

DELTA HEALTH
MEDICAL STAFF BYLAWS
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PREAMBLE

WHEREAS, the Board of Directors of Delta Health has recognized that the providers privileged to practice on behalf of the organization possess special knowledge and capabilities, and the Board has authorized and requested those providers to assist the Board in fulfilling its responsibility for the quality of medical care rendered at Delta Health; and,

WHEREAS, it is recognized that these Bylaws, and its attendant Rules and Regulations, must create a framework within which medical staff members can act with a reasonable degree of freedom and confidence;

THEREFORE, the providers practicing at Delta Health, hereby, adopt and recommend to the Board of Directors the following Bylaws setting forth the structure and functions of the Medical Staff within the organization.

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

** No provision contained in this document shall be interpreted to be retroactive in terms of revoking privileges previously assigned to members of the Medical Staff without due cause.

ARTICLE I

DEFINITIONS

1. Wherever the term "**Administrator**" appears, it shall refer to the Chief Executive Officer or CEO; the individual appointed by the Governing Board to act on its behalf in the overall administrative management of Delta Health. The CEO may, consistent with his/her responsibilities under the Bylaws of Delta Health, designate a representative to perform his/her responsibilities under these Medical Staff Bylaws and related policies and procedures.
2. The term "**Allied Health Professional**" or "**AHP**" means a duly licensed or certified by the Colorado State Board of Health individual who may provide services to patients within the limit of his/her skills and scope of lawful practice and is specifically limited and defined by Delta Health. See section 9.1.2 for complete definition of AHP delineation categories, and Rules & Regulations – General Conduct of Care - Section F.
3. Wherever the term "**Board**" appears, it shall refer to the Board of Directors of Delta Health.
4. The term "**Board Certified**" means that Medical Staff providers must be, and remain, Board Certified (or Eligible) within the guidelines established by their individual Member Boards.
5. Wherever the term "**Delta Health**" appears, it shall refer to Delta County Memorial Hospital, all clinics owned or operated by, and services provided on behalf of, Delta Health.
6. The term "**Medical Executive Committee**" means the executive committee of the Medical Staff that shall constitute the governing body of the Medical Staff as described in these Bylaws.
7. The term "**Medical Staff**" means those providers permitted by State law and by Delta Health to provide patient care services independently within the scope of their delineated clinical privileges.
8. "**Medical Staff Policies and Procedures**", which may also be referred to as "Administrative Procedures", are documents separate from the Medical Staff By-Laws and the Rules and Regulations.
9. The term "**Physician**" shall mean a doctor of medicine or a doctor of osteopathy fully licensed to practice medicine in Colorado.
10. The term "**Provider**" shall mean a licensed, independent provider who is a doctor of medicine or osteopathy, dentist, podiatrist, AHP or other individual licensed or certified by the Colorado State Board of Health to provide patient care services independently in Colorado.
11. The term "**Quorum**" shall mean the minimum number of members present to hold a meeting.

ARTICLE II
PURPOSES AND FUNCTIONS

2.1 PURPOSES

The Medical Staff is organized to assist Delta Health in providing all patients with quality medical care regardless of race, creed, color, gender, national origin, age, or source of payment. The Medical Staff recognizes that this objective requires competent and ethical performance by the medical professionals granted clinical privileges at Delta Health, as well as the responsibility of the Medical Staff to account therefore to the Board of Directors. Towards this end, the Medical Staff exists to perform the functions stated in paragraph 2.2 below.

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2.2 FUNCTIONS

The Medical Staff will advise and assist Delta Health in providing quality medical care and the discharge of Medical Staff responsibilities by:

- (A) Developing, adopting, and enforcing Bylaws and Rules and Regulations to: govern the granting of appropriate privileges to medical professionals qualified and permitted to provide medical services at Delta Health; organize the Medical Staff and its activities; and ensure compliance with the Bylaws and Rules and Regulations of the Medical Staff and the policies of Delta Health.
- (B) Developing a structure for advising Delta Health Administration and the Board of Directors on a regular basis of the results of the Medical Staff's review of medical services and recommendations for improvement in those services.
- (C) Developing a program of continuing education for the Medical Staff for the purpose of advancing the knowledge and skills of its members and maintaining high standards of professional practice.
- (D) Developing by these Bylaws, and by appropriate Rules and Regulations, a fair and efficient method for the identification of providers whose performance falls below accepted medical or professional standards and a structure for the fair and efficient correction of identified deficiencies including, when necessary, a recommendation to the Board of Directors for the restriction, suspension, or revocation of privileges.
- (E) Adopting and conducting a coordinated program for review and evaluation of medical services provided to patients of Delta Health to include, but not be limited to patient care studies and reviews of blood usage, drug usage, surgical cases/invasive procedures, medical records, and pharmacy and therapeutics.
 - i) A complete medical history and physical examination shall be legibly handwritten, electronically documented, or dictated by the provider and transcribed and charted within 24 hours after admission, and in every case before inpatient or outpatient surgery or endoscopy is performed, except in emergencies where delay might endanger the life of the patient.

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- ii) In emergent cases a note shall be placed in the chart regarding the need to proceed and this information shall be completed immediately upon completion of the emergency.
- (F) Conducting a quality assurance, risk management and utilization review program designed to assure the safe provision of quality services with appropriate utilization of Delta Health resources.
- (G) Providing medical direction in special care areas, and participating in infection control, disaster planning, and Delta Health's safety program.
- (H) Participating in the Board's short and long-range planning activity, assisting in identifying community health needs and suggesting to the Board appropriate organizational policies and programs to meet those needs.

ARTICLE III

MEDICAL STAFF MEMBERSHIP

3.1 NATURE OF MEDICAL STAFF MEMBERSHIP

Appointment to membership on the Medical Staff is a privilege conferred by the Board of Directors which shall be extended only to professionally competent providers who continuously meet the qualifications, standards, and requirements set forth in the Bylaws of the Medical Staff. All initial appointments, reappointments, and assignments of privileges shall be made by the Board of Directors on the recommendation of the Medical Executive Committee.

3.2 QUALIFICATIONS FOR MEMBERSHIP

3.2.1 Only providers currently licensed to practice in the State of Colorado who can demonstrate their background, experience, training and current competence, their physical and mental health, their ability to perform the privileges requested, their adherence to the ethics of their profession, and their ability to work with others with sufficient adequacy to assure the Medical Staff and the Board of Directors that any patient treated by them at Delta Health will be given a high quality of medical care shall be qualified for membership on the Medical Staff. No provider shall be entitled to membership on the Medical Staff or to exercise particular clinical privileges at Delta Health merely by virtue of the fact that he/she is duly licensed to practice in this or in any other state or that he/she is a member of any professional organization or presently has, or that he/she had in the past, such privileges at another hospital.

3.2.2 No aspect of medical staff membership or particular clinical privileges shall be denied on the basis of age, gender, race, creed, color, disability or national origin or on the basis of any other criterion unrelated to the delivery of quality patient care at Delta Health, to professional qualifications, to Delta Health's purposes, needs and capabilities, or to community need.

- 3.2.3 All new applicants must be Board Eligible or have current Board Certification, in the specialty that the applicant will practice (as applicable to the privileges requested).
- A. In fields in which there is general training followed by subspecialty training, providers may retain basic privileges in their general field if they maintain actively Board Certified in the subspecialty.
 - B. Providers must remain Board Certified within the guidelines established by their individual Member Boards.

