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BYLAWS OF THE MEDICAL STAFF

OF

SAN LUIS VALLEY HEALTH

REGIONAL MEDICAL CENTER

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BYLAWS OF THE MEDICAL STAFF

OF

SAN LUIS VALLEY HEALTH REGIONAL MEDICAL CENTER

DEFINITIONS

For the purposes of the Bylaws of the Medical Staff ("Bylaws"), the Credentials and Hearing and Appellate Review Policy and Procedure Manual, the Rules and Regulations, and the Policies of the Medical Staff ("Medical Staff Documents") and unless stated otherwise, the following definitions will apply.

1. **ADVANCED PRACTICE NURSE (APN)** means an individual currently licensed as a registered 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.

2. **ALLIED HEALTH PRACTITIONER (AHP)** means an individual other than a licensed M.D., D.O., D.M.D., D.D.S. or acceptable equivalent, and who is qualified to render medical or surgical care under the supervision of a Practitioner who has been accorded specified 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 AHP status and specified privileges: 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.

3. **BOARD** means the Board of Trustees of Lutheran Hospital Association of the San Luis Valley and its designees. The Hospital Advisory Board or any executive or appointed subcommittee of the Board will act as the Board in all matters delegated to it by the Board. Therefore, any reference to the "Board" contained in the Medical Staff Documents and all other bylaws, policies, procedures, rules, regulations, manuals, guidelines, and requirements shall also mean the Hospital Advisory Board if the Board duties/authority were delegated to it by the Board.

4. **CHIEF EXECUTIVE OFFICER (CEO)** means the individual appointed by the Board to act on its behalf in the overall administrative management of the Hospital and the CEO's designees.

5. **CLINICAL PRIVILEGES** or **PRIVILEGES** means the rights that may be granted to a Medical Staff Appointee or Independent AHP to provide those diagnostic, therapeutic, medical, surgical, dental, or podiatric services specifically delineated to him or her, and includes Temporary and Disastrous Emergency Privileges.

6. **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.

7. **EX OFFICIO** means service as an appointee of a body by virtue of an office or position held and, unless otherwise expressly provided, means without voting rights.

8. **HOSPITAL** means SAN LUIS VALLEY HEATLH Regional Medical Center.

9. **IMPAIRED PRACTITIONER** means a Practitioner who the Hospital, its Medical Staff, and/or its Citizenship Committee, which is established pursuant to the Medical Staff's Citizenship and Practitioner Health Policy, determines is temporarily or otherwise unable to practice his or her profession with reasonable skill and safety to patients and/or without disruption to Hospital operations and/or patient care because of a physical or mental illness including but not limited to deterioration through the aging process, psychological problems, or loss of motor skills, or excessive use or abuse of drugs and/or alcohol as determined in the sole discretion of the Hospital, its Medical Staff and/or its Citizenship Committee. Impaired Practitioners will be reviewed, monitored, and/or handled as provided in the Citizenship and Practitioner Health Policy, unless the Hospital and/or its Medical Staff determine that the matter should be processed under the Medical Staff Documents and/or other policies, procedures, rules, regulations, manuals, guidelines, or requirements of the Hospital and/or its Medical Staff.

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. **INFORMATION** means a record of proceedings, minutes, interviews, records, reports, forms, memoranda, statements, recommendations, findings, evaluations, opinions, conclusions, actions, data, and other disclosures or communications, whether in written or oral form, relating to any subject matter specified in Article VI.

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 (MEC)** means that group of appointees to the Medical Staff chosen to represent and coordinate all activities and policies of the Medical Staff and its subdivisions, and act on behalf of the Medical Staff between Medical Staff meetings.

14. **MEDICAL STAFF or STAFF** means the physicians, dentists, APNs, and physician assistants who have been appointed by the Board to assist the Hospital in carrying out certain assigned functions.

15. **MEDICAL STAFF YEAR** means July 1 through June 30.

16. **MEDICO-ADMINISTRATIVE OFFICER** means a physician or dentist holding a formal administrative position with the institution while also maintaining Clinical Privileges.

17. **ORAL SURGEON** means a licensed dentist with advanced training qualifying him for board certification by the American Board of Oral and Maxillofacial Surgery. The term "dentist" as used in the Medical Staff Documents includes oral surgeons.

18. **OUTPATIENT CONTACT** means ordering an outpatient diagnostic service or an outpatient therapeutic service for a registered patient of the Hospital's outpatient department.

19. **PATIENT CONTACTS** means the admission and/or primary responsibility for a patient admitted as an inpatient or outpatient, to the Hospital, or the performance of a diagnostic service or clinical procedure on a patient admitted to the Hospital at the request of the Practitioner who admitted or has primary responsibility for the patient. Consultation for the purpose of evaluating or providing an opinion on the patient's condition where a patient visit is conducted and a report is dictated and/or handwritten and labeled as consult by the consulting Practitioner and included in the medical record shall also constitute a patient contact. Consultation without a patient visit and a report by the consulting Practitioner in the medical record, recommending certain medical care and treatment or a referral for medical care, treatment or testing shall not constitute a patient contact for the purposes of determining qualifications for appointment to a certain Staff category.

20. **PHYSICIAN ASSISTANT (PA)** means an individual currently licensed as a Physician Assistant to practice under the appropriate supervision of a Physician.

21. **PRACTITIONER** means, unless otherwise expressly provided, any physician, dentist, PA, and APN applying or appointed to the Staff or granted Clinical Privileges by the Hospital, any Independent AHP applying for or granted Clinical Privileges by the Hospital, and any Dependent AHP applying for or granted a Scope of Practice at the Hospital.

