MEDICAL STAFF

ORGANIZATIONAL POLICY

ORLANDO HEALTH®

ODSAW
MEDICAL STAFF

1414 KUHL AVENUE
ORLANDO, FL 32806

MARCH 2022
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DEFINITIONS

The Definitions set forth in the Medical Staff Bylaws and Rules and Regulations apply to this Organizational Policy.
ARTICLE 1

MEETINGS OF THE MEDICAL STAFF

1. Medical Staff Year. For the purposes of this Organizational Policy, the Medical Staff year commences on the 1st day of July and ends on the 30th day of June.

2. Annual Medical Staff Meeting. There is no requirement to have or attend an Annual meeting of the Medical Staff.

3. Special Meetings of the Medical Staff.

   a. Special Meetings of the Medical Staff may be called at any time by the Board, the System Chief of Staff, a majority of the Medical Executive Committee, or by a petition signed by not less than one-fourth of the Active and Senior Medical Staff.

   b. If it is necessary for the Medical Staff to conduct a vote without being able to meet, then the voting members may submit their vote in person, via electronic mail, or as directed by the Medical Staff Office. Any proposed Agenda item shall require a majority vote of the eligible voters who vote on the proposal to be passed.

4. Special Meetings of Medical Staff Committees or Departments.

   a. Special Meetings of any Medical Staff Committee or Department may be called at any time by the request of the Chairperson of that Department or Committee, the System Chief of Staff, or by a petition signed by not less than one-fourth of the members of the Department or Committee.

   b. If it is necessary for a Medical Staff Committee or Department to conduct a vote without being able to meet, then the voting members may submit their vote in person, via electronic mail, or as directed by the Medical Staff Office, and the vote must be returned to the applicable Committee or Department Chairperson within the time specified on the ballot. Any proposed Agenda item shall require a majority vote of the eligible voters who vote on the proposal to be passed.

5. Provisions Common To All Meetings.


   b. Agenda. The Chairperson of a meeting sets the meeting Agenda. The Agenda may include Consent Agenda items, which are limited to non-controversial matters. Items may be removed from the Consent Agenda at the request of any meeting member prior to the vote.

   c. Notice. Each eligible voting member will receive a written Notice with the place, day, hour, and Agenda of the meeting not less than seven days in advance of the meeting. The Notice
of the meeting shall be deemed delivered when deposited in the United States mail addressed to each staff member at the member's address as it appears in the records of the Medical Staff Services Department or when transmitted by facsimile or e-mail to the member's facsimile number or e-mail address as they appear in the records of the Medical Staff Services Department.

i. For any Special Meeting, only those items appearing on the Agenda provided with the Notice may be voted on at the Meeting.

ii. The attendance of any member at a meeting shall constitute a waiver of Notice of the meeting.

d. Voting.

i. The method of voting by show of hands or voice is determined by the Chairperson of the meeting, unless a different method of voting is required by the Governing Documents. A meeting member may also request that a vote be conducted by written ballot and if the request is seconded, then the vote will take place by written or electronic ballot.

ii. Any individual who by virtue of position attends a meeting in more than one capacity is entitled to only one vote.

e. Attendance by Electronic Means. Where available and approved by the applicable Chairperson, a member may attend a meeting via telephone, video conference or other electronic means. A member who attends by electronic means shall be counted for establishment of a quorum and has all rights as a member who attends in person, including voting rights.

f. Quorum. The presence of one-fourth of the members eligible to vote shall constitute a quorum for any regular or Special Meetings of the Medical Staff, a Committee or a Clinical Department, unless otherwise defined in a Clinical Department's rules and regulations. If at any time during a meeting the presence of a quorum is questioned, a count must be taken. If a quorum is not present, the meeting is adjourned.

g. Minutes. Minutes will be prepared and maintained for all Medical Staff meetings, and will include a record of attendance, summary of presentations and deliberations, and decision made on any matter requiring a vote. Minutes will be approved by the Medical Staff or applicable Department or Committee at the next scheduled meeting and archived and maintained in accordance with Hospital Policy.
PART A: LIST OF CLINICAL DEPARTMENTS