3.3 CONDITIONS OF MEMBERSHIP

- 3.3.1 Each provider who accepts membership shall comply with all state and federal regulations regarding rebates of any portion of any fee and/or receiving or giving other inducements in exchange for patient referral; deceive a patient as to the identity of a providing treatment or service; or delegate the responsibility for diagnosis or care of Delta Health's patients to another person who is not qualified to undertake this responsibility and who is not adequately supervised.
- 3.3.2 Acceptance of membership by a provider shall constitute that provider's agreement strictly to abide by the Bylaws and Rules and Regulations of the Medical Staff, and the applicable code of ethics of his/her profession. Acceptance of membership by a provider also constitutes that provider's agreement to be subject to review as part of the organization's performance improvement activities. FPPE process and OPPE process. Acceptance of membership by a provider also constitutes that provider's agreement to serve as an evaluator/proctor for other providers in their specialty undergoing the FPPE and OPPE process if called upon to do so without remuneration. *Attestation*
- 3.3.3 It shall be the responsibility of each provider who accepts appointment to provide continuous care for his/her patients; meet standards of professional performance, conduct, and utilization of resources established by the Medical Staff; appropriately document patient illness and care in a timely manner; assist medical care evaluation and utilization programs; advise and supervise the less experienced and accept advice and supervision from the more experienced; participate in continuing education programs; and abide by Delta Health policies, and the Bylaws and Rules and Regulations of the Medical Staff.
- 3.3.4 No provider shall be granted membership until he/she has provided proof of professional liability insurance in not less than the minimum amount of \$1M per medical incident and \$3M annual aggregate, as determined by resolution of the Board of Directors after consultation with the Medical Executive Committee, or other evidence of financial responsibility as the Board of Directors may establish. Every provider who has been granted membership shall be responsible to provide current certificates of coverage and notice endorsements annually upon renewal of such policies and to notify Delta Health of any cancellation or decrease in the coverage. Maintenance of the insurance coverage required hereunder shall be an absolute condition of maintaining privileges and failure to maintain coverage shall result in automatic suspension of privileges pursuant to paragraph 6.3.3 below.

3.3.5 Each provider who accepts membership shall notify the Chief of Staff within three (3) days of receiving notification that he or she is being investigated by a state or federal agency, is excluded from participating in Medicare, Medicaid or other federal health care programs, or is made the subject of any other sanction imposed by any state or federal agency charged with administering or enforcing such programs *Attestation*

3.3.6 Each provider who accepts appointment shall report to the Chief of Staff any involvement in a legal action or investigation by any plaintiff, governmental agency, health care facility, peer review organization, or professional society which involves any allegation of professional negligence or misconduct on the part of the provider within thirty (30) days of the date that provider becomes aware of the legal action *Attestation*

Further, each provider shall inform the Chief of Staff of any final judgment or settlement in any such legal action or investigation within ten (10) days of date the judgment or settlement is entered. If a provider is involved in a legal action, investigation, or has a malpractice claim pending at the time of his/her reappointment, the approval letter shall indicate that the provider must contact the Chief of Staff when the case has been concluded to inform Delta Health of the outcome

3.4 DURATION OF APPOINTMENT

3.4.1 An initial appointment shall be provisional for one year for observation of clinical competence and ethical and moral conduct under conditions of supervision as determined by the Medical Executive Committee. Upon written request by the provider for an end to his/her provisional period, the re-credentialing procedure shall be the same as that provided for in Article IV of these Bylaws for reappointment. Subsequent appointment and assignment of privileges following the provisional period shall be for a period not to exceed two (2) years.

3.4.2 Appointment or privileges may be limited or terminated at any time in accordance with paragraph 6.4.1 below as a consequence of sub-standard performance or conduct.

ARTICLE IV

PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

4.1 APPLICATION FOR APPOINTMENT

4.1.1 Each applicant shall be provided with complete copies of the Delta Health Bylaws, Medical Staff Bylaws, Medical Staff Rules and Regulations, Credentialing Manual, Rules for Hearing, Code of Ethics, and Culture of Safe Behavior Policy, and clinical privilege request forms. Application for appointment to the Medical Staff shall be presented on the prescribed form and shall state the qualifications, references, and physical and mental health of the applicant. The applicant shall be responsible for producing any and all information requested in the application form. The applicant shall list all states in which he/she has practiced his/her profession and all states in which he/she has ever been licensed to practice his/her profession. The Medical Executive Committee or its designated representative shall be authorized to inquire of the licensing or examining boards of such states regarding possible complaints, actions by the licensing or examining boards concerning the applicant, and other pertinent information which may be in the possession or control of such boards. The applicant shall include the names of

the insurance companies which have provided professional liability insurance coverage for the applicant for a period of ten (10) years prior to the application and shall state specifically whether or not the applicant has ever been denied such coverage, and if so, the name and address of the carrier, the approximate date, and reason given for denial. The Medical Executive Committee or its representative shall request and receive reports from the insurance companies as to any claims, settlements or judgments paid by the insurance companies pursuant to coverage provided by the companies, or denials, limitations of coverage, or warranties required of the applicant as a condition for coverage. The applicant shall provide detailed information regarding involvement in any professional liability action, and the outcome of such action if concluded. The applicant shall also include required references, including at least one peer reference, along with complete information as to whether his/her staff status and/or clinical privileges have ever been revoked, suspended, reduced, or not renewed at any other hospital or institution, either voluntarily or involuntarily, or his/her license to practice and/or his/her registration has ever been challenged, suspended or terminated, diminished, restricted, or surrendered, voluntarily or involuntarily. The applicant will also submit reasonable evidence of his/her current ability to perform the privileges requested.

- 4.1.2 By applying for appointment every provider shall consent unqualifiedly to release of information concerning the provider's professional qualifications and performance from Delta Health or to Delta Health with respect to professional schools, licensing and accrediting agencies, hospitals, training programs, insurance companies, other providers, and others having relevant information. The applicant shall also grant immunity from liability to all those who have in good faith and without malice provided information to Delta Health touching on the applicant's qualifications and professional performance. The application forms prescribed by Delta Health from time to time shall contain explicit language covering such release and immunity from liability.
- 4.1.3 Applications shall include requests for specific clinical privileges desired.
- 4.1.4 The application shall include a statement that the applicant has been advised how to access the Bylaws and Rules and Regulations of the Medical Staff and that by applying he/she agrees to abide by them if granted membership and further agrees to be bound by the terms thereof whether or not granted membership in all matters relating to appointment, reappointment, or other matters pertaining to staff membership or privileges.
- 4.1.5 The application shall be presented to the Administrator/designee for assembly of the necessary credentials, which will include all required primary source verifications as well as data collected relevant to a provider's professional performance. A separate record shall be maintained for each individual requesting medical staff membership or clinical privileges. After collecting the references and other materials, the Administrator/designee shall transmit the application and all supporting materials to the Medical Executive Committee for evaluation. The Medical Executive Committee may require the applicant to submit to an evaluation of his/her physical and/or mental health status by physicians designated by the Committee when it has cause to believe that the applicant may be unable to practice medicine with reasonable skill or safety to patients.
- 4.1.6 Applications for appointment to the Medical Staff will be considered only upon completion of the entire application and receipt of all pertinent information including letters of recommendation. The application will not be considered complete until personal interviews with the applicant are held, if deemed necessary.

- 4.1.7 The applicant shall have the burden of demonstrating his/her qualifications for membership and privileges, including producing adequate information for a proper evaluation of his/her experience, professional ethics, background, training, ability to perform the privileges requested, and, upon request of the Medical Executive Committee or the Board, physical and mental status, and of resolving any doubts about these or any of the other basic qualifications as specified in these Bylaws.
- 4.1.8 The applicable criteria in granting or denying Medical Staff membership and privileges shall be the professional qualifications of the applicant, including performance, as well as the needs and capacity of Delta Health. Providers in administrative and/or governing body positions who desire medical staff membership or clinical privileges are subject to the same procedures as all other applicants for membership or privileges.

4.2 APPOINTMENT PROCESS

- 4.2.1 Within ninety (90) days after receipt of the completed application for membership, the Medical Executive Committee shall provide a recommendation on appointment, staff category, clinical privileges to be assigned, and conditions of any applicable supervision.
- 4.2.2 If the recommendation of the Medical Executive Committee is favorable to the applicant, the written report shall be transmitted to the Board of Directors.
- 4.2.3 If the recommendation of the Medical Executive Committee is adverse to the applicant, either in respect of appointment or clinical privileges, the applicant shall be entitled to a hearing before the recommendation is forwarded to the Board of Directors. The hearing shall be conducted by an investigative body appointed pursuant to Article VII of these Bylaws, and the procedures set forth in Article VII shall govern the hearing except as modified by this Article.
- 4.2.4 The Administrator/designee shall promptly give the applicant written notice, by certified mail, of an adverse recommendation of the Medical Executive Committee and of the applicant's right to a hearing, and shall provide the applicant with a copy of the report of the Medical Executive Committee. After the hearing has been conducted or after waiver of a hearing by the applicant, the Medical Executive Committee shall transmit its final written report to the Administrator/designee and the Board of Directors. The Administrator/designee shall promptly provide a copy of the report to the applicant by certified mail.
- 4.2.5 The Board of Directors shall either accept the recommendation of the Medical Executive Committee or shall refer the matter to an Ad Hoc committee created by the Board of Directors and the Medical Executive Committee for further consideration stating the reasons for such action. If factual determinations are necessary for the resolution of the matter and the applicant has not already had a right to a hearing, the Ad Hoc Committee shall either refer the matter for a hearing pursuant to Article VII of these Bylaws or it shall itself conduct a hearing in a manner not inconsistent with the procedures set forth in Article VII. The Ad Hoc Committee, with consultation as necessary, shall report with a recommendation on appointment and privileges to the Board of Directors.
- 4.2.6 When an application has been approved by the Board of Directors, the Administrator/designee shall notify the applicant and the Medical Executive Committee in writing. The notice shall include the staff category and clinical privileges assigned, and any conditions of supervision.

