical Executive Committee encourages individuals to make good faith disclosures of concerns that involve one or more Medical Staff Members. Retaliation or intimidating acts are prohibited against any member of the healthcare team who has reported a concern or potential opportunity to improve care or who has participated in the investigation of such an incident, regardless of the perceived veracity of the report. The Medical Executive Committee has zero tolerance for any form of reprisal or retaliation.

7.3 Professional Review of a Concern

A professional review consists of an evaluation of a professional concern carried out by a Professional Review Body. It may include either an administrative review or a Professional Review Investigation, as defined in this section. All information that is considered or becomes known in the course of a professional review is confidential and governed by applicable federal and state laws.

7.3-1 Administrative Review

An administrative review is the initial peer evaluation of a concern related to patient care within the Alaska Psychiatric Institute facilities.

1. Administrative review includes the following processes:
    a. Focused Professional Practitioner Evaluation;
    b. Medical Executive Committee review of a complaint brought directly to one of its members by Alaska Psychiatric Institute, Medical Staff, a patient, or an advocate for a patient.
2. At the conclusion of the administrative review process, the reviewer(s) will determine whether the subject Medical Staff Member acted in accordance with expectations applicable to the case and will make one of three possible decisions:
    a. The concern requires no action and no trending.
    b. The concern requires no action but should be filed for recognition of possible trends.
    c. The review may require an action that adversely affects the Medical Staff Member's privileges, in which case it shall refer the matter to the Medical Executive Committee for initiation of a Professional Review Investigation.

7.3-2 Process of a Professional Review Investigation

If the Medical Executive Committee, Chief Medical Officer, or Chief Executive Officer determines after administrative review that an investigation is warranted, it may initiate a Professional Review Investigation if:

1. a Medical Staff Member's conduct is or may be detrimental to patient safety or the quality of

care;
2. the behavior or professional conduct of a Medical Staff Member is preliminarily determined to have been inappropriate, or not in compliance with the Medical Staff Bylaws or Rules and Regulations or other policies of the Medical Staff or the Alaska Psychiatric Institute, or
3. disruptive to Alaska Psychiatric Institute operations.

In the event the Medical Executive Committee, Medical Director, Chief Medical Officer, or Chief Executive Officer decides that a Professional Review Investigation is warranted, the Professional Review Investigation shall be conducted by the Medical Executive Committee, Medical Director, Chief Medical Officer, or a sub-committee they appointment to conduct the investigation. This sub-committee must include one or more Human Resource Consultants to ensure compliance with State policies and procedures, statutes and regulations, and applicable bargaining unit contracts.

Notwithstanding anything else to the contrary in these Bylaws, the Medical Executive Committee, Medical Director, Chief Medical Officer or Chief Executive Officer may recommend an action that adversely affects a member without first conducting a Professional Review Investigation if it believes that it has adequate information pertaining to a quality, safety, or behavioral issue. Consultation with Human Resources must occur before any adverse action is taken against Medical Staff Members.

The Chief Executive Officer or its designee will ensure that no member of a committee conducting a Professional Review Investigation has any known conflict of interest with the Medical Staff Member under review or the matter being reviewed. If the Medical Staff Member being reviewed is an Advanced Practice Nurse, or Physician Assistant, the committee will include one or more such professionals.

The Medical Director will notify, as soon as practical, the Medical Staff Member under review that:

1. A concern has been identified;
2. The concern shall be investigated by a Professional Review Body;
3. The Medical Staff Member will be given the right to appear before the Professional Review Body without legal representation;
4. The Professional Review Body shall document its findings and recommendations in a report to the Medical Executive Committee; and
5. If the Medical Executive Committee's decision adversely affects the Medical Staff Member's privileges or membership, the Medical Staff Member will be granted the right to a fair hearing, in accordance with Article 8.

The Professional Review Body will submit its written report including findings, conclusions, and recommendations to the Medical Executive Committee within (60) days after its first meeting

pertaining to the Professional Review Investigation. Before making its recommendation, the Medical Executive Committee may, at its sole discretion, invite the Medical Staff Member by written notice to be heard.

7.3-3 Professional Review Action

Within thirty (30) days after receiving a copy of report from a Professional Review Body, the Medical Executive Committee, Medical Director, or Chief Medical Officer will prepare a written recommendation with supporting documentation. The Medical Executive Committee, Medical Director, or Chief Medical Officer shall send a copy of its written recommendation and supporting documentation to the Medical Staff Member. The written recommendation shall:

1. Conclude that the matter does not have merit and forward the recommendation to the Governing Body for final action; or
2. Conclude that the matter has merit but there should be no action that affects adversely the Medical Staff Member's membership or clinical privileges and forwarding the recommendation to the Governing Body for final action. In such instances, a recommendation may include:

    a. A report in the Medical Staff Member's file, a letter of warning or reprimand, or
    b. Imposition of terms of probation with requirements of education, consultation or supervision or mental and/or physical health evaluation and counseling. Such actions described herein at Section 7.3-3(2)(a)-(c) do not trigger the right to a fair hearing as described in Article 8; or
    c. Recommend taking a Professional Review Action, in which event it must give the Medical Staff Member notice in accordance with the Fair Hearing Plan set forth in Article 8.

Initial discussions with the Medical Staff Member and any interview, meeting, or appearance under the above procedures do not constitute a hearing as defined in the Fair Hearing Plan in Article 8 and therefore do not entitle the Medical Staff Member to those procedures or rights attendant to hearings as described in Article 8. Prior to engaging in discussions with or taking adverse action against a Medical Staff Member, Human Resources must be consulted to ensure compliance with State policies, procedures, statutes and regulations, and applicable bargaining unit contracts.

Nothing in this section precludes the imposition of a summary suspension on a Medical Staff Member in accordance with the provisions of section 7.5-2.

7.4 Professional Review Actions in Response to a Professional Concern

7.4-1 Range of Possible Professional Review Actions

A Professional Review Action is a response to a Professional Concern that has been evaluated and

validated by the processes described in Section 7.3. Whenever an action (including but not limited to a Professional Review Action) denies, limits, restricts, or rescinds the privileges of the Medical Staff Member, or denies or revokes Medical Staff membership, it is considered an adverse action. Any other action is considered non- adverse. Except for a summary suspension, an adverse Professional Review Action may not be carried out unless the Governing Body has approved it, and the Medical Staff Member has been granted all rights of the Fair Hearing Plan set forth in Article 8. The range of possible Professional Review Actions consists of the following:

1. *Formal counseling of a member.* Documentation of such counseling will be entered either in the Medical Staff Member's performance improvement file or peer review file. Such counseling may include requirements for:
    a. Attendance at continuing medical education programs;
    b. Additional training;
    c. Mental and/or physical health evaluation and counseling;
    d. Other therapeutic requirements that do not limit or modify clinical privileges.
2. *Inclusion of a report in the member's peer review file for trending purposes.* Events filed for trending are documented in the member's peer review file.
    a. Letter of Reprimand. A letter of reprimand is appropriate when a Professional Review Body determines that the event or events in question was or were at a significant variance from the expected level of care or behavior, or for an identified trend across events. Letters of Reprimand are maintained indefinitely in the Medical Staff Member's peer review file. The Medical Director will report the issuance of a Letter of Reprimand to the Governing Body.

