

**MEDICAL STAFF BYLAWS, POLICIES, AND
RULES AND REGULATIONS
OF
UPMC MEMORIAL**

MEDICAL STAFF GLOSSARY

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The following definitions shall apply to terms used in the Medical Staff Bylaws, the Medical Staff Credentials Policy, the Medical Staff Organization Manual, and the Medical Staff Rules and Regulations:

- (1) “ADMINISTRATIVE LEADERSHIP” means the Hospital President, Chief Operating Officer, VPMA, Chief Nursing Officer, or any Administrator on call.
- (2) “ADMITTING PRACTITIONER” means the Practitioner who orders the admission of a given patient to the Hospital and who has the responsibilities outlined in the Medical Staff Rules and Regulations.
- (3) “ALLIED HEALTH PROFESSIONAL” (“AHP”) means individuals other than Medical Staff members who are authorized by law and by the Hospital to provide patient care services within the Hospital. AHPs include:
 - (a) Licensed Independent Practitioners (“LIP”) means individuals other than Medical Staff members who are permitted by law and by the Hospital to provide patient care services without direction or collaboration/supervision, within the scope of their license and consistent with the clinical privileges granted. Licensed Independent Practitioners also include those Physicians not appointed to the Medical Staff who seek to exercise certain limited clinical privileges at the Hospital under the conditions set forth in the Credentials Policy (i.e., moonlighters). See **Appendix B** of the Credentials Policy;
 - (b) Advanced Practice Professionals (“APP”) means individuals other than Medical Staff members who provide a medical level of care or perform surgical tasks consistent with granted clinical privileges, but who may be required by law and/or the Hospital to exercise some or all of those clinical privileges under the direction of, or in collaboration with, a Supervising/Collaborating Physician pursuant to a written Supervision/Collaborative agreement. See **Appendix C** of the Credentials Policy; and
 - (c) Dependent Practitioners means individuals who are permitted by law or the Hospital to function only under the direction of a Supervising/Collaborating Physician, pursuant to a written Supervision/ Collaboration agreement and consistent with a defined scope of practice. See **Appendix D** of the Credentials Policy.
- (4) “APPOINTMENT” means the granting of membership to the Medical Staff by the Board to one of the defined categories outlined in Article 2 of the Medical Staff Bylaws or the granting of permission to practice to an Allied Health Professional.

- (5) “ATTENDING PHYSICIAN” means the Physician who shall be responsible for directing and supervising a patient’s overall medical care and who has the responsibilities outlined in the Medical Staff Rules and Regulations.
- (6) “AUTOMATIC RELINQUISHMENT/AUTOMATIC RESIGNATION” of appointment and/or clinical privileges are administrative actions that occur by operation of the Medical Staff Credentials Policy or other applicable Medical Staff policy. They are not professional review actions that must be reported to the National Practitioner Data Bank or to any state licensing board or agency, nor do they entitle the Practitioner to a hearing or appeal.
- (7) “AWARENESS LETTER” is a letter that is intended to help Practitioners self-correct and improve their performance solely through providing timely feedback. The CPE will prepare a list of objective occurrences (i.e., not subject to interpretation) for which Awareness Letters are appropriate.
- (8) “BOARD” means the Board of Directors of UPMC Memorial or its designated committee.
- (9) “CLINICAL PRIVILEGES” or “PRIVILEGES” means the authorization granted by the Board to render specific clinical procedures and patient care services, for which the Medical Staff Leaders and Board have developed eligibility and other credentialing criteria and FPPE and OPPE standards. There are several types of clinical privileges, including, but not limited to, telemedicine privileges, temporary privileges, and disaster privileges.
- (10) “COLLEGIAL COUNSELING” means a formal, planned, face-to-face discussion between the Practitioner and one or more Medical Staff Leaders. Collegial Counseling only occurs after a Practitioner has had an opportunity to provide input regarding a concern. Collegial Counseling shall be followed by a letter that summarizes the discussion and, when applicable, the expectations regarding the Practitioner’s future practice in the Hospital. A copy of the follow-up letter will be included in the Practitioner’s Confidential File along with any response that the Practitioner would like to offer.
- (11) “CONFIDENTIAL PEER REVIEW EVALUATIONS” mean the written evaluations of the quality and efficiency of services ordered or performed by Professional Health Care Providers prepared by, or on behalf of, other Professional Health Care Providers. These include, but are not limited to:
 - (a) Confidential reference evaluations obtained when an individual applies for appointment, reappointment, and/or clinical privileges;
 - (b) Affiliation verifications from other hospitals that contain an assessment of the quality and efficiency of services;

