

CRAIG HOSPITAL

ENGLEWOOD, COLORADO

BYLAWS

OF THE MEDICAL STAFF

ADOPTED AS AMENDED: MARCH 26, 2015

BYLAWS OF THE MEDICAL STAFF

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BYLAWS OF THE MEDICAL STAFF

**CRAIG HOSPITAL
ENGLEWOOD, COLORADO**

PREAMBLE

WHEREAS, Craig Hospital is a non-profit corporation under the laws of the State of Colorado; and

WHEREAS, its purpose is to serve as a hospital providing patient care, education and research; and

WHEREAS, it is recognized that the Medical Staff is responsible for the quality of medical care in the hospital and must accept and discharge this responsibility, subject to the ultimate authority of the hospital Governing Body, and that the cooperative efforts of the Medical Staff, the medical director, the chief executive officer and the Governing Body are necessary to fulfill the hospital's obligations to its patients;

THEREFORE, the physicians, dentists and podiatrists practicing in this hospital hereby organize themselves into a Medical Staff in conformity with these bylaws.

DEFINITIONS

1. The term "Medical Staff" means all medical physicians and osteopathic physicians holding unlimited licenses, and duly licensed dentists and podiatrists, who are privileged to attend patients in the hospital.
2. The term "Governing Body" means the Board of Directors of Craig Hospital.
3. The term "Medical Care Committee" means the Medical Care Committee of the Governing Body of Directors.
4. The term "Executive Committee" means the Executive Committee of the Medical Staff.
5. The term "President/CEO" means the President and Chief Executive Officer of Craig Hospital who is appointed by the Governing Body to act in its behalf in the overall management of the hospital.
6. The term "Practitioner" means an appropriately licensed medical physician, osteopathic physician, dentist or podiatrist.

ARTICLE I. NAME

The name of this organization shall be the Medical Staff of Craig Hospital.

ARTICLE II. PURPOSES AND RESPONSIBILITIES

Section 1 Purposes

The purposes of this organization are:

- A. To insure that all patients admitted to or treated in the hospital shall receive a uniform standard of quality patient care, treatment and services.
- B. To provide oversight of care, treatment and services provided by Practitioners with privileges.
- C. To provide an appropriate educational setting that will maintain scientific standards and that will lead to continuous advancement of professional knowledge and skill.
- D. To provide self-governance of the Medical Staff including:
 - 1. Initiating, developing and approving Medical Staff bylaws and rules and regulations.
 - 2. Approving or disapproving amendments to the Medical Staff bylaws and rules and regulations.
 - 3. Electing and removing medical staff officers.
 - 4. Determining the mechanism for establishing and enforcing criteria and standards for Medical Staff membership and privileges.
 - 5. Determining the mechanism for establishing and enforcing criteria for delegating oversight and responsibilities to Practitioners with independent privileges.
 - 6. Determining the mechanism for establishing and maintaining patient care standards and credentialing and delineation of clinical privileges.
 - 7. Engaging in performance improvement activities.
- E. To provide a means whereby issues concerning the Medical Staff and the hospital may be discussed by the Medical Staff with the Governing Body.
- F. The organized Medical Staff is accountable to the Governing Body for the quality of care, treatment and services provided to patients by Practitioners with privileges.
- G. Enforcing the Medical Staff bylaws, rules and regulations, including by recommending action to the Governing Body as appropriate.

Section 2 Responsibilities

The ongoing responsibilities of each member of the Medical Staff will include:

- A. Providing patients with quality care in a reasonably efficient manner that meets generally recognized professional standards.
- B. Abiding by the Medical Staff Bylaws, Medical Staff Rules and Regulations, Medical Staff Policies and the Hospital Bylaws and Policies.
- C. Adhering to the ethical standards applicable to his or her Licensure.
- D. Completing and documenting medical histories and physical examinations in accordance with State Law. Without limiting the foregoing:
 - (i) The medical history and physical examination must be completed and documented for each patient no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be completed and documented by a physician or by a dentist who is an oromaxillofacial surgeon, a podiatrist, an advanced practice nurse or a physician assistant, in accordance with their limited scope of practice as set forth in the rules and regulations.
 - (ii) An updated examination of the patient, including any changes in the patient's condition, must be completed and documented within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, when the medical history and physical examination are completed within 30 days before admission or registration. The updated examination must be completed and documented by a physician or by a dentist who is an oromaxillofacial surgeon, a podiatrist, an advanced practice nurse or a physician assistant, in accordance with their limited scope of practice as set forth in the rules and regulations.
- E. Practicing within the scope of privileges granted by the Governing Body.

ARTICLE III. APPOINTMENT

Section 1 Nature of Medical Staff Membership

Membership on the Medical Staff of Craig Hospital is a privilege which shall be extended only to professionally competent physicians, dentists, and podiatrists who continuously meet the qualifications, standards and requirements set forth in these bylaws.

Section 2 Qualifications

- A. Only physicians, dentists and podiatrists licensed to practice in the State of Colorado, who can document their background, experience, training and demonstrated

competence, their adherence to the ethics of their profession, their good reputation, and their ability to work with others, with sufficient adequacy to assure the Medical Staff and the Governing Body that any patient treated by them in the hospital will be given a high quality of medical care, shall be qualified for membership on the Medical Staff. No physician, dentist or podiatrist shall be entitled to membership on the Medical Staff or to exercise particular clinical privileges in the hospital merely by virtue of the fact that the Practitioner is duly licensed to practice medicine, dentistry or podiatry in this or any other state, or is a member of any professional organization, or had in the past, or presently has, such privileges at another hospital. Membership shall not be denied on the basis of race, creed, color, sex or national origin.

B. If the Hospital operates a service line or section of the Medical Staff under the terms of an exclusive arrangement with a Practitioner or group of Practitioners, the applicant must be employed by or under contract with the Practitioner or group of Practitioners who hold the exclusive arrangement and maintain that status during the Practitioner's appointment.

C. Acceptance of membership on the Medical Staff constitutes the staff member's pledge to provide for the continuous care of his or her patients and his or her agreement that he or she will conduct himself or herself in accordance with the ethics of the profession at large, and shall be further guided by any additional principles and ethics generally recognized and accepted by the members of the staff.

Section 3 Conditions and Duration of Appointment

A. Initial appointments and reappointments to the Medical Staff shall be made by the Governing Body. The Governing Body shall act on appointments, reappointments, or revocations of appointments only after there has been a recommendation from the Medical Staff as provided in these bylaws, provided that in the event of unwarranted delay on the part of the Medical Staff, the Governing Body may act without recommendation on the basis of documented evidence of the applicant's or staff member's professional and ethical qualifications obtained from reliable sources other than the Medical Staff.

B. Recommendations for appointment, reappointment and for privileges shall be made the responsibility of the Executive Committee of the Medical Staff, following a favorable evaluation of the member's professional competence, utilization of hospital facilities, participation in Medical Staff and continuing education activities, demonstration of evidence of continued professional liability insurance, eligibility to participate in federal programs, and the member's ability to perform the specific privileges requested.

C. Professional Liability Insurance

1. All applicants shall have a minimum of \$1 million (\$1,000,000) for single occurrences and \$3 million, (\$3,000,000) total professional liability insurance for which evidence of such coverage must be demonstrated by Certificate of Insurance or similar proof. Any member whose professional

liability insurance is canceled or failed to be renewed shall notify the Medical Director within seven (7) days of receiving said notification. The statement must include the circumstances resulting in cancellation or failure of renewal. Any member who does not have professional liability insurance at the time of reappointment must report this fact in the requested reappointment information.

2. Upon recommendation of the Medical Staff Executive Committee, such minimum amount of required professional liability insurance may be waived by the Governing Body for faculty physicians of the University of Colorado Health Sciences Center to the extent that such required minimum amount exceeds the University's limited liability pursuant to C.R.S. Section 24-10-114. Section 24-10-114 currently limits the University's liability to \$150,000 for any one person per occurrence and \$600,000 for injury to two or more persons in any single occurrence and \$600,000 for injury to two or more persons in any single occurrence, with each person limited to \$150,000.

D. Initial appointments and reappointments shall be for a period of not more than two (2) years.

E. Appointment to the Medical Staff shall confer on the appointee only such clinical privileges as have been granted by the Governing Body in accordance with these bylaws.

Section 4 Application for Appointment

A. All applications for appointment to the Medical Staff shall be submitted on a form prescribed by the Governing Body. The application shall require detailed information concerning the applicant's professional qualifications, relevant training, current competence and clinical practice including:

1. the names of two (2) persons who have extensive experience in observing and working with the applicant and who can provide adequate reference pertaining to the applicant's professional competence and ethical character;

2. information regarding any voluntary or involuntary termination of Medical Staff membership or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another hospital;

3. information as to whether his/her membership in local, state or national professional societies, his/her license to practice any profession in any state, his/her registration certificate to prescribe controlled substances or his/her eligibility to participate in any private, federal or state health insurance programs have ever been suspended, modified, or terminated. The submitted application shall include the license number of the applicant's current Colorado license to practice with any modifications and, if his/her clinical practice includes prescription of controlled substances, a current copy of his/her Drug Enforcement Administration registration certificate.

