

**MEDICAL STAFF BYLAWS, POLICIES,
AND
RULES AND REGULATIONS
MEMORIAL HEALTH**

**SPRINGFIELD MEMORIAL
HOSPITAL**

**MEDICAL STAFF
GLOSSARY**

*Second Discussion Draft
May 25, 2022*

Horty, Springer & Mattern, P.C.

MEDICAL STAFF GLOSSARY

The following definitions shall apply to terms used in the Medical Staff Bylaws, the Credentials Policy, the Medical Staff Organization Manual, the Medical Staff Rules and Regulations, and all associated Professional Practice Evaluation policies of the Medical Staff:

- (1) “ADMINISTRATIVE LEADERSHIP” means the CEO, Chief Medical Officer, Chief Nursing Officer, or any Administrator on call.
- (2) “ADMITTING PRACTITIONER” means a Practitioner who, within the scope of his or her clinical privileges (e.g., a physician, podiatrist, or dentist, but generally not an APP), orders the admission of a given patient to the Hospital and who has the responsibilities outlined in the Medical Staff Rules and Regulations.
- (3) “ADVANCED PRACTICE PROFESSIONAL” (“APP”) is 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 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 D** of the Credentials Policy.
- (4) “ALLIED HEALTH PROFESSIONAL” means an individual who is 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. Except as noted in the Credentials Policy, all aspects of the clinical practice of Allied Health Professionals at the Hospital shall be assessed and managed by Human Resources in accordance with Human Resources policies and procedures and the provisions of the Credentials Policy shall specifically not apply. Hereafter, the Medical Staff Bylaws and associated policies shall not apply to Allied Health Professionals (except for Article 8 of the Credentials Policy). See **Appendix E** of the Credentials Policy.
- (5) “AMBULATORY CARE LOCATION” means any department in the Hospital 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 or the granting of Permission to Practice to an Advanced Practice Professional or Licensed Independent Practitioner.

- (7) “ASSIGNED REVIEWER” means a Practitioner, or an individual who has been granted clinical privileges at another entity affiliated with Memorial Health System, who is appointed by a CSR, the Leadership Council, or the CPE to either: (i) serve as a consultant to the individual or committee performing the review; or (ii) conduct a review, document his/her clinical findings on the AR Case Review Form (see PPE-5 in the PPE Manual), submit the form to the individual or committee that assigned the review, and be available to discuss his/her findings and answer questions. The functions of an Assigned Reviewer may also be performed by a standing or ad hoc committee as requested by the CSR, the Leadership Council or the CPE.
- (8) “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.
- (9) “BOARD” means the Board of Directors of the Hospital or its designated committee.
- (10) “CHIEF EXECUTIVE OFFICER” (“CEO”) means the individual appointed by the Board to act on its behalf in the overall management of the Hospital.
- (11) “CHIEF MEDICAL OFFICER” (“CMO”) means the individual appointed by the Board to act as the chief medical officer of the Hospital, in cooperation with the Medical Staff President.
- (12) “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.
- (13) “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.
- (14) “COMMITTEE FOR PROFESSIONAL ENHANCEMENT” or “CPE” is a multi-specialty peer review committee under Illinois law that oversees the professional practice evaluation process, conducts case reviews, works with Practitioners in a constructive and educational manner to help address any clinical performance issues, and develops Voluntary Enhancement Plans as described in the Professional Practice Evaluation Policy (Peer Review). The CPE has no disciplinary authority. Only the Medical Executive Committee has the authority to conduct non-routine, formal investigations and to recommend restrictions of

clinical privileges. The composition and duties of the CPE are described in the Medical Staff Organization Manual.

- (15) “CONFIDENTIAL FILE” means any file, paper or electronic, containing credentialing, privileging, PPE/Peer Review, or quality information related to a Practitioner.
- (16) “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.
- (17) “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.
- (18) “DAYS” means calendar days.
- (19) “DENTIST” means a doctor of dental surgery (“D.D.S.”) or doctor of dental medicine (“D.M.D.”).
- (20) “DEPARTMENT CHAIR” means the applicable head of a Medical Staff department at the Hospital (e.g., Chair of Medicine).
- (21) “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.
- (22) “EMPLOYED PRACTITIONER” means a Practitioner who is employed by an Employer.
- (23) “EMPLOYER” means:
 - (a) the Hospital; or
 - (b) a Hospital-related entity or a private entity that:
 - (i) has a formal peer review process and an established peer review committee; and
 - (ii) is subject to the same information sharing policy as the Hospital, or has information sharing provisions in a professional services contract or in a separate information sharing agreement with the Hospital.

- (24) “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.
- (25) “HOSPITAL” means Springfield Memorial Hospital and any outpatient facilities that bill under the Hospital’s Medicare certification number.
- (26) “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.
- (27) “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.
- (28) “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.
- (29) “LEADERSHIP COUNCIL” is a peer review committee under Illinois law that:
 - (a) reviews, or determines the appropriate review process for, certain clinical issues as described in the Professional Practice Evaluation Policy (Peer Review);
 - (b) handles issues of professional conduct pursuant to the Medical Staff Professionalism Policy; and
 - (c) handles issues of Practitioner health pursuant to the Practitioner Health Policy.

