Medical Staff Bylaws
Part 1: GOVERNANCE

Medical Staff Bylaws Part 1:
Governance

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SECTION 1. GOVERNANCE

1.1 Purpose

The purpose of the Medical Staff is to oversee the quality of patient care, treatment and services provided by physicians and other licensed practitioners privileged through the Medical Staff process. The Medical Staff organizes the activities of physicians and other clinical practitioners who practice at Boulder Community Health (BCH) in order to carry out, in conformity with these Bylaws, the functions delegated to the Medical Staff by the BCH Governing Board.

1.2 Authority

Subject to the authority and approval of the Governing Board, the Medical Staff will exercise such power as is reasonably necessary to discharge its responsibilities under these Bylaws and under the Corporate Bylaws of the Governing Board.

SECTION 2. MEDICAL STAFF MEMBERSHIP

2.1 **Nature of Medical Staff Membership**

Membership on the Medical Staff of Boulder Community Health is a privilege which shall be extended only to professionally competent physicians (MD or DO), podiatrists, dentists, and oral surgeons who continuously meet the qualifications, standards and requirements set forth in these Bylaws and associated policies of the Medical Staff and BCH.

2.2 **General Eligibility Requirements, Criteria and Qualifications**

Membership on the Medical Staff and/or clinical privileges shall be granted and continued by the Governing Board of BCH to those physicians, dentists, podiatrists and oral surgeons and other practitioners designated by the Governing Board who meet the minimum eligibility criteria set forth below and further demonstrate that they meet the criteria, qualifications, and obligations set forth in the Credentialing Manual:

2.2.1 They are an MD, DO, DDS, DPM, or an Advanced Practice Provider (APP) or Clinical Assistant (CA) discipline that has been approved by the Governing Board.

2.2.2 Within the last twelve months, they have been engaged in active clinical practice or engaged in medical related activities (e.g., residency, fellowship).

2.2.3 Have actively practiced in an accredited hospital at least two of the past five years. Three months of recent experience in a full-time clinical residency will be considered equivalent. Practitioners seeking ambulatory privileges only are exempt from hospital experience.

2.2.4 Have established or plans to establish a practice and residence within 20 miles of BCH's primary or secondary service area or have specific set arrangements made with a Member of the Medical Staff for coverage, if applicable.

2.2.5 Maintain a current, valid unrestricted license to practice which is not subject to any supervision, probation, monitoring, conditions, or limitations, or have other authority to act pursuant to the laws of the state of Colorado, as well as any other licensure, registration, certification, or other authorization required by any regulatory authority to permit the physician or APP to provide the appropriate health care service at BCH.

2.2.6 Have never had a license to practice suspended or revoked in any state.

2.2.7 Possess a current, valid, unrestricted Drug Enforcement Administration (DEA) number, registered in the state of Colorado, if applicable.

2.2.8 Are board certified and satisfy any continuing education requirements established by the Medical Staff, BCH, and any appropriate professional organizations or regulatory and licensing authorities.

a. Is board certified by an appropriate national specialty board recognized by the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA), the American Board of Oral and Maxillofacial surgery, the American Dental Association, the Council on Podiatric Medical Education, the Royal College of Physicians and Surgeons of Canada, or appropriate APP/CA certifying board. All individuals granted initial staff membership or privileges pursuant to this provision must maintain current board certification.

b. If there is a compelling reason a Physician or APP should remain on staff or continue to have privileges although they have allowed their specialty board certification to lapse, they have the right to appeal to the Medical Executive Committee (MEC) for exception to the board certification provision. The MEC's recommendation in this regard will be forwarded to the Board for final action. This is an administrative decision and does not entitle the Physician or APP to a hearing.

2.2.9 Have successfully completed a residency program that is approved by a specialty/subspecialty board (defined in section 2.2.8.a. above) and are board certified or eligible. All individuals granted initial staff membership pursuant to this provision must maintain current board certification or eligibility and attain certification following completion of the training program within the timeframe specified by the individual's specialty board.

2.2.10 Currently have or have applied for and will maintain professional liability insurance providing coverage for the entire time the Member or APP has privileges at BCH with an insurer approved by BCH in no less than the minimum amount as may be required by the Governing Board.

2.2.11 Have not been involuntarily terminated at any hospital, healthcare organization, or health plan and has not resigned while under investigation, in order to avoid an investigation or disciplinary action, or following an adverse recommendation by a Department Chair, Credentials Committee or Medical Executive Committee (MEC), other applicable medical staff committee, or other similar position or committee.

2.2.12 Privileges at another hospital or health care entity are not currently under suspension, other than an administrative suspension for grounds unrelated to the physician or APP's competence or professional conduct.

2.2.13 Have not been excluded, suspended, debarred, or ineligible to participate in any Federal health care program, or any other governmental program and they are not on the OIG list of excluded providers.

2.2.14 Has never been convicted of or pled guilty or no contest to a felony.

2.2.15 Has never been convicted of or pled no contest to a misdemeanor related to the practitioner's suitability to practice medicine.

2.3 **Nondiscrimination**

BCH will not discriminate in granting medical staff appointment and/or clinical privileges on the basis of mental or physical disability unrelated to the practitioner's ability to provide patient care or exercise their required medical staff responsibilities, with or without a reasonable accommodation, race, color, religion, national origin, ethnicity, gender, sexual orientation, gender-identity, age,

veteran status or other protected status, to the extent the applicant is otherwise qualified for Medical Staff membership and the requested clinical privileges.

2.4 **Conditions and Duration of Appointment**

Initial appointments and reappointments to the Medical Staff shall be made by the Governing Board for a period not to exceed 36 months. The Board shall act on appointments and reappointments only after there has been a recommendation from the Medical Executive Committee in accordance with the provisions of these Bylaws and associated manuals. An applicant is not eligible to apply for appointment to the Medical Staff if BCH does not currently have adequate facilities and support services for the appointee or their patients or if the service is currently provided under exclusive contract. The Board may decline to accept, or have the Medical Staff review, requests for appointment for privileges that are not within the scope of services, capacity, capabilities, and business plan of BCH.

2.5 **Staff Dues**

Assessment of staff dues shall be determined by the MEC. Dues shall be payable within 30 days of initial notice for payment. A late fee will be assessed if dues are not received within the first 30 days following notification. Failure to pay dues within the 60-day notice period shall be construed as a voluntary resignation from the Medical Staff. Exceptions to dues requirements may be made by the Medical Executive Committee.

2.6 **Ethical Requirements**

It is the policy of BCH that all individuals within BCH facilities be treated courteously, respectfully, and with dignity at all times. To that end, the Medical Staff requires that Medical Staff Members and Advanced Practice Providers associated with BCH conduct themselves in a professional and cooperative manner within BCH's properties, or when otherwise acting on behalf of, as defined by the Medical Staff Code of Professional Conduct. The Code of Professional Conduct, Practitioner Policy on Professional Conduct, and related policies addresses quality patient care, patient disclosures regarding outcomes (including care, treatment, or functionality), respect for persons, patient confidentiality, and avoidance of conflict of interest, ethical business practices, third party relationships and commitment.

If Medical Staff Members or Advanced Practice Providers fail to conduct themselves appropriately or in the required manner, the matter shall be addressed in accordance with the appropriate BCH or Medical Staff policy.

2.7 Medical Staff Membership and Clinical Privileges

Requests for Medical Staff membership and/or clinical privileges will be processed only when the potential applicant meets the current minimum qualifying criteria approved by the Board. Membership and/or clinical privileges will be granted and administered as delineated in the Credentialing manual.

2.8 **Medical Staff Members' Responsibility**

2.8.1 Each Member must provide appropriate, timely and continuous care of their patients at the level of quality and efficiency generally recognized as appropriate by medical professionals and in accordance with the clinical privileges granted to them by the Board.

2.8.2 All Members granted clinical privileges shall participate in the Organized Health Care Arrangement ("OHCA") established by BCH and the Medical Staff for the purpose of facilitating the sharing of protected health information (PHI) (as defined in BCH policies) of BCH patients for purposes of treatment, payment and health care operations within the hospital in accordance with applicable laws and regulations and shall comply with all BCH policies related to the OHCA.