22. **REPRESENTATIVES** means the Hospital's Board and any director, officer, or Committee thereof; CEO or the CEO's designee; committees and committee members; appointees to the Medical Staff; Practitioners with Clinical Privileges or Scope of Practice; employees, contractors, and agents, who gather, review, or provide Information, or perform any peer review function, including any activity described in the Medical Staff Documents that relates to the quality of care provided the Hospital or any other health care organization.

ARTICLE I: PURPOSE AND USE OF MEDICAL STAFF DOCUMENTS

1.1 **Purpose** – The Medical Staff Documents are intended to describe the process for the following:

1.1-1 Evaluation of Practitioners applying for appointment or reappointment to the Hospital's Medical Staff, and Practitioners and Allied Health Practitioners applying for initial or renewed Clinical Privileges, or Scope of Practice;

1.1-2 Utilization review and quality assessment;

1.1-3 Corrective action, hearing, and appellate review;

1.1-4 Medical Staff organization and functions;

1.1-5 The conduct of Practitioners; and

1.1-6 Accountability to the Hospital's Board.

Nothing in the Medical Staff Documents is intended or shall be deemed to exercise control, supervision, or direction over the provision of medical services in the Hospital by Practitioners who have been granted Medical Staff appointment and/or Clinical Privileges by the Board. Furthermore, the Medical Staff Documents are not intended to delineate specific medical practice or standards, but only relate to functions of the Board, the Hospital and its Medical Staff.

1.2 **Additional Rules** - The Medical Staff Documents are intended to inform members of the Hospital's Medical Staff and other Practitioners of the policies which apply to them. There may be additional policies that apply to such Medical Staff appointees and other Practitioners. It is each Medical Staff appointee's and Practitioner's sole responsibility to obtain, read, understand, and abide by the Medical Staff Documents and additional policies.

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 with Clinical Privileges or Scope of Practice, and are subject to change at any time. They do not constitute a contract of any kind, provided that Practitioners who apply for or are granted Medical Staff membership, 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 II: PURPOSES AND RESPONSIBILITIES OF THE MEDICAL STAFF

2.1 **PURPOSES**: The purposes of the Medical Staff are:

2.1-1 To provide mutual educational, consultative, and professional support;

2.1-2 To provide a structure through the Medical Staff Documents and other policies, procedures, rules, regulations, manuals, guidelines, and requirements of the Hospital that define the responsibilities, authority, and accountability of the Medical Staff and other Practitioners; and

2.1-3 To provide a means by which the Medical Staff and other Practitioners can participate in the Hospital's policy making and planning processes and through which such policies and plans are communicated to appointees.

2.2 **RESPONSIBILITIES:** To accomplish the above purposes, it is the obligation and responsibility of the Medical Staff:

2.2-1 To participate in quality improvement programs by:

A. evaluating Practitioner and institutional performance through sound measurement systems, and reporting to the Board;

B. monitoring patient care practices and enforcement of Medical Staff and Hospital policies;

C. assisting in the evaluation of Practitioners' credentials for initial and continuing Medical Staff appointment and for the delineation of Clinical Privileges or Scope of Practice for other Practitioners and AHPs;

D. establishing a continuing education program based in part on needs demonstrated through quality review and evaluation programs;

E. participating in utilization review; and

F. assisting in the credentialing, monitoring, and processes regarding Allied Health Practitioners.

2.2-2 To participate in the Hospital Board's planning activities, to assist in identifying community health needs, and to suggest to the Board appropriate policies and programs to meet those needs;

2.2-3 To develop, administer, recommend amendments to, and enforce compliance with the Medical Staff Documents and policies; and

2.2.4 To perform such other responsibilities as the Hospital may request.

ARTICLE III: APPOINTMENT TO MEDICAL STAFF

3.1 **GENERAL QUALIFICATIONS:** Every physician, dentist, PA, or APN who seeks or is granted Medical Staff appointment must continuously meet, to the satisfaction of the Medical Staff and the Board, the qualifications established by the Medical Staff Documents, including, but not limited to the general requirements described in this Section. Failure to meet the general requirements shall be grounds for rejection of the Practitioner's application for Medical Staff membership and Practitioner shall have no right to a hearing under the Credentials Manual for failure to meet the requirements of the following Sections 3.1-1, 3.1-2, 3.1-5, and/or 3.1-6.

3.1-1 **LICENSURE/CERTIFICATION:** Possession of a valid, unrestricted license in good standing issued by the State of Colorado to practice in Practitioner's specialty (e.g., medicine, dentistry, podiatry, nursing, etc.) or an exemption from such licensure requirements;

An unrestricted DEA certificate if applicable to the privileges requested; and

For physicians, surgeons, and dentists, specialty board certification or board eligibility (if the Practitioner has been practicing fewer than 5 years since completion of residency or fellowship) in the Practitioner's specialty;

3.1-2 **EDUCATION:** Possession of one or more of the following degrees, licenses, or certifications: M.D., D.O., D.D.S., D.M.D., D.P.M., P.A., and/or APN and for physicians, surgeons, and dentists, proof of successful completion of a residency program approved by the ACGME or the AOA or other acceptable training or educational program;

3.1-3 **PERFORMANCE:** Education, training, and experience demonstrating current competence and judgment in patient care, medical and clinical knowledge, practice-based learning, interpersonal and communication skills, professionalism, and systems-based practice;

3.1-4 **ATTITUDE:** Good character and a willingness and capability, based on current attitude and documented performance, to:

A. collaborate with other Practitioners, Hospital management, and other personnel, visitors, and the community in a cooperative, professional manner, consistent with the Hospital's Medical Staff Documents and Citizenship and Practitioner Health Policy;

B. discharge Medical Staff obligations appropriate to Staff category; and,

C. adhere to the ethics of his or her specialty board and/or the AMA, AOA, ADA, or other professional association as appropriate;

3.1-5 **COMPLIANCE:** No convictions of any felony during the past 10 years, and no exclusions from participation in any federal or state health care program, including Medicare or Medicaid.