- 4.2.7 When the decision of the Board of Directors is adverse to the applicant, either in respect of appointment or clinical privileges, the applicant shall be entitled to request appellate review of the Board's decision. Such appellate review shall be governed by the appeal procedures set forth in Article VII of these Bylaws except as they are modified by this Article.
- 4.2.8 The Administrator/designee shall promptly give the applicant written notice, by certified mail, of an adverse decision of the Board of Directors, including a statement of the basis for the decision, and of the applicant's right to appeal.
- 4.2.9 Notwithstanding the foregoing, no applicant for staff membership or privileges shall have any right to a hearing or appeal in any case where adverse action results from the applicant's failure to provide proof of licensure or professional liability insurance coverage or to provide any other information required of an applicant by these Bylaws.

4.3 REAPPOINTMENT PROCESS

- 4.3.1 Reappointment is not a matter of right, and the burden of proof is on the staff member to demonstrate his/her current competence, professionalism, appropriate utilization of Delta Health services, appropriate utilization of resources, and adherence to these Bylaws and to the Rules and Regulations of the Medical Staff in order to justify reappointment and reassignment of privileges.
- 4.3.2 Prior to the end of the term of an appointment, the staff member will be sent an application for reappointment and for reassignment of privileges. The Medical Executive Committee shall obtain and review all pertinent information available on the member for the purpose of determining its recommendations for reappointment and for the reassignment of clinical privileges.
- 4.3.3 Each recommendation concerning reappointment and the clinical privileges to be granted shall take into consideration observation and documentation of professional judgment and performance in the treatment of patients, the applicant's clinical and technical skills, ethics and conduct, compliance with Medical Staff Bylaws and Rules and Regulations, results of patient care review activities, cooperation with Delta Health personnel, use of Delta Health's resources, relations with other providers, peer reference(s), physical and mental health, and general attitude toward patients, Delta Health and the public. As a condition of reappointment, the Medical Executive Committee has authority to require a provider to submit to an evaluation of his/her current physical and/or mental health status by physicians designated by the Committee when it has cause to believe that the provider may be unable to practice medicine with reasonable skill or safety to patients.
- 4.3.4 After the Medical Executive Committee has arrived at its recommendation on reappointment and reassignment of clinical privileges, the procedure to be followed shall be the same as that provided in Article IV of these Bylaws for application for initial appointment.

4.4 REAPPLICATION

A provider who has received a final adverse decision regarding appointment, reappointment, or privileges shall not be eligible to reapply unless reasonable proof can be provided that all deficiencies have been corrected. Any such reapplication shall be processed as an initial application and the applicant shall submit such additional

information as the Medical Staff and the Board of Directors may require demonstrating that the basis for the earlier adverse action no longer exists.

4.5 LIMITATION ON APPOINTMENTS

The Board of Directors, after consideration of the recommendation of the Medical Executive Committee, has the responsibility and reserves the prerogative in all cases to deny appointment, reappointment, and/or privileges, even though the applicant is qualified, in the event that Delta Health cannot provide the services to accommodate the applicant or his/her patients. Failure to grant appointment, reappointment or privileges on this basis alone does not constitute a denial or revocation of the privileges or an adverse action.

ARTICLE V

CLINICAL PRIVILEGES

5.1 EXERCISE OF CLINICAL PRIVILEGES

Every provider practicing at Delta Health shall, in connection with such practice, be entitled to exercise only those clinical privileges specifically reviewed and recommended by the Medical Executive Committee, and granted by the Board of Directors, except as provided in Section 5.6 of these Bylaws. A copy of each provider's delineated clinical privileges will be updated as necessary and provided to the clinical areas of Delta Health.

Admitting and Clinical privileges granted to providers who provide patient care services pursuant to a contract with Delta Health shall be defined by the Medical Staff in the same manner as those for all other providers.

5.2 REQUEST FOR CLINICAL PRIVILEGES

Every initial application for appointment and every application for reappointment must contain a request for the specific clinical privileges desired by the applicant. The evaluation of such request shall be based upon the applicant's education, training, experience, demonstrated current competence, peer reference(s), physical and mental health, and other relevant information, including information obtained from the results of the quality assurance activities. The applicant shall have the burden of establishing his/her qualifications and current competency in the clinical privileges requested.

5.3 REASSIGNMENT OF PRIVILEGES

The maintenance or curtailment of privileges upon application for reappointment shall be based upon demonstrated current competence as observed and as identified through quality assurance activities.

5.4 PRIVILEGES TO ADMIT PATIENTS

Privileges to admit patients shall be requested in the same manner as clinical privileges and shall be granted to qualified, fully licensed providers of the Medical Staff. Other qualified members of the Medical Staff shall be granted such privileges subject to Rules and Regulations of the Medical Staff providing that all patients admitted by a non-physician member shall receive a prompt medical evaluation and necessary medical care from a qualified physician member of the Medical Staff.

5.5 INCREASING OR ADDING PRIVILEGES

A member of the medical staff desiring increased or additional privileges shall apply in writing to the Administrator/designee. The application shall include documentation of relevant recent training and experience and shall be processed in the same manner as an application for initial appointment.

5.6 TEMPORARY PRIVILEGES

5.6.1 An applicant for appointment to the Medical Staff may request temporary privileges for not more than 60 days while awaiting consideration by the Board of Directors. Temporary privileges shall only be granted by the Administrator/designee upon the recommendation of the Chief of Staff when a significant patient, organizational, or community health interest is at stake. To be considered, the application shall be complete, including references, any necessary interviews, and proof of professional liability insurance, in the form of a certificate of coverage, as required by paragraph 3.3.4 above and license to practice in Colorado. The National Practitioner Data Bank, American Medical Association and Office of the Inspector General shall be queried upon the receipt of the application from the physician. In the case of specific patient emergency, temporary privileges may be granted by the Chief of Staff and Administrator/designee prior to all necessary credentialing verification information being received and reviewed. The remainder of the provider's credentialing information will be verified as soon as possible after he/she has been granted temporary privileges. Temporary privileges granted shall be under the supervision of the Chief of Staff.

5.6.2 Temporary consulting privileges may be granted by the Administrator/designee on the recommendation of the Chief of Staff to qualified consultants who are requested to consult on a specific patient in the Hospital. These temporary consulting privileges shall be specified in writing and appropriately dated, and shall only be granted in conformance with Section 5.6.1 of this Article V.

5.6.3 Locum Tenens

A provider requesting temporary privileges to serve as a locum tenens for a member of the Medical Staff must be qualified for membership and for privileges exercised by the member. The provider requesting locum tenens must submit an application completed in the same manner as that required in Article IV for all appointments. Upon completion of the application, including references, necessary interviews, and verification of current licensure to practice in Colorado, training, experience, current competence, and professional liability insurance (in the form of a certificate of coverage, and in accordance with the requirements of paragraph 3.3.4, above), temporary Locum Tenens privileges may be granted for not more than 60 days by the Administrator/designee upon the recommendation of the Chief of Staff, under the supervision of the Chief of Staff. Privileges assigned a locum tenens shall be limited to the clinical responsibilities for the treatment of the patients of the provider for whom he/she is serving as a locum tenens. In extreme cases where a provider on staff suddenly becomes incapable of performing his/her clinical responsibilities, and patient care would be compromised, locum tenens privileges may be granted by the Chief of Staff and Administrator/designee, prior to all necessary credentialing verification information being received and reviewed. The remainder of the provider's credentialing information will be verified as soon as possible after he/she has been granted locum tenens privileges.