- (c) Case Review Forms and similar assessments prepared by Peer Review Committees or Professional Health Care Providers on behalf of Peer Review Committees; and
- (d) Any reports, correspondence, minutes, or other documentation prepared by, or on behalf of, a Peer Review Committee that contain an evaluation of the quality and efficiency of services.

Confidential Peer Review Evaluations are a subset of Privileged Peer Review Information.

- (12) “CONSULTING PRACTITIONER” means a Practitioner who examines a patient to render an opinion and/or advice to a requesting Physician (or his or her designee) and who has the responsibilities outlined in the Medical Staff Rules and Regulations.
- (13) “CORE PRIVILEGES” means a defined grouping of privileges for a specialty or subspecialty that includes the fundamental patient care services that are routinely taught in residency and/or fellowship training for that specialty or subspecialty and which have been determined by the Medical Staff Leaders and Board to require closely related skills and experience.
- (14) “DAYS” means calendar days.
- (15) “DENTIST” means a doctor of dental surgery (“D.D.S.”) or doctor of dental medicine (“D.M.D.”).
- (16) “DEPARTMENT CHAIR” means the applicable head of a Medical Staff department at the Hospital (e.g., Chair of Medicine).
- (17) “EDUCATIONAL LETTER” is a letter that describes the opportunities for improvement that were identified in the care reviewed and offers specific recommendations for future practice. An Educational Letter is sent only after the Practitioner has provided input regarding a matter.
- (18) “FOCUSED PROFESSIONAL PRACTICE EVALUATION” or “FPPE” means a time-limited period during which a Practitioner’s professional performance is evaluated. All initially-granted clinical privileges, whether at the time of initial appointment, reappointment, or during the term of appointment, shall be subject to FPPE.
- (19) “HOSPITAL” means UPMC Memorial and any outpatient facilities that bill under the Hospital’s Medicare certification number.

- (20) “HOSPITAL PRESIDENT” means the individual appointed by the Board to act on its behalf in the overall management of the Hospital.
- (21) “INITIAL MENTORING EFFORTS” means informal discussions, mentoring, counseling, sharing of comparative data, and similar efforts that do not meet the criteria for Collegial Counseling. The Medical Staff policies encourage the use of Initial Mentoring Efforts to assist Practitioners in continually improving their practices. There is no expectation that input be obtained prior to Initial Mentoring Efforts or that they be documented, though documentation may be created in the discretion of the Medical Staff Leader and maintained in the Practitioner’s Confidential File.
- (22) “INVESTIGATION” means a non-routine, formal process to review questions or concerns pertaining to a Practitioner. Only the Medical Executive Committee has the authority to initiate and conduct an Investigation. By contrast, the processes that address issues of clinical performance, professional conduct, and health involving Practitioners that utilize Initial Mentoring Efforts or Progressive Steps do not constitute Investigations.
- (23) “LEADERSHIP COUNCIL” is a peer review committee under Pennsylvania law that reviews issues as described in the Medical Staff Bylaws and policy. The Leadership Council possesses no disciplinary authority. Only the Medical Executive Committee has the authority to conduct non-routine investigations and to recommend restrictions of clinical privileges. The composition and duties of the Leadership Council are described in the Medical Staff Organization Manual.
- (24) “MEDICAL EXECUTIVE COMMITTEE” (“MEC”) means the Medical Staff Executive Committee.
- (25) “MEDICAL STAFF” means all Physicians, Dentists, Podiatrists, and Oral and Maxillofacial Surgeons who have been appointed to the Medical Staff by the Board.
- (26) “MEDICAL STAFF LEADER” means any Medical Staff Officer, Department Chair, Vice Chair, and committee chair.
- (27) “MEDICAL STAFF MEMBER” means any Physicians, Dentists, Podiatrists, or Oral and Maxillofacial Surgeons who have been granted appointment by the Board.
- (28) “MEDICAL STAFF SERVICES” means the Medical Staff Office at the Hospital or any delegated Credentials Verification Office (“CVO”).
- (29) “NON-PRIVILEGED INFORMATION” means information and documentation that is reviewed and is a component part of the credentialing process related to initial appointment, reappointment, and/or the granting of clinical privileges, but that is not confidential and privileged under the Pennsylvania Peer Review Protection Act. Examples of this information include, but are not limited to:

- (a) Primary source verification documents (e.g., license, education, training, DEA, etc.);
- (b) Queries to the Office of Inspector General, List of Excluded Providers and Entities;
- (c) Results of criminal background checks, including any mandated child abuse checks;
- (d) Application forms;
- (e) Confirmation of adequate professional liability insurance coverage for the clinical privileges requested;
- (f) Professional liability actions;
- (g) Any previously successful or currently pending challenges to any licensure or registration, or the voluntary or involuntary relinquishment of licensure or registration;
- (h) Information regarding citizenship requirements, such as service on committees, participation in the emergency call roster, willingness to contribute to required Medical Staff functions, and similar duties and responsibilities; and
- (i) Complaints and/or positive feedback received from patients and/or families.

All Non-Privileged Information is maintained in an individual's Credentials File.

- (30) "NOTICE" means written communication by regular U.S. mail, Hospital mail, hand delivery, e-mail, facsimile, website, or other electronic method.
- (31) "ONGOING PROFESSIONAL PRACTICE EVALUATION" or "OPPE" means the ongoing review and analysis of data that helps to identify any issues or trends in Practitioners' performance that may impact quality of care and patient safety. OPPE promotes an efficient and effective evidence-based reappointment process. It is also part of the effort to provide educational opportunities that help all Practitioners consistently provide quality, safe, and effective patient care.
- (32) "OPERATING PHYSICIAN" means a Physician (e.g., surgeon) who performs an operative procedure in the Hospital and who has the responsibilities outlined in the Medical Staff Rules and Regulations.

- (33) “ORAL AND MAXILLOFACIAL SURGEON” means an individual with a D.D.S. or a D.M.D. degree, who has completed additional training in oral and maxillofacial surgery.
- (34) “ORGANIZED HEALTH CARE ARRANGEMENT” (“OHCA”) means the term used by the HIPAA Privacy Rule which permits the Hospital and Medical Staff to use joint notice of privacy practices information when patients are admitted to the Hospital. Practically speaking, being part of an OHCA allows the members of the Medical Staff to rely upon the Hospital’s notice of privacy practices and therefore relieves Medical Staff members of their responsibility to provide a separate notice when members consult or otherwise treat Hospital inpatients.
- (35) “PATIENT CONTACTS” means any admission, consultation, procedure, physical response to emergency call, evaluation, treatment, or service performed in any facility operated by the Hospital or affiliate, including outpatient facilities. Patient contacts do not include referrals for diagnostic or laboratory tests or x-rays.
- (36) “PEER REVIEW” means the evaluation of the quality and efficiency of services ordered or performed by Professional Health Care Providers. This evaluation is conducted by other Professional Health Care Providers who serve on, or have been authorized to act on behalf of, a Peer Review Committee. Peer Review is also known as Professional Practice Evaluation (“PPE”).

Peer Review activities include, but are not limited to, the following:

- (a) the assessment of a Professional Health Care Provider’s clinical performance, professionalism, health, and utilization practices in accordance with the procedures in the Credentials Policy and related Medical Staff policies;
 - (b) use of the following tools and procedures to address any questions or concerns that may be identified with a Professional Health Care Provider: mentoring and counseling, other collegial efforts and progressive steps, voluntary enhancement plans, focused reviews, precautionary suspensions, investigations, and hearing and appeals; and
 - (c) the portions of the initial appointment and reappointment processes that involve the evaluation of the quality and efficiency of services ordered or performed by a Professional Health Care Provider.
- (37) “PEER REVIEW COMMITTEE” means any committee that engages in Peer Review. Peer Review Committees include, but are not limited to, the following:
 - (a) Medical Executive Committee, Committee for Professional Enhancement (“CPE”), Leadership Council, Department Committee, System PPEC, or any other standing or ad hoc committee that performs Peer Review;