1. The following Clinical Departments and Sections are established.
   a. Departments and Sections at Arnold Palmer Hospital for Children.
      i. Department of Anesthesiology
      ii. Department of Children's Surgery
      iii. Department of Pediatrics
           Section of Cardiology
           Section of Critical Care Medicine
           Section of Endocrinology
           Section of Gastroenterology
           Section of Hematology/Oncology
           Section of Infectious Disease
           Section of Neonatology
           Section of Nephrology
           Section of Neurology
           Section of Newborn Hospitalist
           Section of Pulmonology
   b. Departments at Winnie Palmer Hospital for Women & Babies.
      i. Department of Anesthesiology
      ii. Department of Obstetrics and Gynecology
           Section of Gynecologic Oncology
           Section of Maternal Fetal Medicine
           Section of Advanced Gynecology/MIS
   c. Departments and Sections at Orlando Regional Medical Center.
      i. Department of Anesthesiology
      ii. Department of Cardiology
      iii. Department of Emergency Medicine
      iv. Department of Family Medicine
v. Department of Infectious Disease
vi. Department of Medicine
   Section of Allergy and Immunology
   Section of Critical Care
   Section of Dermatology
   Section of Gastroenterology
   Section of Hematology/Oncology
   Section of Nephrology
   Section of Physical Medicine and Rehabilitation
   Section of Pulmonology
vii. Department of Neurology
viii. Department of Neurosurgery
ix. Department of Ophthalmology
x. Department of Oral and Maxillofacial Surgery
xi. Department of Orthopedics
   Section of Podiatry
xii. Department of Otolaryngology
xiii. Department of Pathology
xiv. Department of Plastic Surgery
xv. Department of Psychiatry
xvi. Department of Radiology
xvii. Department of Radiation Oncology
xviii. Department of Surgery
   Section of Vascular Surgery
xix. Department of Thoracic Surgery
xx. Department of Urology
d. Departments at Dr. P. Phillips Hospital.
i. Department of Cardiology
ii. Department of Emergency Medicine
iii. Department of Medicine
iv. Department of Surgery
e. Departments at South Seminole Hospital.
i. Department of Cardiology
ii. Department of Emergency Medicine
iii. Department of Medicine
iv. Department of Obstetrics & Gynecology
v. Department of Psychiatry
vi. Department of Surgery

PART B: CLINICAL DEPARTMENTS

2. Establishment And Dissolution Of A Clinical Department Or Section.
   a. New Clinical Departments or Sections may be established upon recommendation of a Department Chairperson and approval by the MEC and Board.
   b. Clinical Departments must have a minimum of seven Active Staff or Senior Active Staff members to be created.
   c. Clinical Department Sections must have a minimum of five Active Staff or Senior Staff members to be created.
   d. Smaller Clinical Departments or Sections may be created upon approval of the Board after recommendation by the MEC and MLC.
   e. Dissolution of a Clinical Department or Section may occur if membership drops below the threshold levels for greater than two years unless maintenance of the Department or Section is approved by the MEC and Board.
   f. Dissolution of a Clinical Department or Section may occur if the department or section fails to fill the position of Department Chairperson, Department Vice Chairperson or Section Chief, unless maintenance of the Department or Section is approved by the MEC and Board.
   g. When a Clinical Department is dissolved the members of the department will be moved into a clinically appropriate department by the MEC. When a Clinical Section is dissolved, the members will remain assigned to the Clinical Department where the Clinical Section was located.
   h. Clinical Departments or Sections may also be dissolved by the Board upon recommendation from the MEC.

3. Assignment to Departments. Each member of the Medical Staff shall be appointed to a specific Clinical Department.

4. Meetings of the Clinical Departments.
   a. Each Clinical Department may establish attendance requirements for meetings, subject to approval by the Medical Executive Committee. Attendance requirements, if any, will be listed in the Clinical Department Rules and Regulations.
5. Function of Departments.

a. Clinical Department members make recommendations for the development of Clinical Privilege Descriptions in their specialty.

b. Each Clinical Department is responsible for establishing and maintaining the schedule for Emergency Department on-call obligations and unassigned inpatient consultations. For additional details related to on-call obligations refer to the Rules and Regulations of the Medical Staff.

c. Each Clinical Department may establish, maintain, and enforce Departmental Rules and Regulations, as set forth in the Medical Staff Rules and Regulations. Departmental Rules and Regulations must be approved by the Medical Executive Committee.

d. The Department Chairperson is responsible for reporting Departmental activities to the Medical Staff Leadership Committee.
ARTICLE 3

ELECTIONS AND FUNCTIONS OF DEPARTMENT CHAIRPERSON AND VICE CHAIRPERSON AND HOSPITAL AND VICE HOSPITAL CHIEF OF STAFF

PART A: QUALIFICATIONS AND REQUIREMENTS FOR OFFICERS, HOSPITAL AND VICE HOSPITAL CHIEF OF STAFF, DEPARTMENT CHAIRPERSONS AND VICE CHAIRPERSONS, AND COMMITTEE CHAIRPERSONS AND VICE CHAIRPERSONS

The qualifications and requirements for Officers, Hospital and Vice Hospital Chief of Staff, Department Chairpersons and Vice Chairpersons, and Committee Chairpersons and Vice Chairpersons are as set forth in the Medical Staff Bylaws.

