SECTION II
ORGANIZATIONAL MANUAL
OF THE BYLAWS
OF THE
MEDICAL AND DENTAL STAFF OF
CAROLINAS MEDICAL CENTER-LINCOLN

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# ARTICLE I
## DEFINITIONS

For the purpose of these Bylaws, the following definitions shall apply:

1. "Allied Health Professional" means either a Dependent Practitioner or an Independent Practitioner. "Allied Health Professionals" means all Dependent Practitioners and Independent Practitioners.

2. "Applicant" shall mean a Practitioner who has applied for appointment to the Medical Staff.

3. "Appointee" shall mean a Practitioner who has been appointed to the Medical Staff.

4. "Board" shall mean the Board of Commissioners of Carolinas HealthCare System, which has the overall responsibility for the conduct of the Hospital.

5. "Bylaws" shall mean the Bylaws of the Medical and Dental Staff of Carolinas Medical Center-Lincoln.

6. "Clinical Privileges" shall mean permission to provide medical or other patient care services in the Hospital or its facilities, as approved by the Board, within defined limits of these Bylaws.

7. "Dentist" shall mean a doctor of dental surgery (D.D.S.) or a doctor of dental medicine (D.M.D.) and an oral surgeon who has completed training requirements for certification by the American Board of Oral and Maxillofacial Surgery.

8. "Dependent Practitioner" shall mean a health care professional who is licensed by his/her respective licensing agency and who can only provide service under the direct supervision of a Supervising Physician, including without limitation: (i) a physician assistant; (ii) a certified registered nurse anesthetist; (iii) a certified nurse midwife; (iv) a registered nurse, first assistant; (v) a nurse practitioner; (vi) any other advanced practice registered nurse who is required to provide service under the direct supervision of a Supervising Physician; and (vi) a recent graduate in any of the above-referenced professions who is permitted by state law and the applicable certifying agencies to practice at the Hospital prior to certification.

9. "Hospital" shall mean Carolinas Medical Center - Lincoln.

10. "Hospital Bylaws" shall mean the Bylaws of Carolinas HealthCare System.

11. "Independent Practitioner" shall mean a health care professional, other than a Physician or a Dentist, who holds a doctorate degree, who has been licensed or certified by his/her respective licensing or certifying agencies and who is not required to provide service under the direct supervision of a Supervising Physician.

12. "Invasive Procedure" shall mean a procedure involving puncture or incision of the skin, or insertion of an instrument or foreign material into the body, including, but not limited to, percutaneous aspirations, biopsies, cardiac and vascular catheterizations, endoscopies, angioplasties, and implantations, and excluding venipuncture and intravenous therapy.

13. "Medical and Dental Staff" shall mean all Physicians and Dentists who are authorized under Article III to admit and attend patients at Carolinas Medical Center-Lincoln.

14. "Medical Staff" shall mean the Medical and Dental Staff of Carolinas Medical Center-Lincoln.
15. “Patient Encounter” shall mean any action on the part of the Practitioner to provide medical or other patient care services to the patient in the Hospital or its facilities, including, without limitation, admission, treatment, performance or interpretation of diagnostic tests, or consultation, and may include the supervision of house staff and medical students; provided however, that Patient Encounter shall not include the ordering of tests on an out-patient basis.

16. “Peer” shall mean with respect to any Practitioner, any other Practitioner from the same discipline (for example, Physician and Physician, Dentist and Dentist).

17. "Peer Review Activity" shall mean (I) any activity of the Hospital and/or Medical Staff with respect to a Practitioner (A) to determine whether an Applicant or Appointee may have clinical privileges at the Hospital or membership on the Medical Staff; (B) to determine the scope or conditions of such privileges or membership; (C) to change or modify such privileges or membership; (ii) any quality reviews activity conducted to measure, assess, and improve individual or organizational performance; or (iii) any activity of a Hospital or Medical Staff committee established to review the quality and appropriateness of care provided by individuals who have been granted or are seeking privileges on the Medical Staff. In appropriate circumstances, upon approval of at least one of the officers of the Medical Staff, the Hospital or any committee that conducts Peer Review Activity may use the services of an external peer review body or organization to assist in conducting a Peer Review Activity. For example, the Hospital or any committee that conducts Peer Review Activity, upon approval of at least one of the Officers of the Medical Staff, may require the services of an external peer review body when there is no Practitioner within the service area of the Hospital who specializes in the same area as the Practitioner who is the subject of Peer Review Activity and is available to conduct a Peer Review Activity or when there is no Practitioner within the service area of the Hospital who is not either in practice with, or in direct economic competition with the Practitioner who is the subject of Peer Review Activity.

