



*San Luis Valley*  
**HEALTH**  
**CONEJOS**  
**COUNTY**  
**HOSPITAL**

SAN LUIS VALLEY HEALTH  
CONEJOS COUNTY HOSPITAL  
LA JARA, COLORADO

MEDICAL STAFF BYLAWS  
RULES AND REGULATIONS  
POLICIES AND PROCEDURES

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## DEFINITIONS

1. ADMINISTRATION means the Administrator of the Hospital or his/her designee.
2. ADVANCED PRACTICE NURSE OR APN means an individual who is licensed as a nurse and granted authority as an advanced practice nurse in the State of Colorado, including a certified nurse anesthetist, clinical nurse specialist, nurse practitioner, and certified nurse midwife.
3. ALLIED HEALTH PROFESSIONAL or AHP means an individual, other than a licensed Physician, dentist, podiatrist, APN or PA who exercises independent judgment within the areas of his professional competence and licensure, and who is qualified, as determined in the sole discretion of the Hospital, to render direct or indirect medical, dental, podiatric or surgical care. Such care is under the supervision of a Practitioner, APN or PA who has been accorded privileges to provide such care in the Hospital, and if the AHP is granted admitting privileges, the patient is subject to monitoring by a Physician in accordance with applicable federal and State regulations and Hospital rules. AHPs are “associate” members of the Hospital’s Medical Staff and are not entitled to the same rights, privileges and prerogatives of Medical Staff members. Such AHPs shall include, without limitation, chiropractors, optometrists, Licensed Clinical Social Workers, Licensed Social Workers, Licensed Professional Counselors, clinical psychologists, clinical pharmacologists, Licensed Marriage, Child, and Family Therapists, surgical assistants or technicians, doctoral scientists (Ph.D.) including microbiologists, physiologists, and physicists, and approved alternative medicine practitioners, and physical therapists. The Board in its sole discretion may amend categories of persons eligible to apply for AHP status and specified services.
4. AS SOON AS PRACTICABLE means within a reasonable period of time depending upon the circumstances involved, as determined by the Hospital in its sole discretion.
5. BOARD OF TRUSTEES OR BOARD means the decision making body of the Hospital.
6. CLINICAL PRIVILEGES OR PRIVILEGES means the permission granted to a Practitioner, AHP, APN, or PA to render specific diagnostic, therapeutic, medical, dental, podiatric, nursing, or surgical services at the Hospital.
7. DEPENDENT ALLIED HEALTH PRACTITIONER means an Allied Health Practitioner who is qualified by academic and clinical training and permitted by State law and the Hospital to participate in the care of patients only under the supervision of a Medical Staff member who has been accorded specified Clinical Privileges to provide such care in the Hospital. The following categories of Allied Health Practitioners are approved by the Board to be eligible to apply for Dependent AHP status: clinical pharmacologists, Licensed Marriage, Child, and Family Therapists, surgical assistants or technicians, doctoral scientists (Ph.D.) including microbiologists, physiologists, and physicists, and approved alternative medicine practitioners, and physical therapists.
8. EX-OFFICIO means service as a member of a body by virtue of an office or position held and, unless otherwise expressly provided, means with voting rights.

9. HOSPITAL means San Luis Valley Health Conejos County Hospital of La Jara, Colorado. The Hospital acts through the Board and its designees.
10. INDEPENDENT ALLIED HEALTH PRACTITIONER means an Allied Health Practitioner who is qualified by academic and clinical training and permitted by the State and Hospital to render health services without the direct supervision of a physician, within the scope of the AHP's State license and in accordance with individually granted Clinical Privileges. The following categories of Allied Health Practitioners are approved by the Board to be eligible to apply for Independent AHP status and specified privileges: chiropractors, optometrists, Licensed Clinical Social Workers, Licensed Social Workers, Licensed Professional Counselors, and clinical psychologists.
11. INPATIENT ADMISSIONS means the admission of a patient to the hospital for purposes of receiving inpatient hospital services. The patient must formally be admitted as an inpatient. This does not include swing-bed admissions.
12. INPATIENT CONTACTS means (i) the admission and/or primary responsibility for a Hospital inpatient, or (ii) the performance of a diagnostic service or performance of a clinical procedure for a Hospital inpatient. Formal consultation, by a consulting Practitioner shall not constitute an Inpatient Contact for the purpose of determining qualifications for appointment to a certain Staff category.
13. MEDICAL EXECUTIVE COMMITTEE or MEC means the committee composed of the Hospital's Administrator, the Medical Staff officers, the Director of Nursing and other appointees from the Active Medical Staff including at least one APN or other areas as needed and appropriate to maintain at least a five person MEC, provided however the majority of voting members of the MEC will be Physicians and at least one voting member will be an APN.
14. MEDICAL STAFF or STAFF means the licensed physicians, dentists, podiatrists, APNs and PAs who are appointed to the Hospital's Medical Staff and/or granted privileges to attend Patients in the Hospital.
15. MEDICAL STAFF DOCUMENTS means these Medical Staff Bylaws, Rules and Regulations, Policies and Procedures and all other policies, guidelines, rules and regulations of the Medical Staff, as adopted and amended from time to time.
16. OUTPATIENT CONTACT means ordering an outpatient diagnostic service or an outpatient therapeutic service for a registered patient of the Hospital's outpatient department.
17. PATIENT means inpatients or outpatients of the Hospital.
18. PHYSICIAN means an individual with an M.D. or D.O. degree who is fully licensed to practice medicine in all its phases.
19. PHYSICIAN ASSISTANT OR PA means an individual who is licensed as a physician assistant in the State of Colorado.

20. PRACTITIONER means, unless otherwise expressly limited, any physician, dentist, or podiatrist applying for or exercising clinical privileges in the Hospital.
21. PREROGATIVE means a participatory right granted, by virtue of Staff category or otherwise, to a Staff member and exercisable subject to the conditions imposed in the Medical Staff Documents and in other bylaws, policies, procedures, rules, regulations, guidelines and requirements of the Hospital and its Medical Staff.
22. PRESIDENT means the President of the Hospital's Medical Staff, his designee or other person acting for the President as provided under these Bylaws.
23. SPECIAL NOTICE means notification hand delivered or sent by certified or registered mail, return receipt requested.
24. WORKING DAYS means any day except a Saturday, Sunday or holiday recognized by San Luis Valley Health Conejos County Hospital, from 8:00 a.m. to 5:00 p.m. or defined by the specific department.

The captions or headings in these Bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision of these Bylaws.

**ARTICLE 1**  
**PURPOSE AND USE OF MEDICAL STAFF BYLAWS**

1.1 PURPOSE

These Medical Staff Bylaws are intended to establish guidelines for the conduct of and processes relating to Practitioners, APNs and PAs who have applied for or been granted Medical Staff membership and/or clinical privileges by the Board. Nothing in these Bylaws is intended or shall be deemed to exercise control, supervision or direction over the provision of medical services in the Hospital by individuals who have been granted Medical Staff membership and/or clinical privileges by the Board. These Medical Staff Bylaws are intended to establish guidelines for evaluation of Practitioners, APNs and PAs applying for appointment or reappointment to the Hospital's Medical Staff and/or clinical privileges, utilization review and quality assessment activities, corrective action, hearing and appellate review processes, accountability to and communication with the Hospital's Board.

1.2 ADDITIONAL MEDICAL STAFF DOCUMENTS

These Medical Staff Bylaws are intended to inform members of the Hospital's Medical Staff and AHPs of the policies, procedures, rules, regulations, guidelines, and requirements which apply to them. There may be additional bylaws, policies, procedures, rules, regulations, guidelines and requirements which apply to such Medical Staff members and it is each Medical Staff member's sole responsibility to obtain, read, understand and abide by all bylaws, policies, procedures, rules, regulations, guidelines and requirements of the Hospital and its Medical Staff.

1.3 USE

The Medical Staff Documents and other policies are unilateral expressions of the current requirements of the Hospital relating to applicants and members of the Medical Staff and Practitioners, APNs and PAs with clinical privileges, and are subject to change at any time. They do not constitute a contract of any kind; provided that Practitioners, APNs, PAs and AHPs who apply for or are granted Medical Staff membership, Allied Health status, clinical privileges and/or scope of practice are bound by the releases of liability described in the Medical Staff Documents. The Medical Staff Documents and other policies shall be interpreted, applied and enforced within the sole discretion of the Hospital or those individuals delegated responsibility for interpretation, application or enforcement.

**ARTICLE 2**  
**RESPONSIBILITIES**

2.1 RESPONSIBILITIES OF THE MEDICAL STAFF

The responsibilities of the Medical Staff include:



- (a) Reporting to the Board the quality and efficiency of Patient care provided by all Practitioners, APNs and PAs authorized to practice in the Hospital through the following measures:
  - (1) to review and to evaluate the quality of Patient care through a total quality management program;
  - (2) to provide structure and support operational processes that allow ongoing monitoring of Patient care practices;
  - (3) to provide a credentials program, including processes for appointment and reappointment, selection/identification of clinical privileges consistent with the Hospital's scope of practice and the provider's scope of practice as verified by his/her credentials and verification of competence through demonstrated performance of the applicant or Staff member;
  - (4) to provide a peer review program to evaluate individual Practitioners, APNs, and PAs;
  - (5) to provide a continuing education program targeting provider and ancillary staff needs demonstrated through quality review, risk management and evaluation programs; and
  - (6) to provide a utilization review program for the allocation of resources to the Hospital, to its affiliated services and to its Medical Staff.
- (b) Making recommendations to the Board with respect to appointment, reappointment, Staff category and designated clinical privileges for applicants requesting membership to the Hospital's Medical Staff;
- (c) Initiating, investigating, reporting and/or recommending corrective action(s) with respect to members of the Hospital's Medical Staff not in compliance with the Hospital or Medical Staff Bylaws, policies, procedures, rules, regulations, and guidelines;
- (d) Developing, administering, recommending amendments to and enforcing these Bylaws and all other applicable bylaws, policies, procedures, rules, regulations, guidelines and requirements of the Hospital and/or its Medical Staff;
- (e) Assisting in identifying community health needs in setting appropriate institutional goals and in implementing programs to meet those needs; and
- (f) Exercising the authority delegated by the Board under these Bylaws as necessary to adequately fulfill the foregoing responsibilities.

**ARTICLE 3**  
**MEDICAL STAFF MEMBERSHIP AND/OR CLINICAL PRIVILEGES**

**3.1 NATURE OF MEDICAL STAFF MEMBERSHIP**

Membership to the Medical Staff, clinical privileges or temporary privileges shall be extended only to professionally competent Practitioners, APNs, and PAs who continuously meet the needs of the Hospital and the qualifications and requirements set forth by these Bylaws and all other bylaws, policies, procedures, rules, regulations, guidelines and requirements of the Hospital and its Medical Staff Appointment to the Staff shall confer on the appointee only such clinical privileges and prerogatives as have been granted by the Board in accordance with these Bylaws. No Practitioner, APN, or PA shall admit or provide services to Patients in the Hospital unless he/she is a member of the Staff.

**3.2 BASIC QUALIFICATIONS FOR MEMBERSHIP**

**3.2.1 BASIC QUALIFICATIONS**

Only Practitioners, APNs, and PAs licensed to practice in the State of Colorado who continuously meet, to the satisfaction of the Medical Staff and the Board, the qualifications established by the Medical Staff Documents, including the basic qualifications set forth in this Section, may be Medical Staff members. Failure to meet the basic qualifications in Section 3.2.1(a) and (d) shall be grounds for rejection of the application or immediate administrative suspension, and the Practitioner, APN, or PA shall have no rights to a hearing or appeal for an administrative suspension. Practitioners, APNs, or PAs who seek or are granted Medical Staff appointment must:

- (a) document their current licensure in the State of Colorado in their respective discipline;
- (b) document their experience, background, training, demonstrated ability, physical health status, and, upon request of the MEC or the Board, mental health status with sufficient adequacy as determined in the sole discretion of the Hospital, to demonstrate to the Hospital's Medical Staff and the Board that he/she is competent and has judgment such that any Patient treated by them will receive care at the generally recognized professional level of quality and efficiency and that they are qualified to provide a needed service within the Hospital;
- (c) be determined, on the basis of documented references, to adhere strictly to the ethics of their respective professions, to work cooperatively with others, and to be willing to participate in the discharge of Staff responsibilities;
- (d) produce evidence of financial responsibility for professional liability in accordance with Article 14, Section 14.6 of these Bylaws;

- (e) provide services at the Hospital that are determined to be appropriate and to meet the needs and objectives of the Hospital in providing patient care services to the patients in its service area; and
- (f) in addition to the above-stated basic qualifications for membership on the Medical Staff, meet other qualifications and requirements established by the Medical Staff and the Board.

### 3.2.2 EFFECT OF OTHER AFFILIATIONS

No Practitioner, APN, or PA shall be automatically entitled to membership on the Medical Staff or to the exercise of particular clinical privileges merely because he/she is licensed to practice in this or any other state, a member of any professional organization, certified by any clinical board, or because he/she had, or presently has, Medical Staff membership or privileges at the Hospital, at another health care facility, or in another practice setting.

### 3.2.3 NON-DISCRIMINATION

No aspect of Medical Staff membership or particular clinical privileges shall be denied on the basis of sex, race, creed, age, and/or national origin.

## 3.3 BASIC RESPONSIBILITIES OF INDIVIDUAL STAFF MEMBERSHIP

Each member of the Hospital's Medical Staff shall:

- (a) provide his/her patients with care at the generally recognized professional level of quality and efficiency;
- (b) abide by the Medical Staff Documents and all other bylaws, policies, procedures, rules, regulations, guidelines, and requirements of the Hospital and its Medical Staff;
- (c) discharge such Medical Staff and Hospital functions for which he/she is responsible by appointment, election, or otherwise;
- (d) prepare and complete in a timely fashion, as determined by the Hospital, the medical and other required records for all Patients he/she admits or in any way provides care to in the Hospital;
- (e) abide by the ethical principles of his/her profession;
- (f) maintain current evidence of financial responsibility for professional liability in accordance with Article 14, Section 14.6 of these Bylaws;
- (g) participate in the periodic review of patient records to confirm adherence to Medical Staff Documents and facility policies, the quality and appropriateness of care and other services, and the provision of the appropriate level of care to patients by all staff, including Physicians, APNs, and PAs, through the quality assurance and peer review processes, as requested,

- (h) for Physician members, periodically review and countersign medical records of inpatients cared for by APNs and PAs in accordance with timeframe and other requirements of the Medical Staff Documents and as requested from time to time;
- (f) practice consistent with the representations made in his/her Intended Practice Plan and the current needs of the Hospital; and
- (g) for APNs and PAs only, have a designated supervising Physician who is a member of the Medical Staff at all times.

### 3.4 DURATION OF APPOINTMENT

#### 3.4.1 DURATION OF INITIAL APPOINTMENTS AND MODIFICATIONS

All initial appointments shall be for a provisional period of up to twelve (12) months and may be extended for an additional period of not more than one (1) year; provided however, the applicant will not be subject to an initial provisional appointment if he/she is a current member of the medical staff at San Luis Valley Regional Medical Center (“SLVRMC”) and has successfully completed a provisional period at SLVRMC. The initial appointment for any applicant who is a current member of the medical staff at SLVRMC will be for the balance of the applicant’s then-current appointment or reappointment at SLVRMC or twenty-four (24) months, whichever is less.

#### 3.4.2 REAPPOINTMENTS

Reappointments to any category of the Medical Staff shall be for a period of not more than two (2) years; provided however, if the applicant is a current member of the medical staff at SLVRMC, the period of reappointment will be for the balance of the applicant’s then-current appointment or reappointment period at SLVRMC or twenty-four (24) months, which ever is less.

### 3.5 OBSERVATION REQUIREMENT

#### 3.5.1 INITIAL APPOINTMENTS

Except as otherwise determined by the Board, all initial appointments to any category of the Medical Staff and/or clinical privileges shall be subject to a period of observation by other members of the Medical Staff.

## **ARTICLE 4** **CATEGORIES OF THE MEDICAL STAFF**

### 4.1 CATEGORIES

The Staff shall include Active Staff and Active-Outpatient Staff (collectively the “Active Medical Staff”), Courtesy, and Consulting.