4. information verifying that the applicant currently has in force professional liability insurance at the required minimum level and as to whether there have been any judgments filed against him or her or any settlements made in his/her behalf relating to professional liability cases against the Practitioner;

5. a copy of a current government issued photo identification and an additional current photograph to ensure that the individual requesting approval is the same individual identified in the application documents.

B. The applicant shall have the burden of producing adequate information for a proper evaluation of his/her competence, character, ethics, physical and mental well-being and other qualifications. Two (2) letters of recommendation shall be requested from peers, as appropriate.

C. By applying for appointment to the Medical Staff, each applicant hereby signifies his or her willingness to appear for interviews in regard to the application, authorizes the hospital to consult with members of Medical Staffs of other hospitals with which the applicant has been associated and with others who may have information bearing on the applicant's competence, character, and ethical qualifications, and ability to perform the specific privileges requested. The applicant may be evaluated in accordance with the Impaired Practitioner/Disruptive Behavior Policy, as such is amended from time to time. The applicant further consents to the hospital's inspection of all records and documents that may be material to an evaluation of the applicant's professional qualifications, competence and ability to carry out the clinical privileges requested as well as the moral and ethical qualifications for staff membership.

D. By applying for appointment to the Medical Staff, each applicant hereby releases from any liability and grants immunity to all representatives of the hospital and its Medical Staff for their acts performed connection with evaluating the applicant and his or her credentials, and releases from all liability all individuals and organizations who provide information to the hospital concerning the applicant's competence, ethics, character, ability to perform the specific privileges requested, and other qualifications for staff appointment and clinical privileges, including otherwise privileged or confidential information. This provision supplements and does not limit the immunities under Article XV and available under applicable state and federal laws.

E. Every application for staff appointment shall be signed by the applicant and shall contain the applicant's specific acknowledgment to abide by the Medical Staff bylaws and rules and regulations as well as those provisions of the bylaws of the Governing Body which apply to the Medical Staff.

F. The applicant agrees to immediately provide and update the information requested on the original application and subsequent applications for reappointment and privilege request forms. The applicant further agrees to provide all related information requested by the Hospital or its Medical Staff.

For purposes of this Section "immediately" means within three (3) days of the change in information unless otherwise provided in the Bylaws, Rules and Regulations, policies,

procedures or requirements of the Hospital or its Medical Staff. Copies of renewed or updated medical Licenses, DEA registration certificate, proof of professional liability insurance coverage or other documents requested by the Medical Staff Coordinator must be provided within thirty (30) days of receipt of the requests.

Section 5 Appointment Process

A. The completed application form shall be transmitted to the Medical Director or designee. After collecting any other materials deemed pertinent, the Medical Director or designee shall transmit the application and all supporting materials to the Executive Committee.

B. The Executive Committee shall examine the evidence of the character, professional competence, qualifications and ethical standing of the Practitioner as directly related to the quality of health care, treatment and services, and shall determine, through information contained in reference given by the Practitioner and from other sources available to the committee, whether the Practitioner has established and meets all of the necessary qualifications for the category of staff membership and the clinical privileges requested.

C. Within sixty (60) days after receipt of the completed application for membership and completion of the verification process, the Executive Committee shall evaluate the applicant and make a recommendation that the Practitioner be provisionally appointed to the Medical Staff, that the Practitioner be rejected for Medical Staff membership, or that the application be deferred for further consideration. All recommendations to appoint must also specifically recommend the designated staff category and the clinical privileges to be granted which may, where appropriate, be qualified by probationary conditions.

D. When the recommendation of the Executive Committee is favorable to the Practitioner, the Medical Director shall forward it, together with all supporting documentation, to the Medical Care Committee of the Governing Body. At its next regular meeting after receipt of the Executive Committee's recommendation, the Medical Care Committee shall review, evaluate and make recommendations to the Governing Body relative to the applicant's provisional appointment to the Medical Staff.

E. When the recommendation of the Executive Committee is to defer the application for further consideration, it must be followed up within sixty (60) days with a subsequent recommendation for appointment with specific clinical privileges, or for rejection for staff membership.

F. When the recommendation of the Executive Committee is adverse to the Practitioner either in respect to appointment or clinical privileges, the Medical Director shall promptly so notify the Practitioner by certified mail, return receipt requested, of his/her procedural rights as provided in Article XIII of these bylaws. No such adverse recommendation need be forwarded to the Medical Care Committee of the Governing Body for review and transmission to the full Governing Body until after the Practitioner has exercised his or her right to a hearing as provided in these bylaws.

G. If, after the Executive Committee has considered the report and recommendation of the Hearing Panel or Officer and the hearing record, the Executive Committee's reconsidered recommendation is favorable to the Practitioner, it shall be processed as provided in these bylaws. If such recommendation continues to be adverse, the Medical Director shall promptly so notify the Practitioner by certified mail, return receipt requested. The Medical Director shall also forward such recommendation and documentation to the Medical Care Committee of the Governing Body, but the committee shall not transmit the recommendation to the full Governing Body for action thereon until after the Practitioner has exercised or has been deemed to have waived his or her right to an appellate review as provided in these bylaws.

H. At its next regular meeting after receipt of a favorable recommendation, the Governing Body shall act on the matter, and the requesting Practitioner is promptly notified by letter regarding an approval of appointment. If the Board of Director's decision is adverse to the Practitioner in respect to either appointment or clinical privileges, the Medical Director shall promptly notify the Practitioner of such adverse decision by certified mail, return receipt requested, and such adverse decision shall be held in abeyance until the Practitioner has exercised or has been deemed to have waived his or her right to an appellate review as provided in these bylaws. The fact that the adverse decision is held in abeyance shall not be deemed to confer privileges where none existed before.

I. At its next regular meeting after all of the Practitioner's rights have been exhausted or waived, as provided in these bylaws, the Governing Body shall act on the matter. The Governing Body may defer final determination by referring the matter back for further reconsideration. Any such referral back shall state the reasons therefor, shall set a time limit within which a subsequent recommendation to the Governing Body shall be made, and may include a directive that an additional hearing be conducted to clarify issues which are in doubt. At its next regular meeting after receipt of such subsequent recommendation and new evidence in the matter, if any, the Governing Body shall make a decision either to appoint the Practitioner to the staff or to reject staff membership. All decisions to appoint shall include a delineation of the clinical privileges which the Practitioner may exercise.

J. Whenever the Governing Body' decision will be contrary to the recommendation of the Executive Committee, the Governing Body shall submit the matter to a jointly convened Hearing Panel or Officer for review and recommendation and shall consider such recommendation before making its final decision.

K. When the Governing Body' decision is final, it shall send notice of such decision through the Medical Director to the President of the Medical Staff, to the Chair of the Executive Committee and to the Practitioner by mail.

Section 6 Reappointment Process

A. Every two (2) years, at least thirty (30) days prior to the first scheduled regular meeting of the Governing Body in the year in which a new reappointment cycle begins, the Executive Committee shall review all pertinent information available on each

Practitioner scheduled for periodic appraisal for the purpose of determining its recommendations for reappointment to the Medical Staff and for the granting of clinical privileges for the ensuing two (2) year period. This shall include the results of any Focused Professional Practice Evaluation and the Ongoing Professional Practice Evaluations, an update of the detailed information required at the time of initial appointment or any previous reappointments. The Executive Committee shall transmit its recommendations, in writing, to the Medical Care Committee of the Governing Body for review and transmission to the full Governing Body. Where non-reappointment is recommended, the reason for such recommendation shall be stated and documented.

B. Each recommendation concerning the reappointment of a Medical Staff member and the clinical privileges to be granted upon reappointment shall be based upon such member's ethics and conduct, professional competence and clinical judgment in the treatment of patients, attendance at Medical Staff meetings, where appropriate, participation in Medical Staff affairs and continuing education activities, compliance with the hospital bylaws, where applicable, and the Medical Staff bylaws and rules and regulations, cooperation with hospital personnel, use of the hospital's facilities for patients, relations with other Practitioners, and the general attitude toward patients, the hospital and the public, an appraisal of the member's ability to perform the specific privileges requested, eligibility to participate in any private, federal or state health insurance programs as well as demonstrated evidence of current licensure, current DEA registration, if required for practice.

