

Montrose Memorial Hospital

**MEDICAL STAFF BYLAWS**

**Volume I:  
Governance, Structure and Function of the Medical Staff**

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## DEFINITIONS

**ADVANCED PROFESSIONAL PRACTITIONER (APP):** Podiatrists and Advanced Practice Nurses, including nurse practitioners, certified nursing midwives, certified registered nurse anesthetists, physician assistants, and psychologists.

**ADVERSE DECISION:** A professional review action (as defined by the federal Health Care Quality Improvement Act) in which the Board or MEC denies, terminates, limits, suspends, modifies a grant of privileges or Medical Staff membership for failure to adhere to the Hospital's or Medical Staff's code of conduct policy, other unprofessional conduct, or for issues related to clinical competence.

**BOARD, HOSPITAL BOARD or BOARD OF DIRECTORS:** The governing body of the Hospital.

**BOARD CERTIFICATION:** The designation conferred by one of the affiliated specialties of the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA), or the American Board of Oral and Maxillofacial Surgery, upon a physician or oral surgeon who has successfully completed an approved educational training program and an evaluation process, including passing an examination, in the applicant's area of clinical practice.

**BYLAWS:** The two volumes that make up the Medical Staff Bylaws are: Volume I – Governance, Structure and Functions of the Medical Staff; Volume II - Corrective Action and Fair Hearing Manual.

**CHIEF EXECUTIVE OFFICER (CEO):** The individual named by the Board of Directors to act on behalf of the Board in the overall management of the Hospital.

**CHAIR:** The individual responsible for directing the functions and meetings of a clinical service or a committee.

**CHIEF OF STAFF:** A member of the active Medical Staff who is elected in accordance with these Bylaws to serve as chief officer of the Medical Staff of the Hospital.

**CLINICAL SERVICE:** Any group of practitioners of a similar or collaborative specialty who are authorized by the MEC to be recognized as a clinical service. The primary responsibility delegated to each Medical Staff clinical service shall be to implement and conduct specific review and evaluation activities that contribute to the preservation and improvement of the quality and efficiency of patient care provided by members of the clinical service. Clinical services when organized may perform any of the following collegial and professional activities: continuing medical education; communication and dialogue regarding issues relevant to members of the clinical service; social networking; interdisciplinary projects and other duties assigned by these Bylaws or authorized by the MEC or the Board.

**CORRECTIVE ACTION:** An action taken by the Medical Staff or Board which restricts, limits, denies, or terminates the privileges or Medical Staff membership of a practitioner for reasons of unprofessional conduct or concerns about clinical competence and which entitles the practitioner to procedural rights as outlined in the Investigation, Corrective Action and Fair Hearing

Procedures of these Bylaws. Required evaluations, warnings, reprimands, and performance monitoring are not considered corrective actions.

**CREDENTIALS COMMITTEE:** The Credentialing Committee of the Medical Staff which reviews applications for initial membership, appointment and reappointment to the Medical Staff of the Hospital, makes recommendations regarding assignment of privileges, and recommends policies and procedures related to the credentialing of practitioners.

**DATE OF RECEIPT:** The date any notice, special notice, or other communication is delivered personally, by facsimile, or by electronic mail (email); or if such notice, special notice, or communication was sent by mail, it shall mean 72 hours after the notice, special notice, or if the communication was deposited, postage prepaid, in the United States mail.

**DAYS:** Calendar days, unless otherwise noted.

**DELEGATION OF FUNCTIONS:** When a function is to be carried out by a person or committee, the person, or the committee through its chairperson, may delegate performance of the function to one or more qualified designees.

**DENTIST:** A dentist or oral surgeon holding a D.D.S., D.M.D, or equivalent degree and a valid license to practice dentistry in the State of Colorado.

**EX OFFICIO:** Service as a member of a body by virtue of an office or position held and, unless otherwise expressly provided, means with voting rights.

**HOSPITAL:** Montrose Memorial Hospital, including all of its related facilities and all of its personnel and organizational entities, including the Medical Staff.

**JOINT CONFERENCE:** A meeting between representatives of the Board (appointed by the Board Chair) and representatives of the Medical Staff (appointed by the Chief of Staff).

**MEDICAL EXECUTIVE COMMITTEE (MEC):** The executive committee of the Medical Staff.

**MEDICAL STAFF or STAFF:** The formal organization created by the Board of Directors to carry out delegated functions and comprised of all practitioners who are appointed to it by the Board.

**MEDICAL STAFF YEAR:** The period from January 1 to December 31.

**MEMBER:** A practitioner who has been appointed by the Board to the Medical Staff.

**MMH:** Montrose Memorial Hospital.

**MONTHLY:** Each month of the calendar year. Committees required by these Bylaws to meet “monthly” shall hold at least ten (10) meetings in a calendar year, at the discretion of such committee, but need not hold twelve (12) meetings.

**NOTICE:** A written or electronically transmitted communication delivered personally to the addressee or sent by United States mail, first-class postage prepaid, addressed to the addressee at the last address as it appears in the official records of the Medical Staff or Hospital.

**ORAL SURGEON:** Oral and maxillofacial surgeons who have completed dental school and four or more years of a hospital surgical residency. Oral surgeons are certified by the American Board of Oral and Maxillofacial Surgery.

**ORGANIZED HEALTHCARE ARRANGEMENT:** A clinically integrated care setting in which individuals typically receive health care from more than one provider and which is defined in 45 C.F.R. §164.501 commonly known as the HIPAA Privacy Regulations.

**PEER REVIEW:** The process for review of a practitioner's professional conduct and/or competence as part of the Medical Staff's quality oversight, performance improvement and patient safety responsibilities.

**PEER REVIEW COMMITTEE:** Any body of Medical Staff members and Hospital personnel, including invited guests, who are organized to address matters of quality performance, competence and professional conduct on the part of a practitioner with privileges.

**PHYSICIAN:** A Doctor of Medicine (MD) or a Doctor of Osteopathy (DO) who is licensed to practice in the State of Colorado.

**POLICIES:** rules, regulations, guidelines, standards, and principles enacted to guide the activities and operations of the Medical Staff and its members. Medical Staff policies are approved by the MEC and ratified by the Board. Medical Staff members may obtain copies of any policies through the Hospital's Medical Staff Office.

**PRACTITIONER:** Any MD, DO, or oral surgeon who is eligible for membership or has been granted clinical privileges by the Board of Directors.

**PRIVILEGES:** The permission granted by the Board to a practitioner to render or exercise specific diagnostic, therapeutic, medical, surgical or dental services and/or procedures in the Hospital.

**PRONOUNS:** The use of the male pronoun (he/his/him) throughout these Bylaws is applicable to either male or female individuals.

**RULES & REGULATIONS:** Medical Staff policies approved by the MEC and ratified by the Board.

**SPECIAL NOTICE:** Written notification sent by hand delivery, certified or registered mail return receipt requested.

**TIME LIMITS:** All time limits referred to in these Bylaws, including those in the Corrective Action and Fair Hearing Procedures and in any other Medical Staff policies, are advisory only and are not mandatory unless a specific provision states that a particular right is waived by failing to take action within a specified time period.

## **ARTICLE I** **PURPOSE**

The Medical Staff of Montrose Memorial Hospital is established by the Hospital Board of Directors to assist the Hospital in meeting its mission and to carry out duties assigned to it by the Board in order to enhance the quality and safety of care, treatment, and services provided to patients. The Medical Staff is considered part of an Organized Healthcare Arrangement and works with the Board and Hospital management to perform effective quality monitoring, peer review, credentialing, and performance improvement.

The Medical Staff shall exercise its power as reasonably necessary to meet its obligations under these Bylaws, rules and regulations, and Medical Staff and Hospital policies and procedures. The Medical Staff shall act in compliance with applicable laws, accreditation standards and regulations and subject to the approval and authority of the Board.

## **ARTICLE II** **MEDICAL STAFF MEMBERSHIP, CATEGORIES, & RIGHTS**

### 2.1 Eligibility and Qualification for Membership

Membership on the Medical Staff is a privilege granted to professionally competent physicians and oral surgeons who continuously meet state requirements and the qualifications, standards and requirements set forth in these Bylaws and approved by the Medical Staff and Board.