18. “Peer Review Action” shall mean an action or recommendation of the Hospital, the Board or any committee of the Hospital or the Medical Staff which is taken or made in the conduct of Peer Review Activity, which is based on the competence or professional conduct of an individual Practitioner or an Allied Health Professional (which conduct affects or could affect adversely the health or welfare of a patient or patients), and which affects (or may affect) adversely, with respect to a Practitioner, the clinical privileges or Medical Staff membership of the Practitioner, and with respect to an Allied Health Professional, the clinical privileges of the Allied Health Professional.

19. "Physician" shall mean a doctor of medicine (M.D.) or a doctor of osteopathy (D.O.).

20. "Practitioner" shall mean a Physician or Dentist licensed to practice under the laws of the State of North Carolina.

21. "President of the Medical Staff" shall mean the President of the Medical and Dental Staff of Carolinas Medical Center-Lincoln.

22. "President" or "President of the Hospital" shall mean the Chief Executive Officer of the Hospital or the Chief Executive Officer's designee.

23. "Staff case" shall mean an indigent or medically indigent patient who is unable to pay the usual charges for medical care.
| 24. "Supervising Physician" shall mean a Physician on the Medical Staff who supervises a Dependent Practitioner in the manner described in the Policy on Clinical Privileges for Allied Health Professionals. |

| Words used in these Bylaws shall be read as the masculine or feminine gender and as the singular or plural as the content requires. The definitions, captions, and headings are for convenience only and are not intended to limit or define the scope or effect of any provisions of these Bylaws. |
ARTICLE II
CLINICAL DEPARTMENTS AND SECTIONS OF CAROLINAS MEDICAL CENTER-LINCOLN

Department of Emergency Medicine

Department of Medicine

Department of Surgery

ARTICLE III
FUNCTIONS AND RESPONSIBILITIES OF DEPARTMENTS AND SECTIONS

Functions and responsibilities of departments and Department Chiefs, Vice-Chiefs, and section chiefs are set forth in Article IV of the GENERAL PROVISIONS SECTION OF THE BYLAWS.

ARTICLE IV
MEDICAL STAFF COMMITTEES AND FUNCTIONS

ARTICLE IV - PART A: MEDICAL STAFF COMMITTEES AND FUNCTIONS

This Article outlines the Medical Staff committees of Carolinas Medical Center-Lincoln that carry out quality assessment and other functions delegated to the Medical Staff. Procedures for appointment of committee chairpersons and members are set forth in Article V of the GENERAL PROVISIONS SECTION of the Bylaws.

ARTICLE IV - PART B: BYLAWS COMMITTEE:
SECTION 1. COMPOSITION:

The Bylaws Committee shall:

(a) Consist of at least five (5) Medical Staff Appointees.

(b) The President of the Medical Staff shall select one (1) member of the Committee to serve as chairperson of this Committee.

ARTICLE IV - PART B: BYLAWS COMMITTEE:
SECTION 2. DUTIES:

The Bylaws Committee shall review the Bylaws of the Medical Staff at least annually and recommend amendments, as appropriate, to the Medical Executive Committee. The Committee shall also receive and consider all recommendations for changes in these documents made by any committee or department of the Medical Staff, any individual appointed to the Medical Staff, the President of the Hospital, or the Board.
ARTICLE IV - PART B: BYLAWS COMMITTEE:
SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

The Bylaws Committee shall meet as often as necessary to fulfill its duties, but at least annually; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Medical Executive Committee and the President of the Hospital.