    b. Suspension of one or more clinical privileges for a defined period of time or until a requirement has been met by the Medical Staff Member, when the Medical Executive Committee, Medical Director, Chief Medical Officer or Chief Executive Officer has determined that such action is necessary to ensure patient safety or effect a behavioral change. Such action, if not summarily imposed, can only be taken after approval by the Governing Body and only after the Medical Staff Member has been granted all rights of the Fair Hearing Plan set forth in Article 8.
    Note: In the event a Medical Staff Member's behavior or actions present a clear and present danger to the health or safety of a patient, certain individuals are empowered to carry out summary suspension of the Medical Staff Member's privileges as described in section 7.5-2.

    c. Limitation, restriction or the rescission of one or more clinical privileges indefinitely, including a requirement that a privilege may not be exercised unless the Medical Staff Member is supervised or has obtained specific consultation. Such action can only be taken after approval by the Governing Body and only after the Medical Staff Member

has been granted all rights of the Fair Hearing Plan set forth in Article 8.

d. Revocation of membership on the Medical Staff. Such action can only be taken after approval of the Governing Body and only after the Medical Staff Member has been granted all rights of the Fair Hearing Plan set forth in Article 8.

7.4-2 Automatic Relinquishment of Medical Staff Privileges and Membership

The privileges and Medical Staff membership of a Medical Staff Member shall be automatically relinquishment, without action by the Medical Executive Committee or Governing Body, if one or more of the following events occur:

1. The Medical Staff Member's license to practice as a physician, Advanced Practice Nurse, or Physician Assistant is revoked, suspended, not renewed, or restricted;
2. The Medical Staff Member's DEA registration is revoked, suspended, not renewed, or restricted;
3. The Medical Staff Member fails to return the reappointment application prior to the expiration date of the prior medical staff appointment;
4. The Medical Staff Member provides false or misleading information or withholds information on an application for appointment or reappointment;
5. Exclusion of a Medical Staff Member from a federal health care program;
6. Failure without good cause of a Medical Staff Member, after notice of required attendance, to appear at a meeting of the Medical Executive Committee, or another committee called to discuss the proposed taking of a Professional Review Action or any other disciplinary action;

A Medical Staff Member must notify the Medical Director and the Chief Executive Officer immediately if any event in section 7.4-2 occurs or if the Medical Staff Member's license is suspended or revoked by the licensing authority of any other state. Any Medical Staff Member placed on probation by an Alaska licensing board will automatically be kept under continuous scrutiny and supervision by the Medical Director.

Automatic relinquishment of privileges and membership under this section is not a revocation and does not entitle the Medical Staff Member to the Fair Hearing Plan set forth in Article 8. The Medical Staff Member may reapply for privileges and membership no sooner than six (6) months after notification that such relinquishment has occurred.

7.4-3 Notification

When a Professional Review Action has been taken subsequent to a Professional Review Investigation, the Medical Staff Member will be notified by the Chief Executive Officer or its designee.

7.5 Suspension

7.5-1 Administrative Suspension

An administrative suspension is a temporary withdrawal of medical staff privileges resulting from a failure to meet certain requirements for medical staff membership. It ends automatically when the deficiency has been corrected and evidence thereof is submitted to the Medical Staff Office. Failure to correct the deficiency and document the correction within ten (10) business days will be considered a voluntary resignation from the medical staff. A new application in accordance with Section 6.2 will be required to regain membership. Medical Staff Members are responsible for arranging coverage for any patients under their care while on administrative suspension, if they are unable to do so, this job falls to the Medical Director. Administrative suspension of privileges and membership under this section is not a revocation and does not entitle the Medical Staff Member to the Fair Hearing Plan set forth in Article 8.

Administrative suspension will occur under the following circumstances:

1. Failure to maintain all qualifications for membership as described in Section 3.1. Qualifications 3.1 (f) and (g) need not be maintained by Medical Staff Members on leave of absence. Suspension is automatic on the date that the deficiency becomes evident.
2. A pattern of failure to complete a medical record in accordance with the protocols for the completion of medical records. Suspension will be imposed by the Medical Director, after he or she has ascertained that it is fair and justified.
3. Failure to complete the Electronic Medical Record training in accordance with Alaska Psychiatric Institute Governing Body expectations.

7.5-2 Summary Suspension

1. **Criteria and Initiation for Summary Suspension**
   Whenever a Medical Staff Member's conduct may result in an imminent danger to the health of any individual, the Chairman of the Governing Body or Chief Executive Officer after consultation with the Medical Director and/or Chief Medical Officer shall have the authority to suspend immediately any or all of the Medical Staff Member's privileges. Such summary suspension shall become effective immediately upon imposition.
2. **Notice of Summary Suspension**
   The Chief Executive Officer or its designee shall give the affected Medical Staff Member prompt written notice of any summary suspension of privileges, explaining the basis for the decision and the duration of the suspension period and informing the Medical Staff Member of the right to request a hearing pursuant to Article 8. A copy of this notice shall be forwarded to the Medical Executive Committee and the Governing Body. The terms of any summary suspension shall remain in effect pending final action by the Governing Body.
3. **Alternative Medical Staff Coverage**
   Immediately following a summary suspension, the Medical Director or Chief Medical Officer

in consultation with the Medical Director, shall make arrangements for alternative staff coverage for the suspended Medical Staff Member's patients who remain at the Alaska Psychiatric Institute during the suspension.

4. **Reinstatement of Privileges**
   a. **Definite Period**
      Whether summary or otherwise, suspension may be for a definite period. When suspension is for a definite period, the affected Medical Staff Member's privileges shall be reinstated automatically upon the expiration of the suspension period.
   b. **Indefinite Period**
      Whether summary or otherwise, suspension may be for an indefinite period, and such terms, conditions and requirements as may be deemed appropriate may be placed upon any such indefinite suspension. If no such terms, conditions or requirements have been placed upon the suspension, the affected Medical Staff Member's privileges shall automatically expire upon the date the clinical privileges would have otherwise expired. If the Medical Staff Member has not satisfied any terms, conditions and requirements of the suspension by the end of their current term of appointment, the Medical Staff Member's privileges shall automatically expire on that date of failure to satisfy and the practitioner shall not be entitled to apply for reinstatement until such terms, conditions or requirements have been satisfied, nor shall the practitioner be entitled to an evidentiary hearing under Article 8 upon either version of an automatic expiration described herein. An application for reinstatement after privileges have expired shall be treated and processed as an application for initial appointment.

7.6 Breaches of Confidentiality

7.6-1 Definitions

1. "Protected Health Information" (PHI) means any information identifiable to an individual including demographic information, whether or not recorded in any form or medium that relates directly or indirectly to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual.
2. "Privacy Breach" means a scenario when a Medical Staff Member accesses, reviews, uses, discusses and/or discloses a patient's PHI for purposes other than:

   a. Treatment of the patient;
   b. Payment for treatment or services rendered;
   c. Health care operations as defined by the Health Insurance Portability and Accountability Act Privacy Rule; or
   d. As otherwise permitted or required under federal and/or state laws, rules or regulations.