PART B: DEPARTMENT CHAIRPERSON AND VICE-CHAIRPERSON ELECTIONS

1. Department Chairpersons are elected for a two-year term by majority vote of members eligible to vote who vote at the election. The nominees for the position shall meet the requirements set forth in the Medical Staff Bylaws. If no candidate receives a majority, there shall be a runoff election between the two candidates receiving the highest number of votes. The winner of the runoff election shall become Department Chairperson. The Chairperson of each Department shall be approved by the Board after receiving the results of the election held by the Department.

2. Each Department shall elect a Vice Chairperson to serve a two-year term. The nominees for the position shall meet the requirements set forth in the Medical Staff Bylaws. The election shall be conducted at the same time as the Department Chair and in accordance with the procedures set forth in paragraph 1 above. The Vice Chairperson shall be approved by the Board after receiving the results of the election.

3. The election for Department Chairperson and Vice Chairperson shall be held every odd year at a time to be determined each election year, which time shall be sufficient to allow the new Department Chairperson and Vice Chairperson to take office on July 1. Notification of the election schedule will occur prior to December 31 of the year preceding the election. In the event an election is not completed, and the results approved by the Board by July 1, the outgoing Department Chairperson or Vice Chairperson shall continue to serve in their position until their successor is elected and approved.

4. Nominations may be made by Active and Senior Staff members of the Department. Nominees must accept the nomination in writing or via electronic communication. The same individual shall not accept nominations for both Department Chairperson and Vice Chairperson.

5. If between the election and assumption of office, a Department Chairperson-elect declines or is otherwise unable to accept the position of Department Chairperson, the Department Vice Chairperson-elect will automatically become Chairperson-elect, and a new Department Vice Chairperson-elect shall be elected by the Department. If between the election and assumption of office, a Vice Chairperson-elect declines or is otherwise unable to accept the position of Department Vice Chairperson, a new Vice Chairperson-elect shall be elected by the Department.

6. If a vacancy is created in the position of Department Chairperson, the Department Vice Chairperson will automatically become Department Chairperson and serve out the remaining term. If a vacancy is created in the position of Department Vice-Chairperson, a new Department Vice-Chairperson shall be elected by the Department within sixty days following such vacancy for the
remainder of the term; subject to approval by the Board. The System Chief of Staff may appoint an acting Department Chairperson or Vice-Chairperson pending an election.

7. Removal of a Department Chairperson or Vice Chairperson during the term of office may be initiated by:
   a. A two-thirds vote of all Active and Senior Staff members of the Department; or,
   b. The Medical Executive Committee upon the determination that one or more of the following grounds exist: failure to comply with applicable policies, bylaws, or rules and regulations; failure to perform the duties of the position held; conduct detrimental to patients or the interests of the Department, the Hospitals and/or the Medical Staff; or an infirmity that renders the individual incapable of fulfilling the duties of the position held. The Medical Executive Committee shall appoint a subcommittee consisting of at least three members of the Medical Executive Committee to investigate and make a recommendation to the Medical Executive Committee as to the existence of grounds for removal within the time specified by the Medical Executive Committee; or,
   c. The Board.
   d. Removal shall be effective when it has been approved by the Board. Removal does not affect Medical Staff membership and Clinical Privileges and does not entitle the individual concerned to any of the procedural rights provided in the Medical Staff Bylaws with respect to hearings and appeals.

8. A Department Chairperson or Vice Chairperson who does not meet the attendance requirements of the Medical Executive Committee will automatically be considered to have resigned from their elected position, creating a vacancy.

9. The System Chief of Staff may initiate an immediate temporary suspension of a Department Chairperson or Vice Chairperson duties, pending an investigation or action as listed above. The temporary suspension does not affect Medical Staff membership and Clinical Privileges and does not entitle the individual concerned to any of the procedural rights provided in the Medical Staff Bylaws with respect to hearings and appeals.