ARTICLE IV - PART C: CRITICAL CARE UNIT QUALITY COMMITTEE:
SECTION 1. COMPOSITION:

(a) The Critical Care Unit Quality Committee shall consist of Appointees of the Medical Staff.

(b) The President of the Medical Staff shall appoint one (1) member of the Committee to serve as Chairperson of this committee.

ARTICLE IV - PART C: CRITICAL CARE UNIT QUALITY COMMITTEE:
SECTION 2. DUTIES:

The Committee shall review, evaluate, and recommend policies that affect the quality, safety, and appropriateness, of patient care services provided in the Critical Care Unit (CCU).

ARTICLE IV - PART C: CRITICAL CARE UNIT QUALITY COMMITTEE:
SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

(a) The Critical Care Unit Quality Committee shall meet as often as necessary to fulfill its duties, but at least quarterly; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Medical Executive Committee and the President of the Hospital.

(b) The Critical Care Unit Quality Committee shall also report (with or without recommendation) to the Medical Executive Committee for its consideration and appropriate action any situation involving questions of clinical competency, patient care and treatment, professional ethics, infraction of Hospital or Medical Staff Bylaws, policies, or rules, or unacceptable conduct on the part of any individual appointed to the Medical Staff.

ARTICLE IV - PART D: ENVIRONMENT OF CARE COMMITTEE:
SECTION 1. COMPOSITION:

(a) The Committee shall consist of Appointees of the Medical Staff.

(b) The President of the Medical Staff shall appoint one (1) member of the Committee to serve as Chairperson of this committee.
ARTICLE IV - PART D: ENVIRONMENT OF CARE COMMITTEE:
SECTION 2. DUTIES:

The Committee shall:

(a) review and evaluate matters relating to employee, patient and guest safety, including the adoption, revision and promotion of safety rules and manuals;

(b) establish procedures for handling safety recommendations; and

(c) develop and schedule safety related surveys and training.

ARTICLE IV - PART D: ENVIRONMENT OF CARE COMMITTEE:
SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

(a) The Environment of Care Committee shall meet as often as necessary to fulfill its duties, but at least quarterly; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Medical Executive Committee and the President of the Hospital.

(b) The Environment of Care Committee shall also report (with or without recommendation) to the Medical Executive Committee for its consideration and appropriate action any situation involving questions of clinical competency, patient care and treatment, professional ethics, infraction of Hospital or Medical Staff Bylaws, policies, or rules, or unacceptable conduct on the part of any individual appointed to the Medical Staff.

ARTICLE IV – PART E: ETHICS COMMITTEE:
SECTION 1. COMPOSITION

(a) The Ethics Committee shall be multidisciplinary, reflecting the broad dimensions of the ethical issues facing the Medical Staff. The Committee shall be composed of representatives from the following groups: Medical Staff Appointees, House Staff, Nursing Staff, Legal Services Office, Community, Social Services, Clergy, a disability group (or a developmental disability expert), an Ethicist and the President of the Hospital or a designee.

(b) The President of the Medical Staff shall appoint one (1) member of the Committee to serve as chairperson of this Committee.

ARTICLE IV - PART E: ETHICS COMMITTEE:
SECTION 2. DUTIES:

The Committee shall be interdisciplinary and representative of the Hospital staff and community. It shall serve as a forum for identification and discussion of biomedical and ethical issues affecting the Hospital, its staff, and its patients.
The Committee shall:

(a) educate Hospital and Medical Staff personnel, patients, and families about the means available within the Hospital to assist them in making appropriate treatment decisions, about relevant ethical principles, and about other available resources and community services;

(b) develop and recommend policies, procedures, and guidelines concerning such treatment decisions;

(c) be available for consultation and review in cases where decisions are being considered or have been made involving bioethical conflict or potential conflict in the treatment of patients. For any case under review, the Committee shall act as a deliberative and advisory body without authority to make final decision on appropriate therapy for a specific patient. The Committee's opinions shall be non-binding on the attending Physician, the patient, the patient's family, and the Hospital.

From time to time, and only for educational purposes, the Committee may retrospectively review a patient's medical record and/or situations in which decisions regarding life-sustaining treatments have been made.