3.1-6 **PROFESSIONAL LIABILITY INSURANCE:** Demonstrate that the Practitioner has obtained and will maintain professional liability insurance in such amounts required by the Hospital, but in no event in an amount less than One Million Dollars ($1,000,000) per occurrence and Three Million Dollars ($3,000,000) annual aggregate, except that Practitioners with Honorary membership on the Medical Staff, and Practitioners without Clinical Privileges, including those on leaves of absence, are not required to maintain professional liability insurance. Practitioners who are members of the faculty of the University of Colorado Health Sciences Center and who are applying for membership on the Medical Staff as participants in a University-Temporary/Locums Tenens program shall maintain professional liability insurance as required by the Board of Regents of the University of Colorado. If these Practitioners provide care beyond the scope of the Temporary/Locums Tenens program to private patients at the Hospital, the Practitioners must provide evidence of professional liability insurance as required by this Section.

3.1-7 **DISABILITY:** Freedom from any significant physical or behavioral impairment that interferes with the qualifications required in 3.1-4 above, safe patient care, or orderly operation of the Hospital.

3.1-8 **WAIVER:** Insofar as is consistent with applicable laws, the Board has the discretion to deem a Practitioner to have satisfied a qualification for Medical Staff membership, Staff Category or Privileges, after consulting with the Medical Executive Committee, if it determines that the Practitioner has demonstrated he or she has substantially comparable qualifications and that this waiver is necessary to serve the best interests of the patients and of the Hospital. There is no obligation to grant any such waiver, and Practitioners have no right to have a waiver considered and/or granted. If a qualification is waived, the Board, after considering the recommendations of the Medical Executive Committee, may impose on the Practitioner any other requirements to assure the Practitioner has current clinical competence and can provide patient care consistent with the Hospital's quality and patient safety standards. A Practitioner who is denied a waiver or consideration of a waiver shall not be entitled to any hearing and appeal rights under the Medical Staff Documents.

3.2 **BASIC RESPONSIBILITIES OF INDIVIDUAL STAFF APPOINTMENT:** Each Practitioner who accepts appointment to the Medical Staff shall:

3.2-1 Provide patients with care at the generally recognized professional level of quality and efficiency, as determined through the professional review and quality improvement activities of the Medical Staff;

3.2-2 Abide by the Medical Staff Documents and all other bylaws, policies, procedures, rules, regulations, manuals, guidelines, and requirements of the Hospital and its Medical Staff;

3.2-3 Discharge such Staff functions for which he or she is responsible by appointment, election or otherwise;

3.2-4 Prepare and complete in a timely fashion the medical and other records approved by the Medical Staff or required by State or Federal laws for all patients he or she admits or in any way provides care to in the Hospital (See Policy Entitled: Ensuring Physician Dictation is Done in a Timely Manner);

3.2-5 Abide by recognized standards of professional specialty board and/or AMA, AOA, ADA, or other professional association as applicable.

3.3 **TERM OF APPOINTMENT**

3.3-1 **INITIAL APPOINTMENT:** All initial appointments will be for a period of up to twelve (12) months and shall be provisional; 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 Conejos County Hospital and has successfully completed a provisional period at Conejos County Hospital. The initial appointment for any applicant who is a current member of the medical staff at Conejos County Hospital will be for the balance of the applicant's then-current appointment or reappointment at Conejos County Hospital or twenty-four (24) months, whichever is less.

3.3-2 **REAPPOINTMENT:** Reappointments to any category of the Medical Staff will be for a period of up to twenty-four (24) months; provided however, if the applicant is a current member of the medical staff at Conejos County Hospital, the period of reappointment will be for the balance of the applicant's then-current appointment or reappointment period at Conejos County Hospital or twenty-four (24) months, which ever is less.

3.3-3 **PROCEDURES FOR APPOINTMENT AND REAPPOINTMENT:** The procedures for appointment, reappointment and the granting of Clinical Privileges to the Medical Staff are outlined in the Credentials and

Hearing and Appellate Review Policy and Procedure Manual and are incorporated herein by reference.

3.4 **MEDICO-ADMINISTRATIVE OFFICERS AND CONTRACTORS:** Practitioners holding Medico-Administrative positions or services contracts ("Contracted Practitioners"), whether exclusive or not, shall be subject to the same procedures as all other applicants for Medical Staff appointment and granting of Clinical Privileges. Unless provided otherwise in the applicable agreement or by the Board, the Medical Staff appointment and Clinical Privileges of a Contracted Practitioner shall terminate automatically if the agreement terminates, and the termination shall not be grounds for a hearing as described in the Credentials Manual. All issues that arise with regard to the administrative performance of a Contracted Practitioner shall be resolved in accordance with the terms of the agreement.

ARTICLE IV: MEDICAL STAFF CATEGORIES AND TEMPORARY/LOCUMS TENENS PRIVILEGES

4.1 **CATEGORIES:** There are five categories within the Medical Staff: Active, Active-Outpatient, Courtesy, Consulting, and Honorary.

4.2 **ACTIVE CATEGORY**

4.2-1 **QUALIFICATIONS**: Appointees to this category must:

A. have thirteen (13) or more Inpatient Contacts for the prior twelve (12) month period immediately preceding reappointment, with an unlimited number of Outpatient Contacts;

B. have a primary residence or primary practice located in the San Luis Valley;

C. for reappointment, have attended no fewer than 50% of all regular and special meetings of the Medical Staff and 50% of all Committee meetings of which the appointee is a member during each reappointment cycle in accordance with Sections 4.2-4 D and 4.2-4 E below; and

D. meet the qualifications of Section 3.1 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 3.1-8 above.

In the event an appointee to the Active category does not meet the qualifications for appointment to the Active 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 Courtesy category if he/she meets the requirements for the Courtesy category.