To be eligible to apply for initial appointment or reappointment to the Medical Staff of the Hospital, an applicant must be a physician or oral surgeon. Applicants to the Medical Staff must demonstrate to the satisfaction of the Board that they will contribute to meeting the mission of the Hospital and have the ability to do so competently, safely, and collaboratively by providing requested information on their:

- a. background
- b. clinical experience
- c. education and training
- d. clinical judgment
- e. demonstrated current professional competence
- f. individual character and ability to work with others collaboratively
- g. physical and mental capabilities and ability to safely and competently exercise any clinical privileges requested
- h. intended practice plans, and
- i. adherence to the ethics of their profession.

Specifically, applicants wishing to be on the Medical Staff must:

- j. have a current, unrestricted license to practice in Colorado;
- k. where applicable to their practice, have a current, unrestricted DEA registration;



- l. have current valid professional liability insurance coverage, issued by a carrier licensed by the state of Colorado, in a form and in amounts satisfactory to the State of Colorado, Medical Executive Committee and Board. This requirement is waived for applicants who will not be providing clinical care;
- m. have successfully completed an ACGME or AOA approved residency training program, or a DDS or DMD post graduate training program approved by the American Dental Association's Commission on Dental Accreditation;
- n. be eligible to participate in Medicare, Medicaid, or other federal or state payer programs;
- o. have never been convicted of, or entered a plea of guilty or no contest to any felony, or any misdemeanor relating to controlled substances, illegal drugs, insurance or health care fraud or abuse, or violence;
- p. not request clinical privileges for procedures or activities for which the Hospital and Medical Staff have not adopted privileging criteria;
- q. be able to demonstrate the ability to consistently work cooperatively with others and to treat patients, staff and colleagues in a respectful and professional manner;
- r. be able to demonstrate that they have no health issues which would compromise their ability to perform requested privileges safely;
- s. be seeking clinical privileges that are not subject to an exclusive contract with the Hospital unless the applicant is a party to that contract; and
- t. agree to comply with any health screening and physical examination requirements of the Hospital before exercising any privileges that may be granted by the Board.

In addition, all applicants for initial appointment to the Medical Staff must meet the criteria which applies to their qualifying degree or specialty:

- If an M.D. or D.O., certified by a specialty board approved by the American Board of Medical Specialties (ABMS) or by the American Osteopathic Association (AOA). A physician who is qualified to sit for the certifying examination of a specialty board approved by ABMS or AOA may be appointed to the Medical Staff if within the eligibility period as required by the certifying board.
- If an oral surgeon applying for oral surgery appointment and privileges, certified or qualified to sit for the certifying examination administered by the American Board of Oral and Maxillofacial Surgery as recognized by the American Dental Association and he must be certified within seven (7) years of completion of residency training.

Practitioners on the Medical Staff as of January 1, 2014 who are not board eligible will not have to obtain board certification in the future. Practitioners on the Medical Staff in the Honorary Category will not have to obtain or maintain board certification. All other practitioners on the Medical Staff must meet the following recertification or maintenance of certification requirements of at least one specialty board where applicable:

- If an M.D. or D.O., maintenance of current board certification. A physician who is qualified to sit for the certifying examination of a specialty board approved by ABMS or AOA may be re-appointed to the Medical Staff if within the eligibility period as required by the certifying board.
- Applicants for reappointment in oral surgery shall maintain board certification by the American Board of Oral and Maxillofacial Surgery.

Additional membership and privileging requirements, which are considered associated details, can be found in the Medical Staff Credentials Procedure Policy or in the Medical Staff delineation of privileges forms.

A practitioner who does not meet membership qualifications as established in the Medical Staff Bylaws and Credentials Procedure Policy is ineligible to apply for Medical Staff membership and the application shall not be processed. The qualifications for membership must be documented with sufficient adequacy to satisfy the Medical Staff and Board that each has enough information to make a fully informed decision regarding appointment and assignment of privileges.

No practitioner is entitled to membership on the Medical Staff or to the exercise of particular clinical privileges in the Hospital merely by virtue of licensure to practice in Colorado or any other state, membership in any professional organization, certification by any professional organization or certifying body, privileges at another hospital, or the demonstration of clinical competence.

No person shall be appointed to the Medical Staff if the Hospital, in its sole discretion, is unable to provide adequate facilities and support services for the privileges requested by the applicant.

The Board may make exceptions or additions to any of the membership qualifications and/or competency requirements after consultation with the MEC.

## 2.2 Non-Discrimination

The Hospital will not discriminate in granting Medical Staff membership and/or privileges on the basis of gender, race, religion, national origin, disability unrelated to the provision of patient care or required Medical Staff responsibilities, or any other basis prohibited by applicable law, to the extent the applicant is otherwise qualified.

## 2.3 Responsibilities of Membership

Each member of the Medical Staff must continuously comply with the provisions of these Bylaws, Medical Staff and Hospital manuals, rules, regulations, and policies. Members must:

- a. Provide for the continuous and timely care to all patients for whom the practitioner has responsibility;
- b. Provide, with or without request, new and updated information to the Hospital as it occurs, pertinent to any question found on the initial application or reappointment forms;
- c. Appear for personal interviews (in person or by teleconference) in regard to an application for initial appointment or reappointment as requested by the Hospital;
- d. Abide by all applicable state and federal laws regarding healthcare fraud and abuse;
- e. Refrain from deceiving patients as to the identity of any individual providing treatment or services;

- f. Seek consultation whenever necessary to promote adequate quality of care;
- g. Complete in a manner consistent with Medical Staff policies all medical and other required records, inputting all information required by the Hospital;
- h. Satisfy continuing medical education requirements as may be required under policies adopted from time to time by the Medical Staff;
- i. Supervise the work of any allied health professional under the member's direction;
- j. Pay all fees and dues assessed by the Medical Staff;
- k. Treat Hospital employees, patients, visitors, and other practitioners and professionals in a dignified and courteous manner at all times.

Furthermore, each member of the Medical Staff by accepting Medical Staff appointment, agrees:

- l. To abide by these bylaws and Medical Staff manuals, Medical Staff policies, rules and regulations, and Hospital policies and procedures;
- m. If there is any material misstatement in, or material omission from, an application for appointment or reappointment, the Hospital may stop processing the application (or, if appointment has been granted prior to the discovery of a misstatement or omission, appointment and privileges may be deemed by the Board to be automatically relinquished). In either situation, there shall be no entitlement to a hearing or appeal;
- n. To participate in and collaborate with the peer review, risk management and performance improvement activities of the Medical Staff and Hospital. These include monitoring and evaluation tasks performed as part of the Medical Staff and Hospital efforts to meet quality standards such as those established by the Joint Commission, the Centers for Medicare and Medicaid Services (CMS), and other governmental agencies and private insurers;
- o. To provide patient care and management only within the parameters of his or her professional competence, as reflected in the scope of clinical privileges granted the practitioner by the Board;
- p. To undergo any type of health evaluation, including random or 'for cause' drug testing, as requested by any officer of the Medical Staff, the Hospital Chief Executive Officer, and/or the MEC when it appears necessary to protect the well-being of patients and/or staff, or when requested by the MEC or credentials committee as part of an evaluation of the member's ability to exercise privileges safely and competently, or as part of a post-treatment monitoring plan consistent with the provisions of any Medical Staff and Hospital policies addressing practitioner health or impairment;
- q. To participate in any type of competency evaluation when determined necessary by the MEC and/or Board in order to properly delineate that member's clinical privileges;
- r. To hold harmless and agree to refrain from legal action against any individual, the Medical Staff, or Hospital that appropriately shares peer review and performance information with a legitimate health care entity or state medical board assessing the credentials of the member;
- s. To abide by any applicable codes of conduct adopted by the Medical Staff and/or Hospital, including corporate compliance policies and codes of ethics;

- t. To abide by all local, state and federal laws and regulations, Joint Commission standards, and state licensure and professional review regulations and standards, as applicable to the practitioner's professional practice;
- u. To maintain the capability to receive email communication from the Hospital and members of the Medical Staff and to agree to utilize any electronic health record tools implemented by the Hospital for use with hospitalized patients; and
- v. To provide patients with a quality of care that meets at all times the professional standards and requirements of the Medical Staff and Hospital;

## 2.4 Categories of Medical Staff Membership

The Medical Staff shall be divided into the following categories:

- Active
- Associate
- Honorary

Category status for each practitioner will be recommended by the MEC at appointment or reappointment and ratified by the Board.