ARTICLE IV - PART E: ETHICS COMMITTEE:
SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

(a) The Ethics Committee shall meet as often as necessary to fulfill its duties, but at least bi-annually; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Medical Executive Committee and the President of the Hospital.

(b) Subcommittees for Consultation, Education and Policy may be formed to review cases, to respond to educational needs of the Committee, Medical and Dental Staff, and Hospital Staff, and to draft policies to meet emerging ethical issues for the Committee, Medical Staff, and Hospital Staff.

The Ethics Committee shall also report (with or without recommendation) to the Credentials Committee for its consideration and appropriate action any situation involving questions of clinical competency, patient care and treatment, professional ethics, infraction of Hospital or Medical Staff Bylaws, policies, or rules, or unacceptable conduct on the part of any individual appointed to the Medical Staff.

ARTICLE IV - PART F: INFECTION PREVENTION COMMITTEE: SECTION 1. COMPOSITION:

(a) The Infection Prevention Committee shall consist of Appointees of the Medical Staff.

(b) The President of the Medical Staff shall appoint one (1) member of the Committee to serve as Chairperson of this committee.
ARTICLE IV - PART F: INFECTION PREVENTION COMMITTEE:
SECTION 2. DUTIES:

The Committee shall:

(a) approve the type and scope of surveillance activities;

(b) approve actions to prevent or control infection, based on an evaluation of the surveillance reports of infections and of the infection potential among patients and Hospital personnel;

(c) evaluate new equipment and procedures for cleaning, decontamination and sterilization;

(d) assist in follow-up of hospital personnel for carrier status and preventing transmission of communicable disease from patients to hospital personnel and from Hospital personnel to patients;

(e) approve orientation procedures for all new employees as to the importance of infection control, OSHA standards, and their responsibility to the program;

(f) review the Exposure control plan annually;

(g) maintain a record of activities and submit a summary of patterns of nonsocomial infections that occur at the hospital to the clinical departments and the Medical Executive Committee.

(h) review and approve, at least every three (3) years, all policies and procedures related to the infection surveillance, prevention, and control program and to infection surveillance, prevention, and control activities in all departments/services.

The Chairman of the Infection Prevention Committee, or his designee, shall have the authority to institute any surveillance, prevention, and control measures or studies when there is reasonably felt to be a danger to the patients, visitors, or personnel of the Hospital.

ARTICLE IV - PART F: INFECTION PREVENTION COMMITTEE:
SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

(a) The Infection Prevention Committee shall meet as often as necessary to fulfill its duties, but at least quarterly; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Medical Executive Committee and the President of the Hospital.

(b) The Infection Prevention Committee shall also report (with or without recommendation) to the Medical Executive Committee for its consideration and appropriate action any situation involving questions of clinical competency, patient care and treatment, professional ethics, infraction of Hospital or Medical Staff Bylaws, policies, or rules, or unacceptable conduct on the part of any individual appointed to the Medical Staff.

ARTICLE IV - PART G: MEDICAL EXECUTIVE COMMITTEE:
(a) The Medical Executive Committee shall consist of the officers of the Medical Staff, the immediate past President of the Medical Staff, the Department Chief of each clinical department, and four (4) at-large appointed positions.

(b) The President of the Medical Staff shall be chairperson of the Medical Executive Committee.

(c) The duties and meeting requirements of the Medical Executive Committee are set forth in Article V, Part D of the GENERAL PROVISIONS.

ARTICLE IV - PART H: NOMINATING COMMITTEE:
SECTION 1. COMPOSITION:

(a) The Nominating Committee shall consist of six (6) members of the Medical Executive Committee appointed by the President of the Medical Staff.

(b) The President of the Medical Staff shall appoint one (1) member of the Committee to serve as chairperson of this Committee.

ARTICLE IV - PART H: NOMINATING COMMITTEE:
SECTION 2. DUTIES:

At least two (2) months before the annual Medical Staff meeting, the President of the Medical Staff shall convene the Nominating Committee and the Committee shall prepare a slate of nominees for each office that is open in accordance with the Bylaws of the Medical and Dental Staff, Carolinas Medical Center-Lincoln, ARTICLE III - PART C; TERMS OF OFFICE, SECTION 1. ELECTION OF OFFICERS.