## 4.2 ACTIVE STAFF

### 4.2.1 QUALIFICATIONS

The Active Staff shall consist of Practitioners, APNs, and PAs each of whom:

- (a) meets the basic qualifications set forth in Article 3, Section 3.2.1 of these Bylaws;
- (b) intends to use the Hospital as their primary hospital;
- (c) has 10 or more Inpatient Admissions per year to the Hospital, with the exception of emergency physicians, radiologists and PAs; APNs, who do not have privileges to admit patients, must perform professional services for 10 or more patients at the Hospital per year, and
- (d) with the exception of radiologists and pathologists, participates in the Attending call schedule.

### 4.2.2 PREROGATIVES

The prerogatives of Active Staff Members shall be able to:

- (a) vote, hold office (Physicians only, not PAs or APNs), and serve on committees to which they are appointed, elected or requested to serve, provided that licensed physicians who are actively engaged in the practice of medicine in the state of Colorado constitute a majority of the voting members of any professional review committee established for physicians, PAs, and APNs;
- (b) exercise clinical privileges as granted by the Board; and
- (c) attend Medical Staff meetings.

### 4.2.3 RESPONSIBILITIES

Each member of the Active Staff shall:

- (a) discharge the basic responsibilities set forth in Article 3, Section 3.3 of these Bylaws;
- (b) perform such other responsibilities as the Hospital or its Medical Staff may request; and
- (c) attend at least fifty percent (50)% of the Medical Staff meetings in each calendar year.

### 4.3 ACTIVE-OUTPATIENT CATEGORY

#### 4.3-1 PURPOSE:

The Active-Outpatient Category is intended for those Practitioners, APNs, and PAs who have office-based practices in the San Luis Valley and regularly order diagnostic or therapeutic outpatient services at the Hospital, as demonstrated by sufficient Outpatient Contacts for Active-Outpatient Medical Staff appointment, as defined below. The Active-Outpatient Category appointees do not admit inpatients to the Hospital, perform diagnostic services or clinical procedures for inpatients, or provide consultations for inpatients. Active-Outpatient Category appointees actively participate in the affairs of the Medical Staff.

#### 4.3-2 QUALIFICATIONS: Appointees to this category must:

- (a) have a minimum of fifty (50) Outpatient Contacts for each Medical Staff Year;
- (b) have a primary residence or primary medical practice located in the San Luis Valley;
- (c) attend no fewer than 50% of all regular and special meetings of the Medical Staff during each reappointment cycle; and
- (d) meet the qualifications of Section 3.2.1 of the Bylaws and such other qualifications and requirements as are outlined in the Medical Staff Documents, and other policies or requirements of the Hospital and its Medical Staff and/or approved by the Board from time to time, except any qualification waived by the Board in accordance with Section 4.8 below.

#### 4.3-3 PREROGATIVES: Appointees to this category:

- (a) may order outpatient Hospital services for patients without limitation, consistent with their privileges, except as otherwise provided in the Medical Staff Documents;
- (b) vote, hold office (Physicians only, not PAs or APNs), and serve on committees to which they are appointed, elected or requested to serve, provided that licensed physicians who are actively engaged in the practice of medicine in the state of Colorado constitute a majority of the voting members of any professional review committee established for physicians, PAs, and APNs;
- (c) cannot admit or attend patients in the Hospital, but may provide formal consultations for Inpatients at the request of an Active or Courtesy members;
- (d) may exercise such Clinical Privileges as are granted to him or her in the Hospital outpatient department; and

- (e) may attend Hospital educational programs.

4.3-4 RESPONSIBILITIES: Appointees to this category must:

- (a) discharge the basic responsibilities of Staff appointment outlined in Section 3.2, and such other responsibilities as the Medical Staff or Hospital may require;
- (b) contribute to the organizational and administrative affairs of the Medical Staff; and
- (c) actively participate in recognized Outpatient functions of Medical Staff appointment, including quality improvement, utilization review and other monitoring activities, in monitoring initial appointees during their provisional period, and in discharging other Staff functions as may be required from time to time.

In the event an appointee to the Active-Outpatient category does not meet the qualifications for appointment to the Active-Outpatient category and the appointee is otherwise abiding by all bylaws, policies, procedures, rules, regulations, manuals, guidelines and requirements of the Hospital and the Medical Staff Documents, when the appointee's Medical Staff appointment expires, the appointee will be reappointed to the Consulting category if he/she meets the requirements for the Consulting category.

4.4 COURTESY STAFF

4.4.1 QUALIFICATIONS

Appointment to the Courtesy Staff shall be accorded to Staff members who do not intend to utilize the Hospital as their primary hospital.

The Courtesy Staff shall consist of Practitioners, APNs, and PAs, each of whom:

- (a) meets the basic qualifications set forth in Article 3, Section 3.2.1 of these Bylaws;

4.4.2 PREROGATIVES

Courtesy Staff members shall have no voting privileges, and cannot hold office unless otherwise specifically designated by the Medical Staff

Each Courtesy Staff member shall:

- (a) admit no more than three (3) patients per month to the Medical/Surgical Floor, if the individual is granted admitting privileges;
- (b) exercise such clinical privileges as are granted to him/her pursuant to Article 7 of these Bylaws;

- (c) serve with vote on committees for which he/she is eligible, if appointed by the President

#### 4.4.3 RESPONSIBILITIES

- (a) Each member of the Courtesy Staff shall be required to discharge the basic responsibilities specified in Article 3, Section 3.3 of these Bylaws and such other responsibilities as the Hospital or its Medical Staff may request.
- (b) At time of serious or critical bed category or of a shortage of Hospital beds or other facilities, as determined by Administration in consultation with the President, any nonscheduled elective Patient admissions of Courtesy Staff members shall be subordinate to those of Active Staff members.

### 4.5 CONSULTING STAFF

#### 4.5.1 QUALIFICATIONS

The Consulting Staff shall consist of Practitioners, APNs, and PAs, each of whom meet the basic qualifications set forth in Article 3, Section 3.2.1 of these Bylaws.

#### 4.5.2 PREROGATIVES

- (a) The prerogatives of the Consulting Staff shall be to:
  - (1) admit Patients only upon request of a Physician member of the Medical Staff, and for APNs on the Consulting Staff, subject to applicable supervision and monitoring requirements; and
  - (2) provide consultations upon the request of the admitting Practitioner or APN, and
  - (3) perform surgical, obstetrical, medical and dental procedures in accordance with clinical privileges granted them by the Board.
- (b) Members of the Consulting Staff shall have no other Medical Staff appointment at the Hospital, shall have no voting prerogatives, cannot hold office and shall not be appointed to serve on any committees unless specifically authorized by the President.
- (c) Attendance at Medical Staff and department meetings is welcomed and encouraged but not required.

#### 4.5.3 RESPONSIBILITIES

Each member of the Consulting Staff attending Patients in the Hospital is required to discharge the basic responsibilities stated in Article 3, Section 3.3 of these Bylaws and other requirements of the Medical Staff Documents.



#### 4.6 **HONORARY CATEGORY**

4.6.1 **QUALIFICATIONS:** Honorary category is restricted to those Practitioners who, upon retirement from practice, the Staff wishes to honor.

4.6.2 **PEROGATIVES:** Honorary appointees are not eligible to admit patients to the Hospital or to exercise Clinical Privileges in the Hospital. They may attend general Medical Staff and Committee meetings, but cannot vote, hold office, or participate on Committees.

#### 4.7 **LIMITATION OF PREROGATIVES**

The prerogatives set forth under each Medical Staff category are general in nature and may be subject to limitation by special conditions attached to a Practitioner's, APN's and PA's Staff membership and/or clinical privileges or by the Medical Staff documents and other policies, rules, regulations and requirements of the Hospital and its Medical Staff.

#### 4.8 **SPECIAL RULES FOR ADVANCED PRACTICE NURSES AND PHYSICIAN ASSISTANTS**

The care provided by APNs and PAs is subject to supervision and monitoring by Physicians who have been granted privileges to provide such care in accordance with federal and State law, the Medical Staff Documents, and Hospital policies.

PAs are not granted admitting privileges. PAs are supervised by the Physician(s) designated as the PA's supervising Physician(s) in accordance with Colorado Medical Board requirements. PAs are monitored in accordance with applicable federal and State law and the Medical Staff Documents by the Medical Staff President or his/her Physician designee.

APNs are not granted admitting privileges. The APNs must abide by all federal and State regulations, Medical Staff Documents and Hospital policies governing their scope of practice.

The Medical Staff President or his/her Physician designee must: 1) periodically review and sign the records of all inpatients cared for by APNs and PAs; 2) periodically, but not less than every 2 weeks (more frequently if required by Colorado law), review and sign a sample of outpatient records of patients cared for by APNs and PAs; and 3) be present for sufficient periods of time, at least once in every 2 week period, to provide the medical direction, medical care services, consultation, and supervision and be available through direct radio or telephone communication for consultation, assistance with medical emergencies, or patient referral.

APNs and PAs will participate in the review of their patients' medical records with the Medical Staff President or his/her Physician designee.

#### 4.9 WAIVER OF QUALIFICATIONS

Any qualification may be waived in the discretion of the Board upon written request from an applicant or Medical Staff member with good cause shown, as determined by the Hospital in its sole discretion. A denial of a request for waiver of a qualification does not entitle the affected applicant or Medical Staff member to any procedural rights or processes stated in these Bylaws.

#### 4.9 **TELEMEDICINE CLINICAL PRIVILEGES**

##### 4.9-1 **PURPOSE:**

Telemedicine Clinical Privileges are intended for those Practitioners whose services from a distant site are required to meet patient care needs. The Hospital may enter into agreements with Practitioners, hospitals and other health care entities to provide remote clinical services (including, but not limited to telemedicine professional imaging diagnostic services and telemedicine consultation services) using telemedicine technology. Telemedicine Clinical Privileges shall be granted at the sole discretion of the Board, upon consideration of the recommendation of the MEC. Telemedicine Practitioners must be granted Telemedicine Clinical Privileges, but are not eligible for Medical Staff membership.

##### 4.9-2 **QUALIFICATIONS:** To qualify for Telemedicine Clinical Privileges, applicants must:

1. meet the same qualifications set forth in Section 3.2 of the Bylaws for Medical Staff membership and such other qualifications and requirements as are outlined in the Medical Staff Documents or other bylaws, policies, procedures, rules, regulations, manuals, guidelines or requirements of the Hospital and/or approved by the Board from time to time;
2. have an agreement with the Hospital or be employed by or contracted with a hospital or health care entity that has an agreement with the Hospital to perform professional Telemedicine services for patients at the Hospital; and
3. be in a specialty where telemedicine services are required for patient care at the Hospital.

##### 4.9-3 **PREROGATIVES:**

Practitioners granted Telemedicine Clinical Privileges may exercise only those Telemedicine Clinical Privileges granted by the Board of Directors, upon recommendation of the MEC. Practitioners granted Telemedicine Clinical Privileges are not Medical Staff members, and therefore, have none of the prerogatives of Medical Staff membership. They may attend regular Medical Staff meetings, special meetings of the Medical Staff and Committee meetings as requested by the Medical Staff President or his/her designee from time to time, without a vote. They may also attend Hospital educational programs.

4.9-4

**RESPONSIBILITIES:** Practitioners granted Telemedicine Clinical Privileges must:

1. discharge the same basic responsibilities of Staff appointment, as applicable, outlined in Section 3.3, and such other responsibilities as the Medical Staff or Hospital may request;
2. participate in any specific quality improvement, utilization review, peer review, and other Medical Staff functions, as requested by the Medical Staff President or his/her designee from time to time; and
3. participate in Telemedicine call panels if requested by the MEC or the Board to ensure adequate coverage, if applicable to specialty.

4.9-5

**TELEMEDICINE CLINICAL PRIVILEGES:**

1. Specific Telemedicine Clinical Privileges for the diagnosis and treatment of patients at the Hospital by use of telemedicine systems must be developed and delineated based upon commonly accepted quality standards.
2. If the Hospital's agreement for Telemedicine services is with an individual Practitioner, the Practitioner must be granted Telemedicine Clinical Privileges in the manner provided for in these Bylaws and the Medical Staff Documents for on-site Medical Staff Members.
3. If the Hospital's agreement for Telemedicine services is with a distant Medicare participating hospital, the Hospital may accept the credentialing and privileging performed by the distant Medicare participating hospital as its own, provided that there is a written agreement between the Hospital and the distant Medicare participating hospital, the distant hospital provides a copy of the Clinical Privileges held by each applicable Practitioner, and the Hospital shares with the distant hospital its performance review data of the Practitioner.
4. If the Hospital's agreement for telemedicine services is with a distant telemedicine entity that is not a Medicare participating hospital, the Hospital may accept the credentialing and privileging performed by the distant telemedicine entity if there is a written agreement specifying that the distant telemedicine entity will credential and privilege the Practitioner and furnish services according to, and in accordance with, all applicable Centers for Medicare and Medicaid Services ("CMS") conditions of participation applicable to the Hospital, the telemedicine entity ensures that the Practitioners will provide the remote services consistent with their education, training, and competence, and the

Hospital shares its performance review data of the relevant Practitioners with the distant telemedicine entity.

5. Temporary Privileges (granted in accordance with Section 7.6) may be used if the Hospital has a pressing clinical need that can be met by a Practitioner providing services via a telemedicine link.

## **ARTICLE 5**

### **ALLIED HEALTH PROFESSIONALS**

AHPs shall include those categories of health care providers recommended by the Credentialing Committee, and Medical Staff, and approved by the Board as providing a desired and appropriate service in the Hospital. Certain categories of AHPs may be granted privileges to provide specified services independently in the Hospital; and must be under the supervision of the attending Practitioner.

AHPs must abide by all federal and State regulations, Medical Staff Documents and Hospital policies governing their scope of practice. The Medical Staff President or his/her Physician designee must: 1) periodically review and sign the records of all inpatients cared for by AHPs; 2) periodically, but not less than every 2 weeks, review and sign a sample of outpatient records of patients cared for by AHPs; and 3) be present for sufficient periods of time, at least once in every 2 week period, to provide the medical direction, medical care services, consultation, and supervision and be available through direct radio or telephone communication for consultation, assistance with medical emergencies, or patient referral.

AHP's are considered associate members and not appointees of the Hospital's Medical Staff and are not entitled to the same rights, privileges and prerogatives of Medical Staff appointees. Requests to perform specified patient care services from AHPs are processed in the manner outlined in the AHP Rules and Regulations. AHPs may, subject to any licensure/certification requirements or other limitations, participate directly in the medical management of patients under the supervision or oversight of a Practitioner who has been accorded privileges to provide such care. AHPs are subject to all Medical Staff Documents and other policies, rules, regulations, procedures, guidelines and requirements of the Hospital and its Medical Staff that the Hospital deems applicable to Allied Health Professionals.

**ARTICLE 6**  
**PROCEDURES FOR APPOINTMENT AND REAPPOINTMENT**

**6.1 PREAPPLICATION PROCEDURE**

(a) All requests for applications for appointment to the Medical Staff will be forwarded to the Administrator. Upon receipt of a request for an application, the Administrator will provide the potential applicant with an application request form. The potential applicant must:

- (1) Have completed an approved residency program or other acceptable training or educational program, as applicable;
- (2) Be currently licensed to practice medicine, dentistry, podiatry, nursing (with authority as an advanced practice nurse) or as a physician assistant, as applicable, in the State of Colorado, have an application for licensure pending or demonstrate that he is exempt from Colorado licensure requirements, but Medical Staff appointment is contingent upon obtaining and maintaining licensure or an exemption thereto in Colorado;
- (3) Maintain or intend to purchase professional liability insurance in amounts required by the Hospital or state or federal law, whichever is highest (unless exempt, Staff appointment is contingent upon obtaining and maintaining the required amount of professional liability insurance.); Physicians employed by the Corporation will be included in the existing malpractice plan.
- (4) Demonstrate, by submission of an Intended Practice Plan, that they will provide services at the Hospital which are determined to be appropriate and to meet the needs and objectives of the Hospital in providing patient care services to the patients in its service area;
- (5) Represent that he or she is not now and never has been the subject of any actual or proposed exclusion from participation in any government sponsored health care program; and,
- (6) Provide such other information and demonstrate such other qualifications as the Hospital or its Medical Staff may request.

(b) Upon receipt of a completed application request form, the Administrator will verify its contents and will, if the requirements of Sections 2.1 and 3.2.1 are met, provide a response to the requesting practitioner that may or may not include an application. Such response shall be provided after verification and review of the pre-application is complete. In the event the requirements are not met, the potential applicant will be notified.

(c) A determination not to extend an invitation for appointment, reappointment, or modification of appointment shall not constitute an adverse action and shall not entitle the

potential applicant who is the subject of that determination to any hearing, appellate review, or other rights under these bylaws. The decision not to extend such an invitation shall not be a matter of peer review, but rather shall be a business, administrative decision, which shall not be reportable to the National Practitioner Data Bank or any licensing agency.