### 2.4.1 Active Staff

- a. **QUALIFICATIONS:** Appointees to this category must:

Be involved in a minimum of fifty (50) patient contacts at the Hospital or a Hospital sponsored facility, over a 24-month period. A patient contact is defined as any inpatient admission, inpatient consultation (including radiology and pathology services), treatment of a patient in the Emergency Department, a procedure performed in the Hospital or a Hospital sponsored facility, or a day on the Medical Staff call schedule. Members may be appointed to this category at initial appointment where it is anticipated they will meet this criterion. If they have not completed 25 contacts in their first twelve months on staff, their category status will be changed to associate. Otherwise, after initial appointment, category status will be assigned at reappointment time based on contact activity during the previous 24-month period.

- b. **PREROGATIVES:** Appointees to this category may:

1. Exercise those clinical privileges granted by the Board.
2. Vote on all matters presented to the Medical Staff, and at meetings of clinical service(s) and committees to which she is appointed.
3. Hold office and sit on or act as chair of any committee, unless otherwise specified elsewhere in these Bylaws.

- c. **RESPONSIBILITIES:** Appointees to this category must:

1. Meet the basic responsibilities of Medical Staff membership, as defined in Article 2.3, and contribute to the organizational and administrative affair of the Medical Staff.

2. Actively participate in recognized functions of staff appointment, including performance improvement, peer review, risk and utilization management, the monitoring of initial appointees, credentialing activities, medical records completion, and the discharge of other Medical Staff functions, Medical Staff committee and clinical service obligations as may be required from time to time.
3. Comply with all applicable Hospital and Medical Staff Bylaws, rules and regulations, and policies and procedures.
4. Participate in providing 24-hour call coverage for existing patients and endeavor to create other coverage arrangements for all other patients who meet their scope of practice.
5. Perform such further duties as may be required under these Bylaws or Medical Staff policies and procedures and rules and regulations, as all may be amended from time to time.

#### 2.4.2 Associate Staff

a. **QUALIFICATIONS:** Appointees to this category must:

1. Be interested in the clinical affairs of the Hospital and maintain privileges to actively manage patient care or to refer and follow hospitalized patients.
2. Admit or otherwise be involved in the care or treatment of less than fifty (50) patient contacts (as defined in Section 2.4.1. (a) under the active category) in an appointment period.
3. Engage in the active practice of medicine at a private office or an accredited/licensed healthcare facility other than the Hospital so that the Medical Staff and Board can assess the practitioner's compliance with membership and privileging requirements as stated under these Bylaws and Medical Staff policies.

b. **PREROGATIVES:** Appointees to this category may:

1. Exercise those privileges granted by the Board.
2. Attend meetings of the staff and clinical service to which he is appointed in a non-voting capacity. Associate members may attend all educational programs presented by the Medical Staff and/or Hospital.
3. Not vote or hold office within the Medical Staff organization. An associate staff member may serve on committees of the Medical Staff or Hospital and may attend Medical Staff and clinical service meetings only as non-voting members.

c. **RESPONSIBILITIES:** Appointees to this category must:

1. Meet the basic responsibilities of Medical Staff membership, as defined in Article 2.3, and contribute to the organizational and administrative affairs of the Medical Staff.
2. Actively participate, when asked, in recognized functions of staff appointment, including performance improvement, peer review, risk and

utilization management, the monitoring of initial appointees, credentialing activities, medical records completion, and the discharge of other Medical Staff functions and clinical service obligations as may be required from time to time.

3. Comply with all applicable Hospital and Medical Staff Bylaws, rules and regulations, policies and procedures.
4. Participate in providing 24-hour call coverage for existing patients and endeavor to create other coverage arrangements for all other patients who meet their scope of practice.
5. At each reappointment time, the associate staff member may be asked to provide evidence of clinical performance at other hospitals or healthcare facilities where the member holds privileges. In addition, for any associate staff member who does not maintain a staff appointment at another hospital, he shall provide other information as may be requested by the Medical Staff or Board in order to perform an appropriate evaluation of qualifications. Such information may include, but will not be limited to, data from the individual's office practice, information from managed care organizations in which the individual participates, and/or receipt of confidential evaluations forms completed by referring/referred to practitioners.
6. Perform such further duties as may be required under these Bylaws or Medical Staff policies and procedures and rules and regulations as all may be amended from time to time.

#### 2.4.3 Honorary Staff

The honorary staff category is restricted to those individuals the Medical Staff wishes to honor; including, but not limited to those practitioners who have actively participated in Hospital affairs, committee activity and who may have had a Medical Staff leadership role. Members on the Honorary Staff do not need to be in the active practice of medicine and do not need to maintain board certification. Honorary staff members shall not be eligible to admit patients to the Hospital or to exercise clinical privileges in the Hospital, or vote at any meetings attended or hold office. Honorary staff members may, however, attend Medical Staff and clinical service meetings, educational programs, and social functions. They may also be appointed as non-voting members of committees when interested so that the Medical Staff may take advantage of their unique experience or talents.

#### 2.4.4 Change in Staff Category

Pursuant to a request by the Medical Staff member, upon a recommendation by the Credentials Committee, or pursuant to its own action, the MEC may recommend a change in Medical Staff category of a member consistent with the requirements of these Bylaws. The Board shall approve any change in category. Determinations regarding assignment of staff category are not subject to review under the due process provisions of the Corrective Action and Fair Hearing Manual of these Bylaws.

#### 2.4.5 Limitation of Prerogatives

The prerogatives of Medical Staff membership set forth in these Bylaws are general in nature and may be subject to limitation or restriction by special conditions attached to a practitioner's appointment, reappointment, or privileges, by state or federal law or regulations, by other provisions of these Bylaws or by other Medical Staff and Hospital policies, or by commitments, contracts, or agreements of the Hospital.

### 2.5 Member Rights and Conflict Management Mechanisms

Members appointed to the Medical Staff shall have the following rights, in addition to the procedural due process rights enumerated in the Corrective Action and Fair Hearing Manual of these Bylaws or as limited by Section 2.5.12 below:

#### 2.5.1 Immunity from liability

There shall be, to the fullest extent permitted by law, immunity from civil liability arising from any act, communication, report, recommendation or disclosure, performed at the request of an authorized member of the Hospital, Medical Staff or any other health care facility or accrediting/regulating agency for the purpose of improving or maintaining the quality of patient care.

#### 2.5.2 Right of Indemnification

Montrose Memorial Hospital shall indemnify the legal related expenses of any Medical Staff member that are incurred as a result of carrying out assigned administrative/Medical Staff duties which were performed in good faith.

#### 2.5.3 Right to Notification of Investigations

Members of the Medical Staff shall be notified if they are the subject of an Investigation (as defined in Volume II of these Bylaws) within seven days of the commencement of such Investigation.

#### 2.5.4 Access to Committees

Members of the Medical Staff are entitled to be present at any Medical Staff committee meeting except during proceedings designated by the chair to involve peer review activities or when a committee is in executive session with only the voting committee members or others whose presence is specifically requested to provide relevant information being allowed to be present. Presence at a meeting shall not entitle a member to speak unless permitted to do so by the committee chair.

### 2.5.5 Communication and Influence with MEC

Each member of the Medical Staff has the right to meet with the MEC on matters relevant to the responsibilities of the MEC. In the event that the Chief of Staff determines that such member is unable to resolve a matter of concern after discussion with the appropriate clinical service or committee chair or other appropriate Medical Staff leader(s), that member may, upon written notice to and approval of the Chief of Staff at least two (2) weeks in advance of a regular meeting of the MEC, meet with the MEC or MEC subcommittee to discuss the issue. The Chief of Staff will have discretion regarding the meeting date, timing and placement of the issue on the MEC agenda or direction of the issue to a subcommittee.

### 2.5.6 Right to Information

The MEC will publish by post on the Medical Staff website, and notify active members electronically, of any pending or proposed changes to the Bylaws (Volumes I and II) one month in advance of a Medical Staff vote, for all active Medical Staff members to review and comment on,

The MEC will publish by post on the Medical Staff website and/or by email all new policies, procedures, rules or regulations enacted by the MEC and all changes or modifications to existing Medical Staff policies, procedures, rules or regulations carried out by action of the MEC.

### 2.5.7 Access to Credentials Files

Each member shall be allowed an opportunity to review his own credentials or peer review/clinical performance file in the manner prescribed by the MEC or relevant policies passed by the MEC.