ARTICLE IV - PART H: NOMINATING COMMITTEE:
SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

The Nominating Committee shall meet as often as necessary to fulfill its duties, but at least annually; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Medical Executive Committee and the President of the Hospital.

ARTICLE IV - PART I: PHARMACY AND THERAPEUTICS COMMITTEE:
SECTION 1. COMPOSITION:

(a) The Pharmacy and Therapeutics Committee shall be multi-disciplinary, consisting of Appointees of the Medical Staff.

(b) The President of the Medical Staff shall appoint one (1) member of the Committee to serve as chairperson of this committee.
ARTICLE IV - PART I: PHARMACY AND THERAPEUTICS COMMITTEE:
SECTION 2. DUTIES:

The Committee shall:

(a) be responsible for the development and surveillance of the pharmacy and therapeutic policies and procedures and shall recommend new or changed policies to the Medical Executive Committee of the Medical Staff; and

(b) assist in the formulation of programs designed to meet the educational needs of the professional staff regarding the selection, distribution, and safe administration of drugs;

(c) recommend additions and deletions from the Hospital's formulary based upon patient efficacy, safety and cost effectiveness;

(d) review reported medication related incidents, including adverse drug reactions;

(e) review and advise on therapeutic nutritional matters, including diet and nourishment content, tube feedings and patient/family education as requested.

ARTICLE IV - PART I: PHARMACY AND THERAPEUTICS COMMITTEE:
SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

(a) The Pharmacy and Therapeutics Committee shall meet as often as necessary to fulfill its duties, but at least quarterly; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Medical Executive Committee.

(b) The Pharmacy and Therapeutics Committee shall also report (with or without recommendation) to the Medical Executive Committee for its consideration and appropriate action any situation involving questions of clinical competency, patient care and treatment, professional ethics, infraction of Hospital or Medical Staff Bylaws, policies, or rules, or unacceptable conduct on the part of any individual appointed to the Medical Staff.

ARTICLE IV - PART I: QUALITY ASSESSMENT AND IMPROVEMENT COMMITTEE:
SECTION 1. COMPOSITION:

(a) The Quality Assessment and Improvement Committee shall be multi-disciplinary consisting of the following:

(1) Medical Staff Appointees representing the various clinical specialties; and

(2) Chairman, or his designee, of the Pharmacy and Therapeutics, and Infection Control Committees.

(b) The President of the Medical Staff shall appoint one (1) member of the Committee to serve as chairperson of this Committee.
ARTICLE IV - PART I: QUALITY ASSESSMENT AND IMPROVEMENT COMMITTEE:
SECTION 2. DUTIES:

The Committee shall:

(a) oversee all quality assurance systems, evaluate and review such systems with respect to comprehensiveness, consistent operation, timeliness and function in accordance with defined procedures for all cases meeting the Hospital definition of reviewable circumstances;

(b) review and evaluate the quality and appropriateness of all care rendered;

(c) review and evaluate all quality assurance initiatives for planning and utilization, objective, written criteria and conclusions reached through the process are supported by a rationale that specifically addresses the issues for which the Peer Review Activity was conducted, including, as appropriate, reference to the professional literature and relevant clinical practice guidelines;

(d) review and evaluate all quality assurance programs at regular intervals; and

(e) provide to the Practitioner whose performance is being reviewed an opportunity for participation in the Peer Review Activity;

(f) review and evaluate actions taken on quality assurance findings, the documentation of findings and conclusions and the effectiveness of remedial action. The results of Peer Review Activities will be considered in (i) Practitioner-specific credentialing, reappointment and privileging decisions at the Hospital and at all other CHS Hospitals as contemplated by the CREDENTIALS POLICY and by the reporting and sharing of such results through the Medical Executive Committee, and (ii) as appropriate, in the Hospital’s performance improvement activities;

(g) track Peer Review Actions over time, and monitor for effectiveness.

ARTICLE IV - PART I: QUALITY ASSESSMENT AND IMPROVEMENT COMMITTEE:
SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

(a) The Quality Assessment and Improvement Committee shall meet as often as necessary to fulfill its duties, but at least quarterly; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Medical Executive Committee and the President of the Hospital.