4.2-3 **PREROGATIVES:** Appointees to this category:

A. may admit and attend inpatients in the Hospital and order services for outpatients without limitation, consistent with their Clinical Privileges, except as otherwise provided in the Medical Staff Documents;

B. may vote on all matters presented at regular and special meetings of the Medical Staff and of the Committees to which he or she is appointed, 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. may hold office and sit on or be the Chairperson of any Committee, unless otherwise specified elsewhere in the Medical Staff Documents;

D. may exercise such Clinical Privileges as are granted to him or her; and

E. may attend Hospital educational programs.

4.2-4 **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;

C. actively participate in recognized 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;

D. attend no fewer than 50% of all regular and special meetings of the Medical Staff during each reappointment cycle; provided however, if the Practitioner does not have a primary residence or primary practice in the San Luis Valley, the Practitioner is excused from the meeting attendance requirements of this Section 4.2-4 D;

E. attend no fewer than 50% of all Committee meetings of which he or she is an appointee during each reappointment cycle; provided however, if the Practitioner does not have a primary residence or primary practice in the San Luis Valley, the Practitioner is excused from the meeting attendance requirements of this Section 4.2-4 E; and

F. participate in emergency room backup call and other call panels approved by the MEC and the Board if applicable to specialty (at age 60, physicians may request to be exempt from emergency room backup call in accordance with Hospital policies. Exemptions must be approved by the Board).

4.3. ACTIVE-OUTPATIENT CATEGORY

4.3-1 PURPOSE:

The Active-Outpatient Category is intended for those Practitioners who have office-based practices in the San Luis Valley and regularly order diagnostic or therapeutic outpatient services at the Hospital, consistent with their Clinical Privileges, 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 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 3.1 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 3.1-8 above.

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. may vote on all matters presented at regular and special meetings of the Medical Staff and of the Committees to which he or she is appointed, 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 hold office;

D. may be a member of committees that address outpatient services where the President determines the appointee's expertise is necessary;

E. may serve as Chairperson of the Outpatient Services Committee;

F. cannot admit or attend patients in the Hospital, but may provide formal consultations for Inpatients at the request of an Active, Courtesy, or physician with admitting privileges who is serving as a Temporary/Locums Tenens;

G. may exercise such Clinical Privileges as are granted to him or her in the Hospital outpatient department; and

H. 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 MEDICAL STAFF

4.4-1 PURPOSE:

The Courtesy Category is intended for those Practitioners who are members of the active medical staff of another Colorado hospital and are eligible for Medical Staff membership, but do not meet all the requirements of the Active Medical Staff of the Hospital because they do not have an active inpatient practice at the Hospital, as demonstrated by limited Inpatient Contacts.

4.4-2 QUALIFICATIONS: Appointees to this category must:

A. meet the qualifications of Section 3.1 of the Medical Staff 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 3.1-8 above;

B. be members of the active medical staff of another Colorado hospital. The Board may waive the requirement of active medical staff membership at another Colorado hospital for Practitioners who reside in the San Luis Valley, in accordance with Section 3.1.8 above; and

C. have no more than twelve (12) Inpatient Contacts in any Medical Staff Year.

4.4-3 PREROGATIVES: Appointees to this category:

A. may have up to twelve (12) Inpatient Contacts in any Medical Staff Year;

B. may exercise such Clinical Privileges as are granted to the appointee;

C. may attend regular Medical Staff meetings as a non-voting member;

D. may attend special meetings of the Medical Staff and Committee meetings as a non-voting member, as requested by the President or his/her designee from time to time;

E. may attend Hospital educational programs; and

F. cannot vote on matters presented at meetings of the Medical Staff or Committees, hold Medical Staff office, or chair a Committee of the Medical Staff.

4.4-4 **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; and

B. 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.

4.5 CONSULTING CATEGORY

4.5-1 **PURPOSE:**

The Consulting Category is intended for those Practitioners who do not admit or attend inpatients to the Hospital, but who wish to have access for their patients to the outpatient services offered by the Hospital or provide inpatient formal consultation services upon request of any member of the Active or Courtesy Staff or a physician with admitting privileges who is serving as a Temporary/Locums Tenens.

4.5-2 **QUALIFICATIONS:** Appointees to this category must:

A. meet the qualifications of Section 3.1 of the Bylaws 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, except any qualification waived by the Board in accordance with Section 3.1-8 above;

B. not admit or attend inpatients in the Hospital; and

C. have no more than 49 Outpatient Contacts in any Medical Staff Year if the appointee has his/her primary residence or primary office in the San Luis Valley.

4.5-3 **PREROGATIVES:** Appointees to this category may:

A. exercise such Clinical Privileges as are granted to the appointee;

B. not admit or attend inpatients or exercise Clinical Privileges in the Hospital, except for consultations at the request of an Active or

Courtesy staff member or a physician with admitting privileges who is serving as a Temporary/Locums Tenens;

C. order tests and procedures on an outpatient basis and receive reports and results pertaining to tests or procedures ordered by them or designate in writing a Staff appointee to receive them;

D. attend regular Medical Staff meetings as a non-voting member;

E. attend special meetings of the Medical Staff and Committee meetings as a non-voting member, as requested by the Medical Staff President or his/her designee from time to time;

F. attend Hospital educational programs; and

G. not vote on matters presented at meetings of the Medical Staff or Committees, hold Medical Staff office, or chair a Committee of the Medical Staff.

4.5-4 **RESPONSIBILITIES:** Appointees to this category must:

A. discharge the basic responsibilities of Staff appointment, as applicable, outlined in Section 3.2, and such other responsibilities as the Medical Staff or Hospital may require; and

B. participate in any specific quality improvement, utilization review, peer review, and other Medical Staff functions, as requested the Medical Staff President or his/her designee from time to time.