### 2.5.8 Confidentiality

Effort shall be made to maintain as confidential any matter discussed in committee or by representatives of the Medical Staff when the matter is deemed to be confidential by Hospital or Medical Staff leaders.

### 2.5.9 Recall of Elected Leaders

Each member of the Medical Staff in the active category has the right to initiate a recall vote of Medical Staff Officers or clinical service chairs in accordance with the recall provisions provided in these Bylaws.

### 2.5.10 Right to Initiate Meetings and Address Medical Staff Conflicts

Each staff member in the active staff category may request a general Medical Staff meeting to discuss a matter relevant to the Medical Staff, including to address conflicts that may arise between the MEC and other Medical Staff members. Upon



presentation of a petition signed by twenty-five percent (25%) of the members of the active staff category, the MEC shall schedule a general staff meeting within thirty (30) days for the specific purposes addressed by the petitioners. No business other than that detailed in the petition may be transacted.

#### 2.5.11 Right to Request Review of Policies

Each member of the Medical Staff in the active category may raise a challenge to any rule, regulation, or policy established by the MEC. If presented by such a member with a petition signed by at least twenty-five percent (25%) of the active members of the Medical Staff, the MEC, acting through the Chief of Staff, shall do one of the following:

- a. Provide the petitioners with information clarifying the intent of such rule, regulation, or policy and the justifications for its adoption; and/or
- b. Schedule a meeting with the petitioners to discuss the issues raised with regard to the rule, regulation, or policy.

#### 2.5.12 Further Due Process Rights

The above sections on Member Rights (2.5.1 through 2.5.11) do not pertain to issues involving individual peer review or performance evaluation (including focused and ongoing professional practice evaluation), formal investigations of professional performance or conduct, denial of requests for appointment or privileges, restriction or conditions placed on appointment or privileges, or any other matter relating to individual membership or privileges. Recourse with regard to these matters is described in the Corrective Action and Fair Hearing Manual (Volume II) of these Bylaws.

### **ARTICLE III** **CREDENTIALING AND THE DETERMINATION OF PRIVILEGES**

#### 3.1 Appointment and Reappointment to Medical Staff Membership

The following steps describe the process for credentialing (appointment and reappointment) of Medical Staff members. Associated details may be found in the Medical Staff Credentials Procedure Policy.

- a. Individuals interested in appointment to the Medical Staff may request an application from the Hospital and a list of the eligibility requirements for membership. Eligible members of the Medical Staff will automatically be sent an application for reappointment in a timely fashion to the most current address provided by the practitioner.
- b. Upon completion and submission of the application to the Hospital, an individual designated by the Hospital along with input from the Credentials Committee will verify the contents and confirm that the applicant is eligible to have the application processed further as defined in the Medical Staff Credentials Procedure Policy. If the

- application shows the applicant is not eligible for membership, he/she will be notified that no further evaluation or action will occur regarding the application. An incomplete application will not be forwarded for consideration by the Medical Staff or board. An application that remains incomplete for more than 60 days will be considered to have been voluntarily withdrawn.
- c. A completed and verified application will be forwarded by the Hospital to the Medical Staff Credentials Committee for review and evaluation. The committee chair or designee will assign the application for review to a committee member or to a subject matter expert. This review will include consideration of the applicant's character, current clinical competence, training and education, clinical experience, and evidence of professional judgment and conduct. The reviewer will forward a recommendation concerning appointment and clinical privileges for the applicant to the Medical Staff Credentials Committee.
  - d. The Credentials Committee will review the application and forward its recommendation to the Medical Executive Committee (MEC).
  - e. The MEC will review the application and forward its recommendation to the Board regarding membership, staff category, and privileges. The MEC may also refer an application back to the Credentials Committee if more information or evaluation concerning the applicant is necessary before it can render a recommendation to the Board.
  - f. Upon receipt of a recommendation from the MEC, the Board will review the application and determine whether to grant the applicant membership and whether any restrictions or conditions should be attached to a grant of membership or clinical privileges. Membership and/or Privileges will become effective upon action by the Board granting membership and/or Privileges.
  - g. Applicants may appeal recommendations by the MEC and decisions made by the Board in accordance with provisions in the Medical Staff Corrective Action and Fair Hearing Manual of these Bylaws.

### 3.2 Granting of Clinical Privileges

The following steps describe the process for granting clinical privileges to qualified practitioners. Associated details may be found in the Medical Staff Credentials Procedure Policy and on Medical Staff delineation of privileges documents. Practitioners shall be entitled to exercise only those privileges specifically granted to them by the Board. The Board will determine, from time to time and upon recommendation from the Medical Staff, which privileges may be granted and exercised at MMH. The Medical Staff may recommend clinical privileges for advanced professional practitioners (APP) who are not members of the Medical Staff but who hold a license to practice independently consistent with the APP policies as recommended by the MEC and approved by the Board.

- a. Practitioners initially applying for Medical Staff membership or for reappointment must complete the appropriate forms to request specific privileges as specified in the Medical Staff Credentials Procedure Policy. Practitioners ineligible for Medical Staff membership but eligible for privileges will complete the appropriate request forms. These forms are available from the Hospital Medical Staff Office.
- b. Upon completion and submission of the appropriate forms to the Medical Staff Office, an individual designated by the Hospital along with a member of the

- Credentials Committee will confirm that the applicant is eligible to have the requests processed further. Privilege requests that don't demonstrate compliance with eligibility requirements will not be processed further. Individuals applying for privileges without membership must meet the applicable eligibility and qualification requirements found in Section 2.1 of these Bylaws. They must also agree to meet the responsibilities for members listed in Section 2.3 of these Bylaws.
- c. Completed privilege request forms will be forwarded by the Medical Staff Office to the Medical Staff Credentials Committee. The committee chair or designee will assign the privilege requests and application for review to a committee member or to a subject matter expert. This review will include consideration of the practitioner's individual character, individual clinical competence, individual training, individual experience, and individual professional judgment and conduct.
  - d. The reviewer will forward a recommendation to the Medical Staff Credentials Committee.
  - e. The Credentials Committee will review the applicant's requests and recommend a specific action to the MEC.
  - f. The MEC will review the privileging requests and recommend specific actions on them to the Hospital Board. The MEC may also refer the application back to the Credentials Committee if it feels additional information or evaluation is required.
  - g. Applicants may appeal certain adverse recommendations of the MEC in accordance with provisions in the Corrective Action and Fair Hearing Manual of these Bylaws.
  - h. The Hospital Board will review the privileging requests and either reject the requests, modify them, or grant the privileges being sought.
  - i. Applicants may appeal adverse recommendations made by the Board in accordance with provisions in the Medical Staff Corrective Action and Fair Hearing Manual.

### 3.3 Temporary, Disaster, and Emergency Privileges

Temporary, disaster, and emergency privileges may be assigned to individuals in accordance with the Hospital policies and the associated credentialing and privileging details enumerated in the Medical Staff Credentials Procedure Policy.

### 3.4 Medical Staff Credentials Procedure Policy

Associated details elaborating on the credentialing and privileging process and procedures can be found in the Medical Staff Credentials Procedure Policy that will be adopted and amended from time to time by action of the MEC.

## **ARTICLE IV** **OFFICERS**

### 4.1 Officers of the Medical Staff

The officers of the Medical Staff shall be:

- Chief of Staff
- Vice Chief of Staff
- Secretary/Treasurer

#### 4.2 Qualifications

Officers of the Medical Staff must satisfy the following criteria at the time of nomination and continually throughout the term of their office:

- a. be an appointee to the active Medical Staff category and have been a member of the Medical Staff for at least two years;
- b. have no pending adverse recommendation before the Board concerning staff appointment or clinical privileges;
- c. have constructively participated in Medical Staff activities, including, but not limited to activities such as performance improvement, peer review and credentialing;
- d. have the ability and be willing to discharge faithfully the duties and responsibilities of the position;
- e. have experience in a leadership position, or other involvement in performance improvement functions for at least two years;
- f. be willing to attend continuing education programs relating to Medical Staff leadership and/or peer review and credentialing functions prior to or during the term of office;
- g. be in compliance with any and all policies of the Medical Staff and Hospital including any Conflicts of Interest Policy;
- h. have demonstrated an ability to work well with and communicate well with others.