3. "Security Breach" means a scenario when a Medical Staff Member:
    a. Releases or transmits PHI in an unauthorized manner;
    b. Attempts or successfully accesses, uses, discloses, modifies or destroys PHI in violation of security policies and procedures relating to appropriate use of computer and other information systems equipment containing PHI;
    c. Shares sign-on code and password with another person or uses another person's sign-on code and password to access PHI; or
    d. Interferes with system operations in an information system in such a way as to corrupt or destroy data.

7.6-2 Response to Knowledge of Possible Breach of Confidentiality

The Medical Director will evaluate all cases of a confirmed Privacy Breach or Security Breach by a Medical Staff Member and will take such corrective action as it considers appropriate. The range of possible actions are set forth in Section 7.4 and will be treated as a Professional Review Action. The Medical Staff Member will have the right to appear before the Medical Executive Committee or Medical Director in person during the evaluation. Human Resources must be consulted prior to taking corrective action to ensure compliance State policies, procedures, statutes and regulations, and applicable bargaining unit contracts.

7.7 Member Impairment

7.7-1 Definition

Impairment of a Medical Staff Member is the limitation of the Medical Staff Member's ability to safely carry out some or all of his or her responsibilities, in accordance with his or her privileges, due to a physical or mental condition. Such conditions include chemical dependency and addiction, medical or psychiatric disease processes, injuries and the consequences of medical procedures. All complaints, allegations or concerns will be investigated. Human Resources must be consulted and included in the investigation to ensure compliance State policies, procedures, statutes and regulations, and applicable bargaining unit contracts.

7.7-2 Intent of This Section

The paramount responsibility of the Medical Staff is to ensure the safety and appropriate clinical management of all patients in the care of itsMedical Staff Members and the Alaska Psychiatric Institute. To the degree that member impairment presents a risk to patient care and safety, the medical staff has a duty to:

1. Identify its occurrence (the source of the referral of information will be confidential);
2. Work with affected Medical Staff Members to ensure evaluation of the causative condition and its potential effect on their ability to carry out their privileges;
3. Refer affected Medical Staff Members for appropriate care, if they desire such help;
4. Assist affected Medical Staff Members in the assessment and modification of privileges when

necessary;

5. Intervene when necessary to ensure that affected Medical Staff Members do not place a patient at risk due to impairment;
6. Maintain patient and member confidentiality; except as limited by law, ethical obligation or when the health and safety of a patient is threatened; and
7. Educate and maintain awareness among Medical Staff Members and Alaska Psychiatric Institute staff concerning impairment identification and responsibilities.

7.7-3 Voluntary Self-Referral for Assessment

A Medical Staff Member may voluntarily request leave of absence for medical reasons in accordance with Section 3.2 while undergoing evaluation and treatment of an impairing condition. Return from a Leave of Absence must be requested in writing to the Medical Director.

A Medical Staff Member who believes that his or her impairing condition may be evaluated and treated without a Leave of Absence must request in writing a conference with the Medical Director, at which the Medical Staff Member will:

1. Present, discuss and obtain approval of a plan for evaluation and treatment, monitoring of compliance (if indicated) and patient safety, including agreement not to exercise certain privileges if appropriate; and
2. Voluntarily cease providing any care within the Alaska Psychiatric Institute.
3. If the Medical Director agrees, such plan shall become effective immediately upon the Medical Director's written approval.
4. If an agreement cannot be reached and approval is not granted, the Medical Staff Member must request a medical leave of absence or be subject to an involuntary referral as set forth in Section 7.7-4.

7.7-4 Involuntary Referral for Assessment

If a Medical Staff Member shows evidence of impairment and does not agree to a plan with the Medical Director, the Medical Staff Member will be involuntarily referred for assessment. Involuntary referral requires summary suspension of the Medical Staff Member by an authorized person in accordance with section 7.5-2.

A member whose privileges have been suspended due to an involuntary referral for assessment will be given a list of resources for medical evaluation by the Medical Director. For the avoidance of any doubt, all Medical Staff Members who are also members of a labor union will be granted any rights corresponding with their union membership with regard to participating in a medical evaluation as contemplated by this Section.

Reporting of the suspension of privileges to the relevant Alaska state licensing board and the

National Practitioner Data Bank shall be governed by the applicable state and federal laws.

7.7-5 Identification and Notification of Suspected Impairment

Any Medical Staff Member or Alaska Psychiatric Institute employee who witnesses actions or behaviors of another member that are suggestive of an impairing condition shall notify the Medical Director.

If the Medical Director believes that the reported actions or behavior may result in an imminent danger to the health of any individual, the Medical Officer will execute a summary suspension in accordance with section 7.5-2.

If a summary suspension is not considered necessary, the Medical Director will immediately notify the Medical Staff Member of the report and request a meeting with him or her to discuss the reported action or behavior. The meeting should be held within three (3) business days from the Medical Director notifying the Medical Staff Member except in cases of extraordinary circumstances preventing a meeting within three business days. Actions taken pursuant to this Section 7.7-5 shall not constitute a Professional Review Investigation.

If, as a result of the meeting, the Medical Director believes that the Medical Staff Member should undergo medical evaluation, the Medical Director will offer the Medical Staff Member the options available under section 7.7-3. If the Medical Staff Member does not agree to a voluntary self-referral for assessment, an involuntary referral for assessment shall be initiated in accordance with section 7.7-4.

7.7-6 Monitoring

The Medical Director or designee will monitor the affected Medical Staff Member and the safety of patients until the rehabilitation process is complete and periodically thereafter, if determined appropriate in the sole discretion of the Medical Director. Failure to complete the required rehabilitation may result in further disciplinary measures including, but not limited to, summary suspension.

ARTICLE 8 – FAIR HEARING PLAN AND DUE PROCESS

8.1 Principles of Due Process

In keeping with the Medical Staff's philosophy of fairness, all Medical Staff Members and applicants to the medical staff are afforded access to present their perspectives on issues when an adverse Professional Review Action is recommended, or when a summary suspension or other adverse action has been imposed upon them. An adverse action is one that denies, limits, restricts or rescinds one or more privileges or that denies or revokes medical staff membership. The principles of due process include:

1. Written notification of the reasons for the adverse recommendation;
2. The opportunity to review pertinent documents;
3. Access to participate in evidentiary hearings including:
    a. Right to examine and cross-examine witnesses;
    b. Formal notice of meeting times, dates and places;
4. The right to legal counsel and advice;
5. Accurate recording of hearing mechanisms and access to written records;
6. Written notification of decisions; and
7. A framework for the Governing Body's appellate review of a recommendation or decision.
8. Due process will be facilitated by a Human Resource Consultant to ensure compliance with State policies and procedures, statutes and regulations, and applicable bargaining unit contracts.

8.2 Right to an Evidentiary Hearing

The right to an evidentiary hearing shall be governed by this Article 8 of the Medical Staff Bylaws and shall apply to all applicants for appointment or reappointment to the Medical Staff and all Medical Staff Members. An "Affected Person" for the purposes of this Article 8 shall mean anyone who is entitled to an evidentiary hearing.

Any of the following actions, whether through the professional review process or otherwise, will initiate the right to an evidentiary hearing:

1. Any suspension of privileges other than administrative suspension as set forth in Section 7.5-1;
2. Restriction or limitation of one or more privileges;
3. Denial (upon application) or the rescinding of one or more privileges;
4. Revocation of membership on the medical staff; or
5. Any other action that is reportable to the National Practitioner Data Bank once implemented.