10. The Functions of Department Chairpersons and Vice Chairpersons are as set forth in the Medical Staff Bylaws.

PART C: HOSPITAL CHIEF OF STAFF AND HOSPITAL VICE CHIEF OF STAFF ELECTIONS

1. There shall be a Hospital Chief of Staff and Hospital Vice Chief of Staff at each Hospital Facility. The Hospital Vice Chief of Staff shall be elected from the general membership of the Medical Staff who have designated that Hospital Facility as their primary Hospital. The Hospital Vice Chief of Staff shall automatically ascend to the position of Hospital Chief of Staff. The Hospital Vice Chief of Staff and Hospital Chief of Staff must be members of the Active Staff who meet the requirements in the Medical Staff Bylaws and this Organizational Policy and are members of a Department located at the Hospital Facility and who utilize the Hospital Facility as their primary Hospital and admit a majority of their patients requiring Hospitalization to that Hospital Facility. Failure to maintain such status shall immediately create a vacancy in the position.
a. Every two years, the Active Staff and Senior Staff members who utilize the Hospital Facility as their primary Hospital shall elect a Hospital Vice Chief of Staff, who shall become Hospital Chief of Staff at the conclusion of his or her term as Hospital Vice Chief of Staff.

b. The Hospital Vice Chief of Staff shall be elected for a two-year term by a majority vote of the Active Staff and Senior Staff members who utilize that Hospital Facility as their primary Hospital voting in the election. The election of the Hospital Vice Chief of Staff (Hospital Chief-Elect) will be conducted by written ballot, which may be paper or electronic. The election of the Hospital Vice Chief of Staff shall become effective upon approval by the Board. The Hospital Vice Chief of Staff shall then serve until a successor has been elected and the election approved by the Board.

c. The election shall be held every other year at a time to be determined each election year, which time shall be sufficient to allow the new Hospital Chief and Vice Chief of Staff to take office on July 1 and which time shall be announced sufficiently in advance of the election to permit submission of nominations as provided herein.

d. The Hospital Chief of Staff shall appoint a nominating committee to present one or more candidates for the Hospital Vice Chief of Staff position to the MLC. Nominees, in addition to those presented by the nominating committee, may also be made from the floor. Following approval of the nominees by the MLC, notification of nominees is sent to the Active Staff and Senior Staff members who utilize that Hospital Facility as their primary Hospital.

e. Nominations may also be made by Active Staff and Senior Staff members who utilize that Hospital Facility as their primary Hospital, provided such nominations are endorsed by legible signatures of at least twenty-five such members. Nominations must be signed by the person(s) making the nominations and by the person nominated signifying his or her acceptance of the nomination. All nominations must be submitted to the Medical Staff Services Office no later than twenty-one calendar days prior to the election.

f. If there are three or more candidates for Hospital Vice Chief of Staff and no candidate receives a majority, there shall be successive balloting such that the name of the candidate receiving the fewest votes is omitted from each successive slate until a majority is obtained by one candidate.

g. The Hospital Chief of Staff shall designate the place to which ballots are to be returned and the date and time by which completed ballots must be received. Only those ballots received at the designated place on or before the designated time will be counted.

h. The System Chief of Staff shall designate the place to which ballots are to be returned and the date and time by which completed ballots must be received. Only those ballots received at the designated place on or before the designated time will be counted.

i. If the MLC presents a single nomination for Hospital Vice Chief of Staff and there are no additional nominations, the unopposed candidate shall be deemed to be elected and no election will be held.
2. Removal of a Hospital Chief of Staff or Hospital Vice Chief of Staff during the term of office may be initiated by:

   a. A two-thirds vote of all MLC members; upon approval by the Board; or

   b. A two-thirds vote of the Medical Staff members eligible to vote at the Hospital Facility, provided that at least twenty-five percent of the eligible members submit a vote, upon approval by the Medical Staff Executive Committee and the Board; or

   c. The Medical Executive Committee upon the determination that one or more of the following grounds exist: failure to comply with applicable policies, bylaws, or rules and regulations; failure to perform the duties of the position held; conduct detrimental to patients or the interests of the Hospital and/or the Medical Staff; or an infirmity that renders the individual incapable of fulfilling the duties of the position held. The Medical Executive Committee shall appoint a subcommittee consisting of at least three members of the Medical Executive Committee to investigate and make a recommendation to the Medical Executive Committee as to the existence of grounds for removal within the time specified by the Medical Executive Committee; or

   d. The Board.

3. Pending completion of the process indicated above, the System COS or CEO shall have the authority to immediately suspend the Hospital Chief of Staff or Hospital Vice Chief of Staff from performing the duties of their office.

   a. Suspension and removal do not affect Medical Staff membership and Clinical Privileges and do not entitle the individual concerned to any of the procedural rights provided in the Medical Staff Bylaws with respect to hearings and appeals.

   b. Removal shall be effective when it has been approved by the Board. Removal does not affect Medical Staff membership and Clinical Privileges and does not entitle the individual concerned to any of the procedural rights provided in the Medical Staff Bylaws with respect to hearings and appeals.