5.6.4 Emergency Privileges

In the case of emergency, any member of the Medical Staff, to the degree permitted in his/her license and regardless of staff status, shall be permitted and assisted to do everything possible to save the life, organ, or limb of any patient, including appropriate consultation. As soon as feasible, continued care of the patient shall be provided by a provider with appropriate clinical privileges. For the purpose of the section, "emergency" is defined as a condition in which a patient is in imminent danger of serious permanent harm or loss of life. A provider utilizing emergency privileges shall promptly thereafter make a written entry in the patient's medical record detailing the nature of the emergency and the care provided.

5.6.5 Termination

Temporary privileges may be terminated at any time by the Administrator/designee upon the recommendation of the Chief of Staff or his/her designee. The Administrator/designee shall assign a member of the Medical Staff to assume responsibility for the care of the terminated provider's patients until discharge from Delta Health. The wishes of the patient will be considered in the selection of such alternate provider.

5.7 LEAVE OF ABSENCE

A provider who has been a member of the Active Staff for one year or more may be given a leave of absence for a maximum period of two years on written request submitted to the Administrator/designee and approved by the Medical Executive Committee. Each application for reinstatement of privileges following a leave of absence must contain the following information:

- (A) The purpose of the leave of absence;
- (B) The location and degree of medical activity during the leave of absence sufficient to demonstrate to the satisfaction of the Medical Staff continued proficiency, any new skills acquired, and any information, events or occurrences during the leave of absence which bear upon the providers ability to practice medicine with reasonable skill or safety to patients. An application for reinstatement will be processed in the same manner as an application for reappointment in accordance with Article IV of these Bylaws.

ARTICLE VI

CORRECTIVE ACTION

6.1 COMPLAINTS

6.1.1 Whenever the activities or professional conduct of any provider with clinical privileges are:

- (A) considered to be lower than the standards of the Medical Staff or;
- (B) to be disruptive to the operations of Delta Health for any reason, including deficiencies in competency to practice, or physical or mental–health issues;

- (C) and/or if any provider violates the Culture of Safe Behavior Policy;

corrective action against the provider may be requested by any person, including any member of the Medical Staff, the Administrator/designee, or the Board of Directors.

All such requests shall be in the form of a written complaint to the Administrator/designee setting forth the activities or conduct believed to constitute a basis for corrective action. Any corrective action will include consideration of criteria that are directly related to the quality of care.

6.1.2 The Administrator/designee shall refer each complaint to the Medical Executive Committee which shall:

- (A) Investigate the complaint itself or refer it to one or more providers designated by the Medical Executive Committee, Colorado Medical Society or state medical specialty organization who shall investigate and then report back to the Medical Executive Committee. The Medical Executive Committee shall consider the information obtained and then dismiss the complaint; or
- (B) Initiate informal proceedings as set forth below; or
- (C) Initiate formal proceedings to be conducted pursuant to Article VII of these Bylaws.
- (D) The results of any/all investigations, informal proceedings, formal proceedings, and any corrective actions taken must be reported back to the Administrator/designee in writing.
- (E) In the event a complaint is made regarding any member of the Medical Executive Committee, that member of the Committee shall recuse himself/herself from all matters involving the investigation of the complaint, except insofar as his/her participation is required as the subject of the complaint.

6.1.3 If the Medical Executive Committee initiates informal proceedings with respect to a complaint involving a provider, the following procedure shall be followed:

- (A) The Administrator/designee shall be directed to give the provider written notice, by certified mail, stating that informal proceedings have been commenced, describing the nature of the matters under consideration, identifying any pertinent records or other documents that may be reviewed, and advising the provider that formal proceedings will be instituted if a resolution is not achieved at the informal stage.
- (B) The Chairman of the Medical Executive Committee shall designate one or more members of the Committee or state medical specialty organization, to designate an appropriate provider to meet with the provider to attempt to arrive at a mutually acceptable resolution of the matters under consideration. Any such resolution will be reported to the Medical Executive Committee and the Administrator/designee shall terminate the corrective process.
- (C) Any matters not resolved through informal proceedings as set forth above shall be referred back to the Medical Executive Committee for initiation of formal proceedings.

- 6.1.4 In connection with formal or informal proceedings initiated by the Medical Executive Committee, the Committee may require a provider to submit to an evaluation of his/her physical and/or mental health status by physicians designated by the Committee when it has cause to believe that the provider may be unable to practice medicine with reasonable skill or safety to patients.

6.2 SUMMARY SUSPENSION

- 6.2.1 Whenever a provider's condition, conduct, or performance requires that immediate action be taken to prevent imminent danger to the health of any individual, the Chief of Staff or the Administrator/designee shall have the authority to suspend summarily all or any portion of the clinical privileges of the provider, and such summary suspension shall become effective immediately. The Administrator/designee shall notify the provider of such suspension immediately.
- 6.2.2 A summary suspension shall be promptly reported to the Medical Executive Committee, which shall within five (5) days thoroughly investigate the matter and hold such interviews as may be appropriate with respect to the affected provider and which may modify or lift the summary suspension. Otherwise, the suspension shall remain in full force and effect. Any summary suspension shall be reported to the Administrator/designee, who shall treat the matter as a complaint requiring action by the Medical Executive Committee as described in this Article; such action shall determine the ultimate effect of the incident giving rise to the suspension on the clinical privileges and staff status of the provider.
- 6.2.3 Immediately upon the imposition of a summary suspension, the Chief of Staff or the Administrator/designee shall have the authority to provide for alternative medical coverage for the patients of the suspended provider still in the Hospital, Delta Health clinic or outpatient department at the time of the suspension. The wishes of the patients shall be considered in the selection of such alternate provider.

6.3 AUTOMATIC SUSPENSION

- 6.3.1 Action by a state licensing board suspending or revoking a provider's license shall result in automatic suspension of all Delta Health privileges as of the effective date of suspension or revocation by the licensing board. If a provider is placed on probation by a state licensing board, the Administrator/designee shall treat the matter as a complaint and refer it to the Medical Executive Committee for action pursuant to this Article.
- 6.3.2 A staff member whose DEA number is revoked or suspended shall immediately and automatically be divested of his/her right to prescribe medications covered by such number. The Administrator/designee shall treat such action as a complaint and shall refer it to the Medical Executive Committee for action pursuant to this Article.
- 6.3.3 Termination or material restriction of professional liability insurance coverage as required under paragraph 3.3.4 above shall result in automatic suspension of all privileges until such coverage is replaced in compliance with these Bylaws.
- 6.3.4 The refusal of a provider to submit to an evaluation of his/her physical and/or mental health status when required by the Medical Executive Committee as authorized by these Bylaws shall, in the case of a provider holding previously granted privileges, result in automatic suspension of all clinical privileges.

- 6.3.5 When a physician does not meet criteria for membership on the Medical Staff for a period of ninety (90) days (for reasons other than adverse action) and he/she has not formally requested a leave of absence, his/her membership may be terminated and such termination shall not be considered an adverse action. Upon learning that a provider no longer meets membership criteria, the Medical Executive Committee at its next regularly scheduled meeting will provide written notification to the provider, by certified mail, that his/her membership will cease in 90 days.
- 6.3.6 Reasons for automatic suspension of privileges are self-evident and do not entitle the provider to the hearing and appeal process.
- 6.3.7 The Administrator/designee shall report to the Board of Directors the initiation of Corrective Action proceedings under this Article VI. Such reports shall be made only in Executive Session as matters required to be kept confidential pursuant to C.R.S. 24-6-402(4)(d). The Board shall take no action to approve or disapprove the actions of the Medical Executive Committee, unless and until it is called upon to do so in formal proceedings under Article VII of these bylaws.