The following Professional Review Actions do not trigger a right to an evidentiary hearing:

1. Automatic relinquishment of privileges arising from those events specified in section 7.4-2;
2. Minor Professional Review Actions that do not affect medical staff privileges or limit or restrict privileges as noted in sections 7.4-1 (a) through (c).
3. Adverse actions against Medical Staff Members granted temporary staff privileges only, or failure to achieve membership due to a failure to satisfy the applicable credentialing requirements set forth in Article 6;
4. Any other matter, unless these Medical Staff Bylaws expressly provide for a hearing, or the Governing Body agrees to grant an evidentiary hearing.

An evidentiary hearing may be requested by notifying the Chief Executive Officer in writing within

thirty (30) days after the date of the notice of an adverse action or adverse recommendation entitling the Affected Person to an evidentiary hearing. Failure to make such a written request within the time limit provided shall be deemed a waiver of the Affected Person's right to an evidentiary hearing. The Chief Executive Officer shall promptly notify the Medical Director and the Chairman of the Governing Body of all timely requests for an evidentiary hearing.

Final implementation of an adverse Professional Review Action will not occur until after the Affected Person has a hearing in accordance with this Article 8 or the Affected Person waives the right to an evidentiary hearing by notification in writing or by failing to request such a hearing within thirty (30) days. However, a summary suspension or other adverse action that was in effect prior to the initiation of the fair hearing process shall remain in effect, unless waived or terminated by other means available under these Bylaws.

8.3 Notice of Right to Evidentiary Hearing

Whenever a Medical Staff Member is entitled to an evidentiary hearing as defined in sections 8.1 and 8.2, that person shall be so notified in writing. The notice shall be accompanied by a current copy of Article 8 of the Medical Staff Bylaws and will inform the person of the following:

1. An adverse Professional Review Action has been proposed to be taken against him or her;
2. The reasons for the proposed action;
3. That the person has the right to request an evidentiary hearing on the proposed action;
4. That the person must give written notice to the Chief Executive Officer of his or her request for an evidentiary hearing within thirty (30) days after the date that notice was given of the proposed action, or the right to such a hearing will be forfeited;
5. A summary of his or her rights before, during and after such a hearing, as defined in this article;
6. That all of the proceedings in connection with an evidentiary hearing shall be privileged and confidential in accordance with the applicable state and federal law.

8.4 Appointment of a Hearing Committee

If the Affected Person makes a timely request for an evidentiary hearing, the Medical Director, in consultation with the Chief Executive Officer, shall appoint a Hearing Committee:

1. The Hearing Committee will consist of three (3) to five (5) Medical Staff Members, one of whom shall be selected by the Medical Director as Chair. No one appointed to the Hearing Committee shall be in direct economic competition with the Affected Person.
2. The Affected Person shall be given a list of Medical Staff Members appointed to the Hearing Committee. If he or she believes that any member of the Hearing Committee cannot reach a fair and impartial decision, he or she may, within seven (7) days, assert a written claim of prejudice and disqualification of that member, stating the reason(s) for the belief and claim

and deliver it to the Medical Director. The Medical Director, in consultation with the Chief Executive Officer, shall consider the reasons stated for the request and determine whether the member shall stay on the committee or be replaced. If the challenged member is not replaced, the decision and the basis for it shall be documented in writing and a copy shall be made available to an Affected Person upon request. The determination of the Medical Director shall be final and binding on all the parties.

8.5 Notice of Evidentiary Hearing

The Chief Executive Officer, in cooperation with the Hearing Committee Chair, shall schedule a hearing date. The hearing date shall not be scheduled less than thirty (30) days from the date the notice of hearing is mailed to the Affected Person. The Chief Executive Officer shall cause to be sent the notice of the hearing date, time and location to the Affected Person, the Medical Executive Committee and the Governing Body. The notice, a copy of which also shall be sent to each member of the Hearing Committee and counsel for the Alaska Psychiatric Institute Medical Staff, shall contain the following information:

1. The date, time and place of the hearing;
2. A list of the witnesses, if any, expected to testify at the hearing on behalf of the Medical Staff;
3. Notice that, by fourteen (14) days prior to the hearing, the Affected Person must submit to the Chair of the Hearing Committee in writing a list of those witnesses the Affected Person proposes to call at the hearing;
4. A concise statement specifying the reasons for the adverse recommendation or adverse action and a description of the evidence considered by the person or body responsible for making such recommendation or taking such action;
5. The Affected Person has the right to be represented by an attorney or other designated representative if so desired and that the Affected Person must notify the Chief Executive Officer promptly in writing if the person retains an attorney or other designated representative;
6. The Affected Person may offer evidence from any relevant source or testimony by any individual the Affected Person wishes to have attend the hearing; and
7. The presence of the Affected Person is required at the hearing and that the failure to attend in person without good cause shall be deemed a waiver of the Affected Person's right to an evidentiary hearing, unless a request for a postponement is granted by the Chair of the Hearing Committee.

8.6 Preliminary Arrangements for the Evidentiary Hearing

After the Chief Executive Officer has scheduled the hearing and sent the required notice and made the necessary adjustments to the Hearing Committee composition, the conduct of the evidentiary hearing shall be the responsibility of the Chair of the Hearing Committee; provided, however, that

the Medical Director or the Chief Executive Officer may arrange for a Hearing Officer to preside over the hearing with the Hearing Committee. The Chair or Hearing Officer, if so appointed, shall receive and rule on any requests for postponement of the hearing provided the request is in writing and specifies the reasons for seeking a postponement. Any preliminary questions regarding the hearing procedure shall be addressed, in writing, to the Chair or the Hearing Officer, whose response shall also be in writing. The Medical Staff attorney shall arrange for a court reporter to be present to make a verbatim recording of the hearing. The Chair of the Hearing Committee or the Hearing Officer shall take whatever measures necessary to ensure that the hearing is conducted in a confidential manner.

8.7 Conduct of the Evidentiary Hearing

Hearings before the Hearing Committee shall be informal. The legal rules of evidence shall not apply, and the Chair of the Hearing Committee or the Hearing Officer may admit the sort of evidence upon which responsible persons are accustomed to rely on the conduct of peer review activities. The witnesses shall not be required to testify under oath. A rigid order of proof need not be followed, but the Chair or the Hearing Officer should generally require that the case supporting the challenged adverse recommendation or adverse action be presented first. The hearing shall be conducted by the Chair of the Hearing Committee or the Hearing Officer. The Alaska Psychiatric Institute attorney may be present at the hearing. The Hearing Officer, if appointed, may advise the Hearing Committee with regards to procedures, evidentiary questions, and preparation of a final report. The Affected Person's attorney may also be present to represent the Affected Person and to provide advice and counsel. An attorney may also assist the Medical Executive Committee in the presentation of the case against the Affected Person.