2.8.3 Each Member must participate, as assigned, or requested, in quality/performance improvement/peer review activities and in the discharge of other medical staff functions as may be required.

2.8.4 Each Member, consistent with their granted clinical privileges, must participate in the on-call coverage of the Emergency Department or in other coverage programs as determined by the MEC and the Board, after receiving input from the appropriate clinical specialty, to assist in meeting the patient care needs of the community.

2.8.5 Each Member must submit to any pertinent type of health evaluation as requested by the Officers of the Medical Staff or Chief Executive Officer or designee when it appears necessary to protect the well-being of patients and/or staff, or when requested by the MEC, Credentials Committee or PPRC as part of an evaluation of the Member's current ability to exercise privileges safely and competently, or as part of a post-treatment monitoring plan consistent with the Medical Staff and BCH policies addressing health or impairment.

2.8.6 Each Member must abide by the Medical Staff Bylaws and other rules, regulations, policies, procedures and standards of the Medical Staff and BCH.

2.8.7 Each Member must provide evidence of professional liability coverage of type and in an amount sufficient to cover the clinical privileges granted or in an amount established by the Board, whichever is higher. In addition, Members shall comply with any financial responsibility requirements that apply under state law to the practice of their profession.

2.8.8 Each Member shall notify the Medical Staff Services Department within 30 days of any and all malpractice claims threatened in writing or filed against the Member, any suspension or involuntary loss or reduction of clinical privileges at another hospital, any actions against their licensure, any sanction or exclusion by a government entity, and any loss, reduction, or change in malpractice insurance coverage.

2.8.9 Each Member agrees to release from any liability to the fullest extent permitted by federal and state law, all persons for their conduct in connection with investigating and/or evaluating the quality of care provided by the medical staff and their granted privileges.

2.8.10 Each Member who has been granted appropriate privileges, will complete History and Physical examinations in accordance with section 13.1 of these bylaws.

2.8.10 Each Member will use confidential information only as necessary for treatment, payment, or healthcare operations in accordance with HIPAA laws and regulations, and BCH's privacy policies, to conduct authorized research activities, or to perform Medical Staff responsibilities. For purposes of these Bylaws, confidential information means patient information, peer review information, and the BCH's business information designated as confidential by BCH or its representatives prior to disclosure.

2.8.11 Each Member must participate in any type of competency evaluation when determined necessary by the PPRC, MEC, Leadership Council, and/or Board in order to properly delineate that Members' clinical privileges.

2.8.12 Each Member shall disclose to the Medical Staff any ownership or financial interest that may conflict with, or have the appearance of conflicting with, the interests of the Medical Staff or BCH.

2.9 Medical Staff Member Rights

2.9.1 Each Member of the Active or Employed Community Based category has the right to an audience with the Medical Executive Committee on matters relevant to the responsibilities of the MEC that may affect patient care or safety. In the event a Member is unable to resolve a matter of concern after working with their department chair or other appropriate Medical Staff Leader(s), that Member may, upon written notice to the President of the Medical Staff in advance of a regular meeting, meet with the MEC to discuss the issue.

2.9.2 Each Member in the Active or Employed Community Based category has the right to initiate a recall election of a Medical Staff Officer and/or Department Chair by following the procedure outlined in Section 4.7 of these Bylaws regarding removal and resignation from office.

2.9.3 Any Member in the Active or Employed Community Based category may initiate a call for a general staff meeting, to discuss a matter relevant to the Medical Staff. Upon presentation of a petition signed by twenty-five percent (25%) of the Members of the Active or Employed Community Based category, the MEC shall schedule a General Staff meeting for the specific purpose addressed by the petitioners. No business other than that in the petition may be transacted at such meeting.

2.9.4 Any Member in the Active or Employed Community Based category may challenge any rule, regulation, or policy, established by the Medical Executive Committee. In the event a rule, regulation, or policy is felt to be inappropriate, any member may submit a petition signed by twenty-five percent (25%) of the members of the Active or Employed Community Based category. When such petition has been received by the MEC, it will either: 1) provide the petitioners with information clarifying the intent of such rule, regulation or policy and/or, 2) schedule a meeting with the petitioners to discuss the issue.

2.9.5 Each Member in the Active or Employed Community Based category may call for a department meeting by presenting a petition signed by twenty-five percent (25%) of the members of the department. Upon presentation of such a petition the Department Chair will schedule a department meeting.

2.9.6 The above sections 2.9.1 through 2.9.5 do not pertain to issues involving individual peer review, formal investigations of professional performance or conduct, denial of requests for appointment or clinical privileges or any other matter relating to individual membership or privileges. These matters are addressed in Part 2 of these Bylaws (Investigations, Corrective Actions, Hearing and Appeal Plan) which provides recourse into these matters.

2.9.7 Any Member of the Active and Employed Community Based categories has a right to a hearing/appeal pursuant to the conditions and procedures described in the Part 2 of these Bylaws.

2.10 Indemnification

2.10.1 Members of the Medical Staff are entitled to the applicable immunity provisions of state and federal laws for the credentialing, peer review and performance improvement work they perform on behalf of BCH and Medical Staff.

2.10.2 Subject to and to the greatest extent permitted by applicable law, BCH shall indemnify against actual and necessary expenses, costs, and liabilities incurred by a Medical Staff Member in connection with the defense of any pending or threatened action, suit or proceeding to which they are made a party of by reason of having acted in an official capacity in good faith on behalf of BCH or the Medical Staff. However, no members shall be entitled to such indemnification if the acts giving rise to the liability, constituted willful misconduct, breach of fiduciary duty, self-dealing or bad faith. Such indemnification may be provided through appropriate directors' and officers' insurance obtained and maintained by BCH.

SECTION 3. CATEGORIES OF THE MEDICAL STAFF

3.1 Categories of the Medical Staff

3.1.1 Categories of the medical staff are related to membership on the Medical Staff and are independent of clinical privileges. There are Members with privileges and Members without privileges. There are also individuals who may be exercising privileges granted through the Medical Staff process who are not members.

a. Members with clinical privileges– physicians, dentists, oral surgeons, and podiatrists who treat patients at BCH in accordance with clinical privileges granted to them by the Board.
b. Members without clinical privileges – Community-Based physicians, dentists, oral surgeons, and podiatrists who do not treat patients at BCH but who wish to retain some relationship to the Medical Staff of BCH.
c. Individuals without membership but with clinical privileges – individuals who are not eligible for Medical Staff membership but who treat patients at BCH. These individuals are advanced practice nurses (such as Nurse Practitioners, Certified Nurse Midwives, and Clinical Nurse Specialists), Physician Assistants, telemedicine physicians, locum tenens physicians, and psychologists.

3.2 **Active Category**

3.2.1 Qualifications – Members of this category must show participation on the Medical Staff by having privileges.

3.2.2 Responsibilities – Members of this category shall:

a. Individuals in the category shall fulfill or comply with all Medical Staff or BCH policies applicable to their practice at BCH.
b. Exercise clinical privileges granted to them by the Governing Board.
c. Contribute to the organizational and administrative affairs of the Medical Staff.
d. Pay annual medical staff dues.
e. Actively participate as requested or required in activities and functions of the Medical Staff, quality/performance improvement and peer review, credentialing, risk and utilization management, medical records completion, service on the emergency department call roster and in the discharge of other staff functions as may be required.

3.2.3 Prerogatives – Members of this category may:

a. Attend meetings of the Medical Staff and department or section to which they are a Member and any Medical Staff and BCH education programs.

b. Vote on all matters presented at general and special meetings of the Medical Staff, and of the department, section(s) and committees to which they are appointed.
c. Hold office and sit on, or be the chair of, any department, section, or committee, in accordance with any qualifying criteria set forth elsewhere in the Medical Staff Bylaws or Medical Staff policies.

3.3 **Employed Community Based Category**

3.3.1 Qualifications – Members of this category must be employees of BCH and hold ambulatory privileges.

3.3.2 Responsibilities – Members of this category shall:

a. Individuals in the category shall fulfill or comply with all Medical Staff and BCH policies applicable to their practice at BCH.
b. Exercise clinical privileges granted to them by the Governing Board.
c. Contribute to the organizational and administrative affairs of the Medical Staff.
d. Pay annual medical staff dues.
e. Actively participate as requested or required in activities and functions of the Medical Staff, quality/performance improvement and peer review, credentialing, risk and utilization management, medical records completion, and in the discharge of other staff functions as may be required.