C. Each member must provide evidence of continued professional liability insurance with a minimum of \$1 million (\$1,000,000) for single occurrences and \$3 million (\$3,000,000) total professional liability insurance for which evidence of such coverage must be demonstrated by Certificate of Insurance or similar proof. The minimum professional liability insurance may be waived for faculty physicians of the University of Colorado Health Sciences Center as described in this Article III, Section 3.

D. Thereafter, the procedure provided in Section 4 of this Article III relating to recommendations on applications for initial appointment shall be followed.

Section 7 Modification of Membership Status or Privileges

A. A staff member may, either in connection with reappointment or at any other time, request modification of his/her staff category or clinical privileges by submitting a written application to the Medical Director. Such request shall be processed in substantially the same manner as provided in Section 6 for reappointment.

B. All advancements in staff category and new clinical privileges are granted on a provisional basis for two (2) years and are subject to the procedures outlined in Article IV., Section 2, for initial appointment.

Section 8 Leave of Absence

A. If a Medical Staff member will be absent from patient care responsibilities for more than six (6) months, he or she must request a leave of absence from the Medical Staff

B. Leave Of Absence, Reinstatement and Monitoring

1. For a Medical Staff Members who self-reports or is otherwise determined to have a health concern that may affect his or her practice at the Hospital, information shall be forwarded to the Executive Committee (or Impaired Practitioner Committee) for purposes of considering requests for reinstatement following a leave of absence, or initial appointment if membership and Privileges have expired during a leave of absence, and monitoring, and reasonable accommodation if required by law. Such information shall include the following: a copy or a summary of the original complaint or self-report, a copy of the any report(s) of the Impaired Practitioner Committee, and a description of the actions taken by the Medical Director, the Medical Staff President or their designees, any reports from Colorado Physician Health Program (“CPHP”) or other program or provider, and information concerning the Practitioner’s activities, including whether the Medical Staff Members took a voluntary leave of absence or agreed to refrain from exercising certain Privileges.

2. Upon sufficient proof that a Medical Staff Member has been evaluated by and/or participated in a rehabilitation or treatment program or other provider acceptable to the Executive Committee or its designee, a Medical Staff Member who was granted a medical leave of absence may be eligible for reinstatement or appointment if his/her membership or Privileges expired, subject to evaluation of his or her fitness to return to practice. A request for reinstatement following a leave of absence shall be submitted in accordance with this Section 8.B. The Impaired Practitioner Committee reviews all relevant information and shall make a recommendation to the Executive Committee. Appointments shall be addressed in accordance with the processes under Article III. The Executive Committee shall consider the recommendations of the Impaired Practitioner Committee concerning reinstatement or appointment, monitoring and reasonable accommodation if required by law.

3. Prior to recommending reinstatement or appointment of a Medical Staff Member who took a medical leave of absence, determining appropriate monitoring, or considering any request for reasonable accommodation if required by law, the Executive Committee must obtain a letter from CPHP or other program or provider acceptable to the Executive Committee or its designee addressing the relevant health concerns, which should include the Medical Staff Member’s condition, compliance, the need for monitoring, continued treatment needs and whether the Medical Staff Member can safely and competently exercise Privileges. The Practitioner may be required to consent in writing to the release of this information initially and as part of an ongoing monitoring process. The Executive Committee may consult with the Hospital’s human resources

department on a confidential basis concerning the standards for reasonable accommodation.

4. The Executive Committee shall determine what, if any, monitoring should be required when the Medical Staff Member returns to practice or exercises full Privileges. The Medical Staff Member may be required to provide periodic reports from his or her treatment program or provider that address relevant concerns, including that his or her ability to practice safely and competently is not impaired. The Medical Staff Member's exercise of Privileges in the Hospital may be monitored by the Executive Committee or its designee. If the Medical Staff Member has a health concern relating to substance abuse, the Medical Staff Member must, as a condition of reinstatement or appointment, agree to submit to random alcohol or drug screening tests at the request of the Medical Director, Medical Staff President or their respective designees.

C. Corrective Action and Suspension

1. The Medical Staff desires to encourage self-reporting and voluntary cooperation through a process that promotes rehabilitation and confidentiality and is separate from the corrective action process. If at any stage, the Practitioner does not voluntarily and fully cooperate in the processes set forth in this Section 8 in a timely manner and the Medical Staff Member health concern presents a risk to patient safety, quality care, or safe and effective Hospital operations, the matter may be referred to the Executive Committee in accordance with the Bylaws. If the failure to take action may result in imminent danger to the health and/or safety of any patient or other person under the Bylaws may be invoked. The Medical Staff Member's rights, if any, to a hearing and appeal shall be as described in the Bylaws.

ARTICLE IV. CATEGORIES OF THE MEDICAL STAFF

Section 1 The Medical Staff

The Medical Staff shall be divided into Active Attending, Primary Consulting, Consulting, Affiliate and Honorary Categories.

Section 2 Active Attending Staff

The Active Attending Staff shall consist of physicians who regularly admit patients to the hospital and who assume all the functions and responsibilities for membership on the active Medical Staff including, where appropriate, emergency care and consultation assignments. Members of the Active Attending Staff shall be eligible to vote, to hold office and to serve on and chair the Executive Committee and other Medical Staff committees.

Section 3 Primary Consulting Staff

The Primary Consulting Staff shall consist of specialists in various categories of care who shall act in an auxiliary capacity to the Active Attending Staff in the management of patients. They shall not be eligible to admit patient to the Inpatient Service, but may admit patients to the Out-

Patient Department. Members of the Primary Consulting Staff shall participate on the Executive Committee and other Medical Staff committees as deemed necessary, and are encouraged to attend Medical Staff meetings. Primary Consulting Staff must have participated in the treatment of a minimum of five (5) patients during their initial appointment period. . They shall not be eligible to hold office, but shall be eligible to vote.

Section 4 Consulting Staff

The Consulting Staff shall consist of physicians, dentists and podiatrists with recognized professional credentials who, upon invitation of a member of the Active Attending Staff, have indicated a willingness to serve in a consulting capacity. They shall not be eligible to admit patients to the Inpatient Service. However, they may admit patients to the Out-Patient Department. Consulting Staff may attend annual Medical Staff meeting. Consulting Staff must have participated in the treatment of a minimum of five (5) patients during their initial appointment period. They shall not be eligible to vote nor to hold office.

Section 5 Affiliate Staff

The Affiliate Staff shall consist of specialists who participate in the treatment of fewer than five (5) patients during their initial appointment period, but who are associates of members of the Primary Consulting Staff or the Consulting Staff and provide specialty call coverage for those members. They must meet and maintain the qualifications outlined in Article III, Sections 2 and 3 as well as demonstrated competence as evidenced by continuing membership in good standing on the Medical Staff of another local hospital. They shall not be eligible to admit patients to the Inpatient Service or to the Out-Patient Department. Affiliate Staff may attend annual Medical Staff meeting. They shall not be eligible to vote nor to hold office.

Section 6 Honorary Staff

The Honorary Staff shall consist of Practitioners who are not active in the hospital, but who have made extraordinary contributions to Craig Hospital and/or the rehabilitation field. These may be individuals who are recognized for their outstanding reputation and/or their long-standing service to the hospital. Honorary members shall not be eligible to admit patients, to vote, to hold office or to serve on standing Medical Staff committees, but they may act as consultants to the organized Medical Staff on By-Laws, policies and procedures, and other relevant matters, and will be invited to the annual Medical Staff meetings.

Section 7 Designation of Category

The Executive Committee of the Medical Staff shall recommend to the Governing Body the appropriate staff category of each applicant for appointment or reappointment. The decision of the Governing Body shall be final.

ARTICLE V. CLINICAL PRIVILEGES

Section 1 Clinical Privileges

A. Every Practitioner practicing in this hospital by virtue of Medical Staff membership or otherwise, shall, in connection with such practice, be entitled to exercise

only those clinical privileges as delineated in the Medical Staff Rules and Regulations and specifically granted by the Governing Body, except as provided in Sections 2, 3 and 4 of this Article V.

B. Every initial application for appointment to the Medical Staff must contain a request for the specific clinical privileges desired by the applicant. The evaluation of such requests shall be based upon the applicant's education, training, experience, demonstrated competence, references and other relevant information. The applicant shall have the burden of establishing his or her qualifications and competency in the clinical privileges requested.

C. All Practitioners with initial privileges will be subject to the Focused Professional Practice Evaluation in accordance with the Professional Practice Evaluation policy, as amended from time to time.

D. Periodic redetermination of clinical privileges and the increase or curtailment of same shall be based upon the direct observation of care provided, review of the records of patients treated in this or other hospitals and review of the records of the Medical Staff which document the evaluation of the member's participation in the delivery of medical care.

E. In that all major surgery performed on patients is done at Swedish Medical Center, the surgeon must be a member of that Medical Staff. The surgeon's clinical privileges at Craig will not exceed and will be in compliance with those granted at Swedish Medical Center.