- (b) a committee that engages in Peer Review that is formed by the Physician Services Division (“PSD”), University of Pittsburgh Physicians (“UPP”), UPMC Community Medicine, Inc. (“CMI”), UPMC Emergency Medicine, Inc. (“ERMI”), or other UPMC affiliated physician groups, such as those at UPMC Altoona, Chautauqua, Hamot, Pinnacle, and Susquehanna;
- (c) clinical departments, sections, and service lines when engaging in Peer Review;
- (d) Hearing Officers and hearing and appellate review panels;
- (e) the Board of any UPMC Entity and its committees; and
- (f) any individual who is authorized to perform functions on behalf of a Peer Review Committee, including Medical Staff Leaders, VPMA, Hospital personnel, and experts or consultants retained to assist in Peer Review activities.

All Peer Review Committees are also “professional review bodies” as that term is defined in the Health Care Quality Improvement Act of 1986, 42 U.S.C. §11101 et seq.

- (38) “PERMISSION TO PRACTICE” means the authorization granted to Allied Health Professionals to exercise clinical privileges at the Hospital.
- (39) “PHYSICIAN” means both doctors of medicine (“M.D.s”) and doctors of osteopathy (“D.O.s”).
- (40) “PODIATRIST” means a doctor of podiatric medicine (“D.P.M.”).
- (41) “PRACTITIONER” means any individual who has been granted clinical privileges and/or appointment by the Board, including, but not limited to, Medical Staff Members and Allied Health Professionals.
- (42) “PRIVILEGED PEER REVIEW INFORMATION” means any information maintained by the Hospital in any format (verbal, written, or electronic) that involves the evaluation of the quality and efficiency of services ordered or performed by Professional Health Care Providers. Privileged Peer Review Information includes analyses, evaluations, reports, correspondence, records, proceedings, recommendations, actions, and minutes made or taken by, or on behalf of, Peer Review Committees, or in response to a request for information by another Peer Review Committee. Examples of this information include, but are not limited to:

- (a) Documentation created by or on behalf of Department Committees and the Committee for Professional Enhancement pursuant to the Professional Practice Evaluation/Peer Review Policy;
- (b) Confidential Peer Review Evaluations as defined earlier in these Definitions;
- (c) Documentation of OPPE and FPPE activities, including the reports prepared by the Department Committees and Credential Committee;
- (d) Assessments regarding the appropriateness of utilization patterns;
- (e) Morbidity and mortality data related to the specific individual;
- (f) Assessments of the Practitioner's health status and ability to perform the privileges requested competently and safely created at the request of, or obtained and maintained by, a Peer Review Committee for purposes of Peer Review. This includes, but is not limited to, records related to the assessment and treatment for drug or alcohol use and mental health counseling records;
- (g) Any information concerning Peer Review/professional practice activities and/or the voluntary or involuntary termination, limitation, reduction, or loss of appointment or clinical privileges at another hospital; and
- (h) Responses to queries to the National Practitioner Data Bank.

All Privileged Peer Review Information is maintained in an individual's Confidential Quality/Peer Review File.

- (43) "PROFESSIONAL HEALTH CARE PROVIDER" has the meaning set forth in Pa. Stat. Ann. 63 P.S. §425.2 (or the comparable provision of any subsequent statute).
- (44) "COMMITTEE FOR PROFESSIONAL ENHANCEMENT" or "CPE" refers to the Hospital's routine Peer Review process. It is used to evaluate a Practitioner's professional performance when any questions or concerns arise and includes all activities and documentation related to reviewing issues of clinical competence, professional conduct, care management, and health status. The PPE processes outlined in the Medical Staff policies are applicable to all Practitioners and are not intended to be a precursor to any disciplinary action, but rather are designed to promote improved patient safety and quality through continuous improvement.
- (45) "PROGRESSIVE STEPS" means Awareness Letters, Educational Letters, Collegial Counseling, and Voluntary Enhancement Plans.