3.3.3 Prerogatives – Members of this category:

a. Attend meetings of the Medical Staff and department or section to which they are a Member and any Medical Staff or BCH education programs.
b. Vote on all matters presented at general and special meetings of the Medical Staff, and of the department, section(s) and committees to which they are appointed.
c. Hold office and sit on, or be the chair of, any department, section or committee, in accordance with any qualifying criteria set forth elsewhere in the Medical Staff Bylaws or Medical Staff policies.

3.4 **Community Based Category**

3.4.1 Qualifications – The community category is reserved for Members who maintain a clinical practice in the BCH's service areas and wish to be able to follow the course of their patients when admitted to the hospital.

3.4.2 Responsibilities - Members of this category

a. Shall fulfill or comply with all Medical Staff or BCH policies applicable to their practice at BCH.
b. Pay annual medical staff dues.

3.4.3 Prerogatives - Members of this category:

a. May order non-invasive outpatient diagnostic tests and services, visit patients in the hospital, review medical records and write courtesy notes.
b. Are not eligible for clinical privileges and do not manage patient care at BCH.
c. May not vote on Medical Staff affairs or hold office.

3.5 **Telemedicine Category**

3.5.1 Qualifications – Telemedicine category is reserved for individuals who deliver clinical services at BCH solely through telemedicine technology, and the scope of such services have been approved by the Governing Board. Clinical services offered through this means shall be provided consistent quality standards of the Medical Staff

3.5.2 Responsibilities – Individuals in this category shall fulfill or comply with any applicable Medical Staff or BCH policies and procedures.

3.5.3 Prerogatives – Individuals in this category:

a. May not vote on Medical Staff affairs or hold office.
b. Are granted privileges at BCH under the provision of a contracted agreement with a telemedicine (e.g., originating site) entity.
c. Exercise clinical privileges granted to them by the Governing Board.

3.6 **Honorary Category**

The Honorary category is restricted to those individuals recommended by the MEC and approved by the Board. Appointment to this category is entirely discretionary and may be rescinded at any time. Members of the Honorary category shall consist of those Members who have retired from active clinical practice, are of outstanding reputation, and have provided distinguished service to BCH. They may attend Medical Staff and clinical service meetings, continuing medical education activities, and may be appointed to committees. They shall not hold clinical privileges, hold office or be eligible to vote.

SECTION 4. OFFICERS OF THE MEDICAL STAFF

4.1 **The Officers of the Medical Staff**

4.1.1. The officers of the medical staff shall be a President, President-Elect, and Immediate Past-President and shall be Members of the Active or Employed Community Based staff in good standing.

4.2 **Qualifications of Officers/Limitation on Leadership Positions**

4.2.1 Officers must be Members of the Medical Staff in good standing, be actively involved in patient care at BCH, have previously served in a significant leadership position on a Medical Staff (e.g. Department Chair, committee chair), indicate a willingness and ability to serve, have no pending adverse recommendations concerning Medical Staff appointment or clinical privileges, have participated in Medical Staff Leadership training, and/or be willing to participate in such training during their term of office, have demonstrated an ability to work well with others, be in compliance with the professional conduct policies of BCH, and have excellent administrative and communication skills. Qualifications for the positions of Medical Staff President and President-Elect also include the degree of MD or DO. The Medical Staff nominating committee will have discretion to determine if a Member wishing to run for office meets the qualifying criteria.

4.2.2 Officers, Department Chairs, and other MEC Members may not simultaneously hold leadership position on another hospital's medical staff or in a facility that competes with the BCH, as determined by the Board. Noncompliance with this requirement will result in the officer being automatically removed from office unless the Board determines that allowing the officer to maintain his position is in the best interest of BCH. The Board shall have discretion to determine what constitutes a "leadership position" at another hospital. At a minimum, however, such term shall include the positions of President, Vice President, President-Elect and Immediate Past President of a hospital's medical staff.

4.3 **Election of Officers**

4.3.1 A nominating committee shall be appointed by the Medical Executive Committee and

may include Members of the Medical Executive Committee or any other Medical Staff committee. The committee will be comprised of 4-6 Members; the President-Elect or Past-President will preside. The Nominating Committee shall solicit nominations from the Medical Staff and shall offer at least one nominee for each available position, including Medical Executive Committee at-large positions. Nominations must be announced, and the names of the nominees distributed to all Members of the Active and Employed Community Based Medical Staff at least thirty (30) days prior to the election.

4.3.2 Physicians who meet qualifications to be an officer may self-nominate by submitting a letter of interest and a letter of support signed by 10 Active or Employed Community Physicians, no more than 5 of whom are partners. Names of any added nominees shall be distributed to all Members of the Active and Employed Community Based category at least ten (10) days prior to the election.

4.3.3 Only Members eligible to vote may cast a vote. The MEC will determine the mechanisms by which votes may be cast. The mechanisms that may be considered include written mail ballots and online voting, or other technology for transmitting the Members' voting choices. No proxy voting will be permissible. The nominee who receives the greatest number of votes will be elected. In the event of a tie vote, the Medical Staff Services Department will arrange for a repeat vote(s) until one candidate receives a greater number of votes.

4.4 **Term of Office**

The term of office for the President shall be two years. The terms of office for the President-Elect and Past-President shall be one year. Each officer shall serve in office until the end of their term or until a successor is duly elected and qualified. An individual may not be reelected for two successive terms. The President-Elect shall automatically succeed the President at the end of the President's term. The President shall automatically serve as Immediate Past-President. All terms shall commence on the first day of the Medical Staff year (January-December) following the election.

4.5 **Vacancies in Office**

The MEC shall fill vacancies of office during the Medical Staff year, except the Office of President. If there is a vacancy in the Office of the President, the President-Elect or Immediate Past President shall serve the remainder of the term.

4.6 **Duties of Officers**

4.6.1 President – The President shall represent the interests of the Medical Staff to the MEC and the Board. The President will fulfill the duties specified in these Bylaws and in the related job description attached to the Medical Staff compensation policy. The President is a member of the Credentials Committee.

4.6.2 President-Elect – In the absence of the President, the President-Elect shall assume all the duties and have the authority of the president. The President-Elect shall perform such further duties to assist the President as the President may from time-to-time request. They shall also be a member of the PPRC.

4.6.3 Past President – In the absence of the President or President-Elect, the Past-President will assume the duties of the president and have the authority of the President. They shall also be a member of the PPRC.

All officers are members of the MEC.

4.7 **Removal from Office**

4.7.1 The Board, acting on its own initiative, may remove any officer, only after discussion of the matter at a meeting of the Joint Conference Committee; two-thirds of the Medical Executive Committee shall concur with the Board's decision to remove an officer. The affected individual will not be present for such meeting of the Joint Conference Committee or the MEC. The Medical Staff may remove any Officer by petition of twenty-five percent (25%) of the Active or Employed Community Based staff members and a subsequent two-thirds (2/3) vote by ballot of the Active or Employed Community Based staff present and voting at a special meeting called for such purposes. Grounds for removal of officers include, but are not limited to,

a. Conduct which is detrimental to, or reflects adversely on, the Medical Staff;
b. Failure to perform duties of the office as provided in the Bylaws, associated documents or other policies and procedures of the Medical Staff;
c. Any action or conduct which would form the basis for corrective action pursuant to Part 2 of these Bylaws: (Investigations, Corrective Actions, Hearing and Appeal Plan), even if corrective action is not taken. An officer shall be automatically removed from office if the officer ceases to be a Member of the Medical Staff in good standing.

4.7.2 Resignation – Any elected officer may resign at any time by giving written notice to the MEC. Such resignation takes effect on the date of receipt, when a successor is elected, or any later time specified therein.