4. A Hospital Chief or Hospital Vice Chief of Staff who does not meet the attendance requirements of the Medical Executive Committee will automatically be considered to have resigned from their elected position creating a vacancy.

5. If there is a vacancy in the office of Hospital Chief of Staff, the Hospital Vice Chief of Staff shall serve out the remaining term. If there is a vacancy in the office of Hospital Vice Chief of Staff, it shall be filled by election of the MLC in accordance with the provisions of this Article within sixty (60) days following such vacancy subject to approval by the Board.

PART D: FUNCTIONS OF HOSPITAL CHIEF OF STAFF

1. The duties of the Hospital Chief of Staff shall be to:

   a. Appoint Committee members to all standing, special, and multi-disciplinary Medical Staff committees at the Hospital Facility.
b. Serve as ex-officio member of such committees with vote.

c. Advise the System Chief of Staff on the appointment of representatives to the Credentials Committee from the Hospital Facility.

d. Call, preside at, and be responsible for the Agenda of all meetings of the MLC.

e. Act on behalf of the Hospital Facility in matters involving the Hospital Facility.

f. Be a member of the Medical Executive Committee and the HPRC.

g. Ensure compliance with Hospital and Medical Staff policies, procedures, and bylaws. Hold members at the Hospital Facility accountable and provide counseling to Medical Staff Members who violate such policies. Document incidents of behavioral problems or policy violations and report to the System Chief of Staff as needed.

PART E: FUNCTIONS OF HOSPITAL VICE CHIEF OF STAFF

1. The duties of the Hospital Vice Chief of Staff shall be to:

   a. Assume all duties and have the authority of the Hospital Chief of Staff in the absence of the Hospital Chief of Staff.

   b. Automatically succeed the Hospital Chief of Staff when the latter fails to serve for any reason.

   c. Perform such duties as are assigned by the Hospital Chief of Staff.

   d. Serve as the Chairperson for the HPRC.

   e. Be the Hospital Chief of Staff-elect.
ARTICLE 4

COMMITTEES OF THE MEDICAL STAFF

PART A: GENERAL

1. Chairperson. All Committee Chairpersons and Vice Chairpersons, unless otherwise provided for in the Medical Staff Bylaws or this Organizational Policy, will be appointed and/or removed by the System Chief of Staff. All Chairs must meet the requirements stated in the Medical Staff Bylaws and this Organizational Policy. Members of the other Medical Staff categories who meet all requirements, other than Active Staff membership, may be appointed to chair a Committee unless otherwise provided herein or in the Medical Staff Bylaws.

2. Members. Members of each Committee, except as otherwise provided for in the Medical Staff Bylaws or this Organizational Policy, shall be appointed and/or removed by the System or Hospital Chief of Staff as applicable.

3. All committees shall meet as often as necessary to conduct business at a time set by the Chairperson of the Committee.

4. The Chief Executive Officer, or the Chief Executive Officer's designee, may attend and participate in meetings of any Medical Staff Committee, ex officio without vote.

PART B: MEDICAL EXECUTIVE COMMITTEE

The composition and duties of the Medical Executive Committee are as set forth in the Medical Staff Bylaws.

PART C: CREDENTIALS COMMITTEE

1. Composition. The Credentials Committee shall consist of:
   a. System Chief of Staff
   b. System Vice Chief of Staff, who shall serve as the Committee Chairperson
   c. Immediate Past System Chief of Staff
   d. Vice Chairperson of the AHP Committee
   e. Fifteen members of the Active Staff, who shall not be serving simultaneously as Chairperson or Vice Chairperson of a Clinical Department or Hospital Facility Medical Staff Leadership Committee, or as an officer of the Medical Staff at Orlando Health, Inc., or any other hospital.
      i. The System Chief of Staff shall consult with the Chairpersons of the Hospital Facility Medical Staff Leadership Committees in making these appointments.
      ii. Members shall serve for three-year terms which shall be staggered so that as few members' terms expire in any one year as practicable.
      iii. Of these fifteen Medical Staff members, three members will be appointed from
each Hospital Facility

f. The following Committee members may attend without vote:

i. CEO or designee
ii. Corporate COO
iii. CNE
iv. CMO

2. Duties.

a. To review the credentials of all applicants, to make such investigations and interview all applicants as may be necessary, and to make recommendations for appointment and delineation of Clinical Privileges in compliance with the Medical Staff Bylaws and Medical Staff credentialing policies;