6.4 REDUCTION, SUSPENSION, OR REVOCATION OF PRIVILEGES

- 6.4.1 Reduction, suspension, or revocation of privileges or staff membership, except as provided for in paragraphs 6.2 and 6.3 above, as set forth in this section 6.4, or as consented to by the provider to resolve informal proceedings initiated under paragraph 6.1 above, shall occur only by action of the Board of Directors on the recommendation of the Medical Executive Committee, following formal proceedings pursuant to Article VII of these Bylaws. Such action shall only be taken after careful consideration of criteria that are directly related to the quality of care.
- 6.4.2 Providers engaged by Delta Health to provide clinical services to Delta Health patients shall obtain appointment to the Medical Staff as provided herein. The clinical privileges and staff membership of such providers shall not be reduced, suspended, or revoked except as provided for other members of the Medical Staff unless otherwise stated by contract.

ARTICLE VII

FORMAL PROCEEDINGS--HEARING AND APPELLATE REVIEW

7.1 FORMAL PROCEEDINGS

- 7.1.1 If the Medical Executive Committee initiates formal proceedings to review matters involving a provider, the proceedings shall be conducted by an investigative body, which at the discretion of the Committee shall be:
- (A) A panel consisting of at least three, and as many as all, members of the Medical Executive Committee designated by its Chairman and appointed by the Board of Directors; or
 - (B) An Ad Hoc panel consisting of at least three members of the Medical Staff, designated by the Medical Executive Committee and appointed by the Board of Directors; or
 - (C) A panel consisting of at least three Colorado licensed physicians designated by a state medical specialty organization, at the request of the Medical Executive Committee and appointed by the Board of Directors.

No person shall serve as a member of an investigative body if he/she is in direct economic competition with the affected provider. This provision shall not preclude any person from appearing as a witness or expert witness at a hearing or from serving as a consultant to an investigative body, provided that the person does not participate in the deliberations and decision of the investigative body.

The designated investigative body shall be responsible for conducting a formal review of the matters referred to it. Such review shall include a hearing unless waived by the affected provider.

- 7.1.2 In any case where formal proceedings have been initiated by the Medical Executive Committee or where the right to a hearing arises under Article IV of these Bylaws, the Administrator/designee shall give written notice by certified mail to the affected provider pursuant to Article I of the Medical Staff Rules for Hearings.
- 7.1.3 The provider may obtain a hearing before an investigative body designated by the Medical Executive Committee by making written request to the Administrator/designee within 15 days of receipt of the notice required by Paragraph 7.1.2 above. Failure of the provider to request a hearing within the time provided shall be deemed a waiver of the right to a hearing and appellate review of the decision of the Board of Directors. If the affected provider has waived his/her right to a hearing, a hearing may nonetheless be conducted at the direction of the Medical Executive Committee on its own motion.
- 7.1.4 When a hearing has been requested by an affected provider or directed by the Medical Executive Committee, the Administrator/designee shall give the provider no less than thirty days written notice by certified mail of the date, time and place of hearing, pursuant to Article II of the Medical Staff Rules for Hearings.
- 7.1.5 The hearing shall be conducted in accordance with rules adopted by the Medical Executive Committee. Such rules shall be designed to ensure that the affected provider shall have a full opportunity to rebut and defend against any allegations presented and shall receive, in all respects, a fair and impartial determination by the investigative body.
- 7.1.6 The Medical Executive Committee shall have full authority to issue a warning or a letter of reprimand, to impose terms of probation or a requirement for consultation, or recommend to the Board of Directors reduction, suspension, or revocation of clinical privileges or revocation of the provider's staff membership. Any notices regarding such action shall be sent to the affected provider by certified mail.
- 7.1.7 The Medical Executive Committee shall make a written report to the Board of Directors in every case in which the Committee is recommending action adverse to the privileges of the affected provider. The report shall include a statement of the facts found by the investigative body, the recommendations which were made by the investigative body to the Medical Executive Committee if applicable, and the recommendations of the Medical Executive Committee to the Board of Directors. A copy of the report shall promptly be furnished to the Administrator/designee who shall forward it to the affected provider by certified mail.

7.2 BOARD OF DIRECTORS' ACTION

The Board of Directors shall review the report of the Medical Executive Committee. If the Board does not accept the recommendation of the Committee, the matter shall be referred to the Ad Hoc Committee, which shall submit a final recommendation for action by the Board. The decision of the Board of Directors, including a statement of the basis

for the decision, shall be communicated in writing to the Medical Executive Committee and the Administrator/designee. The Administrator/designee shall promptly forward a copy of the Board's decision to the affected provider by certified mail.

7.3 APPEAL

7.3.1 In all cases in which appellate review has not been waived, the affected provider shall have the right to request appellate review by the Board of Directors of its decision by hand delivering or sending by certified mail written notice of appeal to the Secretary of the Board of Directors within ten days after receipt of a copy of the Board's decision. The provider's failure to deliver timely written notice of appeal shall be deemed a waiver of the right to appeal.

7.3.2 Upon receipt of a timely notice of appeal, the Chairman of the Board of Directors shall assign the appeal for hearing by the entire Board or by a panel of no fewer than three Board members appointed by the Chairman. The appeal panel shall select a chairman and the provider shall be given no less than ten days advance written notice, by certified mail, of the time, date, and place of the appeal hearing.

7.3.3 The record on appeal shall consist of the written notices and communications exchanged in the course of the review process, the pertinent records and other documents presented to and considered by the investigative body, and taped record or transcript of the hearing, the reports of the investigative body and the Medical Executive Committee, and the decision of the Board of Directors.

7.3.4 Appellate review shall be on the record only and is limited to the following issues:

- (A) Violation of Bylaws governing hearing and appellate review;
- (B) Violation of rules and procedures for the conduct of hearings;
- (C) Evident partiality or bias of the investigative body;
- (D) Arbitrary or capricious action by the investigative body or the Medical Executive Committee in the determination of facts and recommendations for corrective action.

Facts as found by the investigative body shall be the facts on appeal. The appeal panel shall not consider contentions that the findings are in error or unsupported by evidence.

7.3.5 The appeal panel may recommend to the Board that the decision under review be affirmed, reversed, or modified, or it may recommend that the matter be referred back to the Medical Executive Committee, or to the Ad Hoc Committee for further proceedings. The decision of the Board of Directors after consideration of the recommendation of the appeal panel and any further report of the investigative body, Medical Executive Committee, or Ad Hoc Committee shall be final. The decision of the Board, including a statement of the basis for the decision, shall be communicated in writing to the Medical Executive Committee and the Administrator/designee. The Administrator/designee shall promptly forward a copy of the Board's decision to the affected provider by certified mail.

7.4 LEGAL REPRESENTATION

- 7.4.1 The affected provider may be represented by an attorney or other person of his/her choice at a formal hearing or appeal hearing. Notice of appearance of such representative, including the representative's name and address, shall be provided to the chairman of the investigative body or appeal panel, as applicable, by certified mail, no later than seven days prior to the scheduled hearing.
- 7.4.2 The chairman of the investigative body or appeal panel may appoint an attorney to act as counsel for the investigative body or appeal panel at the hearing to advise on rules, procedures, and the scope of appellate review. All decisions concerning the conduct of the hearing shall be made by the chairman of the investigative body or appeal panel, who may consult with his/her fellow members before ruling.

ARTICLE VIII

CATEGORIES OF THE MEDICAL STAFF

8.1 THE MEDICAL STAFF

There shall be a single Medical Staff, which shall be divided into Active, Consulting, Teleradiology, Emergency Service, Honorary, Locum and Inactive Staffs. A member is appointed to one and only one staff category. Members are appointed to staff categories by the Board of Directors.

8.2 THE ACTIVE MEDICAL STAFF

The Active Medical Staff shall consist of providers who maintain a continuing involvement in the care of Delta Health inpatients and/or outpatients. The Active Medical Staff pay dues, participate in medical and administrative assignments, attend committee meetings, and may vote, hold office, and serve on committees.

8.3 THE CONSULTING MEDICAL STAFF

The Consulting Medical Staff shall consist of acknowledged specialists who are qualified for Medical Staff membership and are engaged by Delta Health to provide consulting services. The Consulting Medical Staff may visit their patients, but do not have the authority to admit patients, cannot vote, cannot hold office and do not pay dues. They may attend Medical Staff meetings.