#### 6.1.1 APPLICATION FOR INITIAL APPOINTMENT

The Medical Staff, through its designated committees and officers, shall investigate and consider each application for appointment or reappointment to the Staff, each request for modification of Staff status and/or clinical privileges and shall develop and transmit reports and/or recommendations thereon, as provided in these Bylaws, to the Board. The Medical Staff shall perform investigation, evaluation, and recommendation functions in relation to applications submitted by AHPs or other individuals who the Hospital, in its sole discretion, deems eligible to provide specified services in the Hospital, whether or not such individual is eligible for Medical Staff membership.

#### 6.1.2 APPLICATION FORM

Each application for appointment to the Staff and/or clinical privileges shall be in writing, submitted on the prescribed form, and signed by the applicant. When a Practitioner requests an application form, he/she shall be given a copy of, or access to a copy of, these Bylaws, the Hospital Bylaws and summaries or copies of other Hospital and Staff policies that pertain to his/her practice at the Hospital. It is the Practitioner's sole responsibility to obtain, read, understand and abide by all bylaws, rules, regulations, policies, procedures, guidelines and requirements of the Hospital and its Medical Staff that pertain to such Practitioner.

#### 6.1.3 CONTENT

- (a) Acknowledgment and Agreement. The application form shall include a statement that the applicant has received, or has had access to, and read, or been given the opportunity to read, the Medical Staff Documents and requirements pertaining to his/her practice at the Hospital and that he/she agrees to be bound by the terms thereof if he/she is granted Staff membership and/or clinical privileges and to be bound by the terms thereof in matters relating to consideration of his/her application without regard to whether or not he/she is granted Staff membership and/or clinical privileges.
- (b) Qualifications. Detailed information concerning the applicant's qualifications, including information in satisfaction of the basic qualifications specified in these Bylaws for the particular Staff category to which the applicant requests appointment and such other information required under the Medical Staff Documents and Hospital policies and other documents shall be provided by the applicant. Applicants shall provide proof of current licensure, relevant training and/or experience; current competence; health status; involvement in professional liability actions; challenges to and voluntary relinquishment of any licensure or

registration; voluntary or involuntary termination of medical staff membership; and voluntary or involuntary limitation, reduction, or loss of clinical privileges at another Hospital.

- (c) Requests. Requests stating the Staff category and clinical privileges for which the applicant wishes to be considered shall be submitted by the applicant.
- (d) References. The names of at least three (3) persons who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who can and will provide reliable information regarding the applicant's current clinical ability, ethical character, and ability to work with others shall be provided to the Hospital by the applicant.
- (e) Professional Sanctions. Information shall be provided to the Hospital by the applicant as to whether any of the following have ever been or are in the process of being investigated, denied, revoked, terminated, suspended, reduced, limited or voluntarily relinquished:
  - (1) Staff membership, status, and/or clinical privileges at any other Hospital or health care institution;
  - (2) membership or fellowship in local, state or national professional organizations;
  - (3) specialty board certification, eligibility, qualification or admissibility;
  - (4) license, registration or certification to practice any profession in any jurisdiction;
  - (5) Drug Enforcement Administration Number; and
  - (6) any other actions of a legal or administrative nature relating to medical care, other medical services provided, substance use or abuse or criminal acts by the applicant

If any of such actions ever occurred or are pending, the particulars thereof shall be provided by the applicant.

- (f) Professional Liability Insurance. Information on his malpractice claims history and experience during the past five (5) years, including a consent to the release of information by his present and all past malpractice insurance carrier(s) must be provided by the applicant.

- (g) Administrative Remedies. By submitting an application, the applicant agrees that, when a recommendation is made and/or final action is taken which is adverse, as determined by the President in consultation with Administration, to the applicant with respect to his/her Staff membership, Staff status and/or clinical privileges, he/she will exhaust the administrative remedies afforded by these Bylaws before resorting to formal legal action.

## 6.2 EFFECT OF APPLICATION

By submitting an application, each applicant:

- (a) signifies his/her willingness to appear for interviews in regard to his/her application;
- (b) authorizes Hospital representatives to consult with others who have been associated with him/her and/or who may have information bearing on his/her competence and qualifications;
- (c) consents to Hospital representatives inspecting all records and documents that the Hospital or its Medical Staff requests to evaluate his/her professional qualifications and competence to carry out the clinical privileges he/she requests, of his/her physical and mental health status, of his/her professional ethical qualifications, and such other information the Hospital or its Medical Staff may request;
- (d) releases from any liability the Hospital, all Hospital representatives and other participants to the greatest extent permitted under Colorado law in connection with evaluating his/her application, credentials and qualifications and further acknowledges that all such are immune from suit for such acts and agrees to pay costs and attorney's fees incurred by all such in the event the applicant files a suit based on such acts;
- (e) releases from any liability all individuals and organizations who provide information, including otherwise privileged or confidential information, to Hospital representatives to the greatest extent permitted under Colorado law concerning his/her competence, professional ethics, character, physical and mental health, emotional stability, and other qualifications; and
- (f) authorizes and consents to Hospital representatives providing other hospitals, medical associations, licensing boards and other organizations, agencies and entities concerned with provider performance and the quality and efficiency of Patient care with any information relevant to such matters that the Hospital may have concerning him/her, and releases Hospital representatives from liability for so doing, to the greatest extent permitted under Colorado law, except that the Hospital may, in its sole discretion, refuse to produce any information that is privileged or confidential pursuant to state or federal law.



For purposes of this Section, the term “Hospital Representative” includes the Board, its directors and committees, Administration, Hospital personnel and agents, Medical Staff members and committees which have responsibility for collecting or evaluating the applicant’s credentials or acting upon his/her application, and any authorized representative of any of the foregoing.

### 6.3 PROCESSING OF THE INITIAL APPLICATION

#### 6.3.1 APPLICANT’S BURDEN

The applicant shall have the burden of producing any and all information the Hospital or its Medical Staff deems necessary for the evaluation of his/her experience, background, training, demonstrated ability, physical and mental health status, and of resolving any doubts about these or any of the other basic qualifications specified in Article 3, Section 3.2.1. It is the applicant’s sole responsibility to obtain, collect and submit all such information, including letters of recommendation. The application is not complete and shall not be deemed submitted for consideration until all information and verifications have been received by the Hospital, including information requested by the Hospital pursuant to the Health Care Quality Improvement Act of 1986. Omission of information or documentation requested by the Hospital or its Medical Staff, or the submission of false or misleading information or documentation, as determined by the Hospital in its sole discretion, is grounds for automatic denial of the application and the applicant shall not be entitled to the procedural rights stated in Article 9 of these Bylaws for such an automatic denial.

#### 6.3.2 VERIFICATION, RECEIPT OF INFORMATION AND TIME PERIODS FOR PROCESSING

- (a) The applicant shall deliver his/her application to Administration who shall, as soon as practicable, seek to verify the referenced licensure, and other qualification evidence submitted and make the appropriate requests for information, including but not limited to requests as provided in the Health Care Quality Improvement Act of 1986. When collection and verification of all requested information is accomplished and the Hospital determines the application is complete, Administration shall transmit the application and all supporting material to the Credentialing committee and Medical Staff
  
- (b) If, during the processing of the application the Hospital or the Medical Staff, or any committee or representative thereof, determines that additional information or verification is needed regarding the applicant and such additional information or verification has been requested, it is the applicant’s burden to obtain the additional information and/or verification and further processing of the application may be stayed and the application may not be considered complete until such additional information and/or verification is received by the requesting individual, committee or entity of the Hospital or its Medical Staff.

- (c) It is the Hospital's goal to process applications for appointment and reappointment within ninety (90) days, if practicable, of the date the Hospital determines the application became complete. The ninety (90) day time period is a guideline only and if the application is not, for any reason the Hospital deems reasonable, processed within ninety (90) days of the date the application became complete, as determined by the Hospital, the applicant agrees by submitting an application that the Hospital shall not be liable therefore.

### 6.3.3 MEDICAL EXECUTIVE COMMITTEE

As soon as practicable after receipt of the completed application and all other information and documentation it deems relevant, the Medical Staff shall consider such application, reports, documentation and information. The Credentialing Committee may request additional information, verification and/or an interview with the applicant and its review of the application may be stayed until such additional information and/or verification is received by it and the interview, if requested, is completed. Once the Committee's review of the application and supporting documentation and information is complete, the application will be brought to the Medical Staff for review and approval. If approved, the application is forwarded to Administration, for transmittal to the Board, with a written report and recommendations, on the prescribed form, as to Staff appointment, Staff category and clinical privileges to be granted and any special conditions to be attached to or considered in the final decision regarding the appointment. The Credentialing Committee and/or Medical Staff may also defer action on the application pursuant to Section 6.3.4(a) of these Bylaws.

The reason for each recommendation should be stated and may be supported by references to the completed application, the reports and/or all other information and documentation considered by the Credentialing Committee and Medical Staff, all of which shall be transmitted with the committee and staffs report and recommendation.

### 6.3.4 EFFECT OF CREDENTIALING COMMITTEE AND MEDICAL STAFF ACTION

- (a) Deferral. Action to defer the application for further consideration must state the reasons for such deferral; provide direction for further investigation and state time limits for such further investigation. As soon as practicable after the deferral, such action to defer the application must be followed up with a subsequent recommendation for appointment, Staff category and clinical privileges, or for denial of the applicant's request for Staff membership and clinical privileges.
- (b) Favorable Recommendation. When the recommendation is favorable to the applicant, the application will be promptly forwarded, together with all supporting documentation, to the Board. For the purposes of this Section 6.3.4(b) "all supporting documentation" includes the application form and its accompanying information and the report and recommendations of the Credentialing Committee and Medical Staff.

- (c) Adverse Recommendation. When the recommendation is adverse to the applicant, as determined by the Credentialing Committee and President of the Medical Staff, in consultation with Administration, Administration shall immediately so inform the applicant, by Special Notice, of his/her procedural rights as provided in Article 9 of these Bylaws. The Committee's adverse recommendation shall not be forwarded to the Board until the applicant has either exhausted the procedural rights to which he/she is entitled under Article 9 of these Bylaws or is deemed to have waived same as provided in Article 9.

#### 6.3.5 BOARD ACTION

- (a) On Favorable Recommendation. The Board shall, in whole or in part, adopt or reject the favorable recommendations, or refer the recommendations back for further consideration stating the reasons for such referral back and setting a time limit within which subsequent recommendations shall be made. The Credentialing Committee and Medical Staff can request further information from the applicant as deemed appropriate. If the Board's action is adverse to the applicant, as determined by the President of the Medical Staff, in consultation with Administration, Administration shall so inform the applicant by Special Notice, and he/she shall be entitled to the procedural rights as provided in Article 9 of these Bylaws.
- (b) After Procedural Rights. In the case of an adverse recommendation pursuant to Section 6.3.4(c) of these Bylaws with respect to the application, the Board shall take final action in the matter only after the applicant has exhausted or has waived his/her procedural rights as provided in Article 9 of these Bylaws. Action thus taken shall be the final decision of the Board, except that the Board may defer final determination by referring the matter back for further consideration. Any such referral back shall state the reasons therefore, shall set a time limit within which a subsequent recommendation to the Board shall be made, and may include a directive that an interview with the applicant be conducted to clarify issues which are in doubt. The Credentialing Committee and/or Medical Staff can request further information from the applicant as the MEC deems appropriate. After receipt of such subsequent recommendation and of new evidence in the matter, if any, the Board shall take final action in the matter.

#### 6.3.6 NOTICE OF FINAL DECISION

- (a) Notice of the Board's final decision shall be given orally or in writing, through Administration, to the president of the Medical Staff and also to the applicant by Special Notice.
- (b) If the Board appoints the applicant, the notice to appoint shall include: (1) the Staff category to which the applicant is appointed, if applicable; (2) the

clinical privileges he/she may exercise; and, (3) any special conditions attached to the appointment.

- (c) If the Board's decision is to deny the application, in whole or in part, the notice to the applicant shall also include a summary of the applicant's hearing rights as set forth in Article 9 of these Bylaws unless the applicant has been deemed to have previously waived the procedural rights set forth in Article 9 of these Bylaws.

#### 6.3.7 REAPPLICATION AFTER ADVERSE APPOINTMENT DECISION

An applicant who has received a final adverse decision regarding his/her application shall not be eligible to reapply for Staff membership and/or clinical privileges for a period of one (1) year.

### 6.4 REAPPOINTMENT PROCESS

#### 6.4.1 INFORMATION FORM FOR REAPPOINTMENT

On or before the expiration of one hundred twenty (120) days prior to the date a Staff member's appointment will expire, Administration shall forward an application for reappointment to such Staff member, which application shall serve as notice that the Staff member's Medical Staff membership and clinical privileges are due to expire. Each Staff member who desires reappointment shall, at least ninety (90) days prior to expiration of his/her Medical Staff appointment and/or clinical privileges, submit an application for reappointment to Administration. Administration may, in consultation with the President, grant an extension of time to submit an application for reappointment. Failure to submit an application for reappointment in a timely fashion shall be deemed voluntary resignation from the Staff and/or clinical privileges and shall result in automatic termination of Staff membership and/or clinical privileges. A Practitioner whose membership is so terminated is deemed to have waived, and shall not be entitled to, the procedural rights provided in Article 9 of these Bylaws.

#### 6.4.2 CONTENT OF APPLICATION FOR REAPPOINTMENT

The application for reappointment shall provide data the Hospital and its Medical Staff deems necessary to update the file on the Staff member's health-care related activities and evaluate the Staff member's request for reappointment and clinical privileges. Said application shall include, without limitation, information about the following:

- (a) continuing training, education and experience that qualifies the Staff member for the privileges sought on reappointment;
- (b) current physical health status and, upon request of the Medical Staff or the Board, current mental health status;
- (c) the name and address of any other health care organization or practice setting where the Staff member provided clinical services during the preceding period of appointment;

- (d) membership awards, or other recognition conferred or granted by any professional health care societies, institutions or organizations that occurred during the preceding period of appointment;
- (e) sanctions of any kind imposed or pending by any other health care institution, professional health care organization, peer review or quality assessment committee of the Hospital or any other health care organization, licensing authority or other agency or entity that occurred during the preceding period of appointment;
- (f) malpractice insurance coverage, information (including cancellations, non-renewals and limits) that occurred during the preceding period of appointment; lawsuits, judgments, claims and settlements involving issues of professional judgment and/or responsibility, substance and/or alcohol use or abuse and charges or convictions of felonies or criminal acts that occurred during the preceding period of appointment;
- (g) peer recommendations;
- (h) evidence of current licensure, registration or certification, as applicable; and
- (j) such other information as the Medical Staff, Board, Administration, or any committee or designee of any of the above, may request.

#### 6.4.3 VERIFICATION OF INFORMATION

Administration shall, as soon as practicable, verify the information contained in the application for reappointment and make the appropriate requests for information. These requests shall include but not be limited to, requests as provided in the Health Care Quality Improvement Act of 1986 and request other materials or information the Hospital or its Medical Staff deems pertinent, including information regarding the Staff member's professional activities, performance and conduct in the Hospital and/or at any other health care facility. Administration shall, as soon as practicable, notify the Staff member of any problems in verifying or collecting the information required. The Staff member shall have the same burden of producing adequate information and resolving doubts as provided in Article 6, Section 6.3.1 of these Bylaws. When the Staff member submits all the requested information, verification of same is completed, and the requested information is obtained, the application for reappointment is complete and Administration shall, as soon as practicable, transmit the completed application for reappointment and supporting materials to the MEC. The MEC and the Board may request additional information and/or an interview with the Staff member as it deems pertinent to consideration of the application for reappointment and processing of the application may be stayed pending receipt and verification of the additional information and/or completion of the interview, if requested, by the individual, committee or entity of the Hospital or its Medical Staff requesting same.

#### 6.4.4 BASIS OF REPORT AND/OR RECOMMENDATION

The MEC report and/or recommendation concerning the reappointment of a Staff member and the clinical privileges to be granted upon reappointment shall be based upon such Staff member's treatment of Patients, his/her professional ethics, his/her discharge of Staff obligations, his/her compliance with the bylaws, rules and regulations, policies, procedures, guidelines and requirements of the Hospital and its Medical Staff, his/her cooperation with other Practitioners, Hospital personnel and Patients, attendance at Staff and committee meetings, and such other information pertaining to said Staff member as the Hospital, Medical Staff, and/or any committee or agent thereof deems appropriate.

