

**MEDICAL STAFF BYLAWS, POLICIES,
AND
RULES AND REGULATIONS
OF
NEW HANOVER REGIONAL
MEDICAL CENTER**

**MEDICAL STAFF
GLOSSARY**

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MEDICAL STAFF GLOSSARY

Unless otherwise defined within a specific document, the following definitions will apply to terms used in the Medical Staff Bylaws, the Medical Staff and Advanced Practice Professional Credentials Policy (“Credentials Policy”), the Medical Staff Organization Manual, the Medical Staff Rules and Regulations, and all associated Evaluation of Professional Practice Policies of the Medical Staff:

- (1) “ADMINISTRATIVE TEAM” means the Chief Executive Officer, Chief Clinical Officer, Vice President for Medical Affairs, Chief Nursing Officer, or any Administrator on call.
- (2) “ADMITTING PRACTITIONER” means the Practitioner who orders the admission of a given patient to the Medical Center and who has the responsibilities outlined in the Medical Staff Rules and Regulations.
- (3) “ADVANCED PRACTICE PROFESSIONAL” (“APP”) means a type of Practitioner who provides a medical level of care or performs surgical tasks consistent with granted Clinical Privileges, but who may be required by law and/or the Medical Center to exercise some or all of those Clinical Privileges under the direction of, or in collaboration with, a Supervising Physician pursuant to a written Supervision agreement. See **Appendix A** of the Credentials Policy.
- (4) “ALLIED HEALTH PROFESSIONAL” means an individual who is permitted by law or the Medical Center to function only under the direction of a Supervising Physician, pursuant to a written Supervision agreement and consistent with a defined Scope of Practice. Except as noted in the Credentials Policy, all aspects of the clinical practice of Allied Health Professionals at the Medical Center will be assessed and managed by Human Resources in accordance with Human Resources policies and procedures and the provisions of the Credentials Policy will specifically not apply. Hereafter, the Medical Staff Bylaws and associated policies will not apply to Allied Health Professionals (except for Article 8 of the Credentials Policy). See **Appendix B** of the Credentials Policy.
- (5) “AMBULATORY CARE LOCATION” means any department in the Medical Center or provider-based site or facility where ambulatory care is provided (i.e., non-emergency health care services provided to patients without hospitalization, including, but not limited to, day surgeries (with or without general anesthesia), blood transfusions, and I.V. therapy).
- (6) “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. For ease of use, “Appointment” will also be interpreted as a reference to

granting Permission to Practice to an Advanced Practice Professional or Licensed Independent Practitioner.

- (7) “ATTENDING PHYSICIAN” means the Physician who will 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.
- (8) “BOARD” means the Board of Trustees of the Medical Center or its designated committee.
- (9) “CARE STANDARD” means an expected, evidence-based clinical practice as defined and approved by an organization.
- (10) “CHIEF EXECUTIVE OFFICER” (“CEO”) means the individual appointed by the Board to act on its behalf in the overall management of the Medical Center.
- (11) “CLINICAL PRIVILEGES” or “PRIVILEGES” means the authorization granted by the Board to render specific 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.
- (12) “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. If the Collegial Counseling results from a matter that has been reported to the EPP Specialists and reviewed through applicable Policy, it should be followed by a letter that summarizes the discussion and, when applicable, the expectations regarding the Practitioner’s future practice in the Medical Center. 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. A Collegial Counseling Checklist that may be used to help Medical Staff Leaders prepare for a Collegial Counseling and a sample Follow-Up Letter to Collegial Counseling are included in the EPP Manual and Professionalism Policy Manual.
- (13) “CONFIDENTIAL FILE” means any file, paper or electronic, containing credentialing, privileging, EPP/Peer Review, or quality information related to a Practitioner.
- (14) “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.

- (15) “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.
- (16) “DAYS” means calendar days.
- (17) “DENTIST” means a doctor of dental surgery (“D.D.S.”) or doctor of dental medicine (“D.M.D.”).
- (18) “DEPARTMENT CHAIR” means the applicable head of a Medical Staff department at the Medical Center (e.g., Chair of Medicine).
- (19) “DIVISION CHIEF” means the applicable head of a Medical Staff section at the Medical Center (e.g., Chief of Neurosurgery).
- (20) “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. Additional guidance on the use of Educational Letters is found in the Evaluation of Professional Practice Policy (Peer Review).
- (21) “EVALUATION OF PROFESSIONAL PRACTICE” or “EPP” refers to the Medical Center’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 EPP 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.
- (22) “EVALUATION OF PROFESSIONAL PRACTICE SPECIALISTS” or “EPP SPECIALISTS” means the clinical and non-clinical staff who support the EPP processes described in the Medical Staff policies. Staff from the other departments in the Medical Center (e.g., Medical Staff Office, Human Resources, Risk Management, Quality & Safety) may assist the EPP Specialists in performing the functions described in the policies, with such other staff being an integral part of the review process and bound by the same confidentiality and other requirements that apply to the EPP Specialists.
- (23) “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, will be subject to FPPE.