8.4 THE TELERADIOLOGY MEDICAL STAFF

The Teleradiology Medical Staff shall consist of fully licensed physicians who are responsible for the interpretation of radiology exams via telemedicine link. The teleradiology provider may be privileged at Delta Health using credentialing information from the originating site if they are a CMS/DNV accredited organization and if the application meets quality standards as determined by Delta Health's Medical Staff. Under this option, Delta Health may obtain and utilize the originating site's primary source verified information, including, but not limited to, licensure, training, the ability to perform privileges requested, health status and additional application requirements of Delta Health's administrative credentialing procedures. They shall not have admitting privileges and are not eligible to vote.

8.5 THE EMERGENCY SERVICE MEDICAL STAFF

The Emergency Medical Staff shall consist of fully licensed physicians who are qualified for Medical Staff membership and are engaged by Delta Health specifically to work in the emergency service. Members of the Emergency Service Medical Staff may write admission orders to the service of the attending provider at this hospital, but will not participate in inpatient care except in emergency. Emergency Service Medical Staff may vote and hold office.

8.6 THE HONORARY MEDICAL STAFF

The Honorary Medical Staff shall consist of providers recognized for their outstanding reputations, their noteworthy contributions to the health and medical sciences, or their previous longstanding service to Delta Health. Honorary Staff members need not be residents of the community. No application is required, they shall be recommended by the Medical Executive Committee, subject to the approval of the Board of Directors. Honorary Staff Members shall not be eligible to admit patients to Delta Health or exercise clinical privileges. They may attend staff and committee meetings, but may not vote at staff or committee meetings or hold office. Each member of the Honorary Medical Staff shall abide by these Bylaws, as applicable, and other policies and rules of Delta Health and abide by the ethical principles governing providers.

8.7 THE LOCUM MEDICAL STAFF

The Locum Medical Staff shall consist of providers who qualify for temporary privileges as defined in section 5.6 of these Bylaws. Locum Staff members need not be residents of the community on a permanent basis, however during their designated privilege period will be located in a geographical area reasonably proximate to the Hospital so as to be able to provide timely and continuous care to their patients. Their privileges, including admitting privileges, are not to exceed 60 days per assignment or situation. Locum Medical Staff may attend medical staff and committee meetings, but may not vote at staff or committee meetings or hold office. Each member of the Locum Medical Staff shall abide by these Bylaws and other policies and rules of Delta Health and abide by the ethical principles governing providers.

8.8 THE INACTIVE MEDICAL STAFF

The Inactive Staff shall consist of medical providers who are not in active practice, but who remain listed on Delta Health's Medical Staff roster. The Inactive Staff shall consist of Members of the Medical Staff who by reason of prolonged absence (more than one year) from the medical community are unable to provide timely and continuous care to the community's patients. The Inactive Staff shall also apply to members of the Medical Staff who have not performed any in-patient medical services or procedures at Delta Health for a period of one year, unless they have attended more than 50% of medical staff meetings during that year.

Active, Consulting and Emergency medical staff members will be moved to Inactive status at the recommendation of the Credentialing Committee and approved by the Medical Executive Committee and appointed by the Board of Directors. Inactive Status shall be granted for a period not to exceed two years. The Inactive Staff shall not be eligible to admit patients or exercise clinical privileges at Delta Health. Delta Health passwords and remote internet access will be suspended during Inactive status. The

Inactive Staff may attend medical staff and committee meetings, but may not vote at staff or committee meetings or hold an elective office. They are not subject to review unless requesting a change in staff category.

Application for reinstatement must be made in writing to the Medical Executive Committee. Failure, without good cause, to request this change in status within two years shall be deemed a voluntary resignation from the Medical Staff and/or voluntary relinquishment of clinical privileges. A request for Medical Staff membership or clinical privileges, received after an Inactive Staff member has been deemed to have voluntarily resigned, shall be submitted and processed in the manner specified for application for initial appointment.

Each member of the Inactive Staff shall abide by these Bylaws and other policies and rules of Delta Health and abide by the ethical principles governing providers.

ARTICLE IX

ALLIED HEALTH PROFESSIONALS

9.1 ALLIED HEALTH PROFESSIONALS

9.1.1 DEFINITION AND PREROGATIVES

The term Allied Health Professional (AHP) is very broad and includes a wide range of professions. In this context and for the purpose of these Bylaws, AHP shall have the meaning listed in 9.13 (A) and (B). AHP's may attend all relevant Medical Staff and Service Committee meetings. AHPs may not hold office. AHPs shall pay membership dues.

Independent AHPs, as listed below in 9.1.3 (A), may vote and/or cast a ballot for:

- (A) The Chairperson of his/her assigned Medical Staff Committee
- (B) The Chief of the Medical Staff
- (C) Amendments to the Medical Staff Bylaws, subject to approval by the Board of Directors

AHPs shall not be responsible to oversee the hospital's quality measures, committee peer review, or policies and procedures.

Independent and Dependent AHPs, as listed below in 9.1.3 (A) and (B) may not vote or cast a ballot for:

- (A) Amendments to the Medical Staff Rules & Regulations
- (B) Amendments to the Credentialing Manual

9.1.2 QUALIFICATIONS

Allied Health Professionals (AHPs) holding a license, certificate or other legal credentials, as required by Colorado law, may apply to provide services in the Delta Health organization, in a category of AHPs which the Board of Directors (Board) has identified as eligible to apply for practice privileges.

AHPs shall be considered for practice privileges based on:

- (A) Graduation from a recognized, accredited school in his or her discipline.
- (B) Appropriate training, education, current competence, experience, background, demonstrated ability, judgment, and physical and mental health status with sufficient adequacy to demonstrate that any patient treated by them will receive care of the generally recognized professional level of quality and efficiency established by Delta Health; and
- (C) An AHP is determined, on the basis of documented references, to adhere strictly to the lawful ethics of their respective professions; to work cooperatively with others in the Delta Health setting; and to be willing to commit to and regularly assist Delta Health in fulfilling its obligations related to patient care, within the areas of their professional competence and credentials.

9.1.3 DELINEATION OF CATEGORIES OF AHPs ELIGIBLE TO APPLY FOR PRACTICE PRIVILEGES

The Board has identified below the categories of AHP's based upon occupation or profession which shall be eligible to apply for practice privileges at Delta Health. For each eligible AHP category the Board identified the mode of practice in the clinic and hospital setting, i.e, independent or dependent and the practice privileges and prerogatives that may be granted to qualified AHP's who should be eligible to apply for practice privileges and as to the practice privileges prerogatives, terms and conditions which may be granted and apply to AHP's in each category.

The decision of categories of AHP's eligible to apply for practice privileges and corresponding practice privileges, prerogatives, terms and conditions for each AHP category when approved by the MEC and the Board shall be as follows:

- (A) Categories of independent AHP's. Independent AHP's include:
 - i) Certified Registered Nurse Anesthetists
 - ii) Nurse Practitioners
 - iii) Nurse Midwives
 - iv) Certified Licensed Physician Assistant, compliant with Colorado Medical Board (CMB) Rule 400
- (B) Categories of dependent AHP's require supervision or direction of a physician member of the medical staff:
 - i) Surgical First Assist "RN"
 - ii) Certified Ophthalmologist Assistant

9.1.4 PROCEDURE FOR GRANTING PRACTICE PRIVILEGES

An AHP must apply and qualify for practice privileges. Applications for initial granting of practice privileges and renewal thereof, shall be submitted and processed in a parallel manner to that provided in Articles IV and V, unless otherwise specified in the Medical Staff Rules and Regulations.

An AHP who does not have licensure or certification in an AHP category identified as eligible for practice privileges in the manner required by Section 5.2 above may not apply for practice privileges, but may submit a written request to the Administrator/designee, asking that the Board consider identifying the appropriate category of AHPs are eligible to apply for practice privileges. The Board may refer the request to the MEC for recommendation.

Each AHP shall be subject to terms and conditions paralleling those specified in these Bylaws, as they may logically be applied to AHPs and appropriately tailored to the particular AHP's profession.

Under CMB Rule 400, each Certified Licensed Physician Assistant (PA) is required to have:

- (A) At least one primary supervising physician, registered with the Colorado Medical Board, per specialty practice area. A PA's clinical practice should be consistent with and in the scope of the supervising physician's education, training, experience, and active practice.

The supervising physician must be a member of the Delta Health medical staff.