#### 6.4.5 MEDICAL STAFF ACTION

The Medical Staff shall review each application for reappointment, all supporting documentation and all other information requested by the Hospital, its Medical Staff or any committee or agent thereof and shall forward its report and recommendation that Staff membership be renewed, renewed with modified Staff category or denied; and clinical privileges be renewed, modified or denied, as applicable, to the President for presentation to the Board. The MEC may also defer action on the application for reappointment in accordance with Section 6.3.4(a) of these Bylaws. For purposes of reappointment, the terms, "applicant", "application", and "appointment" as used in Section 6.3.4(a) shall be read respectively, as "Staff member," "application for reappointment" and "reappointment."

#### 6.4.6 FINAL PROCESSING AND BOARD ACTION

- (a) Thereafter, the procedure provided in Sections 6.3.5 shall be followed. For purposes of reappointment, the terms, "applicant", "application", and "appointment" as used in those Sections shall be read, respectively, as "Staff member", "application for reappointment" and "reappointment."
- (b) If the processing of the application for reappointment of the Staff member has not been completed by the expiration date of the appointment, the Staff member shall maintain his/her current membership status and/or clinical privileges until such time as the processing is completed, unless corrective action is taken with respect to all or any part thereof, or unless the delay is due to the Staff member's failure to submit the application for reappointment and/or other information or documentation requested by the Hospital, its Medical Staff, or any committee or designee thereof, within the time frame established by the Hospital, its Medical Staff, or committee or agent thereof, making the request for additional information or documentation. Such extension of Staff membership and/or clinical privileges shall not be deemed to create a right that the application for reappointment of the Staff member is automatically granted for the coming term.

#### 6.5 REQUESTS FOR MODIFICATION

A Staff member may, either in connection with an application for reappointment or at any other time, request modification of his Staff category or clinical privileges by submitting a written

application to Administration on the prescribed form. Such application shall be processed in substantially the same manner as provided in Article 6, Section 6.3 of these Bylaws. Any modification in Staff membership or clinical privileges, other than a reduction or relinquishment of clinical privileges or Medical Staff category, shall be provisional.

## **ARTICLE 7**

### **DETERMINATION OF CLINICAL PRIVILEGES**

#### **7.1 EXERCISE OF PRIVILEGES**

Every Practitioner, APN, PA and AHP exercising clinical privileges at the Hospital by virtue of Medical Staff membership or otherwise shall, in connection with such practice and, except as otherwise provided in Sections 7.5 and 7.6, be entitled to exercise only those clinical privileges granted to him/her by the Board.

#### **7.2 DELINEATION OF PRIVILEGES IN GENERAL**

##### **7.2.1 CONTENT**

Each application for appointment or reappointment to the Medical Staff and application for appointment or reappointment of clinical privileges must contain a request for the specific clinical privileges desired by the applicant. A request by a Staff member pursuant to Article 6, Section 6.5 of these Bylaws for modification of privileges must be supported by documentation, additional training and/or experience supportive of the request and such other information as the Hospital, Medical Staff or any committee, designee or agent thereof may request.

##### **7.2.2 BASIS FOR PRIVILEGE DETERMINATION**

Requests for clinical privileges shall be evaluated on the basis of the Practitioner's, APN's, PA's or AHP's education, training, experience and demonstrated ability and judgment, and such other information as the Hospital, Medical Staff, or any committee, designee or agent thereof may request. The basis for clinical privileges determinations made in connection with periodic reappointment, or otherwise, shall include, but not be limited to, observed clinical performance and the documented results of the Patient care audit, and other quality review and evaluation activities required by the Hospital and/or its Medical Staff to be conducted at the Hospital. Clinical privilege determinations shall also be based on information concerning clinical performance obtained from other sources, including, but not limited to, other institutions and health care settings where the Staff or associate member exercises clinical privileges and such other information as the Hospital, Medical Staff, and/or any committee, designee or agent may request. This information shall be added to and maintained in the Medical Staff file established for Staff and associate members.

#### **7.3 SPECIAL CONDITIONS OF DENTAL PRIVILEGES**

Requests for clinical privileges from dentists shall be processed in the same manner as other Practitioners. Surgical procedures performed by dentists shall be under the overall supervision of a Physician member of the Medical Staff. The Patient shall receive the same basic medical appraisal as Patients admitted for other surgical services. It will be the responsibility of the

dentist to obtain coverage by a Physician member of the Medical Staff to provide the medical, as opposed to dental, aspects of the medical appraisal, attend any medical problem that may be present at the time of admission or that may arise during hospitalization for which the Physician was retained to attend and, if the Patient is receiving treatment for a medical problem, the attending Physician, if the dentist and Physician attending the Patient deem such appropriate, shall determine jointly with the attending dentist, the risk and effect of the proposed surgical procedure on the total health status of the Patient.

Subject to the above conditions, Patients to be admitted for dental care may be admitted by a dentist and Patients requiring dental care may be discharged by dental members of the Medical Staff Discharge of Patients receiving treatment for both dental and medical problems will be by mutual agreement of the Physician and dentist attending the Patient.

#### 7.4 SPECIAL CONDITIONS FOR PODIATRIC PRIVILEGES

Requests for clinical privileges from podiatrists shall be processed in the same manner as other Practitioners. Surgical procedures performed by podiatrists shall be under the overall supervision of a Physician member of the Medical Staff. It will be the responsibility of the podiatrist to obtain Physician coverage by a Physician member of the Medical Staff for preoperative workup, provision of the same basic medical appraisal received by Patients admitted for other surgical services, to attend any medical problem that may be present at the time of admission or that may arise during hospitalization for which the Physician was retained to attend and, if the Patient is receiving treatment for a medical problem, the attending Physician, if the podiatrist and Physician attending the Patient deem such appropriate, shall determine jointly with the attending podiatrist the risk and effect of the proposed surgical procedure on the total health status of the Patient. Subject to the above conditions, Patients to be admitted for podiatric care may be admitted by a podiatrist, and Patients requiring podiatric care may be discharged by podiatric members of the Staff. Discharge of Patients receiving treatment for both medical and podiatric problems will be by mutual agreement of the Physician and podiatrist attending the Patient.

#### 7.5 SPECIAL CONDITIONS FOR ADVANCED PRACTICE NURSES AND PHYSICIAN ASSISTANTS

Requests for clinical privileges from APNs and PAs shall be processed in the same manner as other Practitioners. If an APN has admitting privileges, it will be the responsibility of the APN to arrange for Physician coverage by a Physician member of the Medical Staff or the Medical Staff President for any medical problem that may be present at the time of admission or that may arise during hospitalization which is outside the APN's or PA's privileges.

#### 7.6 TEMPORARY PRIVILEGES

7.6.1 Temporary clinical privileges can be issued for important patient care needs for a limited time, as defined in these Bylaws. Temporary privileges can also be issued for new applicants for a period of time not to exceed 120 days.



7.6.2 Temporary privileges may be granted on a case-by-case basis when an important patient care need mandates an immediate authorization to practice, for a limited period of time as defined in these Bylaws, while the full credentials information is verified and approved. Examples include a situation in which a physician becomes ill or takes a leave of absence and another physician would need to cover his or her practice until he or she returns, or a specific physician has the necessary skills to provide care to a patient that no physician currently privileged possesses. In these circumstances, the Administrator, generally upon the recommendation of either the President of the Medical Staff or the Credentials Committee Chair, may grant temporary privileges, if current licensure and competence are verified.

7.6.3 Temporary privileges may be granted for a period of up to 120 days when a new applicant for medical staff membership or privileges is waiting for a review and recommendation by the medical staff executive committee and approval by the governing Board. The Administrator may grant temporary privileges upon recommendation of either the applicable Section Chairperson or the MEC Chairperson, if

- (a) there is verification (which may be accomplished through a telephone call) of:
  - (1) current license
  - (2) relevant training or experience,
  - (3) current competence,
  - (4) liability insurance requirements of the Hospital or state or federal law, whichever is highest,
  - (5) ability to perform the privileges requested, and
  - (6) other criteria required by Medical Staff Bylaws, and
- (b) the results of the National Practitioner Data Bank query have been obtained and evaluated, and the applicant has:
  - (1) a complete application,
  - (2) no current or previously successful challenge to licensure or registration,
  - (3) not been subject to involuntary termination of medical staff membership at another organization, and
  - (4) not been subject to involuntary limitation, reduction, denial, or loss of clinical privileges.

7.6.4 The President of the Medical Staff may impose special requirements of consultation and reporting. Except in unusual circumstances, temporary privileges will not be granted unless the practitioner has agreed in writing to abide by the bylaws, policies, procedures, rules, regulations, manuals, guidelines and requirements of the Hospital and its Medical Staff in all matters relating to his temporary privileges. Whether or not such written agreement is obtained, these Bylaws and the bylaws, policies, procedures, rules, regulations, manuals, guidelines and requirements of the Hospital and/or its Medical Staff control all matters relating to the exercise of clinical privileges.

7.6.5 CIRCUMSTANCES: Upon concurrence of the President of the Medical Staff and relevant medical director where the privileges will be exercised, the Administrator may grant temporary privileges in the following circumstances:

- (a) Care of Specific Patients: Upon receipt of a request, either written or via telephone, for specific temporary privileges for the care of one or more specific patients, and receipt of the required information from a practitioner who is not an applicant for Staff appointment, such privileges may be granted no more than three (3) times in any twelve (12) month period; or
- (b) Locum Tenens: Upon receipt of a written request for specific temporary privileges, an appropriately licensed practitioner of documented competence who is serving as a locum tenens for an appointee to the Medical Staff may, without applying for appointment on the Staff, be granted temporary privileges for a period not to exceed one hundred and twenty (120) days. Practitioners exercising locum tenens privileges are limited to treatment of the patients of the Staff appointee for whom this practitioner is serving as locum tenens and do not entitle him to admit his own patients to the Hospital; or
- (c) Upon receipt of a request for organ recovery surgery on a brain-dead patient, and receipt of information documenting licensure, required malpractice insurance or other coverage as specified in Section 3.2.1, and verification from the surgeon that he has privileges to perform organ recovery at another institution.

7.6.6 TERMINATION OF TEMPORARY PRIVILEGES: The President or the Administrator, after consultation with the President of the Medical Staff and Chair of the Credentialing Committee, may, on the discovery of any information or the occurrence of any event of a nature which raises questions about a practitioner's professional qualifications or ability to exercise any or all of the temporary privileges granted or at any other time, terminate any or all of a practitioner's temporary privileges, provided that where the life or well being of a patient is determined to be endangered, the termination may be effected by any person entitled to impose summary suspension as outlined in these Bylaws. In

the event of any such termination, the President of the Medical Staff and Chair of the Credentialing Committee shall assign the practitioner's patients then in the Hospital to another practitioner. The wishes of the patient shall be considered, when feasible, in choosing a substitute practitioner.

7.6.7 **RIGHTS OF THE PRACTITIONER, APN or PA WITH TEMPORARY PRIVILEGES:** A Practitioner, APN or PA is not entitled to the procedural rights outlined in Article 9 of these Bylaws because his request for temporary privileges is refused or because all or any part of his temporary privileges are terminated, limited or suspended unless such action is reportable to the National Practitioner Data Bank.

#### 7.7 EMERGENCY PRIVILEGES

In case of an emergency, any Medical Staff appointee with clinical privileges is "temporarily privileged" and is authorized to do everything possible to save the patient's life or to save the patient from serious harm, regardless of affiliation, Staff category, or level of privileges, so long as the care provided is within the scope of the individual's license. A practitioner exercising emergency privileges is obligated to summon all consultative assistance deemed necessary and to arrange appropriate follow-up.

#### 7.8 MEDICAL RESIDENTS OR MEDICAL SCHOOL STUDENTS

Medical Residents or Medical School Students are not granted Medical Staff membership or privileges. Hospital may enter into agreements from time to time with approved training programs to allow Medical Residents or Medical School Students to act under the supervision of a member of the Medical Staff who meets the qualifications required by the Credentialing Committee, Medical Staff and Hospital.

### **ARTICLE 8 CORRECTIVE ACTION**

#### 8.1 ROUTINE CORRECTIVE ACTION

##### 8.1.1 CRITERIA FOR INITIATION

Whenever the activities or professional conduct of any Practitioner, APN or PA with clinical privileges at the Hospital are, or are reasonably likely to be, detrimental to Patient safety or to the delivery of quality Patient care, or are disruptive to Hospital operations, an investigation for potential corrective action against such Practitioner, APN or PA may be requested by any officer of the Medical Staff, by Administration or by the Board. Any individual who wishes to bring an issue or situation to the attention of the Medical Staff for possible corrective action must do so in writing and deliver such information to any officer of the Medical Staff, Administration or the Board. However, the receipt of such written information is not a prerequisite to the initiation of an investigation for or imposition of corrective action.

### 8.1.2 REQUESTS AND NOTICES

All requests for an investigation for potential corrective action shall be in writing, submitted to the President, and supported by reference to the specific activity(s) or conduct which constitute the grounds for the request. The President shall promptly notify Administration in writing of all such requests received and shall continue to consult with and keep Administration fully informed of all action taken in conjunction therewith.

As soon as practicable, after Administration is notified of a request for investigation for potential corrective action and, pursuant to Article 8, Section 8.1.3 of these Bylaws, the MEC, in consultation with Administration, determines that an investigation is appropriate, Administration may, in its sole discretion, notify the affected Practitioner, APN or PA by Special Notice, not later than the end of the fifth Working Day after the determination is made to conduct an investigation; that the matter is being investigated; that the Practitioner, APN or PA may be required to provide information or appear for an interview; that the investigation and any appearance or submission of information does not constitute a hearing and none of the procedural rights or processes of Article 9 of these Bylaws apply and that he/she will be given notice of the recommendation of the MEC as soon as practicable after the MEC receives the report of the investigative body.

### 8.1.3 MEC ACTION

Within thirty (30) days, if practicable, after the receipt of the report of the individuals or committees which were appointed or retained to conduct the investigation, the MEC shall take action upon the request for corrective action. Such action may include, but is not limited to:

- (a) a recommendation that the request for investigation for potential corrective action be rejected;
- (b) a recommendation that the MEC issue a warning, a letter of admonition, or a letter of reprimand;
- (c) recommending terms of probation or individual requirements or consultation;
- (d) recommending reduction, suspension, limitation, or revocation of clinical privileges;
- (e) recommending reduction of Staff category or limitation of any Staff prerogatives directly related to Patient care;
- (f) recommending suspension or revocation of Staff membership; or
- (g) deferring the matter back to such individual(s) or committee(s) it deems appropriate for further investigation

#### 8.1.4 EFFECT OF MEC ACTION

- (a) Deferral. If the MEC's action is as provided in Section 8.1.3(g) above, such deferral for further investigation shall specify the reasons for such deferral, provide direction for further investigation, and state time limits for such further investigation. Within the time period specified in the deferral, if practicable, the individuals or committees appointed or retained by the MEC to conduct such further investigation shall provide a report to the MEC of its further investigation. Within twenty (20) days, if practicable, after receipt of the report of the individuals or committees conducting the further investigation, the MEC shall make a recommendation in accordance with Section 8.1.3, and the effect of such recommendation shall be in accordance with this Section 8.1.4(a), (b) or (c), whichever is applicable.
- (b) Favorable Recommendation. If the MEC's recommended action is as provided in Section 8.1.3(a) or (b), such recommendation or any other favorable recommendation of the MEC, as determined by the President in consultation with Administration, together with all supporting documentation, shall be transmitted to the Board. The affected Practitioner, APN or PA is not entitled to the procedural rights provided in Article 9 if the recommendation is as provided in Article 8, Section 8.1.3(a) or (b) of these Bylaws, or otherwise does not adversely affect the Staff membership or clinical privileges of the affected Practitioner, APN or PA, as determined by the President in consultation with Administration.
- (c) Adverse Recommendation. Any recommendation of the MEC pursuant to Section 8.1.3(c), (d), (e), or (f) above, or any combination of such actions, shall be deemed to be an adverse recommendation and any other adverse recommendation, as determined by the President in consultation with Administration, shall entitle the affected Practitioner, APN or PA to the procedural rights as provided in Article 9 of these Bylaws and Administration shall, not later than the end of the fifth Working Day after the date the adverse recommendation is made, give the affected Practitioner, APN or PA Special Notice of such adverse recommendation and a summary of his/her procedural rights as provided in Article 9 of these Bylaws.