#### 4.3 Selection

The MEC will appoint a Leadership Selection Committee four (4) months in advance of the annual general Medical Staff meeting. The Leadership Selection Committee shall consist of three members of the Active Medical Staff who have previously served as Chief of Staff and the Chief Executive Officer as an ex-officio attendee. The Leadership Selection Committee shall consult with the nominees concerning their qualifications and willingness to serve, prepare ballots and supervise elections of the officers. The Leadership Selection Committee shall meet at least annually in sufficient time to make or solicit nominations and shall meet at such other times as may be necessary. No candidate for election may serve as a member of the Leadership Selection Committee.

- a. The Leadership Selection Committee will meet at least ninety (90) days prior to the general staff meeting at which the results of the election will be announced.
- b. The Leadership Selection Committee will produce a slate of nominees with at least one (1) name placed on the ballot for each officer position.
- c. The Leadership Selection Committee shall circulate and formally post its list of nominees to the active members of the Medical Staff at least forty-five (45) days prior to the annual meeting at which election results will be announced.
- d. In order for a nominee to be placed on the ballot the following criteria must be met:
  1. Candidates must meet the qualifications listed in these Bylaws for the position to which they wish to be elected. The Leadership Selection Committee will have discretion to determine if these criteria have been met.

2. Candidates must be approved by the Leadership Selection Committee for placement on the ballot and candidates must agree to be placed on the ballot.
3. A petition signed by at least fifteen percent (15%) of the members of the active staff may also make nominations. Such petition must be submitted to the chair of the Leadership Selection Committee at least thirty days prior to the election for placement on the ballot. The candidate nominated by petition must be confirmed by the Leadership Selection Committee to meet the qualifications in Section 4.2 above before he can be placed on the ballot.

#### 4.4 Election

- a. The officers of the Medical Staff shall be elected using a secret ballot which may be distributed to eligible voting members of the Medical Staff at a general Medical Staff meeting, by mail, or electronically. The mechanics of distributing ballots and counting votes will be determined by the MEC. Only members of the active Medical Staff shall be eligible to vote. The winner of an election shall be the individual who receives the greatest number of votes from active Medical Staff members who received ballots and voted. Voting by proxy is not permitted.
- b. The newly elected officers of the Medical Staff shall be eligible to assume office on January 1<sup>st</sup> following the election if the Board of Directors has ratified the election. Such ratification cannot be unreasonably withheld.
- c. Elections for officers will take place in the last calendar quarter of the year as scheduled by the MEC.

#### 4.5 Term

The officers of the Medical Staff shall serve a term of two (2) years from the first day of January following their election. The Chief of Staff shall serve until his replacement takes office. There are no limitations on the number of terms a Medical Staff member may serve as an officer.

#### 4.6 Duties of Elected Officers

##### 4.6.1 Chief of Staff:

The Chief of Staff shall serve as the chief administrative officer and principal elected official of the Medical Staff. As such, she or he shall be responsible for implementing the general responsibilities of the Medical Staff, including, without limitation:

- a. Aiding and coordinating Medical Staff activities with the activities and concerns of the Board, Administration of the Hospital, Nursing, and other patient care services.
- b. Accounting to the Board and Medical Staff, in conjunction with the MEC, for the quality, efficiency and performance of patient care services within the Hospital.
- c. Developing and implementing, in coordination with other Medical Staff leaders and experts, continuing education programs, utilization review

- activities, performance improvement programs, methods for credentials review, delineation of privileges, and in the monitoring of the quality of patient care.
- d. Communicating and representing the concerns and recommendations of the Medical Staff to the Board, the Hospital CEO, and other leaders of the Medical Staff.
  - e. Assuming responsibility for the enforcement of these Bylaws, Hospital policies that directly affect the Medical Staff, and Medical Staff rules, regulations or policies, and for implementation of appropriate sanctions where indicated that directly affect the Medical Staff, and for the Medical Staff's compliance with procedural safeguards in all instances where appropriate, as provided under these Bylaws.
  - f. Calling, setting the agenda, and presiding at all general and special meetings of the Medical Staff and of the MEC.
  - g. Serving as chair of the MEC, and as an ex-officio member of the all Medical Staff committees with the right to vote.
  - h. Appointing the members of all standing, special and multi-disciplinary Medical Staff committees, except the MEC, in consultation with the chair of each such committee except as such committee membership is otherwise determined by Medical Staff policy or these bylaws.
  - i. Reporting to the Board on quality of care and performance improvement issues as recommended by the Medical Staff.
  - j. Representing the Medical Staff in its professional and community relations.
  - k. Performing all other functions as are typically performed by the Chief of Staff or assigned by the MEC.
  - l. Attend a minimum of 75% of MEC and Board meetings over the two-year term of office.

#### 4.6.2 Vice Chief of Staff:

The Vice Chief of Staff shall be a member of the MEC and shall be required to assist the Chief of Staff and to perform such duties as may be assigned to him/her by the Chief of Staff. In the absence of the Chief of Staff or upon the occurrence of a vacancy in the office of Chief of Staff, the Vice Chief of Staff shall assume the responsibilities, exercise the authority, and perform the duties assigned to the Chief of Staff until the Chief of Staff returns or that office is filled. The Vice Chief of Staff shall be expected to attend a minimum of 75% of all MEC meetings over the two-year term of office.

#### 4.6.3 Secretary/Treasurer:

The Secretary/Treasurer shall be a member of the MEC and shall serve as an advisor to the Chief of Staff and perform those functions delegated to him by the Chief of Staff. The Secretary/Treasurer shall account to the Medical Staff for all Medical Staff funds and be responsible for the accuracy of minutes for the general Medical Staff and MEC meetings. The Secretary/Treasurer shall be expected to attend a minimum of 75% of MEC meetings over the two-year term of office.

#### 4.7 Removal

- a. A recall election of an officer shall be held if requested through a petition signed by no fewer than twenty-five percent (25%) of the active members of the Medical Staff, a request signed by at least three-fifths of the members of the MEC, or a request made by the Board of Directors at a Recall Election. Officers may be removed by an affirmative vote of two-thirds of the active Medical Staff present and voting at any general or special meeting, in circumstances where the Medical Staff believes removal is necessary to protect the interests of the Medical Staff and/or Hospital. Each of the following conditions constitutes a reasonable basis for removal of an officer from office:
  1. Failure to comply with or support enforcement of the Medical Staff Bylaws, Medical Staff rules, regulations, or policies.
  2. Failure to perform the required duties of the office;
  3. Failure to adhere to professional ethics;
  4. Abuse of office;
  5. Conduct unbecoming a Medical Staff member and officer; and
  6. Failure to continuously meet the qualifying criteria to be an officer as set forth above in these Bylaws.
- b. At least ten (10) days prior to the initiation of any removal action, the individual shall be given special notice of the date of the meeting at which action is to be considered. The individual shall be afforded an opportunity to speak to the Medical Staff prior to a vote on removal.
- c. Automatic removal will occur (without need for a vote) in the event any of the following affects the officer in question:
  1. Loss or suspension of the officer's medical license in the State of Colorado;
  2. Ineligibility of membership in the active staff category;
  3. Acceptance by the Board of a recommendation to impose corrective action.

#### 4.8 Vacancies

If the Chief of Staff is temporarily unable to fulfill the responsibilities of the office, the Vice Chief of the Medical Staff shall assume these responsibilities until Chief of Staff can resume those duties. When a permanent vacancy occurs in the position of Chief of Staff, the Vice Chief of Staff will assume this position for the remainder of the existing term. In the event the position of Vice Chief becomes vacant, it will be immediately filled by the Secretary/Treasurer for the remainder of the existing term. If there is a vacancy in the position of the Secretary/Treasurer a Leadership Selection Committee shall be appointed as in section 4.3 to present a nomination for a replacement member to the Medical Staff. In such an event the nomination shall be presented within thirty days of the vacancy. Additional nominations may also be presented to the Medical Staff as described in section 4.3. The replacement member shall be voted on in the manner specified for election of Medical Staff Officers and after election shall assume office for the remainder of the vacant term.

**ARTICLE V**  
**CLINICAL ORGANIZATION OF THE MEDICAL STAFF**

5.1 Clinical Organization of the Medical Staff

The Medical Staff of Montrose Memorial Hospital is a non-departmentalized organization that carries out its responsibilities through committees and individuals assigned specific tasks. The Medical Staff may be assisted in meeting these responsibilities by optional clinical services if formed as specified in section 5.2 below.