b. To make a report to the Medical Executive Committee on each applicant for Medical Staff membership or Clinical Privileges, including specific consideration of the recommendations from the Departments in which such applicant requests privileges;

c. To review all Clinical Privilege Descriptions and make recommendations thereon to the Medical Executive Committee;

d. To review periodically on its own motion or as questions arise all information available regarding the professional and clinical competence of staff members, their care and treatment of patients, and, as a result of such review, to make recommendations for the granting, reduction, or withdrawal of, privileges, reappointments, and changes in the assignment of staff members to the various Departments;

e. To review reports on specific members of the Medical Staff that are referred by the Medical Executive Committee, a Hospital Facility Medical Staff Leadership Committee, any other Medical Staff Committee, and by the System Chief of Staff, as those reports concern the Clinical Privileges of Medical Staff members;

f. To review the Position Descriptions for Allied Health Personnel and to make recommendations thereon to the Medical Executive Committee;

g. Members of the Credentials Committee are required to attend at least fifty percent (50%) of the meetings of the Committee; and

h. The Chairperson of the Credentials Committee, the Chairperson's representatives, and such members of the Committee as the Chairperson deems necessary shall be available to meet with the Medical Executive Committee on all recommendations that the Credentials Committee may make.

3. Meetings, Reports and Recommendations.

a. The Credentials Committee shall meet as often as necessary to conduct its business.

b. The Credentials Committee must maintain a permanent record of its proceedings and actions.
c. The Credentials Committee shall report its recommendations to the Medical Executive Committee.

PART D. ALLIED HEALTH PROFESSIONAL COMMITTEE

1. Composition. The Allied Health Professional (AHP) Committee members shall be appointed by the System Chief of Staff and shall consist of:

   a. System Chief of Staff

   b. System Vice Chief of Staff, who shall serve as the Committee Chairperson

   c. Immediate Past System Chief of Staff

   d. Two physician members of the Active Staff, including one medical specialist and one surgical specialist.

      i. Appointed members shall serve for a term of three years and may be appointed for consecutive terms.

   e. Ten Advanced Practice Professionals (APPs), including two APPs from each Hospital Facility

      i. Appointed members shall serve for a term of three years and may be appointed for consecutive terms.

   f. The following Committee members may attend without vote

      i. CEO or designee
      ii. CMO
      iii. CNE

   g. The Vice Chairperson of the Committee, who shall be an APP, shall be elected by majority vote of the AHP Committee members voting in the election.

      i. The Vice Chairperson shall serve for a term of three years and may serve for consecutive terms if elected.

      ii. The Vice Chairperson shall be a member of the Credentials Committee.

      iii. The Vice Chairperson may be removed from the position by a two-thirds vote of all members of the AHP Committee.

      iv. If there is a vacancy in the position of Vice Chairperson, it shall be filled by election of the AHP Committee within sixty days of such vacancy to serve out the remaining term.
2. Duties.
   a. To review the credentials of all APP applicants, to make such investigations and interview all APP applicants as may be necessary, and to make recommendations for delineation of Clinical Privileges in compliance with this Policy and Procedure, Allied Health Policy and Procedure, and the Medical Staff Bylaws;
   
b. To make a report to the Credentials Committee on each APP applicant for Clinical Privileges, including specific consideration of the recommendations from the Departments in which such APP applicant requests privileges;
   
c. To review the Clinical Privilege Descriptions for APPs and make recommendations thereon to the Credentials Committee;
   
d. To review periodically on its own motion or as questions arise all information available regarding the professional and clinical competence of APPs, their care and treatment of patients, and, as a result of such review, to make recommendations to the Credentials Committee for the granting, reduction, or withdrawal of privileges;
   
e. To review reports on specific APPs that are referred by the Credentials Committee, Medical Executive Committee, a Hospital Facility Medical Staff Leadership Committee, any other Medical Staff Committee, and by the System Chief of Staff;
   
f. To review the Position Descriptions for Dependent Practitioners (DPs) and to make recommendations thereon to the Credentials Committee;
   
g. To review the Allied Health Policy and Procedure periodically on its own motion or as questions arise and make recommendations thereon to the Medical Executive Committee; and
   
h. The Chairperson of the AHP Committee, the Chairperson's representatives, and such members of the Committee as the Chairperson deems necessary shall be available to meet with the Credentials Committee and/or the Medical Executive Committee on all recommendations that the AHP Committee may make.