#### 8.1.5 BOARD ACTION

- (a) On Favorable MEC Recommendation. The Board shall, in whole or in part, adopt or reject a favorable recommendation of the MEC, or refer the recommendation back to the MEC for further consideration stating the reasons for such referral back and setting a time limit within which a subsequent recommendation shall be made. The MEC shall determine the process to be followed in the event the Board refers the matter back for

further consideration. If the Board's action is favorable to the affected Practitioner, APN or PA, as determined by the President in consultation with Administration, the Board's action shall be the final action in the matter. If the Board's action is adverse to the affected Practitioner, APN or PA, as determined by the President in consultation with Administration, the affected Practitioner, APN or PA shall, through Administration, be advised of such adverse action not later than the end of the fifth Working Day after the date of same, by Special Notice, and he/she shall be entitled to the procedural rights set forth in Article 9 of these Bylaws. However, the affected Practitioner, APN or PA is not entitled to the procedural rights provided in Article 9 if the final action taken is as provided in Section 8.1.4(a) or (b) above, or otherwise does not adversely affect the Practitioner's, APN's or PA's Staff membership and/or exercise of clinical privileges in the Hospital.

- (b) Without Benefit of MEC Recommendation. If the Board does not receive a recommendation from the MEC within a time period the Board deems reasonable, it may, after notifying the MEC, take action on its own initiative. If such action is favorable to the affected Practitioner, APN or PA, as determined by the President in consultation with Administration, it shall be final action. If such action is adverse to the affected Practitioner, APN or PA, as determined by the President in consultation with Administration, Administration shall, not later than the end of the fifth Working Day after the date the adverse action was taken, give the affected Practitioner, APN or PA Special Notice of such adverse action and he/she shall be entitled to the procedural rights set forth in Article 9 of these Bylaws.
- (c) After Procedural Rights. In the case of an adverse recommendation of the MEC, as provided in Section 8.1.4(c) above, the Board shall take final action only after the affected Practitioner, APN or PA has exhausted or waived his/her procedural rights as provided in Article 9 of these Bylaws.

#### 8.1.6 NOTICE OF FINAL ACTION:

Notice of the Board's final action shall be given by Administration to the affected Practitioner, APN or PA by Special Notice not later than the end of the fifth Working Day after the date of the Board's final action.

## 8.2 SUMMARY SUSPENSION

### 8.2.1 CRITERIA FOR INITIATION

Whenever the failure to suspend a Practitioner's, APN's, or PA's privileges may result in imminent danger to the health of any Patient, prospective Patient, employee or other person now present or who is scheduled or expected by the Hospital to be present in the Hospital, the President, or Administration in consultation with the President, shall have the authority to

summarily suspend the Medical Staff membership or all or any portion of the clinical privileges of such Practitioner, APN or PA.

A summary suspension shall become effective immediately upon imposition, and Administration shall provide prompt oral notice. Special Written Notice of the suspension must be given no later than the end of the fifth Working Day after the imposition of same to the affected Practitioner, APN or PA. The imposition of a summary suspension does not trigger the procedural rights provided in Article 9 of these Bylaws unless the MEC makes an adverse recommendation, as determined by the President in consultation with Administration.

In the event of any such suspension, the Practitioner's, APN's, or PA's Patients then in the Hospital whose treatment by such Practitioner, APN or PA is terminated by the summary suspension shall be assigned to another Practitioner, APN or PA by the MEC. The wishes of the Patient and/or family shall predominate, when possible, in choosing a substitute Practitioner, APN or PA.

#### 8.2.2 PRESIDENT AND MEC ACTION

- (a) President's Review. No later than the end of the fifth Working Day, if practicable, after imposition of a summary suspension, the President shall review the matter through whatever means he/she deems appropriate and determine whether continuation of the terms of the summary suspension, pending further review, is appropriate. The President may terminate, modify or continue the terms of the summary suspension pending further investigation. The action of the President shall not trigger any of the procedural rights set forth in Article 9 of these Bylaws.

The President shall notify the MEC of the results of his/her review of the matter and, through Administration, shall provide prompt oral or written notice to the affected Practitioner, APN or PA of the results of his/her review, that the MEC, or a subcommittee thereof, shall review the matter within five (5) Working Days after the date the President completed his/her review and make its recommendation, and that he/she will be advised of further action in the matter as the Hospital deems appropriate.

- (b) MEC Recommendation. Not later than the end of the fifth Working Day after the President completes his/her review of the matter as provided in Section 8.2.2(a) above, the MEC or a subcommittee thereof shall review the matter and make a recommendation thereon. The MEC may recommend reinstatement, modification, continuation, or termination of the terms of the summary suspension or other corrective action as it deems appropriate.

#### 8.2.3 EFFECT OF MEC ACTION

- (a) Deferral. The MEC may defer the matter for further investigation as it deems appropriate. The deferral shall specify the reasons for such

deferral; provide direction for further investigation and state time limits for such further investigation. The MEC shall, in consultation with Administration, determine whether the summary suspension should be continued under any terms it deems appropriate. Within ten (10) Working Days, if practicable, after receiving the report of the further investigation, the MEC shall make its recommendation in the matter and the effect of such recommendation shall be as provided in Section 8.2.3(a), (b) or (c), whichever is applicable.

- (b) Favorable Recommendation. If the MEC's recommendation is favorable to the affected Practitioner, APN, or PA, as determined by the President in consultation with Administration, the MEC's recommendation shall be transmitted, through Administration, to the Board for final action.
- (c) Adverse Recommendation. Any recommendation of the MEC which is adverse to the affected Practitioner, APN, or PA, as determined by the President in consultation with Administration, shall entitle the affected Practitioner, APN, or PA to the procedural rights provided in Article 9 of these Bylaws and Administration shall give the affected Practitioner, APN, or PA Special Notice of the adverse recommendation and a summary of his procedural rights as provided in Article 9 of these Bylaws no later than the end of the fifth Working Day after the date the adverse recommendation was made.

#### 8.2.4 BOARD ACTION

- (a) On Favorable Medical Staff Recommendation. The Board shall, in whole or in part, adopt or reject a favorable recommendation of the MEC, or refer the recommendation back to the MEC for further consideration stating the reasons for such referral back and setting a time limit within which a subsequent recommendation shall be made. The MEC shall determine the process to be followed in the event the Board refers the matter back for further consideration. If the Board's action is favorable to the affected Practitioner, APN, or PA, as determined by the President in consultation with Administration, the Board's action shall be the final action in the matter. If the Board's action is adverse to the Practitioner, APN, or PA, as determined by the President in consultation with Administration, the affected Practitioner, APN or PA shall, through Administration, be advised of such adverse action by Special Notice not later than the end of the fifth Working Day after the date of the Board's adverse action, and he/she shall be entitled to the procedural rights set forth in Article 9 of these Bylaws.
- (b) After Procedural Rights. In the case of an adverse recommendation of the MEC, as determined by the President in consultation with Administration, the Board shall take final action only after the affected Practitioner, APN, or PA has exhausted or waived his procedural rights



as provided in Article 9 of these Bylaws, except that the decision of the Appellate Review Committee shall be effective as the final action of the Board.

#### 8.2.5 NOTICE OF FINAL ACTION

Notice of the Board's final action shall be given by Administration to the affected Practitioner, APN or PA by Special Notice not later than the end of the fifth Working Day after the date the Board took final action in the matter.

#### 8.3 INVESTIGATORY SUSPENSION

The privileges of any member of the Medical Staff may be suspended or restricted as a precaution for a period of not longer than fourteen days, during which an investigation is being conducted to determine the need for a professional review action. Such action shall not entitle the member to any of the procedural rights set forth in Article 9 of these Bylaws.

#### 8.4 AUTOMATIC SUSPENSION

##### 8.4.1 LICENSE

A Staff member whose license, certification, registration or other legal credentials authorizing him to practice in this State is revoked, suspended or restricted shall immediately be automatically revoked, diminished and/or restricted and/or suspended commensurate with such revocation, suspension or restriction. If limitations are placed on such license, certification, registration or other legal credentials, the clinical privileges affected by such limitation shall be automatically suspended or limited as determined by the President in consultation with Administration.

##### 8.4.2 DRUG ENFORCEMENT ADMINISTRATION ("DEA") NUMBER

A Staff member whose DEA license is revoked or suspended shall immediately be automatically divested at least of his/her right to prescribe medications covered by the DEA number. As soon as practicable after such automatic suspension, the MEC shall convene to review and consider the facts under which the DEA number was revoked or suspended. The MEC may then take such further corrective action as is appropriate to the facts disclosed in its investigation. The clinical privileges of a Staff member whose DEA licensure is restricted shall automatically be restricted commensurate with such restriction.

##### 8.4.3 FAILURE TO SATISFY SPECIAL APPEARANCE REQUIREMENTS

A Practitioner, APN or PA who fails to satisfy the requirements of Article 12, Section 12.3.3 of these Bylaws shall be automatically suspended from exercising all or such portion of his/her clinical privileges in accordance with the provisions of Article 12, Section 12.3.3 of these Bylaws.

##### 8.4.4 MEDICAL RECORDS

An automatic suspension after warning of delinquency, as determined by the Hospital's Medical Records Department or the President, may be imposed for failure to complete medical records within thirty (30) days after the date of a Patient's discharge or failure to meet other documentation requirements provided in these Bylaws, or other bylaws, policies, procedures, rules, regulations, guidelines or requirements of the Hospital or its Medical Staff. The first and second automatic suspensions imposed for failure to complete medical records or meet other documentation requirements in the same twelve (12) month period shall take the form of withdrawal of a Practitioner's, APN's, or PA's privileges to admit Patients, schedule inpatient or outpatient surgery, and participate in the Emergency Room Call Schedule, except in case of an emergency. The suspension shall be effective until medical records, and other documentation requirements are completed, as determined by the Director of the Hospital's Medical Record Department or the President. Second suspensions in the most recent twelve (12) month period shall be reported by the Director of the Hospital's Medical Record Department to the Medical Staff. Third and additional suspensions in the same twelve (12) month period shall be reported by the Director of the Hospital's Medical Record Department to the Medical Staff and may be sufficient cause for initiation of corrective action in accordance with this Article 8. Any recommendation or action taken that adversely affects the Medical Staff membership and/or clinical privileges of the affected Practitioner, APN, or PA, as determined by the President in consultation with Administration, entitles the affected Practitioner, APN, or PA to the procedural rights provided in Article 9 of these Bylaws.

#### 8.4.5 MALPRACTICE INSURANCE

A Practitioner, APN, or PA who fails to maintain the amount of professional liability insurance required under Article 14, Section 14.6 of these Bylaws shall be immediately and automatically suspended from practicing in the Hospital and be subject to the further provisions of Article 14, Section 14.6 of these Bylaws.

#### 8.4.6 PROCEDURAL RIGHTS

A Practitioner, APN, or PA whose Medical Staff membership and/or clinical privileges are automatically diminished, restricted, suspended, revoked or limited pursuant to Section 8.4.5 above shall not be entitled to the procedural rights set forth in Article 9 of these Bylaws.

A Practitioner, APN, or PA whose Medical Staff membership and/or clinical privileges are automatically suspended due to a third violation under Section 8.4.4 above or by operation of Section 8.4.5 above shall be entitled to submit a written request for reinstatement to the Medical Staff and Administration with documented proof that the deficiencies leading to the suspension have been corrected. If documented proof that the deficiency has been corrected is provided to the satisfaction of the Medical Staff and Administration and the request for reinstatement is denied, the Practitioner, APN, or PA is entitled to the procedural rights provided in Article 9 of these Bylaws and, not later than the end of the fifth Working Day after the date reinstatement was denied, Administration shall give the affected Practitioner, APN or PA Special Notice of the denial of his/her request for reinstatement and a summary of his/her procedural rights as provided in Article 9 of these Bylaws.

#### 8.4.7 NOTICE

A Practitioner, APN, or PA who is automatically suspended by operation of Sections 8.4.1 through 8.4.5 above shall be given Special Notice of such automatic suspension from Administration not later than the end of the fifth Working Day after imposition of such automatic suspension. Such Notice shall state the reasons for such automatic suspension and refer the Practitioner, APN, or PA to the Bylaws for the process to be followed to release the automatic suspension and his/her procedural rights, if applicable.

### **ARTICLE 9** INTERVIEWS, HEARINGS AND APPELLATE REVIEW

#### 9.1 INTERVIEWS

When the Medical Staff, Administration, or the Board receives or is considering initiating a recommendation which would adversely affect a Practitioner's, APN's, or PA's Staff membership or exercise of clinical privileges, as determined by the President in consultation with Administration, the affected Practitioner, APN or PA may be requested to appear for an interview as provided in Article 12, Section 12.3.3 of these Bylaws. The interview shall not constitute a hearing, shall be preliminary in nature, and shall not be conducted according to the procedural rules provided with respect to hearings. The Practitioner, APN or PA shall be informed, orally or in writing, of the general nature of the circumstances and may present information relevant thereto. A record of such interview may be made by way of minutes of the committee or Board.

#### 9.2 RIGHT TO HEARING

Grounds for a Hearing: Recommendations or actions which, as determined by the President in consultation with Administration, adversely affect a Practitioner's, APN's, or PA's Medical Staff membership and/or clinical privileges or denial of a Practitioner's, APN's, or PA's application for appointment or reappointment shall entitle the Practitioner, APN or PA, upon a timely filed written request, to a hearing. No recommendation or action of MEC or Board other than those hereinafter enumerated shall constitute grounds for a hearing:

- (a) Denial of initial Medical Staff appointment;
- (b) Denial of requested advancement in Medical Staff category;
- (c) Denial of Medical Staff reappointment;
- (d) Revocation of Medical Staff appointment;
- (e) Denial of requested initial clinical privileges;
- (f) Denial of requested increased clinical privileges;
- (g) Decrease of clinical privileges;

- (h) Suspension, other than automatic suspension, of clinical privileges;
- (i) Imposition of a requirement for retraining or additional training that causes the individual to cease his practice at the Hospital during the period of retraining;
- (j) Denial of a request for reinstatement as authorized herein; and
- (k) Imposition of mandatory concurring consultation requirement.

Non-Adverse Recommendations or Actions: An automatic denial, suspension, termination, expiration or resignation due to failure to meet an administrative qualification or requirement or a time requirement shall not be deemed adverse and the affected Practitioner, APN, or PA shall not be entitled to the procedural rights outlined herein. Some examples of non-adverse actions or recommendations include, but are not limited to:

- (a) Voluntary resignation of or withdrawal of an application for appointment or for reappointment of Medical Staff appointment and/or clinical privileges;
- (b) Failure to meet established qualifications for Medical Staff appointment or clinical privileges; e.g., minimum patient contacts, Board certification, etc;
- (c) Automatic suspension as outlined in these Bylaws;
- (d) Consultation requirements;
- (e) Requirements for additional training and or education requirements that do not cause the Practitioner, APN or PA to cease his/her Hospital practice during the training period;
- (f) Imposition of specified or intensified review, including, but not limited to intensified concurrent or retrospective review;
- (g) Observation requirements;
- (h) Assignment of quality appraisal levels in the professional/peer review processes and the action taken by the clinical section, the Credentials Committee or other professional review committee, other than the MEC, as a result thereof, which action does not constitute “adverse action” as outlined herein;
- (i) Actions taken pursuant to the San Luis Valley Health Conejos County Hospital Disruptive or Impaired physician policies;
- (j) Routine professional/peer review and routine corrective or peer counseling, whether conducted by or through a clinical section, the Credentials Committee or other professional/peer review committee or otherwise; and
- (k) Administrative actions or other actions or recommendations deemed not to be adverse by the President in consultation with Administration.