Section 2 Temporary Privileges

A. Temporary privileges may be granted by the President/CEO (or authorized designee), upon recommendation of the Medical Staff President (or authorized designee), only in the circumstances described below:

1. Important Patient Care Need - To fulfill an important patient care need that, in the opinion of the Medical Staff President (or in his absence, the active attending physician), identifies the need for an immediate authorization to practice, for a limited period of time. Verification for such temporary privileges will include confirmation of current licensure and current competence.

2. Pendency of Application - To an applicant awaiting final Medical Executive Committee and Governing Body approval. The applicant must have:

- a. Current licensure
- b. Relevant training or experience
- c. Current competence
- d. Ability to perform the privileges requested

- e. A query and evaluation of the NPDB information
- f. A complete application
- g. No current or previously successful challenge to licensure or registration
- h. No subjection to involuntary termination of Medical Staff membership at another organization
- i. No subjection to involuntary limitation, reduction, denial or loss of clinical privileges at this hospital or another facility

B. Under the foregoing circumstances, temporary privileges may be granted for a limited period of time, not to exceed 120 days.

Section 3 Emergency Privileges

A. In case of an emergency, any physician member of the Medical Staff, to the degree permitted by the Practitioner's license and regardless of staff status or lack of it, shall be permitted and assisted to do everything possible to save the life of a patient, using every facility of the hospital necessary, including the calling for any consultation necessary or desirable. When an emergency situation no longer exists, such physician must request the privileges necessary to continue to treat the patient. In the event such privileges are denied or the Practitioner does not desire to request privileges, the patient shall be assigned to an appropriate member of the active attending staff.

B. For the purpose of this section, an "emergency" is defined as a condition in which the life or limb of a patient is in immediate danger and any delay in administering treatment would add to that danger.

Section 4 Disaster Privileges

In the event the hospital's Emergency Operations Plan is activated, privileges may be granted to licensed independent Practitioners who are not members of the Medical Staff in accordance with the Medical Staff Policy for Granting Disaster Privileges in an emergency or disaster situation. The President/CEO or the Medical Director or his/her designee (s) has the authority to grant disaster privileges.

ARTICLE VI. OFFICERS

Section 1 Officers of the Medical Staff

The officers of the Medical Staff shall be the president, vice-president and secretary-treasurer.

Section 2 Qualifications of Officers

Officers must be members of the Active Attending Medical Staff at the time of nomination and election and must remain members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

Section 3 Election of Officers

A. Officers shall be elected at the annual meeting of the Medical Staff by those eligible to vote.

B. The Nominating Committee shall consist of two members of the Active Attending Medical Staff appointed by the President of the staff. This committee shall offer one nominee for each office.

C. Officers will be elected by a majority vote.

Section 4 Term of Office

All officers shall serve a one year term from their election date or until a successor is elected. Officers shall take office at the close of the annual meeting at which they are elected.

Section 5 Vacancies in Office

Vacancies in office during the Medical Staff year, except for presidency, shall be filled by appointment by the president from members of the Active Attending Medical Staff. A vacancy in the office of the presidency shall be filled by the Medical Director until a re-election.

Section 6 Resignation and Removal from Office

A. Any staff officer may resign at any time by giving written notice to the Executive Committee. Such resignation, which may or may not be contingent on formal acceptance, takes effect on the date of receipt or at any later time specified in it.

B. Removal of a staff officer may be effected either by:

1. the Governing Body after a joint conference with the Medical Executive Committee with the affected Officer absent from the joint conference; or

2. an affirmative vote of two-thirds (2/3) of staff members who are eligible to vote, present at a special meeting called for that purpose and ratified by the Medical Executive Committee and the Governing Body.

C. Removal may be based only upon failure to perform the duties of the position held as described in the Medical Staff Bylaws or failure to maintain staff appointment for any reason.

Section 7 Duties of Officers

A. **President:** The President shall:

1. call, preside at and be responsible for the agenda of all general meetings of the Medical Staff;
2. serve on the Medical Staff Executive Committee;
3. serve as a member of all other Medical Staff committees, either on a regular or ex officio basis;
4. appoint committee members to all standing, special and multidisciplinary Medical Staff committees, subject to the approval of the Medical Staff;
5. work cooperatively with the Medical Director in all medico-administrative affairs affecting the Medical Staff.

B. **Vice-President:** In the absence of the President, the Vice-President shall assume all the duties and have the authority of the President. The Vice-President shall be a member of the Executive Committee of the Medical Staff.

C. **Secretary-Treasurer:** The Secretary-Treasurer shall be a member of the Executive Committee of the Medical Staff. The Secretary-Treasurer shall be responsible for assuring that accurate and complete minutes of all meetings of the Medical Staff and of the Executive Committee are compiled and maintained and is also responsible for such other duties as are delegated to him or her by the President of the staff or by the Executive Committee.

Section 8 Other Officials of the Medical Staff

A. **Medical Director**

1. **Qualifications:** If appointed, a Medical Director must meet all qualifications defined in these bylaws for appointment to the Active Attending Medical Staff.
2. **Selection and Appointment:** If chosen, the Medical Director shall be appointed by the Governing Body in accordance with bylaws of the Governing Body. Upon appointment, the Medical Director shall be subject to the hospital bylaws and the Medical Staff bylaws and rules and regulations in the same manner as other Medical Staff members.
3. **Term of Office:** The Medical Director's term of office shall be as provided in his or her contract, employment agreement or other arrangements, if any.

4. Removal from Office: Removal of the Medical Director shall be in accordance with Article XIV of these bylaws.

B. Duties of the Medical Director: The Medical Director shall:

1. be responsible for the enforcement of Medical Staff bylaws, rules and regulations, for implementation of sanctions where these are indicated, and for the Medical Staff's compliance with procedural safeguards in all instances where corrective action has been requested against a Practitioner;

2. represent the views, policies, needs and grievances of the Medical Staff to the Governing Body and administration;

3. receive and interpret the policies of the Governing Body to the Medical Staff and report to the Governing Body on the performance and maintenance of quality with respect to the Medical Staff's delegated responsibility to provide care;

4. be responsible for the educational activities of the Medical Staff;

5. act in coordination and cooperation with the hospital President/CEO and the President of the Medical Staff in all matters of mutual concern within the hospital.

ARTICLE VII. MEDICAL STAFF MEETINGS

Section 1 Medical Staff Year

For purposes of the business of the Medical Staff, the business year will commence on January 1 of each year and end on December 31 of the same year.

Section 2 Annual Meeting

A. The Annual Staff Meeting shall be the first meeting of each calendar year at which any elections of officers for the ensuing period shall be conducted.

B. The Active Attending Staff shall, by standing resolution, designate the time and place for the Annual Meeting.

Section 3 Special Meetings

Special meetings of the Medical Staff may be called at any time by the President, the Executive Committee or not less than one-fourth of the members of the Active Attending Medical Staff. There shall be ten (10) days written notice given of all special meetings and the purpose of the meeting shall be stated in the notice. At any special meeting no business shall be transacted except that stated in the notice.

Section 4 Quorum and Voting

The presence of 50% of the total membership of the Active Attending Staff at the Annual Meeting or a special meeting shall constitute a quorum for the purposes of amendment of these bylaws, rules and regulations, and for actions on recommendations made by the Medical Staff Executive Committee. The presence of 30% of the Active Attending Staff shall constitute a quorum for all other actions. Except as otherwise provided in these Medical Staff bylaws, the affirmative vote of 50% of the voting members present at any meeting at which a quorum has been established shall be the action of the Medical Staff.

Section 5 Attendance Requirements

A. Active Attending Staff: Each active attending staff member shall be required to attend a minimum of 50% of the Medical Staff meetings held in a Medical Staff year, inclusive of the Annual Medical Staff Meeting and the Active Attending Medical Staff Meetings.

B. Primary Consulting Staff: Each primary consulting staff member shall be encouraged to attend the annual Medical Staff meeting.

C. Consulting and Affiliate Staffs: Due to minimal activity in the hospital, members of the Consulting and Affiliate Medical Staffs shall not be required to attend Medical Staff meetings.

Section 6 Agenda

A. The Agenda of the Annual Meeting shall be determined by the Medical Director.

B. The agenda for special meetings shall be:

1. Reading of the notice calling the meeting.
2. Transaction of the business for which the meeting was called.
3. Adjournment.

Section 7 Minutes

Minutes of the Annual Meeting and any special meetings of the Medical Staff shall be prepared and shall include the vote taken on each matter. The minutes shall be signed by the presiding officer.

ARTICLE VIII. SERVICES

Section 1 Organization of Services

Craig Hospital, being a specialty hospital, shall be a single Medical Staff, not organized by department services.