5.2 Optional Clinical Services

- a. The MEC may recognize any group of Practitioners interested in forming a Clinical Service. Such a Clinical Service shall be completely optional and shall exist to perform any of the following:
  1. Assist the Medical Staff Peer Review Oversight Committee in the performance of peer evaluations and chart reviews.
  2. Offer continuing medical education and discussion of patient care issues.
  3. Sponsor “grand rounds”, peer review protected morbidity & mortality (M&M) conferences, or clinical-pathologic conferences (CPCs).
  4. Provide a vehicle for discussion of policies & procedures or equipment needs in a specialty or service line area.
  5. Create an opportunity for networking and collegial interaction among Practitioners with common interests.
  6. Develop recommendations for submission to the MEC.
  7. Participate in the development of criteria for clinical privileges when requested for input by the Credentials Committee or MEC.
  8. Participate in the development of clinical protocols when asked to by the MEC or an appropriate Medical Staff committee.
  9. Discuss a specific issue at the request of a Medical Staff committee.
  10. Provide a forum for discussion for clinicians in a particular specialty or interdisciplinary group of specialties.
- b. Clinical Services are not required to hold regular meetings, keep minutes or track attendance, and have no regularly assigned responsibilities. A written report is required only when a Clinical Service wishes to make a formal recommendation to the MEC, another Medical Staff committee, or to the Hospital’s administrative team.

**ARTICLE VI**  
**MEDICAL STAFF COMMITTEES AND LIAISONS**

6.1 Types of Committees

There shall be an executive committee of the Medical Staff (referred to in these Bylaws as the Medical Executive Committee or MEC) and standing committees of the Medical Staff accountable to the MEC as may be established in these Bylaws or created by the



Chief of Staff or MEC to accomplish Medical Staff functions. The Medical Staff shall also carry out its responsibilities through participation in committees of the Hospital or through individual members who act as liaisons to Hospital departments or staff.

The regular standing committees of the Medical Staff are: the Medical Executive Committee, Credentials Committee, Peer Review Oversight Committee and the Bylaws Committee. The Leadership Selection Committee is an ad hoc committee appointed biannually. Additional standing or ad hoc committees may be created from time to time by action of the MEC and/or Chief of Staff.

The Chief of Staff may appoint Medical Staff members to Hospital committees.

## 6.2 Committee Chairs

### a. Selection:

With the exception of the MEC, Peer Review Oversight Committee and Credentials Committee, the chair of each Medical Staff committee shall be appointed, and vacancies filled, by the Chief of Staff, subject to the approval of the MEC. The Chief of Staff shall serve as chair of the MEC. Peer Review Oversight Committee and Credentials Committee Chairs shall be elected by their membership.

### b. Term:

Unless specified otherwise in these Bylaws, each chair of a standing committee shall be appointed to a term of one (1) year unless relieved of his or her responsibilities earlier by action of the MEC. Chairs of ad hoc committees will have terms established when the committee is formed. Any chair may be reappointed for an unlimited number of additional terms.

## 6.3 Membership and Appointment to Committees

### a. Eligibility and Appointment

1. Except as stated elsewhere in these Bylaws, the Chief of Staff shall appoint all Medical Staff committee members after consultation with the committee chair.
2. Members of the active and associate categories of the Medical Staff shall be eligible for appointment to any committee of the Medical Staff established to perform one or more of the functions required by these Bylaws.
3. Where specified in these Bylaws, or where the MEC deems it appropriate to the functions of a committee of the Medical Staff, members of the honorary staff category and representatives from various services of the Hospital, including, without limitation, Administration, Laboratory, Nursing, Information and Quality Management and Pharmacy Services, shall be eligible for appointment in a non-voting capacity, to specific committees of the Medical Staff.
4. In making appointments to Medical Staff committees, the Chief of Staff will have discretion to determine the committee size, except for the Standing Committees whose composition is specified in Section 6.5 of these Bylaws.

b. Hospital Chief Executive Officer

Unless otherwise provided in these Bylaws, the Hospital's Chief Executive Officer or his designee shall serve as an attendee, without a vote, on all Medical Staff committees.

c. Voting

Only Medical Staff members in the active staff category may vote on Medical Staff committees, unless specified otherwise in these Bylaws or Medical Staff policies or procedures.

d. Term

Unless specified otherwise in these Bylaws, each Medical Staff committee member shall be appointed to a term of one (1) year, and may be reappointed as often as the individual or party responsible for such reappointment may deem advisable.

e. Removal of Committee Members

Any member of a committee may be removed by the Chief of Staff whenever in his/her judgment the best interest of the Hospital will be served by such removal.

6.4 Medical Executive Committee

a. Membership

All active staff members are eligible for MEC membership.

b. Composition

The MEC shall consist of the following voting members:

1. Chief of Staff
2. Vice Chief of Staff
3. Secretary/Treasurer
4. Chair of the Peer Review Oversight Committee
5. Chair of the Credentials Committee

The following will be non-voting ex officio attendees of the MEC: Hospital Chief Executive Officer, Chief Operating Officer, and Chief Nursing Officer.

The MEC may invite additional guests as needed to assist in carrying out its work.

c. Removal from the MEC

Membership on the MEC held by officers and Medical Staff committee chairs will automatically terminate if an individual is removed from his position as an officer or committee chair as described elsewhere in these Bylaws.

Additional grounds for removal from the MEC include, but are not limited to:

1. Failure to meet the attendance requirements for MEC members;
2. Disruptive conduct at MEC meetings, and
3. Failure to carry out assigned duties as an MEC member.

Such removals will occur if recommended by a vote of at least three-fifths of the current members of the MEC.

Members of the MEC will be considered to have voluntarily resigned from the committee if any of the following occur:

1. Termination or suspension of the member's license to practice in the State of Colorado;
2. Loss of membership on the active staff category;
3. The MEC recommends to the Board that the member be subject to corrective action.

d. Responsibilities of the MEC

1. The MEC shall represent the Medical Staff, assume responsibility for the effectiveness of all medical activities of the Medical Staff, act on matters of concern and importance to the Medical Staff and act at all times as the authorized delegate of the Medical Staff in regard to general and specific functions of the Medical Staff.
2. The MEC is empowered to act for the Medical Staff in intervals between general Medical Staff meetings.
3. The MEC receives and acts on reports and recommendations from Medical Staff committees, clinical services, Hospital committees, consultants, and other relevant individuals.
4. The MEC consults with Hospital senior management and the Board on quality-related aspects of contracts for patient care services, equipment and materials with entities outside the Hospital.
5. The MEC carries out investigations in accordance with Corrective Action and Fair Hearing Procedures, Volume II of these Bylaws before making recommendations to the Board to terminate, limit, or restrict a practitioner's membership or privileges.
6. The MEC is responsible for making Medical Staff recommendations directly to the Board for its approval. Such recommendations pertain to at least the following:
  - a. The Medical Staff's structure;
  - b. The mechanism used to review credentials and to delineate individual clinical privileges;
  - c. Recommendations of individuals for Medical Staff membership;
  - d. Recommendations for delineated clinical privileges for each eligible individual;

- e. The participation of the Medical Staff in organization performance improvement activities;
- f. The mechanism by which Medical Staff membership may be terminated;
- g. The mechanism for investigation, corrective action and fair-hearing
- h. procedures; and
- i. The MEC's review of and actions on reports of Medical Staff committees, clinical services, and other assigned activity groups.

e. Meetings

The MEC shall meet monthly, no fewer than ten times per year and shall maintain a permanent record of all proceedings and actions at its meetings. The Chief of Staff or designee will preside at all meetings of the MEC.

f. Call of Special Meeting

The Chief of Staff may call special meetings of the MEC at any time. Such meetings may be held in person or through telephonic or electronic conferencing.

g. Notice

Notice of a special meeting of the MEC shall be by means of facsimile, telephone, posting of notice or e-mail.

## 6.5 Composition and Duties of Standing Committees

### 6.5.1 Credentials Committee

The Credentials Committee shall consist of members from Medicine, Surgery, Obstetrics, Emergency Medicine Services, the past Chief of Staff, and the Chief Executive Officer as an ex-officio attendee. The committee shall meet at least quarterly or more often as the chairman deems necessary, and by call of the chairman to investigate the character, requested clinical privileges, and qualifications of all applicants for membership on the staff. The Medical Staff shall be notified of pending applicants at their regular meetings. The Credentials Committee shall bi-annually verify the current licensure and professional liability coverage of all staff members and others with clinical privileges in the Hospital. The committee shall submit to the MEC a report of its findings and recommendations with regard to membership appointments, reappointments, modifications of appointments, suspensions, and revocations of appointments as well as privileges to be granted, modified, suspended or revoked.