### 9.3 NOTICE OF ADVERSE RECOMMENDATION OR ACTION

A Practitioner, APN, or PA, against whom an adverse recommendation or action has been taken, as determined by the President in consultation with Administration, shall be given Special Notice of same not later than the end of the fifth Working Day after such adverse recommendation or action has been taken. Such notice shall:

- (a) advise the Practitioner, APN, or PA of the nature of and the reasons for the adverse recommendation or action;
- (b) advise the Practitioner, APN, or PA of his/her right to request a hearing pursuant to the provisions of this Article 9;
- (c) specify the time limit of not less than thirty (30) days after the date of receipt of such notice within which a written request for a hearing must be submitted to Administration;
- (d) state that failure to submit a written request for a hearing to Administration within the specified time period shall constitute a waiver of rights to a hearing and to appellate review of the matter and all other rights to which he may otherwise have been entitled under the Medical Staff Bylaws and/or other bylaws, policies, procedures, rules, regulations, guidelines or requirements of the Hospital or its Medical Staff;
- (e) summarize the Practitioner's, APN's, or PA's hearing rights as specified in this Article 9, Section 9.3;
- (f) state that upon receipt of his/her hearing request, the Practitioner, APN, or PA will be notified of the date, time and place of the hearing not later than the end of the fifth Working Day after the hearing is set; and
- (g) If the adverse recommendation made or action taken is a summary suspension, the Notice shall state that the affected Practitioner, APN, or PA may be required to meet with the President and/or appear before the MEC for an interview relating to such summary suspension and that the affected Practitioner, APN, or PA is not entitled to exercise the procedural rights as provided in this Article 9 until and unless the MEC makes a recommendation that adversely affects the Medical Staff membership and/or clinical privileges of the affected Practitioner, APN or PA, as determined by the President in consultation with Administration.

### 9.4 NOTICE OF TIME AND PLACE FOR HEARING AND WITNESSES

#### 9.4.1 NOTICE OF HEARING

Upon receipt of a timely written request for hearing, Administration shall deliver such request to the President. As soon as practicable after receipt of such request, Administration in consultation with the President, shall schedule and arrange for a hearing and Administration shall, not later than the end of the fifth Working Day after the date the Hospital schedules the

hearing, send the Practitioner, APN, or PA Special Notice of the time, place and date of the hearing and a list of witnesses (if known) expected to testify on behalf of the Hospital and/or the committee or body making the adverse recommendation or action.

The hearing date shall not be less than thirty (30) days after the date of the notice for hearing, unless the affected Practitioner, APN, or PA otherwise consents in writing.

#### 9.4.2 NEW OR ADDITIONAL WITNESSES

- (a) If the Hospital and/or the committee or body making the adverse recommendation or action decides it may use new or additional witnesses after the notice of hearing is sent to the affected Practitioner, APN or PA, the affected Practitioner, APN, or PA, by Special Notice, shall be given written notice of such new or additional witnesses as soon as practicable prior to the hearing date, but in no event less than twenty-four (24) hours prior to the hearing date and time.
- (b) Within ten (10) days prior to the date of the hearing, the affected Practitioner, APN, or PA shall give written notice of the witnesses expected to testify on his behalf by delivering same by hand delivery or by certified or registered mail, return receipt requested, to Administration.
- (c) If the affected Practitioner, APN, or PA decides to use new or additional witnesses not known to him/her prior to his/her written notice submitted pursuant to Section 9.4.2(b) above, the affected Practitioner, APN or PA shall give written notice of such new or additional witnesses by delivering written notice of same to Administration as soon as practicable prior to the hearing date, but in no event less than twenty-four (24) hours prior to the hearing date and time.
- (d) Rebuttal witnesses are excluded from the notice requirements stated in this Section 9.4.2.

#### 9.5 APPOINTMENT OF HEARING PANEL OR OFFICER

- (a) When a hearing is requested, the President in consultation with the Administrator shall appoint a Hearing Panel, which shall be composed of not less than three (3) members. The majority of the Hearing Panel shall be composed of Medical Staff appointees who practice the same profession (physicians, dentists, podiatrists, as applicable) and who did not actively participate in the consideration of the matter involved at any previous level or of physicians not connected with the Hospital or a combination of such persons. The Hearing Panel shall not include any individual who is in direct economic competition with the affected person, as determined by the Hospital, or any such individual who is professionally associated with or related to the affected individual. However, at least one (1) member of the Hearing Panel shall be an individual with expertise in the same clinical area as the affected Practitioner, APN, or PA. Such appointment shall

include designation of the Presiding Officer. Knowledge of the matter involved shall not preclude any individual from serving as a member of the Hearing Panel.

- (b) As an alternative to the Hearing Panel described in paragraph a of this Section, the President, after consulting with the Administrator may instead appoint a Hearing Officer to perform the functions that would otherwise be carried out by the Hearing Panel. The Hearing Officer shall preferably be an attorney at law (who may also be legal counsel to the Hospital) or some other individual capable of conducting the hearing. The Hearing Officer may not be any individual who is in direct economic competition with the individual requesting the hearing, and shall not act as a prosecuting officer or as an advocate to either side at the hearing. In the event a Hearing Officer is appointed instead of a Hearing Panel, all references in this Article to the "Hearing Panel" or "Presiding Officer" shall be deemed to refer instead to the Hearing Officer, unless the context would clearly otherwise require.
- (c) The Hearing Panel has the authority to establish the rules and requirements of the Hearing, in addition to the processes outlined herein, and to decide prehearing objections and requests.
- (d) There is no right to discovery in connection with the hearing. Any confidential documents or oral evidence disclosed in the investigation stage shall be maintained confidential and shall not be disclosed or used unless such disclosure or use is mandated by state or federal law.
  - (1) Prior to the hearing, on dates set by the Presiding Officer or Hearing Officer, as applicable, or as agreed upon by the parties, each party shall provide the other party with a list of proposed exhibits, excluding rebuttal exhibits. The exhibit list may be amended and must be provided to the other parties as established by the Presiding Office or Hearing Officer, as applicable, or as agreed upon by the parties. All objections to exhibits, to the extent then reasonably known, shall be submitted in advance of the hearing, on or before the date established as outlined above.
  - (2) The Presiding Officer or Hearing Officer, as applicable, shall not entertain subsequent objections, except to rebuttal exhibits, unless the other party demonstrates good cause for his/her failure to object as outlined herein, as determined by the Presiding Officer or Hearing Officer, as applicable.
- (e) The Presiding Officer or Hearing Officer, as applicable, may require the parties and their representatives to participate in a pre-hearing conference for purposes of resolving procedural questions in advance of the hearing.
  - (1) Either the Presiding Officer or Hearing Officer, as applicable, or the Hearing Committee shall attend, participate in and rule on matters presented at the pre- hearing conference, as determined in the sole discretion of the Presiding Officer or Hearing Officer. More than one pre-hearing conference may be required if the composition of the hearing panel is changed as a result

of a party's objection or as otherwise required by the Presiding Officer or Hearing Officer, as applicable.

## 9.6 HEARING PROCEDURE

### 9.6.1 PERSONAL PRESENCE

The personal presence of the Practitioner, APN, or PA, who requested the hearing, or his designated representative, shall be required. A Practitioner, APN, or PA who fails, without good cause, as determined by the Hearing

Committee, to appear personally or through his/her designated representative and proceed at such hearing shall be deemed to have waived his/her rights in the same manner and with the same consequences as provided in Article 9, Section 9.3(d) of these Bylaws.

### 9.6.2 PRESIDING OFFICER

The President in consultation with Administration shall appoint the Presiding Officer from the membership of the Hearing Committee. The Presiding Officer shall act to maintain decorum and to provide all participants in the hearing a reasonable opportunity to present relevant oral and documentary evidence as determined by such Presiding Officer. The Presiding Officer of the Hearing Committee shall be entitled to determine the order of procedure during the hearing and shall make all rulings on matters of law, procedure and the admissibility of evidence.

### 9.6.3 RIGHTS OF PARTIES

During a hearing, each of the parties shall have the right to:

- (a) Representation by an attorney or other person of the party's choice;
- (b) have a record made of the proceedings by use of a court reporter or an electronic recording unit, as determined by Administration, copies of which may be obtained by either party, unless privileged or otherwise protected or prohibited by law, upon such party's payment of reasonable costs associated therewith;
- (c) call, examine and cross-examine witnesses;
- (d) present evidence determined to be relevant by the Presiding Officer regardless of its admissibility in a court of law;
- (e) impeach any witness;
- (f) rebut any evidence; and
- (g) submit written statements at the close of the hearing which shall be part of the hearing record.



If the Practitioner, APN, or PA who requested the hearing does not testify in his/her own behalf, he/she may be called and examined as if under cross-examination. If the affected Practitioner, APN, or PA is notified orally or in writing that he/she is requested to appear for cross-examination, he/she shall appear as requested or he/she may be deemed to have waived his/her rights in the same manner and with the same consequences as provided in Article 9, Section 9.3(d) of these Bylaws.

#### 9.6.4 PROCEDURE AND EVIDENCE

The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses, presentation of evidence or other rules of procedure.

#### 9.6.5 BURDEN OF PROOF

The body whose adverse recommendation or action occasioned the hearing shall have the initial burden of going forward to present evidence in support thereof. The Practitioner, APN, or PA shall thereafter have the burden of proof to support his/her challenge to the adverse recommendation or action, on the basis that the grounds therefore lack any substantial factual basis or the conclusions drawn there from are either arbitrary, unreasonable or capricious. Then, the body whose adverse recommendation or action occasioned the hearing shall have an opportunity to rebut the evidence, testimony, documentation and information presented by the affected Practitioner, APN, or PA or his/her representative.

#### 9.6.6 POSTPONEMENT

Requests for postponement of a hearing shall be granted by the Hearing Committee only upon a showing of good cause, as determined by the Hearing Committee in its sole discretion, and only if the request is made as soon as reasonably practical, as determined in the sole discretion of the Hearing Committee.

#### 9.6.7 PRESENCE OF HEARING COMMITTEE MEMBERS AND VOTE

A majority of the Hearing Committee must be present throughout the hearing and deliberations. If a committee member is absent from any part of the proceedings he/she shall not be permitted to participate in the deliberations or the decision.

#### 9.6.8 RECESSES AND ADJOURNMENT

The Hearing Committee may, in its sole discretion, recess the hearing and reconvene the same without additional notice for the convenience of the participants, the Hearing Committee members, or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Hearing Committee shall, at a time convenient to itself, conduct its deliberations outside the presence of the parties. Upon conclusion of its deliberations, the hearing shall be finally adjourned.

## 9.7 HEARING COMMITTEE REPORT AND FURTHER ACTION

### 9.7.1 HEARING COMMITTEE REPORT AND RECOMMENDATION

No later than the end of the fifth Working Day, if practicable, after final adjournment of the hearing, the Hearing Committee shall make a written report of its findings and recommendations in the matter and shall forward the same to Administration. All findings of the Hearing Committee shall be supported by reference to the hearing record and the other documentation considered by it. The Hearing Committee's report may confirm, reject or modify the recommendation or action that was the subject of the hearing, but may not expand the proposed adverse consequences. The hearing record, all documentation considered by the Hearing Committee and the original Hearing Committee's report, shall be forwarded to Administration, who shall maintain such information and provide same to the MEC, if requested, for use in its consideration of the matter.

### 9.7.2 NOTICE AND EFFECT OF HEARING COMMITTEE FINDINGS AND RECOMMENDATIONS

Administration shall, not later than the end of the fifth Working Day after receipt of the Hearing Committee's report and recommendations, notify the affected Practitioner, APN or PA of the findings and recommendations of the Hearing Committee by Special Notice, and shall also notify the President of same.

- (a) Adverse Findings and Recommendation. If the Hearing Committee's findings and recommendations are adverse to the affected Practitioner, APN, or PA, as determined by the President in consultation with Administration, the Notice sent by Administration to the affected Practitioner, APN, or PA shall advise the affected Practitioner, APN, or PA of his/her right to appellate review, the time period and requirements for submitting a request for appellate review, state that failure to request appellate review within the specified time period shall constitute waiver of the right to appellate review, and all other rights to which he/she may have otherwise been entitled under the Medical Staff Bylaws and other bylaws, policies, procedures, rules, regulations, guidelines and requirements of the Hospital or its Medical Staff, and state that as soon as practicable after receipt of the request for appellate review, the affected Practitioner, APN, or PA will be notified of the date, time and place of the appellate review.
- (b) Favorable Findings and Recommendations of the Hearing Committee. If the Hearing Committee's findings and recommendations are favorable to the affected Practitioner, APN, or PA, Administration shall promptly forward it, together with all supporting documentation, to the Board for final action. The Board shall take action thereon by adopting or rejecting the Hearing Committee's Recommendations in whole or in part, or by referring the matter back to the Hearing Committee for further consideration. Any such referral back shall state the reasons therefore, set a time limit within which a subsequent recommendation should be made to the Board, and may include a directive that an additional hearing be conducted to clarify issues that are in doubt. As soon as practicable

after receipt of such subsequent recommendation and any new evidence in the matter, the Board shall take final action. Administration shall promptly send the affected Practitioner, APN, or PA Special Notice informing him of each action taken pursuant to this Article 9, Section 9.7.2(b). Favorable action by the Board shall be effective as the final action, and the matter shall be considered finally closed. If the Board's action is adverse to the affected Practitioner, APN, or PA, as determined by the President in consultation with Administration, the Special Notice shall inform the affected Practitioner, APN, or PA of his right to request an appellate review as provided in Article 9, Section 9.8 of these Bylaws.

## 9.8 INITIATION AND PREREQUISITES OF APPELLATE REVIEW

### 9.8.1 REQUEST FOR APPELLATE REVIEW

A Practitioner, APN, or PA shall have ten (10) Working Days following his/her receipt of a notice pursuant to Article 9, Section 9.7.2(b) of these Bylaws to file a written request for an appellate review by the Board or a committee of the Board, comprised of not less than three members, appointed by the President or Chairperson of the Board. All references to the Board herein shall apply to a committee of the Board if one is appointed. A request for appellate review shall be delivered to Administration, by hand delivery or by certified or registered mail, return receipt requested, and may include a request for a copy of the hearing record, if same is not confidential or privileged or otherwise protected or prohibited by law, and all other material, favorable or unfavorable, if not previously forwarded, that was considered in the adverse action or result and is not confidential or privileged or otherwise protected or prohibited by law.

## 9.8.2 NOTICE OF TIME AND PLACE FOR APPELLATE REVIEW

Administration shall deliver the request for appellate review to the Board. As soon as practicable, the Board shall schedule and arrange for an appellate review which shall not be less than ten (10) Working Days after the date of receipt of the appellate review request without the written consent of the affected Practitioner, APN, or PA and shall be scheduled for a time as soon as practicable after receipt of such request for appellate review. Not later than the end of the fifth Working Day prior to the appellate review, Administration shall send the Practitioner, APN, or PA Special Notice of the time, place and date of the appellate review. The time for the appellate review may be extended for good cause by the Board, within its sole discretion, and if the request therefore is made as soon as practicable.

## 9.9 APPELLATE REVIEW PROCEDURE

### 9.9.1 NATURE OF PROCEEDINGS

The proceedings shall be in the nature of an appellate review of the procedures employed and shall be based upon the record of the hearing before the Hearing Committee, the Hearing Committee's report, and all subsequent results and actions thereon. The appellate review shall also consider the written statements, if any, submitted pursuant to Article 9, Section 9.9.2 of these Bylaws and such other materials as may be presented and accepted under Article 9, Sections 9.9.3 and 9.9.4 of these Bylaws.

### 9.9.2 WRITTEN STATEMENT

The Practitioner, APN, or PA seeking appellate review must submit a written statement detailing the findings of fact, conclusions and procedural matters with which he/she disagrees, and his/her reasons for such disagreement by hand delivering same or by certified or registered mail, return receipt requested, to Administration. Administration shall forward a copy of the Practitioner's, APN's, or PA's written statement to the body whose adverse action or recommendation occasioned the appellate review and such body may file a written statement in response thereto. The written statement may cover any matters raised at any step in the hearing process and legal counsel may assist in its preparation. The Practitioner's, APN's, or PA's statement shall be submitted to the Board through Administration at least fifteen (15) days prior to the scheduled date of the appellate review and the written statement of the body whose adverse action or recommendation occasioned the appellate review in response thereto, if any, shall be submitted to Administration by hand delivery or certified or registered mail, return receipt requested, at least five (5) days prior to the appellate review. A copy of the written statement in response to the affected Practitioner's, APN's, or PA's statement, if any, shall be sent by hand delivering same or by certified or registered mail, return receipt requested, to the affected Practitioner, APN or PA as soon as practicable prior to the scheduled date of the appellate review but in any event Administration shall ensure that the affected Practitioner, APN or PA has access to the written statement in response to the affected Practitioner's, APN's, or PA's statement not later than twenty-four (24) hours prior to the scheduled date and time of the appellate review.

### 9.9.3 ORAL STATEMENT

The Board will allow the parties or their representatives to personally appear and make oral statements in favor of their positions. Any party or representative so appearing shall be required to answer questions put to him by any member of the Board.