- (46) “REAPPOINTMENT” means the granting of continued appointment to the Medical Staff by the Board or the granting of continued permission to practice to an Allied Health Professional.
- (47) “REQUESTING PRACTITIONER” means a Practitioner who makes a request for a consultation in accordance with the Medical Staff Rules and Regulations.
- (48) “RESPONSIBLE PRACTITIONER” means any Practitioner, including a Consulting Physician, who is actively involved in the care of a patient at any point during the patient’s treatment at the Hospital and who has the responsibilities outlined in the Medical Staff Rules and Regulations. These responsibilities include the completion of medical record entries related to the specific care/services he or she provides.
- (49) “RESTRICTION” means a professional review action that:
 - (a) is recommended by the Medical Executive Committee as part of an Investigation or agreed to by the Practitioner while he or she is under Investigation; and
 - (b) limits the individual’s ability to independently exercise his or her clinical judgment (i.e., a mandatory concurring consulting requirement in which the consultant must approve the course of treatment in advance or a proctoring requirement in which the proctor is mandated to be present for the case and has the authority to intervene in the case, if necessary).

Restrictions do not include the following, whether recommended by the Medical Executive Committee or by any other Medical Staff committee:

- (a) general consultation requirements, in which the Practitioner agrees to seek input from a consultant prior to providing care;
 - (b) observational proctoring requirements, in which the Practitioner agrees to have a proctor present to observe his or her provision of care; and
 - (c) other collegial performance improvement efforts, including Awareness Letters, Educational Letters, or Voluntary Enhancement Plans that are suggested by the Medical Staff leadership and voluntarily agreed to by the Practitioner as a part of the routine PPE process.
- (50) “SCOPE OF PRACTICE” means the authorization granted to an Allied Health Professional by the Board to perform certain clinical activities and functions under the Supervision of, or in collaboration with, a Supervising/Collaborating Physician.

- (51) “SPECIAL NOTICE” means hand delivery, certified mail (return receipt requested), or overnight delivery service providing receipt.
- (52) “SPECIAL PRIVILEGES” means clinical privileges that fall outside of the core privileges for a given specialty, which require additional education, training, and/or experience beyond that required for core privileges in order to demonstrate competence.
- (53) “SUPERVISING/COLLABORATING PHYSICIAN” means a Medical Staff Member with clinical privileges who has agreed in writing to Supervise/Collaborate with an Allied Health Professional and to accept full responsibility for the actions of the Allied Health Professional while he or she is practicing in the Hospital, or a named substitute physician.
- (54) “SUPERVISION/COLLABORATION” means the supervision of, or collaboration with, an Allied Health Professional by a Supervising/Collaborating Physician (or substitute physician), that may or may not require the actual presence of the Supervising/Collaborating Physician, but that does require, at a minimum, that the Supervising/Collaborating Physician be readily available for consultation. The requisite level of supervision (general, direct, or personal) shall be determined at the time each Advanced Practice Professional or Allied Health Professional is credentialed and shall be consistent with any applicable written Supervision/Collaboration agreement that may exist.
- (55) “TELEMEDICINE” means the exchange of medical information from one site to another via electronic communications for the purpose of providing patient care, treatment, and services.
- (56) “UNASSIGNED PATIENT” means any individual who comes to the Hospital for care and treatment who does not have an Attending Physician, or whose Attending Physician or designated alternate is unavailable to attend the patient. If a patient does not want the prior Attending Physician to provide him or her care while a patient at the Hospital, the matter will be managed in accordance with the Medical Staff Rules and Regulations.
- (57) “VICE PRESIDENT OF MEDICAL AFFAIRS” (“VPMA”) means the individual designated by the Hospital to assist the Medical Staff in the performance of its functions, work in cooperation with the Medical Staff President, and serve as a liaison to the Board.
- (58) “VOLUNTARY ENHANCEMENT PLAN” or “VEP” is a voluntary agreement between a Practitioner and the CPE (for clinical matters) or the Leadership Council (for behavioral matters) by which the Practitioner takes certain steps to improve his or her clinical practice or conduct. A Practitioner cannot be compelled to participate in a VEP. If a Practitioner disagrees with the need for a VEP developed

by the CPE or Leadership Council, the matter is referred to the Medical Executive Committee for its independent review and action pursuant to the Credentials Policy.

- (59) “VOTING STAFF” or “VOTING MEMBER” means those Practitioners who have been given the right to vote in all general and special meetings of the Medical Staff. Voting rights are defined in the prerogatives of each Medical Staff category in Article 2 of the Medical Staff Bylaws.