The Leadership Council has no disciplinary authority. Only the Medical Executive Committee has the authority to conduct non-routine, formal investigations and to

recommend restrictions of clinical privileges. The composition and duties of the Leadership Council are described in the Medical Staff Organization Manual.

- (30) “LICENSED INDEPENDENT PRACTITIONERS” (“LIPs”) means a type of Practitioner other than a Medical Staff member who is permitted by law and by the Hospital to provide patient care services without direction or collaboration/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 Hospital under the conditions set forth in the Credentials Policy (i.e., moonlighting residents). See **Appendix C** of the Credentials Policy.
- (31) “MEDICAL EXECUTIVE COMMITTEE” (“MEC”) means the Medical Staff Executive Committee.
- (32) “MEDICAL STAFF” means all Physicians, Dentists, Oral and Maxillofacial Surgeons, and Podiatrists who have been appointed to the Medical Staff by the Board.
- (33) “MEDICAL STAFF LEADER” means any Medical Staff Officer, Department Chair, Section Chief and committee chair.
- (34) “MEDICAL STAFF MEMBER” means any Physicians, Dentists, Oral and Maxillofacial Surgeons, or Podiatrists who has been granted Appointment by the Board.
- (35) “MEDICAL STAFF SERVICES” means the Medical Staff Office at the Hospital or any delegated Credentials Verification Office (“CVO”).
- (36) “MEMORIAL HEALTH” means the hospitals and related facilities that are governed by Memorial Health.
- (37) “NOTICE” means written communication by regular U.S. mail, Hospital mail, hand delivery, e-mail, facsimile, website, or other electronic method.
- (38) “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.
- (39) “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.

- (40) “PATIENT CONTACTS” means any admission, consultation, procedure, physical response to emergency call, evaluation, treatment or service performed in the Hospital or its hospital-based clinics. Patient contacts do not include referrals for diagnostic or laboratory tests or x-rays.
- (41) “PERMISSION TO PRACTICE” means the authorization granted to Advanced Practice Professionals and Licensed Independent Practitioners to exercise clinical privileges at the Hospital.
- (42) “PHYSICIAN” means both doctors of medicine (“M.D.s”) and doctors of osteopathy (“D.O.s”).
- (43) “PODIATRIST” means a doctor of podiatric medicine (“D.P.M.”).
- (44) “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.
- (45) “PROCEDURALIST” means a Practitioner (e.g., surgeon) who performs an operative procedure within the scope of his or her clinical privileges in the Hospital and who has the responsibilities outlined in the Medical Staff Rules and Regulations.
- (46) “PROFESSIONAL PRACTICE EVALUATION” or “PPE” 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. The PPE process outlined in the Professional Practice Evaluation Policy (Peer Review) is applicable to all Practitioners and is not intended to be a precursor to any disciplinary action, but rather is designed to promote improved patient safety and quality through continuous improvement.
- (47) “PROFESSIONAL PRACTICE EVALUATION SPECIALISTS” or “PPE SPECIALISTS” means the clinical and non-clinical staff who support the professional practice evaluation process described in the Professional Practice Evaluation Policy (Peer Review) and who act at the direction of the CPE. Such individuals may include, but are not limited to, staff from the quality department, medical staff office, human resources, and/or patient safety department. PPE Specialists act on behalf of the CPE and documentation they create are records of the CPE. The CPE Chair or CMO may direct PPE Specialists to perform functions under the Professional Practice Evaluation Policy (Peer Review) on behalf of the CPE.
- (48) “PROGRESSIVE STEPS” means Informational Letters, Educational Letters, Collegial Counseling, and Voluntary Enhancement Plans.

- (49) “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 Licensed Independent Practitioner.
- (50) “REQUESTING PRACTITIONER” means a Practitioner who makes a request for a consultation in accordance with Article 6 of the Medical Staff Rules and Regulations.
- (51) “RESPONSIBLE PRACTITIONER” means any Practitioner, including a Consulting Practitioner, 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.
- (52) “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 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.

- (53) “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.
- (54) “SECTION CHIEF” means the applicable head of a Medical Staff section at the Hospital (e.g., Chief of Neurosurgery).
- (55) “SPECIAL NOTICE” means hand delivery, certified mail (return receipt requested), or overnight delivery service providing receipt.
- (56) “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.
- (57) “SUPERVISING/COLLABORATING 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 Hospital.
- (58) “SUPERVISION/COLLABORATION” means the supervision of, or collaboration with, an Advanced Practice Professional or an Allied Health Professional by a Supervising/Collaborating 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.
- (59) “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.
- (60) “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.
- (61) “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. Additional guidance on VEPs is found in the Professional Practice Evaluation Policy (Peer Review) and the Medical Staff Professionalism Policy.

- (62) “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.