#### 9.9.4 CONSIDERATION OF NEW OR ADDITIONAL MATTERS

New or additional matters or evidence not raised or presented during the original hearing which the Board deems may be significant to the Hearing Committee's report and recommendation may be referred back to the Hearing Committee for reconsideration of its recommendations in light of the new or additional matters or evidence. New or additional matters or evidence not raised or presented at the original hearing may only be introduced upon good cause shown, as determined by the Board as to why such was not introduced at the original hearing. The other party shall be given an opportunity to respond to such new or additional matters or evidence.

#### 9.9.5 PRESENCE OF MEMBERS AND VOTE

A quorum of the Board must be present throughout the review and deliberations. If a member of the Board is absent for any significant time period during the proceedings, as determined by the Board, he/she shall not be permitted to participate in the decision.

#### 9.9.6 FINAL ACTION

The Board's decision shall be forwarded to Administration, who shall notify the President of the decision and provide Special Notice of the decision to the affected Practitioner, APN, or PA not later than the end of the fifth Working Day after the date of the Board's action in the matter. The Board's action shall be final action not subject to further hearing or appellate review.

### 9.10 GENERAL PROVISIONS

#### 9.10.1 NUMBER OF HEARINGS AND REVIEWS

Notwithstanding any other provision of the these Bylaws and/or other bylaws, policies, procedures, rules, regulations, guidelines or requirements of the Hospital or its Medical Staff, no Practitioner, APN, or PA shall be entitled to more than one evidentiary hearing and one appellate review with respect to an adverse recommendation or action.

#### 9.10.2 RELEASE

By making application for Medical Staff membership and/or clinical privileges, Practitioner/applicants agree to the provisions of Article 13 of these Bylaws; requests for hearing or appellate review shall be deemed to be an express reaffirmation of that agreement.

### 9.10.3 PRESIDENT AS AFFECTED PRACTITIONER

If the President is the affected Practitioner, all of the functions of the President stated in this Article 9 shall be performed by the Vice-president of the Medical Staff or if none, a member of the Medical Staff selected by Administration.

## **ARTICLE 10** **OFFICERS AND ELECTIONS**

### 10.1 GENERAL OFFICERS OF THE STAFF

#### 10.1.1 IDENTIFICATION

The officers of the Staff shall be respectively:

- (a) President;
- (b) Vice-President; and
- (c) Secretary, when there are three (3) or more Practitioners.

#### 10.1.2 QUALIFICATIONS

Officers must be Physician members of the Active Medical Staff at the time of nomination and election and must remain members in good standing during their term in office. Failure to maintain such status shall immediately create a vacancy in the office involved, except that if an officer is suspended but reinstated in good standing within ninety (90) days of the date of the suspension, the officer shall continue in office until his/her term expires or he/she is otherwise removed from office. During any period of suspension which the officer continues to hold his/her office, his/her functions as an officer shall be performed by the individual specified in Article 10, Section 10.3 of these Bylaws. The President and President-elect must be Physicians with demonstrated competence in their fields of practice and demonstrated qualifications on the basis of training, experience and ability to direct the medico-administration aspects of Hospital and Staff activities. PAs and APNs are not eligible to hold any of the offices of the Medical Staff.

#### 10.1.3 NOMINATIONS

Nominations may be made by any member of the Medical Staff in writing or orally at a Medical Staff meeting.

#### 10.1.4 ELECTION

The Officers shall be elected at the annual meeting of the Staff Only Staff members accorded the prerogative to vote for Officers under Article 4 of these Bylaws shall be eligible to vote.

#### 10.1.5 TERM OF ELECTED OFFICE

Each officer and MEC member elected in accordance with Article 10 of these Bylaws shall serve a one (1) year term, commencing on the first day of January of each year following his/her election. Each officer and MEC member shall serve until the end of his/her term and until a successor assumes office or is elected and qualified, whichever is applicable, unless he/she shall sooner resign or be removed from office. Each officer may hold an office for 2 consecutive years, unless deemed otherwise by the Board.

#### 10.1.6 REMOVAL OF ELECTED OFFICERS

Except as otherwise provided, removal of an officer may be initiated by the Board.

#### 10.1.7 VACANCIES IN ELECTED OFFICE

If there is a vacancy in the office of President, the Vice-President shall serve out the remaining term, and, after expiration of such term, shall remain in the office of President for his/her regular one (1) year term, unless he/she resigns or is removed.

#### 10.1.8 COMPOSITION OF MEC

- (a) MEC members will be composed of the Hospital's Administrator, the Medical Staff officers, the Director of Nursing and other appointees from the Active Medical Staff including at least one APN or other areas as needed and appropriate to maintain at least a five person MEC, provided however the majority of voting members of the MEC will be Physicians and at least one voting member will be an APN.
- (b) If the MEC is conducting peer review of an APN, the MEC will either (i) have at least one appointee who is an APN with a similar scope of practice as the APN under review, or (ii) engage an independent APN with a similar scope of practice as the APN under review to conduct a review and report to the MEC.
- (c) The majority of voting MEC members must be Physician members of the Active Medical Staff in good standing and must maintain such status while serving as an MEC member. Failure to maintain such status shall immediately create a vacancy except that a suspension of a MEC member for ninety (90) days or less shall not create a vacancy in the MEC if the affected MEC member is reinstated to the Staff in good standing. The affected MEC member shall not perform his/her functions as a MEC member during any period of suspension.
- (d) Nominations may be made by any member of the Medical Staff in writing or orally at a Medical Staff meeting.

- (e) In cases of conflict or vacancy involving a MEC member, the President in consultation with the Administrator shall appoint a new member(s) to fill the vacancy to maintain a five-person MEC.

## 10.2 FUNCTIONS OF OFFICERS

### 10.2.1 PRESIDENT

The President shall be a Physician member of the Active Medical Staff and serve as the chief administrative officer of the Medical Staff. The President shall:

- (a) provide medical direction for Hospital's health care activities, and report to the Board on such activities, and be available for consultation and supervision of Hospital's staff;
- (b) review and sign, or ensure the periodic review and signing by a Physician, of all medical records for Hospital patients cared for by APNs, PAs, and clinical psychologists;
- (c) participate in the review of patient records with the APNs, PAs, or clinical psychologists;
- (d) ensure that all Medicare or Medicaid beneficiaries admitted by an APN are monitored by and under the care of a Physician for any medical or psychiatric problems outside the APN's scope of practice;
- (e) be responsible to the Board for the delivery of quality patient care by ensuring that all Medical Staff members, including APNs and PAs, participate in the periodic review of patient records to confirm adherence to Hospital policies and the provision of the appropriate level of care by all staff, including APNs and PAs;
- (f) act in coordination and cooperation with Administration in all matters of mutual concern within the Hospital;
- (g) call, preside at, and be responsible for the agenda of all general meetings of the Medical Staff;
- (h) review, evaluate, update and enforce these Medical Staff Documents and other bylaws, policies, procedures, rules, regulations, guidelines and requirements of the Hospital or its Medical Staff pertaining to Staff members;
- (i) appoint committee members to all special committees;
- (j) represent the views, policies, needs and grievances of the Medical Staff to the Board and to Administration;



- (k) convey the Board's interpretation of Hospital policy to the Medical Staff and report to the Board on the performance and maintenance of quality with respect to the Staff's delegated responsibility to provide medical care;
- (l) be the spokesman for the Medical Staff in its external professional and public relations;
- (m) serve as the Medical Director of Hospital and carry out the duties of Medical Director in accordance with Medical Staff Documents, unless Hospital designates an alternate Physician from time to time; and
- (n) perform such other functions as Administration or the Board may request.

#### 10.2.2 VICE-PRESIDENT

He shall be a Physician and a member of the Active Medical Staff. He shall serve as a member of the MEC. He shall automatically succeed the President when the latter fails to serve for any reason. In the absence of the President, he shall assume all the functions and have the authority of the President.

### 10.3 SUCCESSION OF DUTIES

#### 10.3.1 PRESIDENT

In the President's absence the following individuals shall be qualified to assume the administrative functions of the President in the order listed:

- (a) Vice-President; or
- (b) Secretary.]

## **ARTICLE 11 STAFF FUNCTIONS**

### 11.1 STAFF FUNCTIONS

Staff functions shall include, but not be limited to, the following:

- (a) conduct, coordinate, review and/or oversee Patient care review and evaluation activities, including surgical case review, blood usage and drug utilization review, medical record review, quality and appropriateness review;
- (b) monitor and evaluate care provided in the Hospital and develop clinical policy;
- (c) facilitate continuing education opportunities responsive to quality activities, current medical practice developments and other perceived needs and supervise the Hospital's professional library services;

- (d) develop, review and evaluate drug utilization policies and practices;
- (e) take actions or make recommendations designed to prevent, investigate and control;
- (f) Hospital-acquired infections and monitor the Hospital's infection control participate in internal and external disaster exercises for Hospital safety, growth, development, and for the provision of services required to meet the needs of the community;
- (g) direct Staff activities, including Staff Bylaws review and revision, Staff officer and committee nominations, liaison with the Board and Hospital administration, and review and assist in maintaining Hospital accreditation;
- (h) perform such other functions as the Hospital or its Medical Staff may request; require that the utilization review/quality assessment plan is in effect, made accessible to the appropriate Staff members and functioning at all times;
- (i) review Staff and Hospital policies, rules and regulations relating to medical records;
- (j) maintain a record of activities including actions taken and results of such actions;
- (k) implement and maintain a program for risk management activities relating to the clinical aspects of Patient care and safety which includes the identification of general areas of potential risk in the clinical aspects of Patient care and safety, development of criteria for identifying specific cases of potential risk and evaluating such cases, correction of problems in the clinical aspects of Patient care and safety identified by risk management activities and design programs to reduce risk in the clinical aspects of patient care and safety; and
- (l) review and evaluate the qualifications of each applicant for initial appointment, reappointment, or modification of appointment to the Staff and for clinical privileges, and in connection therewith, obtain and consider the reports of the appropriate departments;
- (m) review and evaluate the qualifications of each AHP applying to perform clinical privileges and/or specified services, and in connection therewith, obtain and consider the reports of the appropriate departments.

## 11.2 COMMITTEES FOR SPECIAL SERVICES AND FUNCTIONS

As Hospital interests and services expand, the Medical Staff may develop appropriate committees to direct, monitor, review and analyze other services on a regular basis. The terms and functions shall be designated by the President in consultation with the appropriate department chairman.

## 11.3 AD HOC COMMITTEE

Ad hoc or other committees may be appointed by the President, Administration, or the Board, in consultation with the President, on a temporary basis for a specific task and for a designated period of time.

## 11.4 SPECIAL COMMITTEE RULES FOR APN PEER REVIEW

Any Medical Staff committee conducting peer review of an APN will either (i) have one or more APNs with a similar scope of practice as a voting member, or (ii) engage an independent APN with a similar scope of practice to conduct a review and report back to the Medical Staff committee.

# **ARTICLE 12 MEETINGS**

## 12.1 GENERAL STAFF MEETINGS

### 12.1.1 REGULAR MEETINGS

A regular Medical Staff meeting shall generally be held each month. The Medical Staff may authorize the holding of additional general Staff meetings by resolution. General Staff meetings will be held monthly as agreed upon by the Medical Staff. The resolution authorizing any such additional meeting shall require written notice specifying the place, date and time for the meeting, and that the meeting can transact any business as may come before it.

### 12.1.2 SPECIAL MEETINGS

Special meetings of the Medical Staff may be called at any time by the Board, the President, the MEC, or not less than twenty-five percent (25%) of the members of the Active Medical Staff, with written notice to the Staff which shall specify the place, date, time and the nature of the business which is the subject of such special meeting. No business shall be transacted at any special meeting except that stated in the meeting notice.

### 12.1.3 MANNER OF ACTION BY STAFF

Except as otherwise specified, the action of a majority of the Active Medical Staff members present and voting at a Staff meeting shall be the action of the Staff. Action may be taken without a meeting, in writing, setting forth the action so taken signed by each member entitled to vote at such a meeting. Except as otherwise specified, the action of a majority of the members present and eligible to vote at the medical staff meeting, shall be the action of the medical staff.

## 12.2 MINUTES

Minutes of all meetings shall be prepared by such person designated to take such minutes and should include a record of attendance and the vote taken on each matter. Copies of such minutes shall be signed by the presiding officer, or his/her designee, approved by the attendees, and made available to the Staff unless same are privileges, confidential or otherwise protected or prohibited by law. The minutes of each meeting shall be maintained for a reasonable period of time, as determined by the Hospital.

## 12.3 ATTENDANCE REQUIREMENTS

### 12.3.1 REGULAR ATTENDANCE

Each member of the Active Medical Staff shall be expected to attend Medical Staff meetings as outlined in Section 4.2.2.

### 12.3.2 ABSENCE FROM MEETINGS

Any member who is compelled to be absent from any Medical Staff meeting shall promptly provide to the regular presiding officer thereof the reason for such absence. Unless excused for good cause, as determined by the President in his/her sole discretion, failure to attend meetings as expected or required may be grounds for denial of an application for reappointment or reduction in Staff category. Reinstatement of a Staff member whose membership has been revoked because of a failure to attend meetings as expected shall be made only on application, and any such application shall be processed in the same manner as an application for initial appointment.

### 12.3.3 SPECIAL APPEARANCE

A Practitioner, APN, or PA whose presence is being requested at a meeting where his/her Patient's clinical course of treatment is scheduled for discussion at the regular Medical Staff meeting or a Practitioner, APN, or PA whose presence is requested at a meeting for any reason shall be so notified by Special Notice. The President or other individual designated to request the Practitioner's presence at the meeting shall give the Practitioner Special Notice of the time and place of the meeting no later than twenty-four (24) hours prior to the date and time of the meeting. Whenever apparent or suspected deviation from acceptable clinical practice is involved, the notice should include a statement of the issues involved. Failure of a Practitioner to appear at any meeting for which he/she was given Special Notice that his/her attendance was requested may, unless excused by the President upon a showing of good cause, result in corrective action, including, but not limited to an automatic suspension of all or such portion of the Practitioner's Staff membership and/or clinical privileges as the Medical Staff may direct. Any corrective action taken shall remain in effect until the matter is resolved through the corrective action process as set forth in these Bylaws. This appearance shall not constitute a hearing, and the affected Practitioner is not entitled to any of the rights or procedures stated in these Bylaws.

#### 12.4 PARLIAMENTARY PROCEDURE

Roberts Revised Rules of Order may provide guidance for the proceedings of all formal Medical Staff meetings.

### **ARTICLE 13** CONFIDENTIALITY, IMMUNITY AND RELEASES

#### 13.1 SPECIAL DEFINITIONS

For the purpose of this Article 13, the following additional definitions shall apply:

- (a) INFORMATION means record of proceedings, minutes, records, reports, memoranda, statements, recommendations, data and other disclosures, whether in written or oral form, relating to any of the subject matters specified in this Article 13.
- (b) PRACTITIONER, APN or PA means applicant to the Staff or Staff member.
- (c) REPRESENTATIVE means the Board or any director, trustee or committee thereof; a member of the Hospital's administration; Medical Staff member or officer, and any individual, designee or agent authorized by any of the foregoing to perform specific information gathering or disseminating functions.
- (d) THIRD PARTY OR PARTIES means both individuals and organizations providing information to any Representative.

#### 13.2 AUTHORIZATIONS AND CONDITIONS

By applying for or exercising clinical privileges within this Hospital, a Practitioner, APN or PA:

- (a) authorizes Representatives of the Hospital and the Medical Staff to solicit, provide and act upon information bearing on his/her professional ability and qualifications;
- (b) agrees to be bound by the provisions of this Article 13 and to waive all legal claims against any Representative who acts in accordance with the provisions of this Article 13;
- (c) acknowledges that the provisions of this Article 13 are express conditions to his/her application for, or acceptance of, Staff membership and the continuation of such membership, or to his/her exercise of clinical privileges at the Hospital.

#### 13.3 CONFIDENTIALITY OF INFORMATION

Information with respect to any Practitioner, APN, or PA submitted, collected or prepared by any Representative of the Hospital or any other health care facility or medical staff for the purpose of achieving and maintaining quality medical care, reducing morbidity and mortality, or contributing to clinical research shall, to the fullest extent permitted by law, be confidential and shall not be disseminated to anyone other than a Representative nor be used in any way except

as provided herein or except as otherwise required by law. Such confidentiality shall also extend to information of like kind that may be provided by Third Parties. This information may be disclosed to any persons or entities upon request and receipt of an authorization for release signed by the affected Practitioner, APN, or PA. This information shall not become part of any particular Patient's file but may become part of any file maintained with respect to the Practitioner, APN, or PA.