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 **PREROGATIVES:** 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 TEMPORARY/LOCUMS TENENS PRIVILEGES

4.7-1 **PURPOSE:**

Temporary/Locums Tenens privileges are intended for those Practitioners whose services are required on a temporary basis to provide coverage for members of the Active Medical Staff or whose expertise is required at the Hospital, but whose Inpatient Contacts, residency or practice location, or other qualifications do not fall within the limits or

requirements for Medical Staff categories. It is not intended that Temporary/Locums Tenens privileges become an alternative to Medical Staff Membership. Temporary/Locums Tenens privileges shall be granted at the sole discretion of the Board, upon consideration of the recommendation of the MEC, and shall be time-limited.

4.7-2 **QUALIFICATIONS:** To qualify for Temporary/Locum Tenens privileges, applicants must:

A. meet the same qualifications set forth in Section 3.1 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; and

B. be in a specialty where temporary coverage is required for members of the Active Medical Staff or have specialized expertise required at the Hospital.

4.7-3 **PREROGATIVES:**

Practitioners granted Temporary/Locum Tenens privileges may exercise only those Clinical Privileges granted by the Board of Directors, upon recommendation of the MEC. Practitioners granted Temporary/Locum Tenens 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. They may also attend Hospital educational programs.

4.7-4 **RESPONSIBILITIES:** Practitioners granted Temporary/Locum Tenens privileges must:

A. discharge the same basic responsibilities of Staff appointment, as applicable, outlined in Section 3.2, and such other responsibilities as the Medical Staff or Hospital may request;

B. 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;

C. if granted inpatient admitting privileges, participate in emergency room backup call and other call panels if requested by the MEC or the Board to ensure adequate coverage, if applicable to specialty; and

D. agree that his/her privileges are time-limited and extend for not more than one hundred and twenty (120) consecutive days.

Practitioners who have been granted Temporary/Locums Tenens privileges under this Section 4.7 and seek to extend their privileges at the Hospital beyond one hundred and twenty (120) days may apply for Active Staff appointment, and if the practitioner does not have a primary residence or primary practice in the San Luis Valley, the practitioner is excused from the meeting attendance requirements of 4.2-2 C and Sections 4.2-4 D and 4.2-4 E above and cannot vote.

4.7-5 **EXPEDITED PRIVILEGING PROCESS:**

The Hospital may follow an expedited privileging process for applicants whose applications are complete and no matters require further inquiry. The following must be verified before granting Temporary/Locums Tenens privileges on an expedited basis:

A. Current licensure

B. DEA, if applicable to the privileges requested

C. Relevant education, training or experience

D. Current competence and ability to perform the privileges requested (including at least three peer references)

E. Professional liability insurance minimum of $1,000,000.00/$3,000,000.00

F. No exclusion from Medicare, Medicaid, or other government program

Upon verification of the above information, expedited privileging may proceed so long as:

A. No current or successful challenges to the applicant's license or registration

B. No history of involuntary termination form another healthcare organization

C. No history of involuntary limitations, reduction, denial or loss of privileges when applicable to the discipline

If expedited privileging is appropriate, the MEC delegates the responsibility for a recommendation to the Medical Staff President or his/her designee, and the Board of Directors delegates the responsibility for the grant of privileges to the Chief Executive Officer, or his/her designee. Temporary/Locums Tenens privileges may be granted for up to one hundred and twenty (120) days in any Medical Staff Year.

4.8 **HEARING AND APPEAL**. Medical Staff appointees, Independent AHPs with Clinical Privileges, and applicants for Medical Staff appointment and Clinical Privileges shall

have the right to a fair hearing and appeal in the case of certain adverse actions affecting their Medical Appointment, Clinical Privileges, or application for same. The fair hearing and appeal procedures are described in detail in the Credentials and Hearing and Appellate Review Policy and Procedure Manual, which is hereby incorporated by reference.

4.8 TELEMEDICINE CLINICAL PRIVILEGES

4.8-1 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.

4.8-2 **QUALIFICATIONS:** To qualify for Telemedicine Clinical Privileges, applicants must:

1. meet the same qualifications set forth in Section 3.1 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.

4.8-3 **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.

4.8-4 **RESPONSIBILITIES:** Practitioners granted Telemedicine Clinical Privileges must:

1. discharge the same basic responsibilities of Staff appointment, as applicable, outlined in Section 3.2, 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.

4.8.5 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 4.7) 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 V: OFFICERS

5.1 OFFICERS OF THE MEDICAL STAFF:

5.1-1 **AUTHORIZED OFFICERS:** The officers of the Medical Staff shall be:

A. President
B. Vice President
C. Immediate Past President
D. Secretary
E. Treasurer

5.1-2 **QUALIFICATIONS OF OFFICERS:** Officers must be members of the Active Medical Staff at the time of nomination and election and must remain members of the Active Medical Staff in good standing during their term of office. Failure to maintain such status shall immediately result in removal of the officer creating a vacancy in the office involved. At least one officer will not be employed by the Hospital. PAs and APNs are not eligible to hold any of the offices of the Medical Staff.

5.1-3 **ELECTION OF OFFICERS:** The Medical Staff officers (except for the Immediate Past President) will be nominated and elected at the annual meeting of the Medical Staff. Nominations for office may be made from the floor at the time of the annual meeting. Only members of the Active Medical Staff and Active-Outpatient Medical Staff shall be eligible to vote. Voting shall be by secret ballot. In the event there are three (3) or more candidates and no candidate receives a majority, there shall be successive balloting with the name of the candidate receiving the fewest votes omitted from each successive slate until a majority vote is obtained by one (1) candidate. Following his or her term, the President shall automatically succeed to the office of Immediate Past President.