8.7-1 PROCEDURES AND RIGHTS OF THE EVIDENTIARY HEARING

The following procedure and rights shall govern the conduct of an evidentiary hearing:

1. At least three (3) members of the Hearing Committee must be present to conduct the hearing and no member of the Hearing Committee may act by proxy.
2. The Affected Person shall have right to call, examine and cross-examine witnesses and to present evidence determined to be relevant by the Chair of the Hearing Committee or the Hearing Officer, if appointed.
3. The Affected Person, the Medical Executive Committee and members of the Hearing Committee may question any person who testifies at the hearing, either directly, or with the assistance of the appropriate attorney.
4. During the course of the hearing, any member of the Hearing Committee may interrupt at any time to ask a question or request the presentation of additional evidence. The Chair of the Hearing Committee or the Hearing Officer shall take any measures necessary to keep the proceeding moving, to cut off repetitive or irrelevant inquiries and to prevent time consuming and extraneous debate and argument.
5. Any requests for a recess or temporary suspension of the hearing may be granted if the Chair

of the Hearing Committee or the Hearing Officer, at their discretion, determines that it is appropriate.

8.8 Recommendation of the Hearing Committee

Within thirty (30) days after the adjournment of the evidentiary hearing, the Hearing Committee shall deliberate, arrive at a conclusion and make a recommendation as to whether the proposed adverse Professional Review Action should be upheld, or in the case of a summary suspension or other adverse action in effect, whether that action should be continued or terminated.

The Hearing Committee shall recommend upholding the proposed adverse Professional Review Action unless the Affected Person demonstrates by a preponderance of the evidence that the proposed action is arbitrary, capricious or unreasonable. Its findings, conclusions and recommendations shall be based only on the information presented at the hearing or matters of common knowledge, regardless of whether they are subject to judicial notice, so long as the Hearing Committee refers to them with appropriate specificity in its decision.

If a Hearing Committee member misses the hearing, that member may not vote on the conclusion and recommendation. The opinion of the majority of those committee members present at the hearing shall constitute the conclusion and recommendation. The committee's written report, containing its findings of fact, conclusions and recommendation, shall be sent by the Chair to the Affected Person, the Governing Body, the Medical Executive Committee, and the Medical Director within thirty (30) days of the conclusion of the hearing. All relevant notices, medical records and exhibits presented during the hearing and the stenographic transcript of the proceeding shall accompany the Hearing Committee's report when it is forwarded to the Governing Body. The Affected Person should have the right to obtain all such records upon request. The party requesting a stenographic transcript from a third-party court reporter will bear the cost of producing a transcript.

8.8-1 Response of the Medical Executive Committee following an Evidentiary Hearing

1. The Medical Executive Committee will review the report of the Fair Hearing Committee, along with the record compiled as a part of the fair hearing.
2. The Medical Executive Committee may provide comments on the report of the Hearing Committee and recommend to the Governing Body whether the proposed adverse Professional Review Action should be upheld or modified, or in the case of a summary suspension or other adverse action already in effect, whether that action should continue or be terminated. The Medical Executive Committee will act as soon as practicable following receipt of the Hearing Committee report.

8.9 Final Action by the Governing Body following an Evidentiary Hearing

1. The Governing Body shall review the decision of the Hearing Committee and review the record of the proceedings for the purpose of determining whether the adverse findings or decision

against the Affected Person was supported by substantial evidence. The Chair of the Governing Body may appoint an ad hoc review committee of Governing Body members to review the submissions of the Affected Person and the Medical Executive Committee and all other documents made a part of the Fair Hearing record before making a recommendation to the full Governing Body for its consideration and determination. At its discretion, the Governing Body may remand the matter to the Hearing Committee for the consideration of new evidence and the preparation of additional findings of fact and conclusions. The Hearing Committee shall respond to the Governing Body's request promptly but in no event more than forty-five (45) days from the date of the Governing Body's remand.

2. For the purposes of this Section 8.9, a "review on the record" shall mean a review in accordance with the provisions of this Article 8. A review on the record shall be conducted by the Governing Body (or the appointed ad hoc review committee). The applicable standard of review shall be whether the findings, conclusions and recommendations of the Hearing Committee are supported by substantial evidence.

3. The Affected Person or his attorney and the Medical Executive Committee and its attorney shall be entitled to at least ten (10) days advance notice of the meeting of the Governing Body (or the appointed ad hoc review committee) at which the Hearing Committee's decision will be reviewed. The Governing Body (or the appointed ad hoc review committee) shall meet within thirty (30) days after the Hearing Committee transmits its opinion to the Governing Body (or forty-five (45) days if an ad hoc review committee is appointed) or as soon thereafter as practical.

4. The Affected Person or his attorney may submit a written statement at least five (5) days prior to the scheduled date of the Governing Body (or the appointed ad hoc review committee) meeting. The Medical Director may appoint a representative of the Medical Executive Committee to submit a written statement and to present the Medical Executive Committee's position, on behalf of the Medical Staff. In this event, the representative of the Medical Executive Committee shall be provided with legal counsel at the expense of the Alaska Psychiatric Institute. Either the representative of the Medical Executive Committee or the representative's attorney may submit a written statement at least five (5) days prior to the scheduled date of the Governing Body (or the appointed ad hoc review committee) meeting. Such written statements may address any matter raised during the evidentiary hearing or during the review process if there was no evidentiary hearing, but no new matters or information may be presented. Such written statements shall be submitted to the Chief Executive Officer who promptly shall forward them to the Governing Body. If a written statement is not filed in a timely manner, the Governing Body may refuse to consider it.

5. The Governing Body (or the appointed ad hoc review committee) shall consider the findings of fact, conclusions and recommendations of the Hearing Committee and the comments of the

Medical Executive Committee on the Hearing Committee report, together with any other materials forwarded by the Hearing Committee or requested by the Governing Body (or the appointed ad hoc review committee). A copy of the complete record in the matter shall have been forwarded to the Governing Body and shall consist of all written statements submitted in accordance with Section 8.8, and all materials collected by the committees below and the Medical Executive Committee, including either of the following, as applicable: 1) the application for appointment or reappointment; or 2) the request for corrective action and all reports, correspondence and pertinent medical records.

6. After reviewing all the available information, the Governing Body shall deliberate and make its final decision within thirty (30) days (or forty-five (45) days if an ad hoc review committee is appointed) after it convenes to review the Hearing Committee's or report and recommendation. Members of the Governing Body who were members of a Hearing Committee or other review committee may participate in the deliberations and vote with the whole Governing Body. The Governing Body decision shall be final and unappealable and the specific reasons supporting it shall be documented in writing. The Governing Body may affirm, modify or reverse the recommendation of the Hearing Committee and, in its discretion, impose any other sanction it deems appropriate under the circumstances. If the Governing Body decides to remand the matter pursuant to Section 8.9(g), the date on which it must make its final decision is tolled from the date of remand to the date it receives a response from the Hearing Committee or Medical Executive Committee, as applicable.

7. Before making its final decision, the Governing Body may, at its discretion, remand the matter to the Hearing Committee or the Medical Executive Committee for the consideration of new evidence and the preparation of additional findings of fact, conclusions and recommendations. The Hearing Committee or the Medical Executive Committee shall respond to the Governing Body's request promptly, but in no event more than forty-five (45) days from the date of the Governing Body's remand.

8. The Governing Body's final written decision will be transmitted to the Affected Person, members of the Hearing Committee, the Medical Executive Committee and the Medical Director.

9. In the interest of fairness and completeness, the Governing Body, at its discretion, may reasonably alter the timing requirements of this subsection.