ARTICLE IX. COMMITTEES

Section 1 Executive Committee

A. **Composition:** The Executive Committee shall be a standing committee and shall consist of all members of the Active Attending Staff and at least five (5) representatives from other categories of the Medical Staff, of any discipline or specialty, who are appointed annually by the president of the Medical Staff. The committee chair and vice chair shall be appointed by the Medical Staff president on an annual basis. All of the physician members shall be voting members of the committee. The majority of voting members of the Executive Committee shall be physicians. The non-voting members shall include representatives from hospital administration, including the President/CEO and/or designee; Nursing Department; Quality Management and other hospital support services as designated by the committee.

B. Duties

The duties delegated by the Medical Staff to the Executive Committee shall be:

1. to represent and act on behalf of the Medical Staff between Medical Staff meetings, subject to such limitations as may be imposed by these bylaws;
2. to coordinate quality improvement activities and fulfill the Medical Staff's accountability to the Governing Body for the quality of overall medical care rendered to the patients in the hospital;
3. to implement and enforce the Bylaws, rules, regulations and approved policies of the Medical Staff;
4. to provide liaison among the Medical Staff, administration and the Governing Body;
5. to review and act upon reports and recommendations from any and all staff committees, services and assigned activity groups;
6. to recommend to the Governing Body all matters relating to Medical Staff structure, Medical Staff membership, Medical Staff appointment and reappointments, staff categorization, processes used to review credentials and delineate clinical privileges, the delineation of privileges for each Practitioner privileged through the Medical Staff process, termination of appointment, and corrective action;
7. to initiate and pursue corrective action, when warranted, in accordance with the provisions of these bylaws;
8. to inform the staff of the accreditation program of The Joint Commission and other applicable accrediting programs as well as requirements of

regulatory agencies, and to ensure that the staff is in satisfactory compliance with the required standards and regulations.

9. to request evaluations of Practitioners privileged through the Medical Staff process in instances where there is doubt about an applicant's ability to perform the privileges requested.

C. Medical Staff Functions

The Executive Committee shall be responsible for the effective discharge, either as a committee of the whole or through subcommittees that may be created from time to time, as warranted, of the additional delegated Medical Staff functions. These are to:

1. Conduct or coordinate credentialing and investigations regarding Medical Staff membership and the granting of clinical privileges and specified services in accordance with these Bylaws.

2. Provide leadership for the process and outcome measurement, assessment, and improvement which includes, though are not limited to the medical assessment and treatment of patients, use of medications, use of blood and blood components, use of operative and other procedures, other monitors related to patient safety, mortality review, and the efficiency of and significant departures from established clinical practice patterns.

3. Conduct or coordinate utilization review activities.

4. Investigate and advise in the control of nosocomial infections and monitor the hospital's infection control program.

5. Monitor and evaluate information concerning care provided and assist in the development of clinical policies for all care areas.

6. Receive and act upon recommendations and actions of the Environment of Care Committee, where appropriate, to enhance safety within the hospital and on its grounds.

7. Assist in the planning for response to fire and other disasters and for the provision of services required to meet the needs of the community.

8. Direct Medical Staff organizational activities, including medical Staff Bylaws review and revision, Medical Staff officer and committee appointments and assist in the review and maintenance of hospital licensure and accreditation.

9. Facilitate in the coordination of care provided by the members of the Medical Staff with the care provided by the Nursing Department and all other clinical support departments and services.

10. Provide continuing education opportunities responsive to quality assessment/improvement activities, new state-of-the art developments and other identified needs.

11. Provide oversight in the process of analyzing and improving patient satisfaction.

12. Engage in other functions requested by the Governing Body and the Medical Staff.

D. Attendance Requirements

1. Active Attending Staff: As required members of the Medical Staff Executive Committee, active attending staff members are required to attend at least two-thirds of these meetings in a Medical Staff year. However, these attendance requirements may be waived by virtue of a conflicting meeting requirement pertaining to an active attending staff member's role as the medical director of programs in other affiliate institutions.

2. Other Medical Staff: Members of the Medical Staff who are appointed to the Medical Staff Executive Committee are required to attend at least two-thirds of these meetings held in a Medical Staff year.

E. Meeting Frequency and Records

The Executive Committee shall meet at least monthly and shall maintain a permanent record of its conclusions, recommendations, actions taken and the results of actions taken. It shall report to the Governing Body through the Medical Director, as needed.

Section 2 Professional Activities Committee

A. Composition: The Professional Activities Committee shall be a standing subcommittee of the Executive Committee of the Medical Staff. This subcommittee shall consist of at least three members of the Active Attending Staff who are appointed annually by the Medical Director who shall also appoint the chair on an annual basis. Ex officio members shall include quality management support staff. The chair may select additional consultants, physicians and/or non-physicians from time to time to serve on the subcommittee on an ad hoc basis.

B. Duties: The duties of the Professional Activities Committee shall be to:

1. Monitor the performance of the Medical Staff.

2. Monitor significant trends by analyzing aggregate data, including Ongoing Professional Practice Evaluation data.

3. Identify areas for performance improvement.

4. Recommend Focused Professional Practice Evaluations for unusual clinical patterns of care to the Medical Executive Committee.

C. Functions: The functions of the Professional Activities Committee shall include:

1. Surgical case review to help assure that surgery performed is justified and of high quality.

2. Blood usage review to evaluate the appropriateness of all cases in which patients are administered transfusions of blood and blood products.

3. Adverse event monitoring to evaluate unplanned readmissions and transfers as well as complications and other adverse patient care outcomes to assure the appropriateness of services provided.

D. Authority: The Professional Activities Committee is authorized to refer Practitioners for initial corrective actions on the basis of findings of the evaluative data. However, ultimate authority and responsibility for corrective actions shall be vested in the Medical Executive Committee to which the Professional Activities Committee shall report.

E. Meetings and Records: Meetings of the Professional Activities Committee shall be sufficient in number to accomplish its duties and functions. A permanent record of conclusions, recommendations, actions taken and the results of actions taken shall be maintained and shall be reported to the Medical Executive Committee.

Section 3 Creation of Standing Committees

The Executive Committee may, by resolution and upon approval of the Governing Body, without amendment of these bylaws, establish additional committees to perform one or more Medical Staff functions. In the same manner, the Executive Committee may, by resolution and upon approval of the Governing Body, dissolve committees or otherwise rearrange committee structure, duties or composition as needed to better accomplish Medical Staff functions. Any function required to be performed by these bylaws that is not assigned to a standing or ad hoc committee shall be performed by the Executive Committee.

ARTICLE X. CONTINUING EDUCATION

The Medical Staff shall participate in and help prioritize a program of continuing education. The continuing education activities should include participation in programs outside the hospital as well as hospital-sponsored programs which may be offered on a regular basis or special programs designed to keep the Medical Staff informed on new programs, changes in techniques and various aspects of basic medical education and which may, in part, relate to findings of performance improvement activities.

ARTICLE XI. AUTOMATIC AND SUMMARY SUSPENSION

Section 1 Automatic Suspension

A. Automatic suspension shall be initiated, as deemed appropriate by the Medical Director. Such action shall be in effect immediately and shall be reported to the Medical Executive Committee at its next scheduled meeting. Grounds for automatic suspension shall include the following:

1. whenever a Practitioner fails to maintain current state licensure or there is revocation, suspension, restriction or probation of or stipulation regarding the Practitioner's state license or DEA registration;

2. whenever there is failure to satisfy a special appearance requirement (for purposes of these bylaws, a "special appearance" requirement arises whenever the Executive Committee, the Governing Body or any committee appointed by the Executive Committee requires the appearance of a Practitioner during a review or investigation of the clinical course of treatment regarding a patient or the Practitioner's professional conduct. If possible, the chair or designee of the meeting should give the Practitioner at least 10 days' advance written notice of the time and place of the meeting);

3. whenever the Practitioner fails to maintain malpractice insurance in such form or amounts required by the hospital or state or federal law, whichever is highest;

4. whenever a Practitioner is ineligible to participate in federal programs;

5. whenever a Practitioner's medical records are not completed in a timely manner,

6. whenever a Practitioner is no longer employed by or under contract with a Practitioner or group of Practitioners who hold an exclusive arrangement for a service line or service at the hospital, and

7. whenever circumstances exist that shall result in an automatic suspension as outlined in the Medical Staff Bylaws, Rules and Regulations, policies and procedures, manuals, guidelines or requirements of the Hospital or its Medical Staff.

B. With the exception of medical record deficiencies, a Practitioner whose Medical Staff appointment and/or clinical privileges are automatically suspended must submit a written request for reinstatement to the medical director with documented proof that the circumstances leading to the suspension have been corrected.