5.1-4 **TERM OF OFFICE:** All officers shall serve a one (1) year term or until a successor takes office. Officers shall take office on the first day of the Medical Staff Year. If the election has not been held by that day, then the officers shall take office on the first day following the election.

5.1-5 **REMOVAL OF MEDICAL STAFF OFFICERS:** Except as otherwise provided in Section 5.1-2, removal of a Medical Staff officer may be initiated by the Board acting upon its own recommendation or by two-thirds (2/3) vote of the members of the Active Medical Staff and Active-Outpatient Medical Staff for failure to perform the duties of the position held. Removal of an officer because of a loss or suspension of Medical Staff membership, Active status and/or Clinical Privileges by the officer as described in Section 5.1-2 shall be automatic and not require action by the Board or Medical Staff.

5.1-6 **VACANCIES IN OFFICE:** Vacancies occurring in an office during the Medical Staff Year, except for the offices of President or Immediate Past President, shall be filled by the MEC. If there is a vacancy in the office of the President, the Vice President shall serve out the remaining term of the President. A vacancy in the office of Immediate Past President shall not be filled.

5.1-7 **DUTIES OF OFFICERS:**

A. President: The President shall serve as the chief administrative officer of the Medical Staff and shall perform the following duties:

1. Call, preside at, and be responsible for the agenda of regular meetings of the Medical Staff.

2. Appoint members to all Medical Staff Committees except the MEC.

3. Assure that reports are presented to the Board on the quality of medical care.

4. Assure that the duties outlined in Section 5.2 are performed by members of the MEC.

B. Vice President: In the absence of the President, the Vice President shall assume all the duties and have the authority of the President.

C. Secretary: The Secretary shall keep accurate and complete minutes of all Medical Staff meetings, shall call Medical Staff meetings on order of the President, shall attend to all correspondence, and perform such other duties as ordinarily pertain to his or her office. In the absence of the President and the Vice President, the Secretary shall assume all the duties and have the authority of the President.

D. Treasurer: The Secretary shall keep accurate and complete records of the Medical Staff fund, and will collect and disperse such funds at the direction of the MEC, and perform such other duties as ordinarily pertain to his or her office. In the absence of the President, the Vice President and the Secretary, the Treasurer shall assume all the duties and have the authority of the President.

5.1-8 **MEDICAL EXECUTIVE COMMITTEE:**

A. The MEC shall consist of the Medical Staff officers and the Hospital CEO and the Hospital Chief Medical Officer who shall serve as Ex-Officio members without a vote.

5.2 MEDICAL STAFF MEETINGS

5.2-1 REGULAR MEETINGS:

A. Medical Staff meetings will be held at least quarterly to review and to evaluate the performance of the Medical Staff.

B. The Medical Staff meeting occurring in the month preceding the end of the Medical Staff year shall be the annual Medical Staff meeting at which any election of officers for the forthcoming period shall be conducted.

C. The MEC shall designate the time and place for all regular Medical Staff meetings. Notice of such resolution and any changes thereto shall be delivered to each voting member of the Medical Staff no later than seven (7) days before the first regularly scheduled Medical Staff meeting or the Medical Staff meeting to be held at the amended time or place for meetings.

5.2-2 **SPECIAL MEETINGS:** The President or Medical Executive Committee may call a special meeting of the Medical Staff at any time. The President shall call a special meeting within thirty (30) days after receipt of a written request for the meeting signed by at least twenty-five percent (25%) of the Active Staff and stating the purpose of such meeting. The President shall designate the time and place of any such special meeting. Written or printed notice stating the time, place, and purpose of any special meeting of the Medical Staff shall be delivered, either personally or by mail, to each member of the Active Staff not less than five (5) nor more than thirty (30) days before the date of such meeting. No business shall be transacted at any special meeting except that stated in the notice of the meeting.

5.2-3 **QUORUM:** The following shall constitute a quorum for the respective meetings of the Medical Staff:

Medical Staff Meetings: Those present and voting, with a minimum of ten (10) Active members in attendance.

MEC Meetings: Fifty percent (50%) of the voting members of the Committee.

Committee Meetings: Those present and voting.

5.2-4 ATTENDANCE REQUIREMENTS:

Medical Staff Meetings. Members of the Medical Staff are encouraged to attend meetings of the Medical Staff. Meeting attendance may be used by the MEC in evaluating Medical Staff

appointees at the time of reappointment depending upon their Medical Staff category.

Medical Executive Committee Meetings: Members of the MEC are expected to attend at least fifty percent (50%) of the MEC meetings held.

5.2-5 **INDIVIDUAL MEETING REQUIREMENT:** Whenever a pattern of suspected deviation from standard clinical or professional practice is identified, the President or the applicable Committee Chairperson may require the Practitioner to confer with him or with a standing or ad hoc Committee that may be considering the matter.