10. Notwithstanding any other provision of these Bylaws to the contrary, no Affected Person shall be entitled as a matter of right to more than one evidentiary hearing and one review by the Governing Body on any single matter subject to the fair hearing procedures in Article 8 of the Medical Staff Bylaws.

8.10 Medical Director

Unless otherwise explicitly provided to the contrary, whenever the privileges, activities, conduct or status of the Medical Director shall be under review pursuant to the reappointment or corrective action provisions of this Article 8, the Medical Executive Committee shall appoint another Medical Staff Member to assume all the obligations, responsibilities and authority with respect to such review as the Medical Director otherwise has under this Article 8 with respect to the review of all other staff member's privileges, activities, conduct or status.

8.11 Peer Review Committees

For the purpose of these Medical Staff Bylaws, the Governing Body, the Medical Executive Committee and every committee operating pursuant to these Medical Staff Bylaws, including but not limited to the Medical Executive Committee, any Hearing Committee or any standing or special committee or subcommittee formed by the Governing Body, shall be a review organization within the meaning of Alaska Statutes § 18.23.070(5) and any successor legislation and as such may be amended from time to time.

ARTICLE 9 – ORGANIZATION OF THE MEDICAL STAFF

9.1 Overview of Organization

Governing Committee: Medical Executive Committee.
Officers: Medical Director; Chief Medical Officer.

9.2 Medical Director

The individual employed in that role by the Alaska Psychiatric Institute.

9.2-1 Qualifications of Medical Director

The Medical Director must have the following qualifications:

1. Maintain status as a physician member of the Active Staff;
2. Have no pending adverse recommendations concerning staff appointment or clinical privileges at the time of their nomination and election;
3. Not be an employee of any medical entity or health system which is owned or operated by a competing health system operating in Alaska. The definition of a competing health system shall be at the discretion of the Governing Body. Should an officer become so employed by a competing health system during his or her tenure of office, the officer shall no longer be eligible to serve as an officer and must resign his or her position;
4. Demonstrated clinical excellence;
5. Demonstrated leadership abilities;
6. Willingness to discharge faithfully the duties and responsibilities of the office and be knowledgeable concerning the duties of the office;
7. Have good written and oral communication skills;

8. Have demonstrated ability for harmonious, professional, and interpersonal relationships.

9.2-2 Duties of the Medical Director

1. Calls, plans the agenda for, and presides at all general meetings of the Medical Staff;
2. Serves as Chair of the Medical Executive Committee;
3. Is responsible for ensuring that the Medical Staff Bylaws and Rules and Regulations are followed, particularly the provisions in Article 7 and Article 8;
4. Develops, implements, supervises and evaluates the Peer Review Program;
5. Ensures that the Medical Staff, including its Bylaws, rules, regulations, policies, conduct of business, and professional performance standards meet or exceed the standards set by The Joint Commission and other regulatory and accrediting bodies and all applicable federal, state and local laws.
6. Ensures coordination of Medical Staff activities with the activities and concerns of the Alaska Psychiatric Institute Administration and the Governing Body;
7. Participates in long-range planning related to patient care and physical facilities;
8. Represents the opinions, policies, concerns and grievances of the Medical Staff to the Governing Body, the Chief Executive Officer and other members of the Alaska Psychiatric Institute Administration;
9. Reports to the Medical Staff at each meeting the relevant actions taken by the Governing Body and Medical Executive Committee;
10. Sits as an ex-officio member of all committees established by the Medical Staff from time to time;

The Medical Director will be supported by the Medical Staff Office in all duties, including preparation of reports and minutes for meetings at which he or she serves as Chair. To perform these duties, he or she will have full access to all Medical Staff and patient care records.

9.3 Chief Medical Officer

The Chief Medical Officer is an employee of the Alaska Psychiatric Institute.

The Chief Medical Officer is an ex-officio member of all Medical Staff Committees. The Medical Officer attends Governing Body meetings in support of the Medical Staff.

9.3-1 Qualifications of Chief Medical Officer

Maintain status as a physician member of the Medical Staff.

9.3-2 Duties of Chief Medical Officer

1. Supervises Medical Officers at the Alaska Psychiatric Institute
2. In charge of reviewing policies and procedures regarding provision of medical care at the Alaska Psychiatric Institute, ensuring these policies and procedure remain up to date

3. Supports Medical Staff activities
4. Works with the Medical Director to help accomplish the Medical Director's responsibilities and goals;
5. Actively participates in the Alaska Psychiatric Institute's strategic planning, policy development and program execution.

9.4 Medical Executive Committee

The Medical Executive Committee is the governing committee of the Medical Staff. The Medical Director is the Chair of the Medical Executive Committee.

9.4-1 Composition

Voting members include the Medical Director; Chief Medical Officer; and up to four additional Members-at-Large.

Non-voting members include the Chief Executive Officer, Chief Operating Officer, and the Director of Nursing.

1. Members-at-Large

Members-at-Large serve terms of one year. There are no term limits.

a. Qualifications of Members-at-Large

Members-at-Large must have the following qualifications:

i. Maintain status as a member of the Medical Staff;
ii. Have no pending adverse recommendations concerning staff appointment or clinical privileges at the time of their nomination, election, and term;
iii. Maintain Active Staff status in good standing during their terms in office;
iv. Demonstrate clinical excellence;
v. Demonstrate commitment to the Alaska Psychiatric Institute and Medical Staff.

b. Duties of Members-at-Large

i. Represent the interests of the collective Medical Staff at all Medical Executive Committee meetings;
ii. Attend all meetings of the Medical Executive Committee, unless, from time to time, and extraordinary circumstance prevents attendance;
iii. Participate in all evaluations, decisions and other responsibilities of those governing bodies as appropriate;
iv. Serve on ad hoc committees or carry out related functions in addition to their meetings as requested.

c. Nomination and Election of Members-at-Large

The Medical Executive Committee will solicit interest among qualified, voting members of the Medical Staff for the position. The Medical Staff as a whole elect the Members-at-Large. The candidates with the highest number of votes in favor will be elected as the

Members-at-Large. The initial Members-at-Large will be appointed by the Medical Director with the approval of the Chief Executive Officer.

d. Removal of the Members-at-Large

i. Members-at-Large will be removed from office on the occurrence of one of the following events:

1. Loss or resignation of Medical Staff privileges at the Alaska Psychiatric Institute;
2. A finding by the member's respective state board that the Member- at-Large has violated a standard of professional conduct under Alaska law;
3. Suspension or reduction of privileges due to a quality of care concern; or
4. Failure to perform the responsibilities of a Member-at-Large.
5. A member of the Medical Executive Committee may request that the Medical Director convene a Special Meeting of the Medical Executive Committee to discuss the removal of a Member-at-Large. The Medical Executive Committee will examine the evidence that the Member-at-Large should be removed, plus any additional evidence it deems necessary, and will give the Member-at-Large the opportunity to respond to the allegations and be heard by the Medical Executive Committee. If the Medical Executive Committee's majority vote is for removal of the Member-at- Large, the individual shall be immediately removed.

e. Replacement of the Members-at-Large and the Chiefs' Representative

If there is a vacancy of a Member-at-Large position prior to the end of the member's term, the Medical Executive Committee will appoint a replacement to serve out the remaining balance of the term.