#### 13.4 IMMUNITY FROM LIABILITY

##### 13.4.1 FOR ACTION TAKEN

- (a) Each applicant to the Staff and Staff member, by virtue of their application, Staff status or clinical privileges requested or granted, agrees that no Representative of the Hospital or its Medical Staff shall be liable to a Practitioner, APN, or PA for damages or other relief for any action taken or statement or recommendation made to the greatest extent permitted under Colorado law. Each applicant to the Staff and Staff member further acknowledges that the Hospital and all such Representatives are immune from suit for such acts and agrees to pay costs and attorneys fees incurred by all such in the event the applicant or Staff member files a suit based on such acts.

##### 13.4.2 FOR PROVIDING INFORMATION

- (a) No Representative of the Hospital or its Medical Staff and no third party shall be liable to a Practitioner, APN, or PA for damages or other relief by reason of providing information to a representative of the Hospital, its Medical Staff or to any other health care facility or organization of health professionals concerning a Practitioner, APN, or PA who is or has been an applicant to the Staff, a member of the Staff or who did or does exercise clinical privileges at the Hospital, provided that such representative or third party acts in good faith and without malice. Each applicant to the Staff and Staff member further acknowledges that the Hospital and all such Representatives and third parties are immune from suit for such acts and agrees to pay costs and attorneys fees incurred by all such in the event the applicant or Staff member files a suit based on such acts.

#### 13.5 ACTIVITIES AND INFORMATION COVERED

##### 13.5.1 ACTIVITIES

The confidentiality and immunity provided by this Article 13 shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with this or any other health care facility's or organization's activities concerning, but not limited to:

- (a) applications for appointment to the Staff and/or clinical privileges;

- (b) periodic reappraisals for or modifications of reappointment of Staff membership and/or clinical privileges;
- (c) corrective action;
- (d) hearings and appellate reviews;
- (e) quality assessment;
- (f) utilization review;
- (g) peer review organization and Medicare/Medicaid review and sanctions;
- (h) state licensing boards, registration and certification agencies, associations and any other state or federal agency or their agents;
- (i) other Hospital committee or Staff activities related to monitoring and maintaining quality Patient care and appropriate professional conduct; and
- (j) any and all other activities, communications, reports, disclosures or recommendations of any kind whatsoever of the Hospital, its personnel and its Medical Staff

#### 13.5.2 INFORMATION

The acts, communications, reports, recommendations, disclosures and other information referred to in this Article 13 may relate to the professional qualifications, clinical ability, judgment, character, physical and mental health, emotional stability, professional ethics, or any other matter that might directly or indirectly affect Patient care of a current or past applicant to the Staff or Staff member.

#### 13.6 RELEASES

Each applicant to the Staff and Staff member, by virtue of their application, Staff status and/or clinical privileges requested or granted, is deemed to have executed and shall, upon request of the Hospital, execute general and specific releases in accordance with the tenor and import of this Article 13 to the greatest extent applicable under the laws of this State. Execution of such releases shall not be deemed a prerequisite to the effectiveness of this Article 13.

#### 13.7 CUMULATIVE EFFECT

Provisions in these Bylaws and other bylaws, policies, procedures, rules, regulations, guidelines or requirements of the Hospital or its Medical Staff and in application forms relating to authorizations, confidentiality of information and immunities from liability shall be in addition to other protection provided by law and not in limitation thereof.

**ARTICLE 14**  
**GENERAL PROVISIONS**

**14.1 STAFF RULES AND REGULATIONS**

Subject to approval of the Board, the Staff shall adopt such rules and regulations as may be necessary to implement more specifically the general principles found in these Bylaws. The rules and regulations shall relate to the conduct of Staff activities and provision of Patient care services in the Hospital, and shall include input from APNs and PAs. Such rules and regulations are deemed to be incorporated into these Bylaws by reference, except that they may be amended or repealed at any regular meeting of the Staff without previous notice, by a majority vote of those present and eligible to vote. Such amendments or repeal shall become effective as approved by the Board.

**14.2 STAFF DUES**

Subject to the approval of the Board, the Medical Staff shall have the power to set the amount of annual dues for each category of Staff membership and the amount of the processing fee for initial applications and to determine the manner of expenditure of funds received. The amount of annual dues may vary among the Staff categories, but shall not exceed three hundred dollars (\$300) per member for any category.

**14.3 FORMS**

Application forms and any other prescribed forms required by these Bylaws for use in connection with Staff appointments, reappointments, delineation of clinical privileges, corrective action, notices, recommendations, reports and other matters, as applicable, shall be subject to approval of the Board after considering the advice of the Medical Staff.

**14.4 CONSTRUCTION OF TERMS AND HEADINGS**

Words used in these Bylaws shall be read as the masculine or feminine gender and as the singular or plural, as the context requires. The captions or headings in these Bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision of these Bylaws.

**14.5 TRANSMITTAL OF REPORTS**

Reports, recommendations and other information which these Bylaws require the Medical Staff to transmit to the Board or which require Board action shall be transmitted to the Board through Administration.

**14.6 REQUIREMENT OF FINANCIAL RESPONSIBILITY FOR PROFESSIONAL LIABILITY (MALPRACTICE INSURANCE)**

Each member of the Medical Staff, as a condition of continuing membership on the Medical Staff, shall at all times maintain on file at the Hospital a current certificate or other proof of professional liability insurance in a minimum amount established by the Hospital. Such



minimum amount shall be at least that amount required by state or federal law and as recommended by the Medical Staff and approved by the Board.

The certificate of insurance shall indicate that the Hospital shall be notified in writing immediately upon the cancellation or no renewal of the coverage stated therein.

Failure to maintain professional liability insurance shall constitute automatic suspension of Medical Staff membership and/or all clinical privileges as provided in Article 8, Section 8.3.5 of these Bylaws.

Automatic suspension of clinical privileges and/or Staff membership under this provision shall not constitute adverse action and Staff members affected by such an automatic suspension shall not be entitled to the procedural rights or processes set forth in these Bylaws.

The professional liability insurance required hereunder shall be maintained with reliable and experienced carriers, as determined by the Hospital, and which are authorized to conduct such business within this State. If challenge is raised as to the reliability or experience of any given carrier, the burden of proving reliability and experience shall be upon the carrier and the Staff member and the determination of the reliability and experience shall be within the sole discretion of the Board.

#### 14.7 MISSTATEMENT, OMISSION, OR FALSIFICATION OF STAFF APPLICATION OR PATIENT RECORD

##### 14.7.1 REPRESENTATION AND WARRANTY OF TRUTHFULNESS AND COMPLETENESS

- (a) In submitting his application for either initial appointment or reappointment, every applicant to the Staff or Staff member expressly represents and warrants that the information contained therein is true, accurate, and complete to the best of his/her knowledge, information and belief.
- (b) In entering or specifically authenticating any information in the Patient's medical record, every Staff member or other individual authorized to make medical record entries expressly represents and warrants that such information is true, accurate, and complete to the best of his/her knowledge, information, and belief or in the exercise of his/her best professional opinion and judgment.

##### 14.7.2 SANCTIONS FOR VIOLATION OF THIS ARTICLE

- (a) Every applicant expressly agrees that any significant misstatement in or omission from his/her application for appointment or reappointment, whether intentional or not, constitutes grounds for denial of appointment or reappointment or, upon discovery, grounds for his/her immediate and summary suspension from the Medical Staff and/or of clinical privileges and

such other and further corrective action in the sole determination and discretion of the Medical Staff in consultation with Administration and/or the Hospital Board of Trustees.

- (b) Every Staff member expressly agrees that any falsification of a medical record constitutes grounds for his/her immediate and summary suspension from the Medical Staff and/or clinical privileges and such other and further corrective action in the sole determination and discretion of the Medical Staff in consultation with Administration and/or the Board.
- (c) A violation of this Article 14, Section 14.7, shall constitute additional and independent grounds for Summary Suspension as defined in Article 8, Section 8.2 of these Bylaws.
- (d) The imposition of summary suspension for a violation of this Section 14.7 shall not require a determination that the Staff member poses an immediate risk of harm to any person, however, the processes provided in Article 8, Section 8.2, shall be followed.
- (e) Imposition of summary suspension under this Section 14.7 shall be predicated upon the basis that the nature of the specific misstatement, omission or falsification has placed in question the fundamental trustworthiness and professional integrity of the Practitioner, APN or PA.
- (f) In all cases where a violation of this Section 14.7 does not result in imposition of immediate summary suspension as provided herein, any request for corrective action and the processes to be followed shall be as provided in Article 8 of these Bylaws.

14.7.3 ADVERSE RECOMMENDATIONS OR ACTION: If any recommendation is made or action taken pursuant to this Section 14.7 which adversely affects the Practitioner's, APN's, or PA's Medical Staff membership and/or his/her exercise of clinical privileges granted to him/her by the Board, as determined by the President in consultation with Administration, he/she shall be entitled to the procedural rights stated in Article 9 of these Bylaws.

14.7.4 USE: These Bylaws and all other bylaws, policies, procedures, rules, regulations, manuals, guidelines and requirements of the Hospital and/or its Medical Staff, which may apply to applicants and/or appointees to the Hospital's Medical Staff are unilateral expressions of the current requirements of, and policies and procedures established by the Hospital relating to applicants and appointees to its Medical Staff. They and all other bylaws, policies, procedures, rules, regulations, manuals, guidelines and requirements of the Hospital and/or its Medical Staff do not constitute a contract of any kind whatsoever. Applicants and appointees to the Hospital's Medical Staff shall not rely on the statements contained in the Medical Staff Bylaws, and/or all other bylaws, policies, procedures, rules, regulations, manuals, guidelines and requirements of the Hospital and/or its Medical Staff as they are subject to change at any time. They shall be interpreted, applied and

enforced within the sole discretion of the Hospital or those individuals delegated responsibility for interpretation, application or enforcement of same by the Board or under these or other bylaws, policies, procedures, rules, manuals, regulations, guidelines and requirements of the Hospital or its Medical Staff.

14.7.5 **PROFESSIONAL REVIEW:** The appointment and reappointment processes, the investigation and corrective action processes, the hearing and appellate review processes and all other processes outlined in these Bylaws and all other bylaws, policies, procedures, rules, regulations, guidelines, manuals and requirements of the Hospital and its Medical Staff and/or undertaken by or delegated to the Medical Staff in which the professional practice skills, qualifications, competency, clinical services, quality of medical care provided, efficiency of medical care provided and/or professional conduct of an applicant to or appointee of the Medical Staff is reviewed, evaluated and/or reported on and/or a recommendation is made or action taken are part of the professional/peer review processes at the Hospital. All of the immunities, protection and privileges available under state and/or federal law are intended to apply to professional/peer review processed at the Hospital.

14.7.6 **INFORMATION SHARING:** By applying or reapplying for medical staff membership and clinical privileges, the applicant acknowledges and expressly authorizes the sharing and exchange of information gathered or maintained by the Hospital with San Luis Valley Regional Medical Center.

## **14.8 Unification and Disunification of Medical Staff**

The Medical Staff can only be unified and integrated with or disunified (opt out) from other medical staffs that share the Board as its governing body according to the following processes:

### 14.8 Unification Process

- 14.8.1.1 The process for the Medical Staff to consider unification may be initiated by the Hospital or by written request at least twenty-five percent (25%) of the Active Staff.
- 14.8.1.2 At least 180 days before submission for vote under these Medical Staff Bylaws, the body that initiates the vote on unification will send written notice of proposed unification and integration of medical staffs to the Medical Executive Committee. The written notice will include the hospital(s) and medical staff(s) involved, the schedule for unification, plans and prospects for the system and unified medical staff.
- 14.8.1.3 The Hospital may provide any information to the MEC and the Medical Staff it deems appropriate regarding unification, including the hospital(s) and medical staff(s) involved, the schedule for unification, plans and prospects for the system and unified medical staff.

- 14.8.1.4 The Medical Executive Committee will review the proposed unification and will communicate its evaluation of the immediate and long-term effects of unification with Medical Staff members at least 60 days prior to the Medical Staff vote on unification.
- 14.8.1.5 The Medical Staff will vote on whether to unify or opt-out of the proposed unification at a Special Meeting called for that purpose. The Medical Staff members eligible to vote are defined in accordance with Article IV.
- 14.8.1.6 At this Special Meeting, there must be a quorum present and at least a supermajority (60%) affirmative vote of those present and eligible to vote in favor of unification is necessary for approval of unification and integration with the other medical staff(s).
- 14.8.1.7 If the Medical Staff votes to accept unification, these Medical Staff Bylaws and the Rules and Regulations remain in effect as to the members until the Medical Staff Bylaws, Rules and Regulations are amended or new Medical Staff Bylaws, Rules and Regulations are adopted pursuant to the terms of these Bylaws to address the unification and integration, which include issues localized to the Hospital or other hospital(s) within the integrated system.
- 14.8.1.8 Unification will become effective upon Board approval of the amended or new Medical Staff Bylaws, Rules and Regulations.
- 14.8.1.9 If the Medical Staff votes to opt out of the unification and maintain a separate and distinct Medical Staff, these Medical Staff Bylaws and the Rules and Regulations remain in effect.

#### 14.8.2 Disunification Process

- 14.8.2.1 The Medical Staff may vote on whether to disunify (opt out) from another hospital's medical staff at a Special Meeting called for that purpose. All Medical Staff members are notified of the Medical Staff's option to disunify (opt out) from the unified medical staff. The Medical Staff members eligible to vote are defined in accordance with Article IV.
- 14.8.2.2 At this Special Meeting, there must be a quorum present and at least a supermajority (60%) affirmative vote of those present and eligible to vote in favor of disunification is necessary for approval of disunification from the other medical staff(s).
- 14.8.2.3 Upon voting to disunify, the Medical Staff becomes the unique Medical Staff of Hospital. The Medical Staff Bylaws, Rules and Regulations that were in effect immediately prior to unification resume, pending amendments as needed to update the document, so that special elections to elect officers, department chairs and other Medical Staff leadership can occur immediately.

- 14.8.2.4 Disunification will become effective upon Board approval of any amendments needed to the Medical Staff Bylaws, Rules and Regulations.

## **ARTICLE 15**

### **ADOPTION AND AMENDMENT AND REVIEW OF BYLAWS**

#### **15.1 ANNUAL REVIEW, ADOPTION AND AMENDMENT**

- 15.1.1 **ANNUAL REVIEW:** the Credentials Committee and the Medical Staff, including APNs, and PAs, will review these Bylaws on an annual basis. Any revisions deemed appropriate shall be approved with recommendations for revisions forwarded to the board for final approval.
- 15.1.2 **METHOD OF ADOPTION AND AMENDMENT:** These Bylaws may be adopted or amended by the following action:
- 15.1.3 **ADOPTION:** These Bylaws may be adopted only by affirmative action of the Board. These Bylaws are effective when adopted by the Board, but are subject to the approval by the initial Credentialing Committee and Medical Staff.
- 15.1.4 **AMENDMENT:** Once adopted, only the Medical Staff, with board approval, may recommend amendments to these Bylaws, which shall be effective when approved by the Board. If significant changes are made to these Bylaws, those who have Medical Staff membership or clinical privileges will be provided copies of the revised texts, which will be available for review at the Medical Staff Office of the Hospital.
- 15.1.5 **CORRECTIONS:** The MEC may correct typographical, spelling or other obvious errors in these Bylaws. The MEC may also make any changes specifically required by law, state or federal statutes.
- 15.1.6 **METHODOLOGY.** Medical Staff Bylaws may be adopted or amended by the following combined action:
- (a) Medical Staff Action. The affirmative vote of a majority of the Staff members eligible to vote on a matter by written ballot or by action at a Staff meeting.
  - (b) Board Action. The affirmative vote of a majority of the Board eligible to vote at a Board meeting, at which a quorum is present, provided, however, that in the event that the Staff shall fail to exercise its responsibility and authority as required herein, and after notice from the Board, the Board may take whatever corrective action it deems appropriate.

ADOPTED by the Medical Staff on the \_\_\_\_ day of \_\_\_\_\_, 2016.

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Chief of Medical Staff

APPROVED by the Board on \_\_\_\_ day of \_\_\_\_\_, 2016.

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President of Governing Body

Formulated 1/90

Reviewed/revised	6/91
reviewed/revised	5/93
reviewed/revised	8/94
reviewed/revised	6/97
reviewed/revised	10/98
reviewed/revised	09/99
reviewed/revised	02/2000
reviewed/revised	04/2004
reviewed/revised	04/2009
Reviewed/revised	02/2013
Revised	03/2016
Revised	09/2016