3. Meetings, Reports, And Recommendations.
   a. The AHP Committee shall meet as often as necessary to conduct its business.
   
b. The AHP Committee must maintain a permanent record of its proceedings and actions.
   
c. The AHP Committee shall report its recommendations to the Credentials Committee and/or the Medical Executive Committee.

PART E. HOSPITAL FACILITY MEDICAL STAFF LEADERSHIP COMMITTEE (MLC)

1. There shall be a Hospital Facility Medical Staff Leadership Committee (MLC) at each of the
following Hospital Facilities: Arnold Palmer Hospital for Children, Winnie Palmer Hospital for Women and Babies, Orlando Regional Medical Center, Dr. P. Phillips Hospital and South Seminole Hospital.

2. Composition.

   a. The following members shall comprise the MLC with vote.

      i. Hospital Chief of Staff, who shall serve as the Chairperson of the MLC
      ii. Hospital Vice Chief of Staff, who shall serve as the Vice Chairperson of the MLC
      iii. Hospital Clinical Department Chairs or designee
      iv. Hospital Clinical Department Vice Chairs or designee
      v. At Large Members of the applicable Hospital Facility, not to exceed seven, which may include Section Chairpersons. At Large members will be appointed and reappointed by the Hospital Chief of Staff and approved by the Committee at the onset of each new two year period.

   b. The following Committee members shall be invited to attend the MLC without vote:

      i. Hospital President
      ii. Hospital COO
      iii. Hospital AHP Committee Chairperson
      iv. Hospital CNO
      v. CEO or designee
      vi. COO
      vii. CQO(s)
      viii. CMO
      ix. Section Chairpersons or Medical Directors who are currently not serving in an At Large position, as determined by the Committee.

   c. Ad Hoc attendees may be invited from time to time at the discretion of the Committee Chairperson.

3. Duties.

   a. Coordinate the activities and general policies of the Clinical Departments of the Hospital Facility;

   b. Ensure compliance with Medical Staff Bylaws, Rules and Regulations and Medical Staff Policies and Procedures;
c. If the Hospital Facility has an Emergency Department, ensure that there is adequate coverage by all specialties and subspecialties in accordance with applicable requirements;

d. Receive reports from the Clinical Departments of the Hospital Facility, subspecialty meetings, and functional committees of the Hospital Facility;

e. Ensure compliance with Joint Commission standards in the Hospital Facility;

f. Receive reports, trends, and studies on clinical quality indicators and key success factors including HIM, risk event trends, infection control, blood utilization, and drug utilization; and

g. Make recommendations regarding Hospital Facility and program planning and advise on budget priorities.

4. Meetings, Reports and Recommendations.

Each Hospital MLC shall meet at least quarterly, shall maintain a permanent record of its proceedings and recommendations and shall make a report thereof to the Medical Executive Committee.

PART F. HOSPITAL AND SYSTEM PEER REVIEW COMMITTEES

1. Hospital Peer Review Committee (HPRC) Composition.

a. Chairperson, who shall be the Hospital Vice Chief of Staff, who shall serve as a non-voting member unless a vote is needed to break a tie.

b. Vice Chairperson, who shall be appointed from the existing committee members by the Hospital Chief of Staff.

c. At least three but no more than five members of the Medical Staff as appointed by the Hospital Chief of Staff

   i. At least one member from medicine specialty and one from surgical specialty
   ii. Remaining appointed members can be from any specialties as appropriate
   iii. All appointed members must be in the Active or Senior Staff Category
   iv. Appointed members shall serve a term of three years and may be appointed for consecutive terms.

d. Additional attendees may be invited to provide additional clinical or content expertise, without vote.
2. HPRC Duties.

As is set forth in the more detail in the Peer Review Policy, the purpose of the HPRC is to review cases identified for peer review of the Medical Staff members and credentialed practitioners and Providers and to make recommendations for the improvement of healthcare quality, performance, effectiveness and efficiency. Each Hospital Facility will have a HPRC to address peer review issues within the guidelines of composition, duties and recommendations as outlined below. Each HPRC reports to the System Peer Review Committee.

3. Meetings, Reports and Recommendations.

   a. The HPRC shall meet as often as necessary to conduct its business and as set forth in the Medical Staff Peer Review Policy.

   b. The HPRC reports to the System Peer Review Committee.