9.4-2 Duties and Responsibilities of Medical Executive Committee

1. Develop policies needed to ensure that the responsibilities, goals and interests of the Medical Staff are carried out, or to assist the Alaska Psychiatric Institute and services in developing such policies;
2. Act on behalf of the Medical Staff between Medical Staff meetings as specified by these Bylaws;
3. Work with the Alaska Psychiatric Institute to achieve The Joint Commission accreditation, particularly with regard to Medical Staff standards;
4. Work with the Alaska Psychiatric Institute to ensure compliance with all federal, state and local laws;
5. Maintain a continuous assessment of the Medical Staff Bylaws, rules, and regulations and all policies based on the Bylaws;
6. Develop and recommend appropriate modifications and changes in the Medical Staff Bylaws needed to ensure compliance with federal, state, and local laws and The Joint Commission;

7. Communicate to the Medical Staff the recommendation of Medical Executive Committee to adopt or amend a bylaw;
8. Establish, develop and recommend appropriate modifications and changes needed in policies, procedures, and rules and regulations of the Medical Staff to ensure compliance with the Medical Staff Bylaws;
9. Coordinate, supervise and enforce the policies, procedures, and rules and regulations of the Medical Staff to ensure compliance with the Medical Staff Bylaws;
10. Provide oversight to all Medical Staff performance improvement, risk management and peer review activities to ensure that monitoring and evaluation activities are conducted fairly and aimed at improving patient care;
11. Serve a peer review oversight function to review issues identified through the Peer Review Program;
12. Make recommendations when necessary for corrective action as outlined in Article 7;
13. Review and make a final recommendation to the Governing Body on all actions referred by the Peer Review Program that will adversely affect the clinical privileges of a Medical Staff Member or applicant;
14. Participate when necessary in the procedure for removal of the Medical Director;
15. Request evaluation of Medical Staff Members requesting new privileges or continuation of privileges in instances where there is doubt about the ability to perform the privileges requested;
16. Make recommendation directly to the Governing Body regarding the process used to review credentials and delineate privileges;
17. Provide leadership in assuring patient safety;
18. Work with Alaska Psychiatric Institute Administration in planning and strategic activities, identification of areas to improve and development of opportunities to enhance practices of Medical Staff Members;
19. Establish the priorities for performance improvement activities, as appropriate;
20. Take or direct action to improve the quality of care or services as may be indicated by performance improvement activities;
21. Provide oversight in analyzing, assessing and improving patient satisfaction;
22. Identify community and regional health needs, participate in the consequent development of the Alaska Psychiatric Institute's goals and implement programs to meet those goals;
23. Develop strategies and plans in support of the Medical Staff in collaboration with the Alaska Psychiatric Institute Administration;
24. Make recommendations directly to the Governing Body regarding the organized Medical Staff structure;
25. Review and act on reports of all Medical Staff services, committees and other groups convened at Alaska Psychiatric Institute;
26. Hear any individual grievance or complaint by a Medical Staff Member; and communicate all actions to the Medical Staff.

9.4-3 Meetings and Reports of Medical Executive Committee

The Medical Executive Committee meets at least monthly and as otherwise directed by the Medical Director. Members are expected to utilize the Alaska Psychiatric Institute's electronic mail system and other electronic communications as needed to interact with other members in a timely manner. For a Medical Executive Committee meeting, the presence of fifty-one percent (51%) of the voting members constitutes a quorum.

ARTICLE 10 – MEETINGS

10.1 General Staff Meetings

10.1-1 Regular Meetings

Regular meetings of the Medical Staff are held by decision of the Medical Executive Committee. The meeting requires notice to all Medical Staff Members specifying the place, date and time for the meeting and specifying that the meeting can transact any business that may come before it.

10.1-2 Order of Business and Agenda

The order of business at a regular meeting is determined by the Medical Director. The agenda shall include at least:

1. Reading and acceptance of the minutes of the last regular meeting and of all special meetings held since the last regular meeting.
2. Reports from the Chief Executive Officer, when applicable, and the Medical Director and committees.
3. The election of officers and of representatives to Medical Staff and Alaska Psychiatric Institute committees when required by these Bylaws.
4. New business

10.1-3 Special Meetings

Special meetings of the Medical Staff for a specific purpose may be called at any time by the Governing Body, the Medical Director, the Medical Executive Committee or not less than thirty percent (30%) of the members of the active staff and be held at the time and place designated in the meeting notice. No business shall be transacted at any special meeting except for the business mentioned in the meeting notice.

10.2 Notice of Meetings

A written or printed notice stating the place, day and hour of any ~~General~~ MEDICAL Staff Meeting shall be delivered either personally, electronically or by mail to each person entitled to be present not less than seven (7) days nor more than thirty (30) days before the date of such meeting.

10.3 Quorum

10.3-1 ~~General~~ MEDICAL Staff Meetings

Those voting members present at any regular or special meeting of the Medical Staff shall constitute a quorum for the purpose of conducting all business.

10.3-2 Committee Meetings

For committees established from time to time under these Bylaws, those voting members present at any meeting shall constitute a quorum for the purpose of conducting all business at the meeting as long as at least two members are present.

10.4 Manner of Action

Except as otherwise specified, the action of a majority of the members present and voting at a meeting at which a quorum is present is the action of the group. Action may be taken without a meeting by a written statement setting forth the action so taken and signed by each member entitled to vote thereon.

10.5 Minutes

Minutes of all meetings are prepared the Medical Staff Administrative Assistant, or, if appointed, the secretary of the meeting and shall include a record of attendance and the vote taken on each matter. Minutes, document findings, conclusions, recommendations, actions and analysis of the effectiveness of actions and copies of such minutes are signed by the presiding officer and made available to the Medical Executive Committee and the Medical Staff.

10.6 Attendance Requirements

10.6-1 Definition

Each member of the medical staff subject to provisions under Articles 3, 4, 5 and 6 is expected to attend all general meetings of the medical staff, except:

1. Active staff members should attend at least fifty (50%) of all General Staff Meetings duly convened according to these Bylaws.
2. Active staff should attend at least fifty percent (50%) of all meetings of the committees of which they are members.
3. The Medical Staff attendance year is defined as January 1 through December 31.

10.6-2 Absence from Meetings

Removal from a committee will be at the recommendation of the Committee Chairperson or at the recommendation of the Medical Director. In the case of absence of a Member-at- Large of the Medical Executive Committee, removal may only be made upon two-thirds (2/3) vote of the Medical Executive Committee and ratification of a majority of voting Medical Staff Members.

ARTICLE 11 – ADOPTION AND AMENDMENT OF BYLAWS

11.1 Medical Staff Responsibility

The Medical Staff shall have the initial responsibility to formulate and recommend adoption of the Medical Staff Bylaws and modification of same to the Governing Body. This responsibility shall be exercised in good faith and in a reasonable, timely and trustworthy manner. These Bylaws shall not be inconsistent with the Medical Staff rules, regulations or policies, the Governing Body bylaws, or other policies of the Alaska Psychiatric Institute.

11.2 Methodology

Medical Staff Bylaws may be adopted, amended or repealed by the following combined action:

1. **Medical Staff Proposal**

   If the Medical Executive Committee proposes to adopt a Medical Staff Bylaw or an amendment thereto, it communicates the proposal to the Medical Staff. Written notice, accompanied by the proposed Bylaws or alterations thereto is communicated as well as the intention to take such action at least thirty (30) days prior to meeting where the proposal will be considered. All proposed bylaw amendments approved by the Medical Executive Committee shall be subject to approval by a majority of the members of the Active Staff.