The supervising physician must agree that the AHP will practice only within the scope of practice defined by law and the Bylaws, Rules and Regulations and policies of the Medical Staff and Delta Health.

A Primary Physician Supervisor Registration Form must be on file with the medical board signed by both the primary supervising physician and the PA. If the PA has more than one supervising physician, there must be a completed form for each primary supervising physician. This supervisory relationship is deemed to continue until specifically rescinded by either the physician or PA in writing to the board.

- (B) A **Supervisory Plan** must be on file with the Board for new PAs with less than three years' experience. The supervising physician must also complete an initial **Performance Assessment**

- (C) **Practice Agreement** must be on file with the Board for PAs who have practiced for three or more years. A supervising physician must also complete a Performance Evaluation periodically.

Should the sponsoring Medical Staff member terminate his or her Medical Staff membership or in the event that the AHP's supervisor is no longer able to serve in that capacity as required by Colorado law, the AHP is responsible to secure a replacement supervisor within 30 days.

9.1.5 **RESPONSIBILITIES**

Each AHP shall:

- (A) Meet those responsibilities required by the Medical Staff Rules and Regulations, and if not so specified, meet those responsibilities specified in Section 3.3 which are generally applicable to the more limited practice of the AHP, including liability insurance requirements as established by the Board;

- (B) Retain appropriate responsibility within his/her area of professional competence for the care and supervision of each patient of Delta Health for whom he/she is providing services;
- (C) Participate, as appropriate, in patient care audit and other quality review, evaluation, and monitoring activities required of AHPs in supervising initial appointees of his/her same occupation or profession, or of a lesser included occupation or profession, and in discharging such other functions as may be required from time to time.

ARTICLE X

OFFICERS

10.1 OFFICERS OF THE MEDICAL STAFF

The officers of the Medical Staff shall be Chief of Staff and Vice Chief of Staff.

10.2 QUALIFICATIONS OF OFFICERS

Officers shall be fully licensed physician members in good standing of the Active Staff and shall remain members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

10.3 TERM OF OFFICE

All officers shall serve for a two (2) year term. The Chief of staff shall serve from January 1 through December 31 of the two years following his / her election. The Vice-Chief of Staff shall serve from the date of his/her election until the date that his / her successor is elected.

10.4 VACANCIES IN OFFICE

Vacancies during any term of office, including chairpersons elected to the Clinical Service Committees as detailed in Section M(1)(a-d) of the Medical Staff Rules & Regulations, shall be filled for the unexpired term by a fully licensed physician member of the Active Staff appointed by the Chief of Staff. If there is a vacancy in the office of the Chief of Staff, the Vice Chief of Staff shall serve the remaining term.

10.5 REMOVAL OF OFFICERS

An officer of the Medical Staff may be removed from office by a two-third majority vote of the Active Medical Staff, but no such removal shall be effective until ratified by the Board of Directors. Reasons for removal may include, but shall not be limited to, failure to maintain Medical Staff membership, disciplinary actions, failure to perform the duties required by the office, or conviction of a felony.

10.6 DUTIES OF OFFICERS

10.6.1 Chief of Staff

The Chief of Staff shall call and preside at all meetings of the Medical Staff and the Medical Executive Committee. The Chief of Staff shall be responsible to the Board of Directors for the Medical Staff organization of Delta Health and shall be responsible for enforcement of the Bylaws and Rules and Regulations of the Medical Staff, and for

implementation of sanctions where these are indicated. The Chief of Staff shall be responsible for the accuracy and completeness of the Medical Staff and the Medical Executive Committee meeting minutes. The Chief of Staff shall be elected from the active Medical Staff at the annual Medical Staff meeting of an election year.

10.6.2 Vice Chief of Staff

In the absence of the Chief of Staff, the Vice Chief of Staff shall assume all the Chief of Staff's duties and authority. The Vice Chief of Staff shall also perform such duties as may be assigned by the Chief of Staff. The Vice Chief of Staff shall be elected from the membership of the Medical Executive Committee, at its first meeting of an election year.

10.7 **ELECTION OF OFFICERS**

10.7.1 Nominations

Nominations for new Chief of Staff shall be made by the Nominating Committee. The Nominating Committee shall be appointed by the current Chief of Staff at least thirty (30) days before the Annual Meeting in an election year, and shall submit to the Chief of Staff one or more qualified nominees for the office of Chief of Staff. The names of such nominees shall be reported to the Medical Staff at least fifteen (15) days prior to the Annual Meeting. Nominations shall also be accepted from the Floor.

10.7.2 Election

The Chief of Staff shall be elected at the Annual Meeting of the Medical Staff during an election year. Only Medical Staff members accorded the prerogative to vote under Article VIII shall be eligible to vote. Voting shall be by secret written ballot, and voting by proxy shall not be permitted. A nominee shall be elected upon receiving a majority of the valid votes cast. If no candidate for the office receives a majority of the votes cast by the members of the Medical Staff then present and eligible to vote on the first ballot, a runoff election shall be held promptly between the two candidates receiving the highest number of votes. If a second runoff election results in another tie, the newly elected Chairpersons of each of the Service Committees shall vote again by secret written ballot. A Chief of Staff nominee who is a Chairperson must abstain from voting for their committee. There shall only be one Chief of Staff elected during an election year. There will be no tie votes allowed which result in multiple Chiefs of Staff.

ARTICLE XI

COMMITTEES AND FUNCTIONS

11.1 **COMMITTEE STRUCTURE**

To accomplish its purposes and functions, included within the Medical Staff shall be a Medical Executive Committee, and only when needed, an Ad Hoc Committee. The Chief of Staff may appoint special committees or assign specific functions to individual members of the Medical Staff as deemed necessary. The Chief of Staff and the Administrator shall be ex officio members of all committees.

11.2 **MEDICAL EXECUTIVE COMMITTEE**

11.2.1 The Medical Executive Committee shall be composed of the Chief of Staff, the Vice Chief of Staff, the Administrator, the Chief Clinical Officer, the Quality Department

representative and one Chairperson elected to each of the Clinical Service Committees as detailed in Section M(1)(a-d) of the Medical Staff Rules and Regulations. Attendance at Medical Executive meetings by persons other than the Medical Executive membership shall be by invitation of the Chief of Staff and/or the Administrator. A member of the Board of Directors may be a non-voting member of the Medical Executive Committee.

No Medical Staff member actively practicing at Delta Health is ineligible for membership on the Medical Executive Committee solely because of his/her professional discipline or specialty. All voting members of the Medical Executive Committee shall be fully licensed physician members of the Medical Staff actively practicing at Delta Health.

In order to maintain continuity of the Medical Executive Committee if the newly elected Chief of Staff has not been a member of the Medical Executive Committee during the previous year and if all the newly elected Medical Executive Committee members are new to the committee, then the immediate Past Chief of Staff must be one of the members of the subsequent year's Medical Executive Committee.

The Chief of Staff shall be elected by the Medical Staff at its annual meeting, and the Vice Chief of Staff shall be selected from the remaining membership of the Medical Executive Committee by the Medical Executive Committee at its first meeting each year.

The Medical Executive Committee shall meet monthly, report to the Board of Directors and the Medical Staff, and maintain a permanent record of its proceedings and actions. The Chief of Staff and Vice Chief of Staff will serve as ex officio, non voting members of the Board of Directors.

11.2.2 The Medical Executive Committee shall act on behalf of the Medical Staff between Medical Staff meetings, and shall have full authority to organize the Medical Staff in the accomplishment of the purposes and in the exercise of the functions stated in Article II of these Bylaws. Toward this end, the Medical Executive Committee may delegate its authority to any subcommittee or to any individual staff member, consistent with the provisions and requirements of the Bylaws and Rules and Regulations of the Medical Staff and the policies of Delta Health. Medical Executive Committee functions include, but are not limited to:

- (A) Reviewing and acting on reports of assigned subcommittees or activity groups;
- (B) Reviewing the credentials of applicants for Medical Staff membership and delineated clinical privileges;
- (C) Making recommendations to the Board of Directors in all matters, subject to any applicable law, relating to Medical Staff structure and membership, appointments, reappointments, staff categories, delineated clinical privileges and corrective action;
- (D) Making recommendations regarding the mechanism designed to review credentials and delineate individual clinical privileges to the Board of Directors;
- (E) Organizing the Medical Staff's organization performance-improvement activities, and establishing a mechanism designed to conduct, evaluate, and revise such activities;
- (F) Developing and, when appropriate, revising the mechanism by which Medical Staff membership may be terminated;

- (G) Developing and, when appropriate, revising the mechanism designed for use in fair hearing procedures, and
- (H) Promoting effective communication among the Medical Staff, Delta Health Administration and the Board of Directors.