SECTION 5. MEDICAL STAFF ORGANIZATION AND STRUCTURE

5.1 **Organization of the Medical Staff**

5.1.1 The Medical Staff shall be departmentalized. Each department shall report to the MEC.

5.1.2 The departments will be composed of Section Chiefs and other department representatives, as deemed appropriate by the MEC. Sections representing particular specialties may be established by the MEC as specified in the Organization and Functions Manual. Such sections shall be directly responsible to a department. Each department shall have a chair with overall responsibility for the supervision and satisfactory discharge of the functions of the department. If Members wish to form a section, Members of such specialty or service line representing at least ten (10) percent of the Active or Employed Community Based Medical Staff Members in such subspecialty or service line may petition the MEC to create a new section. Current departments and sections and their functions are listed in the Organization and Functions Manual.

5.2 **Qualifications, Selection, Term and Removal of Department Chairs, and Section Chiefs**

5.2.1 Department Chairs, and Section Chiefs shall serve a term of two (2) years commencing on January 1 and may be appointed to serve successive terms. All Department Chairs, and Section Chiefs must be Active or Employed Community Based Medical Staff Members, have relevant clinical privileges, and meet the position requirements as specified in the applicable position description.

5.2.2 Department Chairs, and Section Chiefs shall be appointed by the MEC. Department Chairs, and Section Chiefs may be removed from office by the MEC, in which case the MEC shall appoint a new Department Chairs or Section Chiefs. In the event a Department Chairs is

unavailable, they shall designate one of the Section Chiefs in the department to fulfill the duties of the Department Chairs.

5.3 Assignment to Departments

The MEC will, after consideration of the recommendations of the Department Chair of the appropriate department, recommend department assignments for all Members in accordance with their qualifications. Each Member will be assigned to one primary department. Clinical privileges are independent of department assignment.

SECTION 6. MEDICAL EXECUTIVE COMMITTEE (MEC)

6.1 **Delegated Authority**

The organized Medical Staff delegates authority in accordance with law and regulations to the Medical Executive Committee to carry out Medical Staff responsibilities. The Medical Executive Committee has the primary authority for activities related to self-governance of the Medical Staff and for performance improvement of the professional services provided by licensed independent practitioners and other practitioners privileged through the Medical Staff process.

6.2 **Committee Membership**

6.2.1 Composition - The MEC shall be a standing committee consisting of the following voting members: The Officers of the Medical Staff; the Chairs of the Credentials, Professional Practice Review, and Advance Practice Provider Committees; Department Chairs, between two (2) and four (4) at large members, as determined by the MEC. The Critical Care and Trauma Medical Director, as well as other medical directors designated by the MEC will also be a part of the MEC, if such individuals are not also serving as Department Chair. A majority of the members of the MEC must be licensed MD or DO physicians who actively practice at BCH. The Chief Executive Officer and Vice Presidents as designated by the CEO will be ex officio members without vote. The President of the Medical Staff will serve as chair of the committee. Medical Staff Services Department staff will attend the meeting without membership on the committee.

6.2.2 Term and Election of At-Large Members – The MEC shall nominate individuals for at large membership to the MEC who are Active or Employed Community Based members of the medical staff of any specialty or discipline who are currently in good standing. Additional nominees may be added by petition signed by at least ten percent (10%) of the Active or Employed Community Based Medical Staff members. At-large members shall be elected at least one month prior to the expiration of the term of the current at large members. Only members eligible to vote may cast a vote. The mechanisms for casting a vote may include written mail ballots and online voting or other technology for transmitting the Members' voting choices. No proxy voting will be permissible. The nominee who receives the greatest number of votes will be elected. In the event of a tie vote, the Medical Staff Services Department will make arrangements for repeat vote(s) until one candidate receives a greater number of votes. At-large members are elected for a two (2) year term, with the option of serving an additional one (1) year term.

6.2.3 Removal of Committee Members – The MEC may remove any member of the MEC upon a two-thirds vote of the members of the committee, excluding the member being considered for removal. At large members of the MEC may be removed from the Medical Executive Committee in the same manner as officers of the Medical Staff (Section 4.7). An individual

who serves on the MEC by virtue of a contracted position with BCH (e.g., a medical directorship) shall be automatically removed from the MEC in the event such individual's contract with BCH is terminated for any reason or the individual is no longer designated as the medical director to such contract.

6.3 **Duties**

6.3.1 The duties of the MEC, as delegated by the Medical Staff, shall be to:

a. Serve as the final decision-making body of the Medical Staff, in accordance with the Medical Staff Bylaws and provide oversight for all Medical Staff functions;
b. Coordinate the implementation of policies adopted by the Board;
c. Submit recommendations to the Board concerning all matters relating to the appointment, reappointment, staff category, department assignments, clinical privileges, and corrective action;
d. Report to the Board and to the staff for the overall quality and efficiency of professional patient care services provided by individuals with clinical privileges and coordinate the participation of the Medical Staff in organizational performance improvement activities;
e. The MEC, on behalf of the organized Medical Staff and based upon recommendation of the Medical Director(s) for Radiology/Nuclear Medicine, annually approves the qualifications of the radiology staff who use equipment and administer procedures as well as approves the specifications for the qualifications, training, functions and responsibilities of the nuclear medicine staff.
f. Take reasonable steps to encourage professionally ethical conduct and competent clinical performance on the part of Members including collegial and educational efforts and investigations, when warranted;
g. Make recommendations to the Board on medical administrative and management matters;
h. Keep the Medical Staff up-to-date concerning the licensure and accreditation status of BCH entities;
i. Participate in identifying community health needs and in setting system goals and implementing programs to meet those needs;
j. Review and act on reports from Medical Staff committees, departments, and other assigned activity groups;
k. Formulate and recommend to the Board Medical Staff rules, policies and procedures;
l. Request evaluations of practitioners privileged through the Medical Staff process when there are questions about an applicant or Member's ability to perform privileges requested or currently granted;
m. Make recommendations concerning the structure of the Medical Staff, the mechanism by which Medical Staff membership or privileges may be terminated, and the mechanisms for fair hearing procedures;
n. Consult with administration on the quality, timeliness, and appropriateness of contracts for patient care services provided to BCH by external entities;
o. Oversee that portion of the corporate compliance plan that pertains to the Medical Staff;
p. Make recommendations to the Board regarding contracted clinical services provided at BCH;

q. Hold Medical Staff Leaders, Committees, and Departments accountable for fulfilling their duties and responsibilities; and
r. Make recommendations to the Medical Staff for changes or amendments to the Medical Staff Bylaws.
s. In addition to the above duties, the MEC is empowered to act for the organized Medical Staff between meetings of the organized Medical Staff.

6.4 **Meetings**

6.4.1 The MEC shall meet at least ten (10) times per year and more often as needed to perform its assigned functions. Records of its proceedings and actions shall be maintained. The MEC may meet electronically by any means of communication which all persons participating in the meeting may hear each other, and are provided for the same options for an alternative to a formal meeting as defined in in Section 7.4.3 and 7.4.4 of these Bylaws.

6.4.2 In the event an issue is brought before the MEC for which there is insufficient specialty representation present, the MEC will seek input from one or more physicians or APPs who practice in that specialty. The specialty-specific representatives may attend the MEC meetings as non-voting ad hoc members until the issue for which their input has been sought is resolved.

SECTION 7. MEDICAL STAFF MEETINGS

7.1 **Meetings of the Medical Staff**

7.1.1 An annual meeting and other general meetings, if any, of the Medical Staff shall be held at a time determined by the MEC. Notice of the meeting shall be given to all Medical Staff Members by e-mail.

7.1.2 Special meetings of the Medical Staff:

a. The President may call a special meeting of the Medical Staff at any time. Such request or resolution shall state the purpose of the meeting. The President shall designate the time and place of any special meeting.
b. Electronic notice stating the time, place, and purposes of any special meeting of the Medical Staff shall be emailed to each Member of the Medical Staff at least three (3) days before the date of such meeting. No business shall be transacted at any special meeting, except that stated in the notice of such meeting.

7.2 **Regular Meetings of Medical Staff Committees and Departments**

Committees and departments may, by resolution, provide the time for holding regular meetings without notice other than such resolution.

7.3 **Special Meetings of the Committees and Departments**

A special meeting of any committee, department or section may be called by chair thereof, or by the President of the Medical Staff.