C. Automatic suspension shall continue until a request for reinstatement of appointment and privileges has been acted upon by the Medical Executive Committee and the Governing Body as outlined in Article XIII of these Bylaws.

D. In circumstances where the sole reason for automatic suspension is due to failure to complete medical records, the privileges shall be automatically reinstated upon completion of the medical records in accordance with the rules and regulations.

Section 2 Summary Suspension

A. Any one of the following: the President/CEO, the president of the Medical Staff, the medical director, the chair of the Executive Committee or the chair of the Governing Body shall each have the authority to suspend a Practitioner's membership and all or any portion of his or her privileges whenever the failure to take such action may result in imminent danger to the health of any individual. Such summary suspension shall become effective immediately upon imposition.

B. Immediately upon the imposition of a summary suspension, the president of the Medical Staff, the medical director, or the chair of the Executive Committee shall have the authority to provide alternative medical coverage for the patients of the suspended Practitioner still in the hospital at the time of such suspension. The wishes of the patients shall be considered in the selection of such alternative Practitioner.

C. A Practitioner subject to summary suspension shall be entitled to the procedural rights as provided in Article XII and Article XIII of these bylaws.

ARTICLE XII. CORRECTIVE ACTION

A. Whenever the activities or professional conduct of any Practitioner with clinical privileges are considered to be lower than the standards or aims of the Medical Staff, in violation of the Medical Staff bylaws, rules or regulations, or to be disruptive to the operations of the hospital, corrective action against such Practitioner may be requested by any officer of the Medical Staff, the chair of any standing committee of the Medical Staff, by the Medical Director, or by the Governing Body. All requests for corrective action shall be in writing, shall be made to the Medical Director and shall be supported by reference to the specific activities or conduct which constitutes grounds for the request. Corrective action may include termination, revocation, limitation or reduction of Medical Staff membership or clinical privileges.

B. Questions of physical or mental impairment may be addressed in accordance with the Impaired Practitioner/Disruptive Behaviors policy, as such is amended from time to time.

C. The Medical Director shall forward such request to the Executive Committee which shall immediately appoint an ad hoc committee to investigate the matter.

D. Within thirty (30) days after the ad hoc committee's receipt of the request for corrective action (or sixty (60) days if an outside expert report is obtained), the ad hoc committee shall make a report of its investigation to the Executive Committee. Prior to the making of such report, the Practitioner against whom corrective action has been requested shall have an opportunity for an interview with the ad hoc investigating committee. At such interview, the Practitioner shall be informed of the general nature of

the charges against him or her and shall be invited to discuss, explain or refute them. This interview shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these bylaws with respect to hearings shall apply thereto. A record of such interview shall be made by the ad hoc committee and be included with its report to the Executive Committee.

E. Within ten (10) business days following a receipt of a report from the ad hoc committee, the Executive Committee shall take action upon the request. If the corrective action could involve a reduction or suspension of clinical privileges, or a suspension or expulsion from the Medical Staff, the affected Practitioner shall be permitted to make an appearance before the Executive Committee prior to its taking action on such request. This appearance shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these bylaws with respect to hearings shall be made by the Executive Committee.

F. The action of the Executive Committee on a request for corrective action may be to reject or modify the request for corrective action, to issue a warning, a letter of admonition, or a letter of reprimand, to impose terms of probation or a requirement for consultation, to recommend reduction, suspension or revocation of clinical privileges, to recommend that an already imposed summary suspension of clinical privileges be terminated, modified or sustained, or to recommend that the Practitioner's staff membership be limited or revoked.

G. The Medical Director shall be responsible for giving prompt written notice by certified mail, return receipt requested, to the Practitioner of an adverse recommendation or decision of the Executive Committee which, if ratified by decision of the Governing Body, will adversely affect the appointment to, or status as, a member of the Medical Staff or the exercise of clinical privileges. The Medical Director's notice shall specifically include a statement of the action proposed to be taken, the reasons for the proposed action, that the Practitioner has the right to request a hearing, that the Practitioner has 30 days from receipt of the notice to request a hearing and a summary of the Practitioner's procedural rights at the hearing (which may be satisfied by including a copy of these bylaws with the notice).

H. The time frames in this Article XII are guidelines and are not directives for the committees.

ARTICLE XIII. HEARING AND APPELLATE REVIEW

Section 1 Right to Hearing and Appellate Review

A. When any Practitioner receives notice of a recommendation of the Executive Committee that, if ratified by decision of the Governing Body, will adversely affect the appointment to, or status as, a member of the Medical Staff or the exercise of clinical privileges, the Practitioner shall be entitled to a hearing before a Hearing Panel or Officer as set forth below. If the recommendation of the Hearing Panel or Officer following such hearing is still adverse to the affected Practitioner, he or she shall then be entitled to an appellate review by the Governing Body before the Governing Body makes

a final decision on the matter. Actions that “adversely affect” appointment and privileges and for which a Practitioner is entitled to request a hearing are limited to the following:

1. Denial of initial appointment to the Medical Staff.
2. Denial of reappointment to the Medical Staff.
3. Denial of requested privileges.
4. Revocation, restriction or reduction of privileges.
5. Involuntary imposition of mandatory concurrent consultation requirements that restrict the Practitioner’s privileges (i.e., the consultant must approve a course of treatment recommended by the Practitioner in advance).
6. Summary suspension of Medical Staff membership and/or privileges.
7. Any other adverse action recommended or taken that must by law be reported by the Hospital to the National Practitioner Data Bank, regardless of whether the Practitioner or any other individual or entity may have a separate reporting obligation.

No other findings, actions or recommendations shall entitle a Practitioner to request a hearing. A Practitioner is not entitled to request a hearing where the Practitioner fails to demonstrate the objective qualifications for Medical Staff membership or privileges requested, or for automatic suspension processes under these bylaws and the rules and regulations.

B. When any Practitioner receives notice of a decision by the Governing Body that will adversely affect the appointment to, or status as, a member of the Medical Staff or the exercise of clinical privileges, and such decision is not based on a prior adverse recommendation of the Executive Committee of the Medical Staff with respect to which the Practitioner was entitled to a hearing and appellate review, he or she shall be entitled to a hearing by a committee appointed by the Governing Body, and if such hearing does not result in a favorable recommendation, to an appellate review by a committee appointed by the Governing Body, before the Governing Body makes a final decision on the matter.

Section 2 Request for Hearing

A. The affected Practitioner may, within thirty (30) days after receipt of notice of such recommendation of the Executive Committee or decision by the Governing Body request, by written notice to the Medical Director, a hearing.

B. The failure of the affected Practitioner to request a hearing or appellate review to which he or she is entitled by the bylaws within the time and in the manner herein provided shall be deemed a waiver of the Practitioner’s right to such hearing and to any appellate review to which he or she might otherwise have been entitled.

C. When the hearing or appellate review is waived, the adverse recommendations of the Executive Committee or the adverse decision of the Governing Body thereupon becomes and remains effective until further action by the Governing Body is taken.

Section 3 Notice of Hearing

Following receipt of a request for hearing from a Practitioner entitled to same, the Executive Committee or the Governing Body, whichever is appropriate, shall schedule and arrange for such a hearing and shall, through the Medical Director, notify the Practitioner of the time, place and date so scheduled by certified mail, return receipt requested. The notice of hearing shall include a list of the witnesses expected to be called at the hearing. The hearing date shall be not less than thirty (30) days from the date of receipt of the request for hearing, provided, however, that a hearing for a Practitioner who is under suspension which is then in effect shall be held as soon as arrangements therefore may reasonably be made, and if the earlier time frame is approved by the Practitioner in writing.

Section 4 Hearing Panel or Officer

A. The hearing shall, in the sole discretion of the Executive Committee of the hospital, be held before an arbitrator mutually acceptable to the Practitioner and the Medical Executive Committee; before a hearing officer appointed by the Executive Committee and who is not in direct economic competition with the Practitioner involved; or before a panel of individuals who are appointed by the Executive Committee and are not in direct economic competition with the Practitioners involved, as defined in paragraph B of this section.

B. When a Hearing Panel is appointed, it shall be composed of not less than three (3) members. The majority of the Hearing Panel shall be composed of Practitioners who did not actively participate in the consideration of the matter involved at any previous level or of individuals 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. 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.

Section 5 Conduct of Hearing

A. An accurate record of the hearing must be kept. The mechanism shall be established by the Hearing Panel and may be accomplished by use of a court reporter or electronic recording unit. A copy of the transcript of the proceedings shall be made available to the Practitioner upon request and payment of a reasonable fee for the cost of transcription.

B. The personal appearance of the Practitioner for whom the hearing has been scheduled shall be required. A Practitioner who fails without good cause to appear and proceed at such hearing shall be deemed to have waived his or her rights to the hearing.