The Medical Executive Committee shall make recommendations to the Board of Directors for approval in all matters relating to appointments, reappointments, staff categories, clinical privileges, and corrective action. The Medical Executive Committee shall be responsible for the organization of peer review and performance improvement activities of the Medical Staff, and the mechanism used to conduct, evaluate, and revise such activities as described in Section Q of the Medical Staff Rules and Regulations.

11.3 AD HOC COMMITTEE

The Ad Hoc Committee shall be composed of members of the Medical Staff appointed by the Chief of Staff and members of the Board of Directors appointed by the Chair person of the Board of Directors.

The Ad Hoc Committee shall consider matters relating to the granting, increase, reduction, suspension, or revocation of Medical Staff Membership and clinical privileges that are referred to the Committee pursuant to these Bylaws or that are otherwise referred to the Committee with the approval of the affected provider, the Administrator/designee, the Medical Executive Committee, and the Board of Directors.

The Ad Hoc Committee shall meet as needed when called by the Chairman of the Board of Directors or the Chief of Staff, and a written record of proceedings shall be maintained and reported to the Board of Directors and the Medical Staff.

11.4 CLINICAL SERVICES

Clinical Services will be addressed in the Medical Staff Rules and Regulations.

11.5 QUORUM

A quorum for the transaction of business at any committee meeting shall be no less than 3 Providers, as defined in Article 1, Section 11.

11.6 VOTING

A majority vote of all voting committee members shall be required to carry any vote whether voting in person, by written ballot, or voting by proxy.

ARTICLE XII

MEETINGS

12.1 GENERAL STAFF MEETING

The Medical Staff shall meet at least quarterly. An annual meeting shall be called by the Chief of Staff no later than November of each year. At this meeting, on the second year of the Chief of Staff term, a new Chief of Staff shall be elected for the upcoming two years.

12.2 SPECIAL MEDICAL STAFF MEETINGS

Special meetings of the Medical Staff may be called at any time by the Medical Executive Committee, the Chief of Staff, or the Administrator/designee or by petition of one-third of the members of the Active Staff presented to the Administrator/designee. At any special meeting, no business shall be transacted except that stated in the notice calling the meeting. Notice of a special meeting shall be delivered to each member of the Medical Staff at last forty-eight (48) hours prior to the time set for the meeting.

12.3 ATTENDANCE

Members of the Active, Consulting and Emergency Service Medical Staff are encouraged, but not required, to attend Medical Staff meetings.

12.4 QUORUM

A quorum for the transaction of business at any general or special medical staff meeting shall be no less than 15 Providers, as defined in Article 1, Section 11.

12.5 VOTING

A majority vote of all voting medical staff members shall be required to carry any vote whether voting in person, by written ballot, or voting by proxy.

12.6 MINUTES

Accurate, complete, written minutes shall be kept of all Medical Staff and committee meetings.

ARTICLE XIII **GENERAL PROVISIONS**

13.1 MEDICAL STAFF RULES AND REGULATIONS

Subject to approval by the Board of Directors, the Medical Executive Committee shall adopt such Rules and Regulations as may be necessary to implement more specifically the general principles found in these Bylaws. The Rules and Regulations may be amended or repealed by action of the Medical Executive Committee with the approval of the Board of Directors. Any changes in the Rules and Regulations shall be published and distributed to the Medical Staff.

13.2 MEDICAL STAFF POLICIES AND PROCEDURES

Documents which may be viewed as “administrative procedures” that are developed for or by the Medical Staff will be referred to as Medical Staff Policies and Procedures and are considered a component of the Medical Staff Bylaws as are the Medical Staff Rules and Regulations.

A Policy and Procedure may be developed if more descriptive process is necessary, which cannot be accommodated or may not be appropriate for the Medical Staff Rules and Regulations. These Policies and Procedures may affect other departments or

individuals of Delta Health. Approval of these Policies and Procedures will be the same process as for changes or additions to the Medical Staff Rules and Regulations as stated above in 13.1.

ARTICLE XIV

AMENDMENTS

These Bylaws shall be reviewed periodically. They may be amended to reflect current practices with respect to Medical Staff organization and functions at any regular or special meeting of the Medical Staff. Notice of the intention to amend the Bylaws shall be published and distributed to the Medical Staff at least thirty (30) days prior to the regular or special meeting date. Members who are not present at the meeting may cast their vote by written mail-in ballot.

To be adopted, an amendment shall require an affirmative vote of two-thirds of all votes cast by Active Staff and independent AHP members then eligible to vote in such elections, including in person at the regular or special meeting of the Medical Staff or by written mail-in ballot.

Amendments so made shall become effective when approved by the Board of Directors. Amendments to be approved shall be published and distributed to the Medical Staff.

In the event that the staff should fail to exercise its responsibility and authority regarding compliance issues as required in this Article, and after notice by the Board to such effect including a thirty (30) day period of time for response, the Board may resort to its own initiative in formulating or amending Medical Staff Bylaws. In such event, Medical Staff recommendations and views shall be carefully considered by the Board during its deliberations and in its actions, which shall be pursuant to this Article.


ARTICLE XV

ADOPTION

These Bylaws shall be adopted by a majority vote of two-thirds of all votes cast by Active Staff and independent AHP members then eligible to vote at any regular meeting of the Medical Staff or by a mail vote of the Medical Staff or by Board action in the event that the Medical Staff shall fail to exercise its responsibility and authority regarding compliance issues as required in Article XIV. They shall replace any previous Bylaws and shall become effective when approved by the Board of Directors of Delta Health.

Adopted by the Medical Staff of Delta Health.

6/19/23
Date


Jarred Freese, M.D., Chief of Staff

6/19/23
Date


Doug Speedie, President
Board of Directors

MEDICAL STAFF BYLAWS

Revisions:

07/21/94; 03/28/95; 09/26/95; 04/15/96; 01/20/97, 02/17/97, 04/21/97; 10/20/97, 03/20/00, 05/15/00, 07/15/02, 09/20/04, 12/08/04; 11/21/05; 07/17/06; 05/21/07; 0/28/12; 04/23/12; 07/21/2014... continued below:

Date: Apr 28, 2015	Updated: 9.1.2 Categories of AHP 10. Committee and Functions
Date: May 13, 2015	Updated: 6.3.1 Automatic Suspension
Date: Nov 18, 2015	Updated: 10 - Term, Duties and Election of Officers and 11 - Committee and Functions
Date: May 17, 2017	Deleted: 3.2.3 B) Board Certification Exception Updated: Article VIII, Medical Staff Categories; Active, Consulting, Teleradiology, Emergency Deleted: The Courtesy Staff
Date: Jun 09, 2018	Added: 9.1.2 1 d. Certified Nurse Midwives
Date: Jan 28, 2019	Amended: Article X, 10.3, 10.4, 10.6 Medical Staff Officers Term of Office
Date: Aug 17, 2021	All references to Delta County Memorial Hospital changed to Delta Health Updated: Definition of Administrator Updated: Article III, Liability Insurance Updated: Article VI 6.1 Culture of Safe Behavior, 6.1.2 Formal Proceedings 6.3 Automatic Suspension 6.4 Administrative Providers Updated: Article IX, Allied Health Professionals, Physician Assistants Updated: Article XII and XII, Definition of Quorum for Meeting Attendance and Voting
Date: Nov 16, 2021	Added: Article VI, Corrective Action, 6.1.2. (E) Updated: Article X, Officers, 10.4 Vacancies in Office Updated: Article XI, Committee and Functions, 11.2 Medical Executive Committee
Date: Mar 27, 2023	Updated: Article III, Medical Staff Membership; 3.3 Conditions of Membership, 3.3.2 FPPE process and OPPE process
Date: Jun 19, 2023	Updated: Article IX, Allied Health Professionals and voting rights Updated: Article XIV, Amendments Updated: Article XV, Adoption