The Credentials Committee shall establish the requirements for proctoring new practitioners in the various specialties, and it shall be the responsibility of the physicians of the Active Medical Staff to proctor a new practitioner when asked. Additionally, the committee shall investigate the character and qualifications of all Allied Health Professionals who apply to render specified services and shall make recommendations concerning their applications. The committee also shall submit to

the MEC a report of its recommendations with regard to privileges to be granted to health care professionals other than practitioners.

#### 6.5.2 Peer Review Oversight Committee

The Peer Review Oversight Committee shall consist of the Chairman and Vice Chairman (or their designees as elected by each committee and approved by the Chief of Staff) of each of the Medical, OB/Perinatal, Surgery/Anesthesia, Trauma and Emergency Services Committees. The committee shall meet monthly and its duties and responsibility shall be to review the performance of the Medical Staff in a collegial environment. Peers are defined as any member of the Medical Staff. When reviewing the performance of a member of the Allied Health Staff, a peer is defined as another member of the Allied Health Staff in the same discipline. In conducting peer review activities, the MEC has delegated through Patient Quality Indicators and the Medical Staff Peer Review Process Improvement Procedure that certain persons and committees review the patient's medical chart and investigate for quality and appropriateness of care, mortality, and morbidity, and report their conclusions to the MEC.

All peer review information and discussion will be confidential. Peer review activities at Montrose Memorial Hospital are protected under the Health Care Quality Improvement Act and the Colorado Professional Review Act. The identity of any individual provider undergoing peer review will remain confidential to the Quality Management Staff, Medical Staff Services Staff, Medical Staff, Standing Committee members and Board of Directors. The committee shall maintain records and minutes of the monthly meetings and activities of the committee.

#### 6.5.3 Bylaws Committee

The Bylaws Committee shall be composed of the Secretary/Treasurer of the Executive Committee and at least three practitioners appointed by the Chief of Staff. The Chief Executive Officer and the Quality Management Nurse shall serve as ex-officio attendees. It shall meet at least annually to review these Bylaws and recommend changes as per Volume I, Article XI of these Bylaws for any needed additions, revisions, modifications, amendments or deletions.

#### 6.6 Medical Staff Representation on Hospital Committees

In order to further carry out the functions of the Medical Staff and to provide Medical Staff input where appropriate, the Chief of Staff may appoint members to Hospital committees. When Medical Staff members sit on a Hospital committee the minutes of that committee shall be available, upon request to the MEC. It shall be the responsibility of the Medical Staff member(s) sitting on a Hospital committee to bring to the attention of the MEC or a Medical Staff Officer any matter brought before such committee that requires the attention of the Medical Staff leadership. Examples of committees to which Medical Staff members may be commonly appointed include:

CME and Library Committee, Infection Control Committee, Trauma Committee, Pharmacy and Therapeutics Committee, Utilization Review Committee, Surgical

Committee, Medical Committee, Anesthesia and Ambulatory Services Committee, Laser Safety Committee, Obstetrical/Perinatal Committee, Emergency Services Committee, Radiation Safety Committee, and Ethics Committee.

6.7 Medical Staff Liaisons

When the Medical Staff is required by regulatory bodies or internal policies to collaborate with Hospital staff in carrying out a particular function, the Chief of Staff may appoint a member of the Medical Staff to serve as a formal liaison for that work. The liaison will report periodically to the MEC or other appropriate committee when matters require the attention of Medical Staff leaders.

6.8 Special or Ad Hoc Committees

The Chief of Staff or MEC may appoint special or ad hoc committees to address specific issues or concerns on behalf of the Medical Staff. In establishing such committees, there will be a notation made in the minutes of the MEC enumerating the committee's purpose and charge, timeframes for its work, and the duration of its appointment. Such committees will report to and be accountable to the MEC as a committee of the MEC.

**ARTICLE VII**  
**GENERAL MEDICAL STAFF MEETINGS**

7.1 General Medical Staff Meetings

There shall be at least four meetings of the entire Medical Staff held each year during the calendar year. Thirty (30) days written notice of the meeting shall be sent to all Medical Staff members in a manner determined reasonable and appropriate by the Medical Staff Office. The MEC shall determine the time and place at which the meeting shall be held. The Chief of Staff or the MEC may call additional general meetings for any reason they deem appropriate, including to promote communication with the Medical Staff, provide a forum for discussion on matters of Medical Staff interest, review quality and safety data and concerns, present educational programs, or address proposed changes to the Medical Staff Bylaws.

7.2 Special Meetings of the Medical Staff

a. Call of Special Meeting

A special meeting of the Medical Staff may be called at any time by the Chief of Staff, and shall also be called at the request of the Board, the MEC or in response to a petition presented to the Chief of Staff and signed by twenty-five percent (25%) of the active staff. No business shall be transacted at any special meeting, except that for which the meeting is called and stated in the notice of such meeting.

b. Notice

Notice stating the time, place and purpose(s) of any special meeting of the Medical Staff shall be conspicuously posted and shall be sent to each member of the Medical Staff in a manner determined by the Medical Staff Office at least seven (7) days before the date of such meeting. The attendance of a member of the Medical Staff at the meeting shall constitute a waiver of notice of such meeting.

7.3 Attendance at General Medical Staff Meetings

Members of the Medical Staff are encouraged to attend general Medical Staff meetings.

7.4 Quorum

Those active staff members present shall constitute a quorum at the general Medical Staff meeting and at any meeting, unless otherwise specified in these Bylaws.

7.5 Minutes

Minutes of each regular and special meeting of the Medical Staff shall be prepared and shall include a record of the attendance of members and any votes taken on matters presented at the meeting. The minutes shall be signed by the presiding officer and the Secretary/Treasurer of the Medical Staff and maintained in a permanent file in the Medical Staff Office. Minutes shall be made available to any Medical Staff member upon request, in a manner that protects the confidentiality of peer review information consistent with state peer review protection statutes.

7.6 Conduct of Meetings

Meetings of the Medical Staff and meetings of committees will be run in a manner determined by the chair (or designee) who presides at such a meeting. Compliance with rules of parliamentary procedure is not required.

**ARTICLE VIII**  
**COMMITTEE MEETINGS**

8.1 Regular Meetings

Medical Staff committees may, by resolution, establish the time for holding regular meetings without providing their respective members notice other than by announcement of such resolution in meeting minutes.

8.2 Special Meetings

A special meeting of any committee may be called by or at the request of the chair thereof, by the Chief of Staff, or by written request signed by twenty-five (25%) percent of the current members of the committee, but not by fewer than two (2) such members.

Such meetings will be held within a reasonable period of time after their request as determined by the chair.

### 8.3 Notice of Meetings

Written, electronic, or oral notice stating the place, day and hour of any special meeting or any regular meeting, shall be provided to each member of the committee that is to meet, not less than three (3) days before the time of such meeting. If mailed, the notice of the meeting shall be posted to the member, at his address as it appears on the records of the Medical Staff, at least seven (7) days before the meeting. The attendance of a member at a meeting shall constitute a waiver of notice of such meeting.

### 8.4 Quorum

A quorum for the MEC, Credentials Committee, and Peer Review Oversight Committee will be at least fifty-one percent (51%) of the voting membership of the committee attending in person or via telephonic or electronic conferencing.

For all other Medical Staff committees, unless otherwise specified in these Bylaws, a quorum will be those active staff members present, so long as at least two (2) members are present.

Once a quorum is present at a meeting, the failure to maintain a quorum throughout the meeting shall not preclude any subsequent action from being taken at that meeting.

Except as stated otherwise in these Bylaws, for purposes of undertaking a vote authorized by the Medical Staff or any of its committees, votes may be cast in person or electronically as specified by the MEC and no quorum shall be required.

### 8.5 Manner of Action

The action of a majority of the members present at a committee meeting at which a quorum is present shall be the action of such committee. Action may be taken without a meeting by unanimous consent in writing, setting forth the action so taken and signed by each member who would be entitled to vote at that meeting.

### 8.6 Minutes

Minutes of the meetings of Medical Staff and its committees shall be prepared, including a record of the members in attendance and the results of any votes taken at the meeting. The presiding officer shall sign the minutes and copies shall be submitted to the attendees for approval. All minutes shall be made available to the MEC. Each Medical Staff committee shall maintain a permanent file in the Hospital Medical Staff Office of the minutes of each meeting.