7.4 **Quorum and Voting**

7.4.1 For any regular or special meetings of the Medical Staff, service, or committee, those voting members present (but not fewer than four) shall constitute a quorum. Exceptions to this general rule are as follows:

a. for meetings of the MEC, Credentials Committee, Professional Practice Review

Committee, and Leadership Council, the presence of at least 50% of the voting members of the committee shall constitute a quorum;

b. for amendments to these Medical Staff Bylaws, at least 10% of the voting staff shall constitute a quorum.

7.4.2 Recommendations and actions of the Medical Staff, services, and committees shall be by consensus if possible. In the event it is necessary to vote on an issue, that issue will be determined by a majority vote of those voting members present.

7.4.3 As an alternative to a formal meeting, the voting members of the Medical Staff, a department, section, or a committee, including without limitation, the MEC, may also be presented with a question by mail, e-mail, telephone, or other technology approved by the President, and their votes returned to the Medical Staff Services Department by the method designated in the notice. A quorum for purposes of these votes shall be the number of responses returned to the Medical Staff Services Department by the date indicated. The question raised shall be determined in the affirmative and shall be binding if a majority of the responses returned has so indicated.

7.4.4 Meetings may be conducted by any means of communication which all persons participating in the meeting may hear each other.

7.5 **Attendance Requirements**

7.5.1. Members of the Medical Staff are encouraged to attend meetings (General Medical Staff, Department Committees, Sections, and assigned committees) of the Medical Staff.

a. MEC members, Credentials Committee members, Professional Practice Review Committee members, Section Chiefs, Department Chairs, are expected to attend at least seventy-five percent (75%) of the meetings of their respective committee, department, or section.

b. Special appearance or conferences: Whenever a staff or department educational program is prompted by findings of quality improvement program activities, the practitioner whose performance prompted the program will be notified of the time, date, and place of the program, of the subject matter to be covered, and its special applicability to the practitioner's practice. Except in unusual circumstances, they will be required to be present.

c. Whenever a pattern of suspected deviation from standard clinical or professional practice is identified, the President or the applicable Department Chair may require the practitioner to confer with them or with a standing or ad hoc committee that is considering the matter. The practitioner will be given special notice of the conference at least five (5) days prior to the meeting. This notice shall include the date, time and place, issue involved, and that the practitioner's appearance is mandatory. Failure of the practitioner to appear at any such conference, after two (2) notices unless excused by the MEC for an adequate reason will result in an automatic suspension of the practitioner's membership and privileges. Such suspension does not give rise to a fair hearing and will be rescinded if and when the practitioner participates in the previously referenced meeting.

d. Nothing in the foregoing paragraph shall preclude the initiation of precautionary restriction or suspension of clinical privileges as outlined in Part 2 of these Bylaws (Investigations, Corrective Action, and Hearing and Appeal Plan).

7.6 **Participation By Chief Executive Officer** (**CEO**)

The CEO, or designee, is an ex-officio member of all Medical Staff committees to encourage participation of management to assist the Medical Staff. The committee may go in to executive session, with Medical Staff members only, as determined by the committee.

7.7 **Parliamentary Procedure**

All committee meetings will be conducted in a manner determined by the Chair with the intent of allowing interested parties an opportunity to provide their input and to achieve a fair resolution Robert's Rules of Order, Newly Revised, shall provide general guidance for the conduct of meetings, but adherence to Robert's Rules of Order shall not be required, and technical or non-substantive departures from such rules shall not invalidate action taken at such a meeting.

7.8 **Notice of Meetings**

Written or electronic notice stating the place, day and hour of any special meeting or of any regular meeting not held pursuant to resolution shall be delivered or sent to each member of the committee or department not less than three days before the time of such meeting by the person or persons calling the meeting. The attendance of a member at a meeting shall constitute a waiver of notice of such meeting.

7.9 **Action of Committee or Department**

Unless otherwise specified in these Bylaws, the recommendation of a majority of its members present at a meeting at which a quorum is present shall be the action of a committee or department.

7.10 **Rights of Ex Officio Members**

Except, as otherwise provided in these Bylaws, persons serving as ex-officio members of a committee shall have all rights and privileges of regular members thereof, except they shall not vote or be counted in determining the existence of a quorum.

7.11 **Minutes**

Minutes of each regular and special meetings of a committee or department shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. A summary of each meeting shall be reported to the MEC. A record of the minutes of each meeting shall be maintained.

SECTION 8. CONFLICTS

8.1 **Conflict Resolution**

8.1.1 In the event the Board acts in a manner contrary to a recommendation by the MEC, involving issues of patient care or safety, the matter may (at the request of the MEC) be submitted to the Joint Conference Committee.

8.1.2 The Chair of the Board or the President of the Medical Staff may call for a meeting of the Joint Conference Committee any time and for any reason in order to seek direct input from the Medical Staff Leaders, clarify any issue, or relay information directly to Medical Staff Leaders.

8.1.3 Any conflict between the Medical Staff and the MEC will be resolved using the mechanisms noted in Sections 2.9.1 through 2.9.4 of Part 1 of these Bylaws.

8.2 **Conflicting Language Between Governance Manuals**

8.2.1 In the case of discordance among or between the Bylaws and any of the Medical Staff Governance Manuals/BCH Policies, the Bylaws will prevail.

8.3 **Conflict of Interest**

8.3.1 All practitioners holding membership and/or clinical privileges shall be responsible for disclosing any conflicts of interest and shall recuse him/herself from deliberation and vote on any conflicted issue. Each department committee, section committee, standing committees, or ad hoc committees of the Medical Staff has the authority to determine whether a possible conflict of interest should preclude a member from participating in the deliberation and vote on an issue that may be in conflict.

SECTION 9. PROCESSING APPLICATIONS FOR MEDICAL STAFF MEMBERSHIP/CLINICAL PRIVILEGES

9.1 **Eligibility**.

Only applicants who meet the minimum eligibility criteria or who have obtained approval by the Board for a waiver of a specific minimum eligibility criterion, as set forth in the Credentialing Manual, shall be provided with an application for Medical Staff membership and/or clinical privileges. Practitioners who do not meet the minimum eligibility criteria for appointment are not entitled to fair hearing rights. The Medical Staff Services Department shall review all requests for an application and determine whether the criteria for issuing an application have been met.

9.2 **Applicants.**

Applicants have the burden of producing adequate information to establish their qualifications and competence. Each applicant for appointment, reappointment, clinical privileges, or change in Medical Staff category or status shall have the burden of producing adequate information and documentation for proper evaluation and verification of the applicant's experience, background, training, demonstrated competence, character, conduct, judgment, attitude, and current physical and mental health status, and resolving any questions about those matters or any other matters relating to the character and qualifications of the applicant. Failure to provide all information as requested will result in an incomplete application and will not be accepted for processing.

9.3 **Review of applications for completeness and accuracy.**

9.4.1 The completed application for appointment, reappointment, clinical privileges, or change in Medical Staff category or status shall be reviewed by the Medical Staff Services Department for completeness, and the references, licensure, certifications, malpractice insurance, education, training and other information shall be verified with original sources to the extent possible. When all of the information in the application has been verified, the application shall be sent to the chair of each department in which the applicant seeks privileges.

9.4.2 No application for appointment or reappointment shall be accepted for processing and will be deemed incomplete until all information and documents required have been provided and all verifications have been completed. An application for reappointment shall be considered to be incomplete if any applicant for reappointment has not provided

requested information or documents, or not responded to requests for comments, concerning peer review or quality improvement matters or any investigation regarding the practitioner's conduct or qualifications for Medical Staff membership and privileges. The Medical Staff Services Department also shall verify that the individual requesting privileges is in fact the same individual that is identified in the credentialing documents. If the Director of the Medical Staff Services Department determines that the application contains significant omissions, the application and all fees shall be returned to the applicant with instructions concerning the missing information. If the Director of the Medical Staff Services Department determines that only minor information is missing, the Director may retain the application and notify the applicant of the missing information.