   The Medical Staff has the ability to propose to the Medical Executive Committee the adoption of a Medical Staff Bylaw or an amendment thereto. In the event of a conflict between the Medical Staff and the Medical Executive Committee and with the written and signed concurrence of five (5) or more voting members of the Medical Staff, the Medical Staff may propose to adopt a Medical Staff Bylaw or an amendment thereto directly to the Governing Body.

   If a conflict develops between the Medical Staff and the Medical Executive Committee on proposals to adopt a Medical Staff Bylaw or an amendment thereto the process for resolving conflict between the Medical Staff and the Medical Executive Committee is implemented pursuant to Section 11.4

2. **Governing Body Approval**

   Bylaw amendments approved by the Medical Executive Committee and the members of the Active Staff shall be forwarded to the Governing Body which shall approve, disapprove or approve with modifications the proposed amendments. If the Governing Body approves with modifications any Bylaw amendments approved by the Medical Executive Committee and Medical Staff, such amendments as modified shall be returned to the Medical Executive Committee which may accept or reject the modifications adopted by the Governing Body. If the Medical Executive Committee accepts the modifications, the Amendment shall be submitted to the full Medical Staff for approval or disapproval in accordance with Section 11.2(a).

3. **Unilateral Action Void**

Neither the Medical Staff nor the Governing Body has the prerogative to unilaterally amend these Bylaws.

11.3 Adoption

These Bylaws, together with the appended rules and regulations, shall replace any previous Bylaws, rules and regulations and shall become effective immediately after approval by the Governing Body. They shall, when approved, be equally binding on the Governing Body and medical staff unless or until revised, amended or replaced by the mechanisms outlined in Article 11.2.

11.4. Conflict Resolution

The Medical Staff has delegated authority to the Medical Executive Committee to act on its behalf. Medical Staff Members may experience conflict with the Medical Executive Committee or disagree with actions or decisions of the Medical Executive Committee. In the event of a conflict, the Medical Staff Members and the Medical Executive Committee should make reasonable efforts to manage and resolve the matter collegially and informally. In doing so the medical staff members and the Medical Executive Committee must follow any applicable policies, bylaws, rules and regulations governing the conflict in question.

If these efforts to resolve the conflict are unsuccessful, the Medical Staff may, with the written and signed concurrence of seventy-five percent (75%) or more of the voting members of the Medical Staff, request reconsideration of the conflict by the Medical Executive Committee. The Medical Executive Committee will meet personally with a representative of these concurring Medical Staff Members to gather additional information about the conflict. If this effort is unsuccessful the Medical Executive Committee will designate someone with conflict management experience or training (internal or external, such as a trained facilitator or mediator) to meet with one or more of these concurring Medical Staff Members and one or more representatives from the Medical Executive Committee.

ARTICLE 12 – ADOPTION AND MODIFICATION OF MEDICAL STAFF RULES, REGULATIONS AND POLICIES

12.1 Medical Staff Responsibility

Subject to approval by the Governing Body, the Medical Staff defines what constitutes the rules, regulations and policies necessary to implement more specifically the general principles found in these Bylaws, where they reside and whether their adoption can be delegated to the Medical Executive Committee.

These rules, regulations and policies shall specify the conduct of medical staff activities and the level of practice, actions and conduct required of each health care practitioner in the Alaska Psychiatric

Institute.

Such medical staff rules, regulations, policies, privileges and qualifications shall not be inconsistent with these Bylaws, the Governing Body bylaws or other policies of the Alaska Psychiatric Institute.

12.2 Delegated Authority

The medical staff delegates to the Medical Executive Committee the authority to adopt or modify a rule, regulation or policy or a modification thereto, for:

1. General rules of the medical staff
2. Medical staff privileges
3. Delineation lists
4. Qualifications
5. Criteria for core and supplemental privileges
6. Rules for complete medical record
7. Universal protocol
8. Professional practice review and evaluation policy
9. EMR medical staff training requirement policy
10. Education and training of medical staff members
11. Conflict of interest policy
12. Policy for physician assistants
13. Policy for advanced practice nurses

12.3 Methodology

Medical staff rules, regulations or policies may be adopted, modified or repealed by the following combined actions:

1. **Proposal**

   If the Medical Executive Committee proposes to adopt a medical staff rule, regulation or policy, or a modification thereto, for which the Medical Staff has delegated authority, it first communicates that proposal to the Medical Staff seven (7) days prior to the Medical Executive Committee meeting or special meeting where the proposal will be considered.

   The Medical Staff has the ability to propose to the Medical Executive Committee the adoption of a Medical Staff rule, regulation or policy, or a modification thereto. In the event of a conflict between the Medical Staff and the Medical Executive Committee and with the written and signed concurrence of five (5) or more voting members of the Medical Staff, the Medical Staff may propose to adopt a Medical Staff rule, regulation or policy, or a modification thereto, directly to the Governing Body.

   If a conflict develops between the Medical Staff and the Medical Executive Committee on proposals to adopt a rule, regulation or policy, or a modification thereto the process for

resolving conflict between the Medical Staff and the Medical Executive Committee is implemented which shall be similar to the Conflict Resolution process set forth at Section 11.4.

2. **Vote**
   By a majority vote of those present and eligible to vote at any regular Medical Executive Committee or special meeting at which a quorum is present, recommendation may be made to the Governing Body regarding a proposal to adopt or modify such Medical Staff rules, regulations and policies.

3. **Action**
   Such changes shall become effective when approved by the Governing Body. These rules, regulations and policies cannot be unilaterally modified. Such changes shall become effective when approved by the Governing Body.

4. **Communication**
   When the Governing Body approves a rule, regulation or policy, or a modification thereto, for which the Medical Staff has delegated authority to the Medical Executive Committee, the Medical Executive Committee communicates the approval to the Medical Staff.

5. **Urgent Modification Provisional Adoption**
   In order to comply with a law or regulation, an urgent need may exist for the modification of rules, regulations or policies identified in section 12.2. Under these circumstances the Medical Executive Committee may provisionally adopt and the Governing Body may provisionally approve an urgent modification of rules, regulations or policies identified in Section 12.2 without prior notification of the Medical Staff.

   In such cases, the Medical Executive Committee will promptly notify the Medical Staff. The Medical Staff shall have the opportunity for retrospective review of and comment on the provisional modification.

   If there is no conflict between the Medical Staff and the Medical Executive Committee, the provisional modification shall stand. If there is a conflict over the provisional modification, a process for resolving conflict between the Medical Staff and the Medical Executive Committee is implemented similar to the Conflict Resolution process set forth at Section 11.4. If necessary, a revised modification is then submitted to the Governing Body for action.

ARTICLE 13 – HISTORY AND PHYSICAL

13.1 History and Physical Requirements

A medical history and physical examination must be completed for all admitted patients no more than 24 hours after admission to the Alaska Psychiatric Institute. The medical history and physical examination must be completed and documented by an individual who has been granted privileges by the Alaska Psychiatric Institute to perform history and physicals.