C. Postponement of hearing beyond the time set forth in these bylaws shall be made only with the approval of the Hearing Panel. Granting of such postponements shall only be for good cause shown and at the sole discretion of the Hearing Panel.

D. The affected Practitioner shall be entitled to be accompanied by and/or represented at the hearing by an attorney or other person of the Practitioner's choice.

E. Either a hearing officer, if one is appointed, or the chair of the Hearing Panel or a designee, shall preside over the hearing to determine the order of procedure during the hearing to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence, and to maintain decorum.

F. The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be considered appropriate, regardless of the existence of any common law or statutory rule which might make evidence inadmissible over objection in civil or criminal action. The Practitioner for whom the hearing is being held shall, prior to or during the hearing, be entitled to submit memoranda concerning any issue of procedure of fact and such memoranda shall become a part of the hearing record. The Executive Committee or the Governing Body, as applicable, may also submit memoranda.

G. The Executive Committee, when its action has prompted the hearing, shall appoint an attorney or one of its members or some other Medical Staff member to represent it at the hearing to present the facts in support of its adverse recommendation, and to examine witnesses. The Governing Body, when its action has prompted the hearing, shall appoint an attorney or one of its members to represent it at the hearing, to present the facts in support of its adverse decision and to examine witnesses. It shall be the obligation of such representative to present approximate evidence in support of the adverse recommendation or decision, but the affected Practitioner thereafter shall be responsible for supporting the challenge to the adverse recommendation or decision by an appropriate showing that the charges or grounds involved lack any factual basis or any action based thereon is either arbitrary, unreasonable or capricious.

H. The affected Practitioner shall have the following rights: to call and examine witnesses, to introduce evidence deemed relevant by the hearing officer, regardless of its admissibility in a court of law, to cross-examine any witnesses or any matter relevant to the issue of the hearing, to challenge any witness and to rebut any evidence. If the Practitioner does not testify in his or her own behalf, he or she may be called and examined as if under cross-examination.

I. The Practitioner shall have the right to present a written statement of position at the close of the hearing.

J. The Hearing Panel may, without special notice, recess the hearing and reconvene the same for the convenience of the participants 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 Panel may thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the Practitioner for whom the hearing was convened.

K. Within five (5) business days after final adjournment of the hearing, the arbitrator, hearing officer or Hearing Panel committee shall make a written report and recommendations and shall forward the same, together with the hearing record and all other documentation, to the Executive Committee or the Governing Body, whichever appointed it. The Practitioner shall be entitled to receive a copy of the written report, upon request. The report may recommend confirmation, modification, or rejection of the original adverse recommendation of the Executive Committee or decision of the Governing Body. The report shall contain a statement of the basis for the recommendations contained therein. Thereafter, the procedure to be followed shall be as provided in Section 2 of Article IV of these bylaws.

Section 6 Appeal to the Governing Body

A. Within ten (10) days after receipt of a notice by an affected Practitioner of any adverse recommendation or decision made or adhered to after a hearing as above provided, the Practitioner may, by written notice to the Governing Body delivered through the Medical Director by certified mail, return receipt requested, request an appellate review by the Governing Body. Such notice may request that the appellate review be held only on the record on which the adverse recommendation or decision is based, as supported by the Practitioner's written statement provided for below, or may also request that oral argument be permitted as part of the appellate review.

B. If such appellate review is not requested within ten (10) days, the affected Practitioner shall be deemed to have waived the right to the same, and to have accepted such adverse recommendation or decision.

C. Within thirty (30) days after receipt of such notice of request for appellate review, the Governing Body shall schedule a date for such review, including a time and place for oral argument if such has been requested, and shall, through the Medical Director by written notice sent by certified mail, return receipt requested, notify the affected Practitioner of the same. The date of the appellate review shall not be less than three (3) days, nor more than thirty (30) days from the date of receipt of the notice of request for appellate review, except that when the Practitioner requesting the review is under a suspension which is then in effect, such review shall be scheduled as soon as arrangements for it may reasonably be made, but not more than thirty (30) days from the date of receipt of such notice.

D. The appellate review shall be conducted by a duly appointed appellate review committee of the Governing Body of not less than five (5) members.

E. The affected Practitioner shall have access to the report and record of the ad hoc Hearing Panel and all other material, favorable and unfavorable, that was considered in making the adverse recommendation or decision against him or her. The Practitioner shall have ten (10) days to submit a written statement in his or her own behalf, in which those factual and procedural matters, with which there is disagreement and reasons for such disagreement, shall be specified. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the Governing Body through the Medical Director by certified mail, return receipt requested, at least three (3) days prior to the scheduled date for the appellate review. A similar statement may be submitted by the Executive Committee of the Medical Staff or by the chair of the Hearing Panel appointed by the Governing Body, and if submitted, the Medical Director shall provide a copy thereof to the Practitioner at least three (3) days prior to the date of such appellate review by certified mail, return receipt requested.

F. The Governing Body or the appellate review committee shall act as the appellate body. It shall review the record created in the proceedings, and shall consider the written statements pursuant to sub-paragraph E of this Section 7, for the purpose of determining whether the adverse recommendation or decision against the affected Practitioner was justified and was not arbitrary or capricious. If oral argument is requested as part of the review procedure, the affected Practitioner shall be present at such appellate review, shall be permitted to speak against the adverse recommendation or decision, and shall be permitted to answer questions put to him or her by any member of the appellate review body. The Executive Committee or the Governing Body, whichever is appropriate, shall also be represented by an individual who shall be permitted to speak in favor of the adverse recommendation or decision and who shall answer questions put to him or her by any member of the appellate review committee.

G. New or additional matters not raised during the original hearing or in the Hearing Panel report, nor otherwise reflected in the record, shall only be introduced at the appellate review under unusual circumstances, and the appellate review committee appointed to conduct the appellate review shall in its sole discretion determine whether such new matters will be accepted.

H. The appellate review committee shall, within ten (10) days after the scheduled or adjourned date of the appellate review, either make a written report recommending that the Governing Body affirm, modify, or reverse its prior decision or refer the matter back to the Executive Committee for further review and recommendation within ten (10) days. Such referral may include a request that the Executive Committee arrange for a further hearing to resolve disputed issues. Within fifteen (15) days after receipt of such recommendation after referral, the committee shall make its recommendation to the Governing Body as above provided.

I. The appellate review shall not be deemed to be concluded until all of the procedural steps provided in this Section 7 have been completed or waived. Where permitted by the hospital bylaws, all action required of the Governing Body may be taken by a committee of the Governing Body duly authorized to act.

Section 7 Final Decision by the Governing Body

A. Within thirty (30) days after the conclusion of the appellate review, the Governing Body shall make its final decision in the matter and shall send notice thereof to the Executive Committee, through the Medical Director, to the affected Practitioner, by certified mail, return receipt requested. If this decision is in accordance with the Executive Committee's last recommendation in the matter, it shall be immediately effective and final, and shall not be subject to further hearing or appellate review. If this decision is contrary to the Executive Committee's last recommendation, the Governing Body shall refer the matter to a jointly convened Hearing Panel for further review and recommendation within ten (10) days and shall include in such notice of its decision a statement that a final decision will not be made until the joint Hearing Panel's recommendation has been received. At its next meeting after receipt of the jointly convened Hearing Panel's recommendation, the Governing Body shall make its final decision with like effect and notice as first provided in this Section 8.

B. The final decision by the Governing Body shall be in writing and shall set forth a statement of the basis for the final action taken.

C. Notwithstanding any other provision of these bylaws, no Practitioner shall be entitled as a right to have more than one hearing and one appellate review on any matter which shall have been the subject of action by the Executive Committee of the Medical Staff, or by the Governing Body, or by a duly authorized committee of the Governing Body, or by both.

Section 8 Health Care Quality Improvement Act

It is the intent of the Governing Body in approving these bylaws that they strictly conform to the requirements of the Health Care Quality Improvement Act of 1986, ("The Act"), and subsequent amendments thereto. In the event there is a divergence between the provisions of the Act, as amended from time to time, and these bylaws, the provisions of the Act shall be controlling.

ARTICLE XIV. REMOVAL FROM OFFICE OF THE MEDICAL DIRECTOR OR OTHER DESIGNATED MEDICO-ADMINISTRATIVE OFFICER

Section 1 General Manner of Removal

A. Removal from office of a medico-administrative officer for grounds related to the performance of medico-administrative duties and unrelated to his or her professional clinical capabilities or to the exercise of clinical privileges may be accomplished in accordance with the usual personnel policies of the hospital or the terms of such officer's employment agreement, contract, or other arrangement, if any.

B. To the extent that the grounds for removal include matters relating to competence in performing professional clinical tasks, in supervising the professional activities of Practitioners under his or her direction, or in exercising clinical privileges, resolution of the matter shall be in accordance with Articles XI, XII or XIII of these bylaws.