9.4.3 No application shall be considered to be complete until it has been reviewed by the Department Chair, the Credentials Committee and the Medical Executive Committee, and the Credentials Committee or Medical Executive Committee determine that no further documentation or information is required to permit consideration of the application. Additional information may be requested by any Department Chair, or by the Credentials or Medical Executive Committee. If the applicant fails to submit the requested information within sixty (60) calendar days after being requested to do so, the application shall be deemed to be incomplete and withdrawn, and the application returned to the applicant, unless the time to obtain the information is extended by the person or committee requesting the information.

9.4.4 On behalf of BCH, the Board takes final action on all completed applications.

9.4 **Expedited Credentialing** – The Governing Board has delegated to the Joint Conference Committee (JCC) the authority to render decisions on their behalf for initial appointments to membership and granting of privileges, reappointment to membership, or renewal or modification of privileges that meet the criteria for expedited privileges. The BOD also delegates to the JCC the ability to approve Medical Staff forms, policies and/or procedures which have been recommended by the MEC, with prior endorsement by the appropriate Medical Staff committees, and that are non-controversial or administrative in nature.

9.5 Additional details regarding the credentialing process are set forth in the Credentialing Manual.

SECTION 10. CONFIDENTIALITY, IMMUNITY AND RELEASE OF LIABILITY

10.1 **Definitions.**

For the purpose of this section, the following definitions shall apply:

10.1.1. The term "INFORMATION" is defined as all acts, communications, interviews, opinions, conclusions, records of proceedings, investigations, hearings, meetings, minutes, other records, reports, memoranda, statements, recommendations, actions, findings, evaluations, data, and other disclosures, whether in writing, recorded, computerized or oral form, relating to professional qualifications, clinical ability, judgment, character, physical and mental health, emotional stability, professional ethics, or any other matter that might directly or indirectly affect the quality of patient care provided at BCH.

10.1.2. The term "HEALTH PRACTITIONER" is defined as a practitioner or any other individual who is applying for or has Medical Staff Membership or who is applying for or who has clinical or practice privileges at BCH.

10.1.3. The term “REPRESENTATIVE” is defined as BCH, its Governing Board, any Director, a Committee or the Chief Executive Officer or attorney of BCH or other health care institution or their designee; registered nurses and other employees or agents of BCH or other health care institution; a Medical Staff entity and any member, officer, attorney, department or committee thereof, or organization of health practitioners, a professional review organization, professional review or peer review body or committee, a state or local board of medical or professional quality assurance, and any members, officer, department or committee thereof; and any individual authorized by any of the foregoing to perform specific Information gathering, analysis, use or disseminating functions.

10.1.4. The term “THIRD PARTIES” is defined as both individuals and organizations providing Information to any representative, including the National Practitioner Data Bank and other databases.

10.2. **Authorizations and Conditions**

10.2.1. A practitioner who applies for or exercises clinical or practice privileges at BCH authorizes representatives to obtain, provide and act on Information related to their professional ability, ethics and other qualifications and authorizes third parties and their representatives to provide such Information, even if the Information is otherwise privileged or confidential. The health practitioner waives all legal claims against any representative or third party for providing, obtaining or acting on the Information, to the fullest extent permitted by law.

10.2.2. The provisions of this article are express conditions of application for and continuation of membership on the Medical Staff and the exercise of clinical or practice privileges at BCH.

10.2.3. BCH, the Medical Staff and other practitioners are obligated by state and federal law to report certain conduct or actions, and any health practitioner who applies for or exercises clinical or practice privileges at BCH waives all legal claims against any person who makes such a report, to the fullest extent permitted by law.

10.3 **Confidentiality of Information**

Information with respect to any health practitioner submitted, collected or prepared by any representative or any other health care facility or organization or Medical Staff for the purpose of peer review, utilization review or the evaluation or improvement of the quality of patient care provided at BCH shall, to the fullest extent permitted by law, and in these Bylaws, be confidential and shall not be disclosed to anyone other than a representative nor be used in any way except as provided in these Bylaws or as required by law. Such confidentiality shall also extend to Information of like kind that may be provided by third parties. This Information shall not become part of any particular patient's record.

10.2.4. **Credentials Files –** The Medical Staff shall have a policy regarding access to, distribution of, addition to, and disclosure of the content of the Medical Staff credentials files that shall be reviewed and approved by the Medical Executive Committee as needed (Policy MS.1002.DEPT Release of Information)

10.4. **Immunity from Liability**

10.4.1. <u>For action taken.</u> Each representative shall be immune and exempt to the fullest extent permitted by law, and these Bylaws, from liability to a health practitioner for damages or other relief for any decision, opinion, action, statement, or recommendation made within the scope of his duties as a representative and for providing Information, including

otherwise privileged or confidential information, to a representative or third party concerning a health practitioner.

10.4.2. Activities and Information Covered. – The confidentiality and immunity provided by this section shall apply to all acts, communications, reports, or disclosures performed or made in connection with the BCH's or any other health care facilities or organization's activities concerning, but not limited to:

a. Applications for appointment and reappointment of Medical Staff memberships and clinical or practice privileges;
b. Investigations and corrective action, including summary suspension and automatic suspension;
c. Hearings and appellate reviews;
d. Hospital, department, committee, section or other Medical Staff activities related to monitoring, maintaining, and improving the quality and efficiency of patient care, appropriate utilization and appropriate professional conduct;
e. Peer review activities, recommendations or reports, reports to federal, state or local reporting bodies, including, but not limited to, the national practitioner data bank, quality assurance bodies and the Boards of medical examiners.

10.5. **Release** – Each health practitioner, upon request of BCH or the Medical Executive Committee, shall be required to and shall execute general and specific releases to comply with this Article. Execution of such releases shall be a prerequisite to the processing of applications and reapplications for Medical Staff Membership and for clinical or practice privileges. Execution of such releases is not, however, necessary to carry out the provisions of this section.

10.6. **Retaliation Prohibited** – Neither the Medical Staff, Governing Board, CEO or any other employee or agent of BCH may engage in any punitive or retaliatory action against any member of the Medical Staff because that member claims a right or privilege afforded by, or seeks implementation of, any provision of these Bylaws.

10.7. **Cumulative Effect** – Provisions in these Bylaws and application forms relating to authorizations, confidentiality of information and immunities and exemptions from liability are in addition to other protections provided by federal and Colorado law.

SECTION 11. REVIEW, REVISION, ADOPTION, AND AMENDMENT

11.1. **Medical Staff Responsibility**

11.1.1. The organized Medical Staff has the responsibility to formulate, review at least biennially, and recommend to the Board, any Medical Staff Bylaws, rules, regulations, policies, procedures, and amendments as needed. Amendments to the Bylaws and Rules and Regulations shall be effective when approved by the Board.

11.1.2. Neither the organized Medical Staff nor the Board may unilaterally amend the Medical Staff Bylaws or Rules and Regulations.

11.2. **Methods of Adoption and Amendment to these Bylaws**

11.2.1. Proposed amendments to these Bylaws may be originated by the MEC or by a petition signed by twenty-five percent (25%) of the members of the Active or Employed Community

Based categories. Any amendment proposed by petition shall be submitted to the MEC for review and comment before it is submitted to the voting members of the organized Medical Staff, and if approved, shall be submitted to the Board along with the comments of the MEC.

11.2.2. Each Active or Employed Community Based member of the organized Medical Staff will be eligible to vote on the proposed amendment via printed or secure electronic ballot in a manner determined by the MEC. All Active or Employed Community Based members of the organized Medical Staff shall receive at least thirty (30) days advance notice of the proposed changes. The amendment will pass if a majority of the ballots returned are marked yes.

11.2.3. Proposed amendments approved by the organized Medical Staff shall be forwarded to the Board, which shall approve, disapprove or approve with modifications. If the Board modifies any Bylaw amendments approved by the organized Medical Staff, such amendments, as modified, shall be returned to the MEC, which may accept, or reject the modifications. If the MEC accepts the modifications, the amendment shall be submitted to the organized Medical Staff for approval or disapproval in accordance with Section 11.2.2 above. If the MEC rejects the modifications, the amendment shall again be submitted to the Board, which may either approve or disapprove the amendment. The MEC or the Board may refer any disputes regarding proposed bylaw amendments to the joint conference committee for discussion and further recommendation to the MEC and the Board.