5.2-6 **AGENDA:**

A. The agenda at any regular Medical Staff meeting shall be:

Administrative:

1. Call to Order
2. Reading of minutes of last meeting and acceptance or change in same
3. Unfinished business
4. Communications
5. Report from the CEO of Hospital
6. Report from other Administrators
7. Report from Hospital Director of Nursing
8. Summary of reports from all other Committees
9. New business including elections where appropriate

Professional:

1. Review and analysis of medical services at the Hospital
2. Discussion and recommendations for improvements of medical services at the Hospital
3. Adjournment

B. The agenda at special meetings shall be:

1. Reading of the notice calling the meeting

2. Transaction of business for which the meeting was called

3. Adjournment

ARTICLE VI: CONFIDENTIALITY, IMMUNITY AND RELEASES

6.1 **AUTHORIZATIONS AND CONDITIONS:** By submitting an application for Staff appointment or by applying for or exercising Clinical Privileges or Scope of Practice in this Hospital, each applicant, Medical Staff appointee, and AHP:

6.1-1 Authorizes Representatives of the Hospital and the Medical Staff to solicit, review, provide, and act upon information bearing on his or her professional ability and qualifications; including, but not limited to, information from the Medical Staff;

6.1-2 Agrees that Information regarding the individual may be provided to the Hospital and its Representatives and that the provision of such Information has no impact on the protection, privilege, and confidentiality applicable to the Information under applicable law;

6.1-3 Agrees that all Information regarding the individual may be shared with and utilized by all other facilities Temporary/Locums Tenens with the Hospital for the purposes of credentialing and peer review in those facilities;

6.1-4 Agrees that Information not otherwise protected from disclosure or use under state or federal law may be provided to third parties; and,

6.1-5 Agrees to be bound by the provisions of this Article and waives all legal claims against any Representative of the Hospital or Medical Staff who acts in accordance with the provisions of this Article VI.

6.2 **CONFIDENTIALITY OF INFORMATION:** Information with respect to any applicant, Medical Staff appointee, or AHP submitted, collected or prepared by any Representatives of the Hospital or any other health care facility, organization, or medical staff for the purposes of granting Medical Staff membership, Clinical Privileges, or Scope of Practice, or peer review, including evaluating and improving the quality and efficiency of patient care, reducing morbidity and mortality, contributing to teaching or clinical research, and determining that health care services are professionally indicated and performed in compliance with the applicable standards of care shall, to the fullest extent permitted by law, be confidential and shall not be used in any way except as provided herein or other bylaws, policies, procedures, rules, regulations, manuals, guidelines or requirements of the Hospital and/or its Medical Staff, or except as otherwise provided by state or federal law. Such confidentiality shall also extend to Information of the kind that may be provided by third parties. This information shall not become a part of any

particular patient's record, but may be maintained in the Practitioner's files at the discretion of the Hospital.

6.3 IMMUNITY FROM LIABILITY

6.3-1 **FOR ACTION TAKEN:** By applying for or accepting Medical Staff appointment, Clinical Privileges, or Scope of Practice at the Hospital, each applicant, Medical Staff appointee and AHP agrees that all Representatives of the Hospital and the Medical Staff shall be immune from suit and shall not be liable to the individual for damages or any other relief for any decision, opinion, action, statement or recommendation made within the scope of the Representative's duties, provided that the action was performed in good faith as defined by applicable state and federal statutes and case law.

6.3-2 **FOR PROVIDING INFORMATION:** By applying for or accepting Medical Staff appointment, Clinical Privileges (including Temporary or Disaster/Emergency Privileges), or Scope of Practice, each applicant, Medical Staff appointee and AHP agrees that all Representatives of the Hospital or Medical Staff and all third parties shall be immune from suit and shall not be liable to the individual for damages or other relief by reason of providing information, including otherwise protected, privileged, or confidential information, to a Representative of this Hospital or the Medical Staff, to an appropriate state regulatory agency, or to a third party concerning an individual who is or has been an applicant to or an appointee of the Staff or who did or does exercise Clinical Privileges or Scope of Practice at this Hospital, provided that the information was provided in good faith as defined by applicable state and federal statutes and case law.

6.4 ACTIVITIES AND INFORMATION COVERED

6.4-1 **ACTIVITIES:** The confidentiality and immunity provided by this Article applies to all acts, communications, proceedings, interviews, reports, records, minutes, forms, memoranda, statements, recommendations, findings, evaluations, opinions, conclusions, or disclosures performed or made in connection with this or any other health care facility's or organization's peer review activities, including but not limited to:

A. applications for appointment, Clinical Privileges, or Scope of Practice;

B. periodic reappraisals for reappointment, Clinical Privileges, or Scope of Practice;

C. corrective or disciplinary action;

D. hearings and appellate reviews;

E. quality improvement program activities;

F. utilization and claims reviews;

G. profiles and profile analysis;

H. malpractice loss prevention; and

I. other Hospital and Medical Staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct.

6.4-2 **INFORMATION:** The information referred to in this Article includes any record of proceedings, minutes, interviews, records, reports, forms, memoranda, statements, recommendations, findings, evaluations, opinions, conclusions, actions, data, and other disclosures or communications in written, electronic, or oral form, including information relating to an individual's professional qualifications, clinical ability, judgment, competence, character, physical or mental health, emotional stability, professional ethics, or any other matter that might directly or indirectly affect patient care.

6.5 **RELEASES:** Each applicant and appointee shall, upon request of this Hospital, execute general and specific releases in accordance with the tenor and import of this Article. Execution of such releases is not a prerequisite to the effectiveness of this Article.

ARTICLE VII: GENERAL PROVISIONS

7.1 **STAFF RULES AND REGULATIONS AND PERFORMANCE IMPROVEMENT PLAN:** Subject to approval by the Board, the Medical Staff will adopt such rules and regulations as may be necessary to implement more specifically the general principles found in the Medical Staff Documents. The procedure for adoption, amendment and repeal of such rules and regulations will be outlined therein. The Medical Staff Documents are hereby incorporated into, and made a part of the Hospital's Performance Improvement Plan.

7.2 **COMMITTEE POLICIES:** Subject to the approval of the MEC and the Board, each Committee of the Medical Staff may formulate its own rules and regulations for the conduct of its affairs and discharge of responsibility. Such rules and regulations shall not be inconsistent with the Medical Staff Documents or other bylaws, policies, procedures, rules, regulations, manuals, guidelines and requirements of the Hospital and/or its Medical Staff.

7.3 **STAFF DUES:** The MEC will establish the amount and manner of disposition of the annual dues, if any. Dues are payable at time of appointment and reappointment and payment a condition thereof.