- (24) “INFORMATIONAL LETTER” is a letter that is intended to help Practitioners self-correct and improve their performance through timely feedback. The CPE will prepare a list of objective occurrences (i.e., not subject to interpretation) for which an Informational Letter is appropriate. Additional guidance on the use of Informational Letters is found in the Evaluation of Professional Practice Policy (Peer Review).
- (25) “INITIAL MENTORING EFFORTS” means informal discussions, mentoring, counseling, sharing of comparative data, and similar efforts that do not meet the criteria for a 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.
- (26) “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 Collegial Leadership Efforts or Progressive Steps do not constitute Investigations.
- (27) “LICENSED INDEPENDENT PRACTITIONER” means a type of Practitioner who is permitted by law and by the Medical Center to provide patient care services without direction or Supervision, within the scope of his or her 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 Medical Center under the conditions set forth in the Credentials Policy (i.e., moonlighting residents). See **Appendix C** of the Credentials Policy.
- (28) “MEDICAL CENTER” means Novant Health New Hanover Regional Medical Center.
- (29) “MEDICAL EXECUTIVE COMMITTEE” (“MEC”) means the Medical Staff Executive Committee.
- (30) “MEDICAL STAFF” means all Physicians, Dentists, Oral and Maxillofacial Surgeons, and Podiatrists who have been appointed to the Medical Staff by the Board.
- (31) “MEDICAL STAFF BYLAWS” means the governing documents of the Medical Staff, including the Credentials Policy, the Medical Staff Organization Manual, the

Medical Staff Glossary, and the Medical Staff Rules and Regulations, all of which shall be considered an integral part of the Medical Staff Bylaws.

- (32) “MEDICAL STAFF LEADER” means any Medical Staff Officer, Department Chair, Division Chief and committee chair.
- (33) “MEDICAL STAFF MEMBER” means any Physicians, Dentists, Oral and Maxillofacial Surgeons, or Podiatrists who has been granted Appointment by the Board.
- (34) “MEDICAL STAFF SERVICES” means the Medical Staff Office at the Medical Center or any delegated Credentials Verification Office (“CVO”).
- (35) “NOTICE” means written communication by regular U.S. mail, Medical Center mail, hand delivery, e-mail, facsimile, website, or other electronic method.
- (36) “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.
- (37) “OPERATING PHYSICIAN” means a Physician (e.g., surgeon) who performs an operative procedure in the Medical Center and who has the responsibilities outlined in the Medical Staff Rules and Regulations.
- (38) “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.
- (39) “ORGANIZED HEALTH CARE ARRANGEMENT” (“OHCA”) means the term used by the HIPAA Privacy Rule which permits the Medical Center and Medical Staff to use joint notice of privacy practices information when patients are admitted to the Medical Center. Practically speaking, being part of an OHCA allows the members of the Medical Staff to rely upon the Medical Center’s notice of privacy practices and therefore relieves Medical Staff Members of their responsibility to provide a separate notice when consulting or otherwise treating inpatients at the Medical Center.
- (40) “PATIENT CONTACTS” means any admission, consultation, procedure, physical response to emergency call, evaluation, treatment or service performed in the Medical Center or its hospital-based clinics or provided via Telemedicine to another site. Patient contacts do not include referrals for diagnostic or laboratory tests or x-rays.

- (41) “PHYSICIAN” means both doctors of medicine (“M.D.s”) and doctors of osteopathy (“D.O.s”).
- (42) “PODIATRIST” means a doctor of podiatric medicine (“D.P.M.”).
- (43) “PRACTITIONER” means any individual who has been granted Clinical Privileges and/or Appointment by the Board, including, but not limited to, Medical Staff Members, Advanced Practice Professionals, and Licensed Independent Practitioners.
- (44) “PROGRESSIVE STEPS” means Informational Letters, Educational Letters, Collegial Counseling, and Voluntary Enhancement Plans. Additional guidance on Progressive Steps is found in the Credentials Policy, the Evaluation of Professional Practice Policy (Peer Review), and the Medical Staff Professionalism Policy.
- (45) “REAPPOINTMENT” means the granting of continued Appointment to the Medical Staff by the Board or the granting of continued Permission to Practice to an Advanced Practice Professional or a Licensed Independent Practitioner.
- (46) “REQUESTING PRACTITIONER” means a Practitioner who makes a request for a consultation in accordance with Article 6 of the Medical Staff Rules and Regulations.
- (47) “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 Medical Center 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.
- (48) “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 or in exchange for the Medical Executive Committee not conducting an Investigation or taking an adverse professional review action; 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 must 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 Informational Letters, Educational Letters, or Performance Improvement Plans that are suggested by the Medical Staff leadership and voluntarily agreed to by the Practitioner as a part of the routine EPP process.
- (49) “SERVICE LINE DIRECTOR” means the Physician who has been designated as having the responsibility for the day-to-day operations of the relevant service line.
- (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 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 PHYSICIAN” means a Medical Staff Member with Clinical Privileges who has agreed in writing to Supervise/Collaborate with an Advanced Practice Professional or an Allied Health Professional and to accept full responsibility for the actions of the Advanced Practice Professional or Allied Health Professional while he or she is practicing in the Medical Center.
- (54) “SUPERVISION” means the supervision of, or collaboration with, an Advanced Practice Professional or an Allied Health Professional by a Supervising Physician, that may or may not require the actual presence of the Supervising Physician, but that does require, at a minimum, that the Supervising Physician be readily available for consultation. The requisite level of supervision (direct, indirect, or oversight) will be determined at the time each Advanced Practice Professional or Allied Health Professional is credentialed and will be consistent with any applicable written Supervision 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 Medical Center 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 Medical Center, the matter will be managed in accordance with the Medical Staff Rules and Regulations.
- (57) “VICE PRESIDENT FOR MEDICAL AFFAIRS” (“VPMA”) means the individual appointed by the Board to act as the chief medical officer of the Medical Center, in cooperation with the Medical Staff President.
- (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 Medical Staff Credentials Policy. Additional guidance on VEPs is found in the Evaluation of Professional Practice Policy (Peer Review) and the Medical Staff Professionalism Policy.
- (59) “VOTING STAFF” 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.