11.2.4. These Bylaws and all amendments to these Bylaws shall be effective upon approval by the Board, unless otherwise stated in the Bylaw provision or amendment approved by the Board and shall apply to all pending matters to the extent practical, unless the Board directs otherwise.

11.2.5. The MEC may adopt such amendments to these Bylaws that are in the committee's judgment, technical or legally required modifications or clarifications. Such modifications may include reorganization or renumbering, punctuation, spelling, or other errors of grammar or expression. Such amendments need not be approved by the entire Board but must be approved by the CEO.

11.3. **Methods of Adoption and Amendment to any Medical Staff Rule, Regulation, Associated Manual, or Policy.**

11.3.1. Such rules, regulations, associated manuals, and policies as may be necessary to implement more specifically the general principles found within these Bylaws and to regulate the proper conduct of Medical Staff organizational activities and the clinical practices that are required of each practitioner at BCH may be adopted by the MEC or proposed by majority vote of the Medical Staff, subject to the approved of the Governing Board, in accordance with the following procedures:

a. Any proposed Rule or Regulation being considered by the MEC shall be distributed to the members of the Active and Employed Community Based Medical Staff for review and comment, in accordance with such procedures as are approved by the MEC, before the proposed rule or regulation is adopted by the MEC and sent to the Board for approval.

b. Any policy adopted by the MEC and approved by the Board shall be promptly communicated to the Medical Staff.

c. Rules, regulations and policies may also be proposed to the Governing Board by the Medical Staff by majority vote of the members of the Active and Employed Community Based staff entitled to vote. Proposed rules, regulations or policies may be brought before the active Medical Staff by petition signed by twenty-five (25%) of the members of the Active or Employed Community Based Medical Staff. Any such proposed rules, regulations or policies proposed by a majority of the Active staff shall be submitted to the MEC for review and comment before such rule, regulation, or policy is voted on by the Active and Employed Community Based Members. Any rule, regulation or policy approved by the Active and Employed Community Based staff shall be presented to the Board along with any comments from the MEC.

d. All proposed Medical Staff rules, regulations or policies shall become effective only after approval by the Board.

11.4. **Adoption** - The MEC may adopt such amendments to these rules, regulations, associated manuals, and policies that are in the committee's judgment, technical or legally required modifications or clarifications. Such modifications may include reorganization or renumbering, punctuation, spelling, or other errors of grammar or expression. Such amendments need not be approved by the entire Board but must be approved by the CEO.

11.5. **Amendment** - In the event there is a documented need for an urgent amendment to Rules and Regulations, or the adoption of a new rule or regulation to comply with a law or regulation, the MEC may provisionally approve an urgent amendment to the Rules and Regulations without prior notification to the organized Medical Staff. In such event the Medical Staff shall be immediately notified of the amendment and members of the organized Medical Staff may within thirty (30) days submit to the MEC any comments regarding the provisional amendment. Upon petition signed by twenty-five percent (25%) of the organized Medical Staff Members entitled to vote, the provisional amendment may be submitted to the conflict management process set forth in Sections 2.9.1 through 2.9.4 of Part 1 of these Bylaws. The results of the conflict management process shall be communicated to the MEC, the Medical Staff and the Board. In the event no petition is filed, the provisional amendment shall be submitted to the Board for approval in accordance with these Bylaws. Any repeal or revision of a provisional amendment shall be subject to approval by the Board.

SECTION 12. DEFINITIONS

12.1 **Advanced Practice Provider or APP**

An individual who has received graduate level training and is licensed as a physician assistant or advanced practice registered nurse who practices in areas identified by the Board and who may be eligible to exercise practice privileges and prerogatives in conformity with the rules adopted by the Board, Bylaws, rules, regulations, associate manuals, and policies of BCH and the Medical Staff. Notwithstanding any other provision of these Bylaws, Advanced Practice Providers are not eligible for Medical Staff membership and are not entitled to any procedural rights under Part 2 of these Bylaws (Investigations, Corrective Actions, Hearing and Appeal Plan). Any procedural rights afforded to APPs are set forth in the APP manual and approved by the Governing Board.

12.2 **Appointee**
A practitioner appointed to the Medical Staff and/or granted clinical privileges.

12.3 **Associated Manuals**
The Credentialing Manual, Rules and Regulations, Professional Practice Review Plan, and Organization and Functions Manual (Manuals), which have been recommended by the Medical Executive Committee and adopted by the Board.

12.4 **BCH, Hospital, or System**
Boulder Community Health.

12.5 **Governing Board, Governing Board, or Board**
The individuals responsible for conducting the ordinary business affairs of Boulder Community Health in Boulder, Colorado, which for purposes of these Bylaws and, except as the context otherwise requires, shall be deemed to act through the authorized actions of the officers of the corporation and through the Chief Executive Officer of Boulder Community Health.

12.6 **Chief Executive Officer or CEO**
The individual appointed by the Governing Board to act on its behalf in the overall management of BCH. The term Chief Executive Officer includes a duly appointed acting administrator serving when the Chief Executive Officer is away from BCH. Unless otherwise set forth in these Bylaws or the Bylaws of the Board, the Medical Staff may rely upon all actions of the Chief Executive Officer as being the actions of the Governing Board taken pursuant to a proper delegation of authority from the Governing Board.

12.7 **Clinical Assistant or CA**
An individual, other than an APP or licensed physician, podiatrist, dentist, or oral surgeon, who practices in areas identified by the Board and who may be eligible to exercise practice privileges and prerogatives in conformity with the rules adopted by the Board, Bylaws, rules, regulations, associate manuals and policies of BCH and the Medical Staff. Notwithstanding any other provision of these Bylaws, Clinical Assistants are not eligible for Medical Staff membership and are not entitled to any procedural rights under Part 2 of these Bylaws (Investigations, Corrective Actions, Hearing and Appeal Plan). Any procedural rights afforded to CAs are set forth in the CA manual and approved by the Governing Board.

12.8 **Clinical Privileges or clinical practice privileges or permission to practice.**
The permission granted to a member of the Medical Staff or an APP or CA, based upon an individual's professional license and experience, competence, ability, and judgment, to render specific diagnostic or therapeutic services to patients at BCH.

12.9 **Current Clinical Competence**
Affirmation of ongoing clinical practice and current clinical competence is evidenced by an active practice and experience in the privileges requested. Evidence shall include, but not be limited to, responses to related questions provided in information from training programs, peers, and other facility affiliations; documentation of continuing education; case logs indicating number and types of procedures performed; the results of performance improvement and peer review (MEC 6/2012).

12.10 **Designee**

A qualified individual identified to fulfill the role of a Medical Staff Officer, Department or Committee Chair, or CEO or Director. In order to ensure effectiveness and fairness, a Medical Staff or BCH Leader may, at their own discretion, designate an appropriate individual to serve in their role for any given circumstance or task. The established chain of command will typically be implemented when determining a designee.

12.11 **Good Standing**

"Good standing" means the staff member, at the time the issue is raised, has met the necessary requirements for maintaining clinical privileges and/or medical staff membership. "Good standing" includes professional, moral, ethical, and physical criteria and attendance and committee participation requirements, if applicable, during the previous Medical Staff year, is not in arrears in dues payments, and has not received a suspension or restriction of his or her appointment, admitting or clinical privileges in the previous twelve (12) months; provided, however, that if a staff members has been suspended in the previous twelve (12) months for failure to comply with the BCH policies or regulations regarding medical records and has subsequently taken appropriate corrective action, such suspension shall not adversely affect the staff member's good standing status.

12.12 **Medical Executive Committee or MEC**

The Medical Executive Committee of the Medical Staff unless specific reference is made to the Medical Executive Committee of the Governing Board of BCH.

12.13 **Medical Staff**

All licensed independent practitioners (DO, MD, DMD, DDS, DPM) privileged through the organized Medical Staff process that is subject to the Medical Staff Bylaws and associated manuals/policies.

12.14 **Member**

Any physician, podiatrist, oral surgeon, or dentist appointed to, and maintaining membership in, any category of the Medical Staff in accordance with these Bylaws.