4. System Peer Review Committee (SPRC) Composition.

   a. Chairperson, who shall be the System Vice Chief of Staff and who shall serve as a non-voting member unless a vote is needed to break a tie.

   b. HPRC Chairs

   c. Two Appointed at Large Members as appointed by System Chief of Staff, who shall serve a term of three years and may be appointed for consecutive terms.

   d. System Chief of Staff

   e. Immediate Past System Chief of Staff

   f. System Chief Medical Officer, without vote

   g. Director of Risk Management, without vote

   h. Peer Review Coordinator
5. **SPRC Duties.**

As is set forth in the more detail in the Peer Review Policy, the purpose of the SPRC is to review cases identified for peer review of the Medical Staff members and credentialed practitioners and Providers and to make recommendations for the improvement of healthcare quality, performance, effectiveness and efficiency.

6. **Meetings, Reports and Recommendations.**

   a. The SPRC shall meet as often as necessary to conduct its business and as set forth in the Medical Staff Peer Review Policy.

   b. The SPRC reports to the MEC.

**PART H. BYLAWS COMMITTEE**

1. **Composition.**

   a. Chairperson, who shall be appointed by the System Chief of Staff

   b. System Chief of Staff

   c. System Vice Chief of Staff

   d. Immediate Past Chief of Staff

   e. Additional members shall be appointed by the System Chief of Staff, to include a minimum of one appointee from each Hospital Facility and may include an additional two to three members at large.

      i. Appointed members shall be Active Medical Staff members.

      ii. Appointed members shall serve a term of three years and members may be appointed for consecutive terms.

   f. Regulatory Administration.

   g. In house legal counsel.

2. **Duties.**

   a. Review the Medical Staff Governing Documents at least every two years and recommend amendments, as appropriate.
b. Receive, review, and consider proposed amendments to the Medical Staff Governing Documents and Medical Staff policies.

c. Make recommendations on proposed amendments to the Medical Executive Committee.

3. Meetings, Reports and Recommendations

a. The Bylaws Committee shall meet as often as necessary to conduct its business.

b. The Bylaws Committee will maintain a permanent record of its proceedings and actions.

c. The Bylaws Committee reports to the MEC or other appropriate committees.
ARTICLE 5
HOSPITAL COMMITTEES

PART A: QUALITY COMMITTEE

1. The ODSAW Advisory Board serves as the Quality Committee and is a Committee organized under the Medical Staff and Bylaws of Orlando Health.

2. The Quality Committee shall be a forum for discussion of matters relating to quality, patient safety, service excellence and physician relations, and shall provide medical-administrative liaison with the Board and CEO.

3. The Committee shall perform such additional duties as may be assigned by the Board and included in its Charter and shall also have the following specific duties:
   a. Approval of the Corporate Quality Performance Plan and Medical Staff Bylaws; and
   b. Providing oversight to Joint Commission regulatory compliance and quality/risk management activities.

4. The Quality Committee shall meet at least quarterly and shall transmit written reports of its activities to the Board and the Medical Executive Committee. A quorum shall be determined as provided in the Bylaws of Orlando Health.

PART B: SUPPORT COMMITTEES

Support committees may be appointed by the System or Hospital Chief of Staff at each Hospital Facility to carry out the required functions of the Medical Staff. Support committees may include the medical record review function, the pharmacy and therapeutics function, blood usage review, cancer, and infection control. Support committees shall report to the Medical Executive Committee either directly or through a Hospital Facility Medical Staff Leadership Committee as assigned. Medical Staff members appointed to support committees shall be appointed in accordance with the specific Committee charter and the approval of the System or Hospital Chief of Staff.

PART C: SPECIAL COMMITTEES

Special committees may be appointed by the System or Hospital Chief of Staff as required. Special committees shall confine their activities to the purpose for which they were appointed and shall report to the Medical Executive Committee.

PART D: FACILITY COMMITTEES
Each Hospital Facility may have specific committees as determined from time to time by that Hospital Facility Medical Staff Leadership Committee. Hospital Facility Committees will report to the Hospital Facility Medical Staff Leadership Committees.

PART E: BIOETHICS COMMITTEES

The Chairperson of the corporate Bioethics Committee shall be appointed by the System Chief of Staff, subject to Board approval. The Chairperson of the Bioethics Committee at each Hospital Facility shall be appointed by the Chairperson of the Hospital Facility Medical Staff Leadership Committee at that Hospital Facility, and in the case of the Oncology/Bioethics Committee the Chairperson shall be appointed by the Oncology Policy and Planning Committee, all subject to Board approval.
ARTICLE 6

AMENDMENTS

Amendments to the Organizational Policy may be made in accordance with the process outlined in Article 9 of the Medical Staff Bylaws.