(b) The Quality Assessment and Improvement Committee shall also report (with or without recommendation) to the Medical Executive Committee for its consideration and appropriate action any situation involving questions of clinical competency, patient care and treatment, professional ethics, infraction of Hospital or Medical Staff Bylaws, policies, or rules, or unacceptable conduct on the part of any individual appointed to the Medical Staff.
ARTICLE IV - PART J: QUALITY COORDINATING COUNCIL:
SECTION 1. COMPOSITION:

(a) The Council shall consist of Appointees of the Medical Staff.

(b) The President of the Medical Staff shall appoint one (1) member of the Council to serve as Chairperson of this Council.

ARTICLE IV - PART J: QUALITY COORDINATING COUNCIL:
SECTION 2. DUTIES:

The Council shall:

(a) Review and evaluate data for the purpose of improving organizational performance, patient safety and the provision of care at regular intervals; and

(b) Monitor and oversee accreditation readiness, customer satisfaction and staff effectiveness.

ARTICLE IV - PART J: QUALITY COORDINATING COUNCIL:
SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

(a) The Quality Coordinating Council shall meet as often as necessary to fulfill its duties, but at least quarterly; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Medical Executive Committee and the President of the Hospital.

(b) The Quality Coordinating Council shall also report (with or without recommendation) to the Medical Executive Committee for its consideration and appropriate action health outcomes, medical error reduction, quality indicators, patient safety, prioritization, improvement, performance improvement projects.

ARTICLE IV - PART K: UTILIZATION REVIEW COMMITTEE:
SECTION 1. COMPOSITION:

(a) The Committee shall consist of Appointees of the Medical Staff.

(b) The President of the Medical Staff shall appoint one (1) member of the Committee to serve as Chairperson of this committee.

ARTICLE IV - PART K: UTILIZATION REVIEW COMMITTEE:
SECTION 2. DUTIES:

The Committee shall:

(a) Establish and implement a utilization management plan, appropriate to the hospital and within the requirements of the law to include provision for (1) reviewing admissions and hospital stays, (2) discharge planning, (3) data collection, (4) communication of over/under utilization and resource consumption, (5) direct focused studies to evaluate utilization issues, (6) take action to facilitate the quality and efficiency of patient care, and (7) make recommendations as necessary to modify the utilization review plan.
(b) Supervise the maintenance of Medical Records at the required standard of The Joint Commission and all other state and/or federal regulatory bodies as applicable.

(c) Submit quarterly reports to the clinical departments and the Medical Executive Committee.

**ARTICLE IV - PART K: UTILIZATION REVIEW COMMITTEE:**

**SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:**

(a) The Utilization Review Committee shall meet as often as necessary to fulfill its duties, but at least quarterly; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Medical Executive Committee and the President of the Hospital.

(b) The Utilization Review Committee shall also report (with or without recommendation) to the Medical Executive Committee for its consideration and appropriate action any situation involving questions of clinical competency, patient care and treatment, professional ethics, infraction of Hospital or Medical Staff Bylaws, policies, or rules, or unacceptable conduct on the part of any individual appointed to the Medical Staff.

**ARTICLE V - OTHER COMMITTEES:**

Refer to ARTICLE V - PART D: CREATION OF STANDING COMMITTEES and ARTICLE V - PART E: SPECIAL COMMITTEES in the GENERAL PROVISIONS SECTION of the Bylaws of the Medical and Dental Staff of Carolinas Medical Center-Lincoln.

**ARTICLE VI - OTHER PARTICIPANTS IN COMMITTEE MEETINGS**

Other individuals, such as Hospital employees, administrative staff, members of the community, etc., may also be appointed as committee members. These members shall serve without vote, except those members who are appointed in accordance with State or federal regulations, or unless specific voting privileges are delineated in the ORGANIZATIONAL MANUAL.

When necessary, or when in the best interest of the committee, other individuals may be invited by the chairman of the committee to attend and participate in the committee meeting as an invitee. Invitees shall not be eligible to vote.