12.15 **Organized Medical Staff**

A self-governing entity accountable to the Governing Body that operates under the Medical Staff Bylaws and associated manuals policies developed and adopted by the voting members of the organized Medical Staff and approved by the Governing Body. The organized Medical Staff is comprised of Doctors of Medicine and Osteopathy, and, in accordance with the Medical Staff Bylaws, may include other practitioners.

12.16 **Partners or Associates**

For purposes of these Bylaws and related manuals, with respect to a Member or APP who is employed by BCH, the term partner or associate shall be limited to a Member or APP who practices in the same clinical location and/or practice group.

12.17 **Peer Review and Peer Review Committee**

A professional review committee including but not limited to the Governing Board, Leadership Council, Credentials Committee, Medical Executive Committee, and the Professional Practice Review Committee established in accordance with Colorado state statute to review and evaluate

the competence of the quality and appropriateness of patient care provided by, or the professional conduct of any person granted or seeking privileges or membership through the established medical staff process.

12.18 **Patient**
Any person at BCH undergoing diagnostic evaluation or receiving medical treatment.

12.19 **Physician**
An individual with an MD or DO degree who is licensed to practice medicine in Colorado.

12.20 **Practitioner**
Any physician, podiatrist, dentist, oral surgeon, or APP, unless otherwise expressly provided, applying for Medical Staff membership/affiliation or clinical privileges/practice privileges/permission to practice at BCH; or any Medical Staff member or APP Staff member who has been granted privileges at BCH.

12.21 **Voting Members**
Those practitioners within the organized Medical Staff who have the right to vote on adopting and amending Medical Staff Bylaws, rules and regulations, and policies.

SECTION 13. HISTORY AND PHYSICAL REQUIREMENTS (H&P)

13.1. Complete History and Physical
A complete medical history and physical examination must be performed and documented in the patient's medical record within 24 hours after admission or registration (but in all cases prior to surgery or an invasive procedure requiring anesthesia services (moderate sedation or above) by an individual who has been granted privileges by BCH to perform histories and physicals.

13.1.1. If an H&P has been completed within the 30-day period prior to admission or registration, a durable, legible copy of this report may be used in the patient's medical record. However, in these circumstances, the patient must also be evaluated within 24 hours of the time of admission/registration or prior to surgery/invasive procedure, whichever comes first, and an update recorded in the medical record. This update may also be referred to an as "interval" in the BCH electronic medical record.

13.1.2. Any history and physical performed more than 30 days prior to an admission or registration is invalid and may not be entered into the medical record.

13.1.3. The H&P update shall be recorded on an H&P update form or in a progress note provided the progress note includes the following required information:
a. That the patient has been examined;
b. That the original H&P was reviewed:
c. Whether there are any changes to the patient's condition;
d. Documentation of any changes to the patient's condition.

13.1.4. A physician who does not hold clinical privileges at BCH may perform the H&P, provided that the H&P form is reviewed and countersigned by a physician with clinical privileges at BCH.

13.1.5. H&P's performed by a qualified nurse practitioner (NP) or physician assistant (PA) do not require a physician review and/or countersignature unless required by the NP or PA's employment agreement.

13.1.6. Outpatient Procedures in the Emergency Department

a. An H&P is required for all procedures requiring moderate or deep sedation which are performed in the Emergency Department (ED) (including urgent care). The ED assessment may serve as the H&P, provided that it contains the information required for an outpatient H&P.
b. In the event a patient is transferred from the ED to surgery, an H&P shall be performed by the attending surgeon, unless an H&P or ED assessment containing the required information was performed in the ED or the surgery is an emergency surgery.
c. In the event an outpatient who has received anesthesia services (moderate sedation or above) is admitted as an inpatient after the procedure, the attending physician is responsible for performing an inpatient H&P within 24 hours of admission. If the patient has had an H&P within thirty days outside the hospital, an update/interval may be performed.

13.1.7. When a patient is readmitted within 30 days for the same or a related problem, an interval history and physical examination reflecting any subsequent changes may be appended to the initial admission history and physical. This assumes the original information is readily available. Otherwise, a new document must be provided.

13.1.8. All ECT patients are required to undergo an H&P by a medical doctor or other qualified medical professional prior to starting ECT treatments and annually thereafter. The treating ECT psychiatrist will complete an H&P update, documenting as an interval H&P in the EHR, every thirty days for patients receiving ongoing ECT. (8/2020)

The treating anesthesiologist will complete an assessment of the patient prior to each ECT treatment. The assessment, documented as a pre-procedure evaluation it the EHR, will determine appropriateness of ongoing ECT treatments, as it relates to the patient's fitness to undergo anesthesia, and will take into account a review of patient age, diagnosis, comorbidities, and the level of anesthesia necessary for the treatment. (8/2020)

13.1.9. Dentists are responsible for the part of their patients' history and physical examination that relates to dentistry.

13.1.10. Podiatrists are responsible for the part of their patients' history and physical examination that relates to podiatry. Podiatrist may request privileges to perform preoperative history and physicals for patients designated as ASA I and ASA II.

13.1.11. An H&P examination is not required for outpatient procedures identified as using local or no anesthesia. However, a progress note stating the reason for procedure and diagnosis is required. The following list is not all inclusive.

a. Blood patches;
b. Breast biopsy (ultrasound, stereotactic);
c. Breast hookwire localization (ultrasound, mammography);
d. Chest tube placement (without moderate sedation);
e. Fine needle aspiration (breast, thyroid, salivary gland, lymph nodes);
f. Imaging guided musculoskeletal procedures (i.e. PRP);
g. Intrathecal chemotherapy;
h. Joint injections via fluoroscopy, CT or ultrasound (spine and extremities);
i. Laser procedures of the eye;
j. Lumbar puncture (including fluoroscopic guided);
k. Myelogram;
l. Nuclear medicine therapeutic dose administration (6/2012);
m. Paracentesis;
n. PICC placement;
o. Pseudoaneurysm thrombin injection (ultrasound guided);
p. Thoracentesis.

13.2. **Minimal Content Requirements**

13.2.1. *Inpatient history and physical examinations*:

a. Chief complaint;
b. History of present illness;
c. Pertinent past history;
d. Pertinent social history;
e. Pertinent family history;
f. Pertinent physical examination;
g. Pertinent inventory of body systems;
h. Impression and plan of care.

13.2.2. Outpatient history and physical examinations – moderate or deep sedation:

a. Symptoms/indications for the procedure;
b. Allergies;
c. Current medications and significant medical history;
d. A focused physical examination that includes the relevant body area or organ system;
e. Assessment of mental status;
f. Assessment of heart and lung; and
g. Assessment of airway by the person responsible for the sedation.

13.2.3. Outpatient history and physical examinations – General, spinal, epidural anesthesia:

a. Chief complaint;
b. History of present illness;
c. Pertinent past, social or family history;
d. A focused physical examination that includes the relevant body area or organ system;
e. Assessment of heart and lungs to be completed by the person responsible for the anesthesia.

13.2.4. *Obstetrical Patients*

A copy of the office/clinical prenatal record is acceptable as the H&P. A written interval admission note that includes the pertinent additions to the history and subsequent changes in the physical findings is acceptable as the H&P update. Cesarean Sections require a new current H&P assessment with the same requirements as the inpatient surgical H&P. (8/2020)

13.2.5. Newborns

For newborns, completion of the "Admission/Discharge Summary" form is acceptable as the H&P for any procedure.

13.3. Cancellations, Delays, and Emergency Situations

13.3.1. The H&P requirement may be waived in emergency cases, as long as the physician or nursing documentation reflects the emergent situation. For example, a provider may dictate the emergent situation in the procedure report, or nursing staff may document the situation in the OR record or cath lab record. An emergency case is defined as potential loss of life, limb or body function and no delay is possible.

13.3.2. In ambulatory settings, should a patient require emergency treatment, the clinic staffing will follow PC.5000.ORG: Code Blue Emergency Response (8/2020)

13.4. Non-compliance with H&P Requirements

13.4.1. If an H&P or H&P update is not performed, recorded and available as required:

a. The patient shall not proceed to surgery or other procedure requiring anesthesia services (moderate sedation or above).
b. The admitting physician/surgeon will be advised of the need for an H&P or an H&P update prior to surgery or other procedure requiring anesthesia.
c. Violations shall be reported through the Safety Event Management reporting system.

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