Section 2 Statement of Grounds

A. Prior to removal of a medico-administrative officer, the Governing Body, through the President/CEO, shall transmit to such officer and to the Executive Committee of the Medical Staff a written notice of the proposed removal from office together with a statement specifying the grounds for such removal.

B. To the extent that such grounds explicitly relate to competence in performing professional clinical tasks, in supervising the professional activities of Practitioners under the officer's direction, or in exercising clinical privileges, the notice to the officer whose removal is sought shall take the form of a special notice and, for hearing purposes, the proposed removal shall be deemed equivalent to an adverse recommendation of the Executive Committee.

Section 3 Joint Conference Panel Review

A. Within ten (10) days of receipt by the Executive Committee of the notice as provided in Section 2, a Joint Conference Panel of three (3) members of the Governing Body, appointed by the President/CEO, and three (3) representatives of the Medical Staff selected by the voting members of the staff from a list of nominees prepared by the Executive Committee, or by the president of the Medical Staff if the Executive Committee initiated the removal, shall convene.

B. The Joint Conference Panel shall review the statement of grounds for removal and conduct such other inquiry as it may deem appropriate to determine the nature of the reason for the action and whether both the officer's administrative position and the Medical Staff membership privileges or either shall be affected.

C. Within ten (10) days of its deliberations, the Joint Conference Panel shall submit in writing to the Executive Committee and to the Governing Body its opinion in the matter. The panel's deliberations shall not be deemed a hearing and none of the procedural rules provided in these bylaws with respect to hearings shall apply hereto, but a record shall be kept.

D. When the reason for removal action is determined by the Joint Conference Panel to involve the officer's medical competence, which includes his or her competence to supervise the professional activities of Practitioners under the officer's direction, resolution of the matter shall be in accordance with Articles XI and XII of these bylaws.

E. When the reason for the removal action is determined by the Joint Conference Panel to be purely administrative in nature and not to involve the individual's medical competence, the Governing Body shall proceed with removal of the officer as deemed necessary.

ARTICLE XV. IMMUNITY FROM LIABILITY

The following shall be the express conditions to any Practitioner's application for Medical Staff membership or privileges, or exercise of, clinical privileges at this hospital:

A. Any act, communication, report, recommendation or disclosure with respect to any such Practitioner, performed or made at the request of an authorized representative of this or any other health care facility, for the purpose of achieving and maintaining quality patient care in this or any other health care facility, shall be entitled to immunity to the fullest extent set forth in these bylaws and as permitted by law.

B. Such immunity shall extend to members of the hospital's Medical Staff and of its Governing Body, its other Practitioners, its President/CEO and his or her representatives, and to third parties, who supply information to any of the foregoing authorized to receive, release or act upon the same. For the purpose of this Article XV, the term "third parties" means both individuals and organizations from whom information has been requested by an authorized representative of the Governing Body or of the Medical Staff.

C. There shall, to the fullest extent permitted by law, be absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged.

D. Such immunity shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with this or any other health care institution's activities related, but not limited to:

1. applications for appointment or clinical privileges;
2. periodic reappraisals for reappointment or clinical privileges;
3. corrective action, including summary suspension;
4. hearings and appellate reviews;
5. process and outcome measurement, assessment and improvement;
6. utilization reviews;
7. other hospital service or committee activities related to quality patient care and interprofessional conduct.

E. The acts, communications, reports, recommendations and disclosures referred to in this Article XV may relate to a Practitioner's professional qualifications, clinical competency, character, mental or emotional stability, physical condition, ethics or any other matter that might directly or indirectly have an effect on patient care.

F. In furtherance of the foregoing, each Practitioner shall, upon request of the hospital, execute releases in accordance with the tenor and import of this Article XV in favor of individuals and organizations specified in sub-paragraph B, subject to such requirements as may be applicable under the laws of this state.

G. The consents, authorizations, releases, rights, privileges, and immunities provided by Sections 4 and 5 of Article III of these bylaws for the protection of this

hospital's Practitioners, other appropriate hospital officials and personnel and third parties in connection with applications for initial appointment, shall also be fully applicable to the activities and procedures covered by this Article XV.

ARTICLE XVI. RULES AND REGULATIONS; POLICIES

The Medical Staff shall adopt such rules and regulations or administrative policies as may be necessary to implement more specifically the general principles found within these bylaws subject to the approval of the Governing Body. These shall relate to the proper conduct of Medical Staff organizational activities as well as embody the level of practice that is to be required of each Practitioner in the hospital. Such rules and regulations or administrative policies shall be an extension of these bylaws and may be amended in the same manner as provided in Article XVIII of these bylaws.

ARTICLE XVII. PARLIAMENTARY AUTHORITY

Where the bylaws are silent, the Medical Staff may rely upon the general principles set forth in the Robert's Rules of Order, Newly Revised; provided however, strict compliance with Robert's Rules of Order is not required.

ARTICLE XVIII. AMENDMENTS

A. These bylaws shall be reviewed at least every three years and more frequently when deemed necessary by the Medical Staff or appropriate authorities thereof.

B. Medical staff bylaws, once adopted, may be amended by vote of the organized Medical Staff. Amendments so made shall be effective on approval of the Governing Body of Directors.

C. Neither the organized Medical Staff nor the Governing Body may unilaterally amend the Medical Staff bylaws or rules and regulations.

D. In the event of a documented, urgent need for an amendment to these bylaws or the rules and regulations or administrative policies to comply with a law or regulations (e.g., Colorado state licensing or Centers for Medicare and Medicaid Services requirement), the voting members of the Medical Staff hereby delegates to the Medical Executive Committee the authority to adopt such an amendment on a provisional basis without prior notification to the Medical Staff. The Medical Staff will be notified immediately by the Medical Executive Committee or the provisional amendment and has the opportunity for retrospective review and comment on the provisional amendment. The Governing Body will take final action on the proposed amendment. If the Medical Staff does not agree with the amendment adopted under this Section, it may propose changes to the adopted and approved amendment directly to the Governing Body.

ARTICLE XIX. ADOPTION

These bylaws are adopted and made effective upon approval of the Governing Body, superseding and replacing any and all previous Medical Staff Bylaws.

ARTICLE XX. CONFLICT MANAGEMENT

A. Any conflict between the Medical Staff, the Executive Committee, and/or Governing Body will be resolved using the conflict management mechanisms noted below.

B. Each member of the Medical Staff with voting privileges may challenge any matter (except for individual Practitioner credentialing or professional review processes) (collectively, the “Executive Committee Action”) through the following process:

1. Submission of written notification to the President of the Medical Staff of the challenge and the basis for the challenge including any recommended changes to the Executive Committee Action.

2. At the meeting of the Executive Committee that follows such notification, the Executive Committee shall discuss the challenge and determine if any changes will be made to the Executive Committee Action.

3. If changes are adopted, they will be communicated to the Medical Staff, at such time members of the Medical Staff with voting privileges may submit written notification of any further challenge(s) to the Executive Committee Action to the President of the Medical Staff.

4. In response to a written challenge to an Executive Committee Action, the Executive Committee may, but is not required to, appoint a task force to address concerns raised by the challenge.

5. If a task force is appointed, following the recommendations of such task force, the Executive Committee will take final action on the Executive Committee Action.

6. The Executive Committee’s final action will be subject to final approval of the Governing Body if required under these bylaws.

C. Nothing in this Article prevents Medical Staff members from communicating with the Governing Body directly regarding an Executive Committee Action. Such communication will be in writing and the Governing Body may, in its sole discretion, invite one or more Medical Staff members to attend a meeting of the Governing Body or a subcommittee of the Governing Body to present the challenge to the Executive Committee Action.

D. The Medical Staff, by petition of at least 25% of its voting members, or the Executive Committee, may address conflicts with the Governing Body. In the event of a conflict among the Governing Body and the Medical Staff or Executive Committee, the Governing Body may call a joint conference committee meeting, composed of three (3) members of the Governing Body appointed by the chair of the Governing Body, and three (3) members of the Medical Staff, appointed by the President of the Medical Staff.

Approved by the Medical Executive Committee February 15, 2005 and the Governing Body and effective March 31, 2005

Approved by the Medical Executive Committee April 15, 2008 and the Governing Body and effective June 5, 2008

Approved by the Medical Executive Committee July 21, 2009 and the Governing Body and effective September 24, 2009

Approved by the Medical Executive Committee January 18, 2011 and the Governing Body and effective January 27, 2011

Approved by the Medical Executive Committee July 16, 2013 and the Governing Body and effective July 25, 2013.

Approved by the Medical Executive Committee July 15, 2014 and the Governing Body and effective August 14, 2014

Approved by the Medical Executive Committee March 17, 2015 and the Governing Body and effective March 26, 2015