7.4 **SPECIAL ASSESSMENTS:** If funds of the Medical Staff are insufficient for any expenditure authorized by the MEC, additional funds may be obtained through a special assessment of the Medical Staff. Prior to any such assessment, there must be a special meeting of the Medical Staff, called by the MEC for that purpose. At this meeting, there must be a quorum present and at least a two-thirds (2/3rds) affirmative vote is necessary for approval of the assessment. Notwithstanding anything in these Medical Staff Bylaws apparently to the contrary, the members of all categories of the Medical Staff who would be required to pay the proposed assessment may vote on the assessment, even if members of one or more categories do not otherwise have the ability to vote. Voting by absentee ballot will be accepted if the completed absentee ballot is received by the MEC President at least two (2) days prior to the regular or special meeting at which the vote is taken.

7.5 **CONSTRUCTION OF TERMS AND HEADINGS:** Words used in the Medical Staff Documents shall be read as the masculine or feminine gender and as the singular or plural, as the context requires.

7.6 **HISTORIES AND PHYSICALS:** The complete history and physical examination shall be done no more than 7 days before or 24 hours after admission.

7.6.1 A history and physical must be performed by a physician or by an Independent AHP with approved Clinical Privileges to perform the history and physical. A history and physical may be performed by a Dependent AHP only if appropriately trained and supervised by a specific physician who countersigns and assumes full responsibility for the histories and physicals performed by the dependent AHP. A physician must confirm the findings, conclusions and assessment of risk prior to major high-risk diagnostic or therapeutic interventions, as defined by the Medical Staff. If a complete history and physical examination has been recorded and performed within 30 days prior to the patient's admission to the Hospital, a durable, legible copy of this report may be used in the patient's hospital medical record, provided that this complete history and physical examination was recorded by a physician with Clinical Privileges at the Hospital.

7.6.2. If a history and physical performed no more than 30 days prior to admission but greater than 24 hours prior to admission is used, the history and physical must be updated within 24 hours after admission or prior to surgery or a procedure requiring anesthesia services by a physician or an independent AHP with approved Clinical Privileges to conduct histories and physicals. The update must include an appropriate assessment, which should include a physical examination of the patient to update any components of the patient’s current medical status that may have changed since the prior history and physical or to address any areas where more current data is needed, and be signed by a physician.

7.6.3 There must be a complete history and physical in the chart of every patient prior to surgery except in severe emergencies. When the history and

physical examination are not recorded before an operation or any potentially hazardous diagnostic procedure, the procedure shall be cancelled unless the attending Practitioner states in writing that such delay would be detrimental to the patient.

7.6.4 No surgery shall be performed unless documentation of informed consent as required by this Section 7.6 appears in the medical record prior to surgery.

7.7 **QUALIFIED MEDICAL PERSONNEL:** All medical screening examinations shall be performed by "qualified medical personnel" in a manner consistent with the Treatment and Transfer of Individuals with Emergency Medical Conditions (EMTALA) Policy, which is hereby incorporated by reference, and all other policies, procedures, rules, regulations, manuals, guidelines, and requirements.

7.7.1 As determined by the Board, "Qualified Medical Person" means an individual who is licensed or certified in one of the following professional categories and who has demonstrated current competence in the performance of a medical screening examination: Physicians, Dentists, Obstetrical RN, ED RN, PAs, and Advanced Nurse Practitioners.

7.8 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:

7.8.1 Unification Process

7.8.1.1 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.

7.8.1.2 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.

7.8.1.3 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.

7.8.1.4 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.

7.8.1.5 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.

7.8.1.6 At this Special Meeting, there must be a quorum present and at least a super-majority (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).

7.8.1.7 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.

7.8.1.8 Unification will become effective upon Board approval of the amended or new Medical Staff Bylaws, Rules and Regulations.

7.8.1.9 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.

7.8.2 Disunification Process

7.8.2.1 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.

7.8.2.2 At this Special Meeting, there must be a quorum present and at least a super-majority (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).

7.8.2.3 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.

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

ARTICLE VIII: REVIEW, REVISION, ADOPTION AND AMENDMENT

8.1 **MEDICAL STAFF RESPONSIBILITY:** The Medical Staff shall have the responsibility to formulate, review at least every other year, adopt and recommend to the Board, Medical Staff Bylaws and amendments thereto. This responsibility shall be exercised in good faith and in a reasonable, responsible and timely manner. This Section 8.1 applies as well to the review, adoption and amendment of the related rules, policies, manuals and protocols developed to implement various sections of the Bylaws.

8.2 **METHOD OF ADOPTION, AMENDMENT AND REPEAL:** Medical Staff Bylaws may be adopted, amended or repealed only by action of both the Medical Staff and Board as follows:

8.2-1 **ADOPTION:** The Bylaws may be adopted only with the approval of the Medical Staff and the Board.

8.2-2 **REPEAL:** The Medical Staff Bylaws may be repealed, in whole or in part, only by action of the Medical Staff and the Board.

8.2-3 **AMENDMENT:** The Medical Staff Bylaws may be amended by action of the Medical Staff and the Board. Such amendments are effective when approved by the last body to approve them. Notice of all proposed amendments to the Medical Staff Bylaws will be sent to all Medical Staff members and available for review at the Medical Staff Office of the Hospital at least 30 days prior to the Medical Staff vote on the proposed amendments.

8.2-4 **CORRECTIONS:** The MEC may correct typographical, spelling or other technical, non-substantive errors in the Bylaws with notice to the Medical Staff and Board.

APPROVED by the Medical Staff on _____

_____
San Luis Valley Health Regional Medical Center Medical Executive Committee President

APPROVED by the Board on _____

_____
San Luis Valley Health Board President

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