### 8.7 Attendance Requirements



Members of the MEC and Credentials and Peer Review Oversight Committees are expected to attend at least seventy-five percent (75%) of committee meetings held each year. Failure to attend at least seventy-five percent (75%) of the meetings will make the member eligible for removal by action of the Chief of Staff with ratification by the MEC.

#### 8.8 Mandatory Special Appearance Requirement

Whenever suspected deviation from standard clinical or professional practice is identified, a Practitioner may be required to attend a meeting of a standing or ad hoc committee considering the matter. The Practitioner will be given special notice of the meeting, including the date, time and place, a statement of the issue involved, and a statement that the Practitioner's appearance is mandatory. Failure to attend a meeting when asked, unless excused by the Chief of Staff upon showing good cause, may be considered an immediate and voluntary relinquishment of Privileges.

### **ARTICLE IX**

#### **CONFIDENTIALITY, IMMUNITY, AUTHORIZATIONS AND RELEASES**

#### 9.1 Authorizations and Releases

Each practitioner shall, when requested by the Hospital, as part of initial appointment or reappointment to the Medical Staff or as part of an application for privileges, execute general and specific releases and provide documents when requested by the Chief of Staff, Chair of the Credentials or Peer Review Oversight Committee, the Hospital Chief Executive Officer or their respective designees. Failure to execute such releases or provide requested documentation shall result in an application for appointment, reappointment, and/or clinical privileges being deemed voluntarily withdrawn, and it shall not be further processed. By submitting an application for Medical Staff appointment or reappointment, or by applying for or exercising privileges or providing specified patient care services within the Hospital, all practitioners, without limitation:

- a. Authorize representatives of the Hospital and of the Medical Staff to solicit, procure, provide, and/or act upon information bearing on or reasonably believed to bear upon the practitioner's professional abilities and qualifications;
- b. Agree to be bound by the provisions of these Bylaws and Hospital policies, Medical Staff rules, regulations and policies regardless of whether membership or clinical privileges are granted or subsequently restricted;
- c. Acknowledge that the provisions of this Article are express conditions to an application for, or acceptance of, Medical Staff membership, and the continuation of such membership and/or the exercise of privileges or provision of specified patient care services at the Hospital;
- d. Agree to release from legal liability and hold harmless the Hospital, Medical Staff, and any representative of the Hospital or Medical Staff who acts to carry out Medical Staff or Hospital policies or functions, including all persons engaged in processing Medical Staff applications and reapplications as well as those who participate in peer review and performance improvement activities. In addition, all practitioners agree that their sole remedy for any corrective action or peer review action taken or

- recommended by the MEC for failure to comply with these Bylaws or Medical Staff or Hospital policies, will be the right to seek legal or equitable relief after they have exhausted the administrative remedies in these Bylaws.
- e. Agree to release from legal liability and hold harmless any individual who or entity which provides information (including peer review information) regarding the practitioner to the Hospital or its representatives within the limitations provided by law;
  - f. Agree to consent to drug testing in a manner designated by an officer of the Medical Staff or the Hospital CEO or designee in consultation with an officer of the Medical Staff because of a suspicion of improper use of a restricted or illegal substance and/or impairment of ability to safely care for patients. Agree that a failure to consent to such testing may be considered an immediate voluntary resignation of membership and relinquishment of privileges.

## 9.2 Confidentiality

Information with respect to any practitioner submitted, collected or prepared by any representative of the Hospital or any other health care facility or organization or Medical Staff, for the purpose of evaluating and improving quality patient care, reducing morbidity or mortality, promoting efficiency, or contributing to medical education or clinical research, shall, to the fullest extent permitted by law, be confidential except as otherwise provided herein. Confidential information shall not be disseminated to anyone other than a representative(s) of the Hospital or of the Medical Staff with a legitimate need for access in order to carry out required functions or third party health care entities performing legitimate credentialing and peer review activities. Such confidentiality shall also extend to information of like kind that may be provided by third parties.

## 9.3 Immunity from Liability

### a. For Actions Taken

Representatives of the Hospital and the Medical Staff shall have absolute release from any and all liability in any judicial proceeding for damages or other relief for any action taken or statement or recommendation made within the scope of their duties as such representatives, after a reasonable effort under the circumstances to ascertain the facts underlying such actions, statements or recommendations and in the reasonable belief that the action, statement or recommendation is warranted by such facts.

### b. Providing Information

Representatives of the Hospital, the Medical Staff and any third party shall have absolute release from any and all liability in any judicial proceeding for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to a representative of the Hospital or of the Medical Staff or to any other hospital, organization or health professionals, or other health-related organizations, concerning practitioners who are or have been an applicant to or member of the staff or who did or does exercise privileges or provide specified services at this Hospital.

#### 9.4 Activities and Information Covered

##### a. Activities

The provisions of this article shall apply to acts, communications, reports, recommendations, or disclosures in connection with this or any other health-related institution's or organization's activities to the extent provided by law:

1. Applications for appointment, clinical privileges or specified services
2. Periodic reappraisals for reappointment, clinical privileges or specified services
3. Disciplinary measures, including warnings and reprimands
4. Investigations and corrective actions
5. Hearings and appellate reviews
6. Performance improvement activities including the creation and dissemination of performance profiles
7. Peer review activities, including external peer review
8. Utilization and claims reviews
9. Other Hospital, clinical service or committee activities related to monitoring and maintaining of quality patient care and appropriate professional conduct.

##### b. Information

The acts, communications, reports, disclosures and other information referred to in this Article may relate to a practitioner's professional qualifications, clinical or procedural abilities, judgment, character, physical and mental health, emotional stability, professional ethics, professional conduct or any other matter that might directly or indirectly affect patient care.

#### 9.5 Cumulative Effect

Provisions in these Bylaws and in application forms relating to authorizations, releases, confidentiality of information and immunities from liability shall be in conformance with and in addition to other protections provided by local, state and federal law and not in limitation thereof.

### **ARTICLE X** **GENERAL PROVISIONS**

#### 10.1 Medical Staff Rules, Regulations, and Policies

Subject to approval by the Board of Directors the Medical Staff shall adopt such rules, regulations and policies as may be necessary to carry out the responsibilities and functions of the Medical Staff and implement its operations. There shall be no substantive distinction between Medical Staff rules, regulations, and policies.

## 10.2 Payment of Fees and Dues

All members of the Medical Staff are required to pay any initial and reappointment application fee in an amount determined by the MEC and ratified by the Board.

All members of the Medical Staff will be required to pay Medical Staff dues in an amount determined from time to time by the MEC and approved by the Board. Failure to pay Medical Staff dues will result in ineligibility for reappointment of membership or privileges until all back dues owed are paid in full.

## 10.3 Conflict of Interest

All members of the Medical Staff are required to abide by any conflict of interest policies adopted by the Medical Staff and the Hospital. In any instance in which a member of a committee has a conflict of interest in any matter involving another Medical Staff member or an issue that comes before a committee, or in any instance in which a member of a committee brought the complaint against that member, that member shall not participate in the discussion or vote on the matter and shall absent himself from the meeting during that time; although the member may be asked to answer any questions concerning the matter before leaving the meeting.

## 10.4 Peer Review Body

The Medical Executive Committee, the Board, Medical Staff committees, or any group or body of Medical Staff members and/or Hospital personnel which monitors, evaluates, and/or takes action to review the credentials of Practitioners or to improve the delivery, quality, safety and/or efficiency of services provided by members of the Medical Staff and other Practitioners credentialed by MMH shall be considered, for purposes of protecting confidential information and providing immunity from liability under applicable law, a Peer Review Body as defined under applicable Colorado law.

The files, records, findings, opinions, recommendations, evaluations, and reports of such committees and bodies, information provided to or obtained by such committees and bodies, and the identity of persons providing information to such committees or bodies, to the fullest extent permitted by law, shall be considered to be privileged and confidential information.

The members of such committees and bodies, persons acting as staff to such committees and bodies, persons who participate with or assist such committees or bodies, and such committees and bodies themselves, to the fullest extent permitted by law, shall be immune from liability for actions taken or recommendation made within the scope of the functions of the committee or body.

## 10.5 Joint Conference

Whenever the Board's proposed decision will be contrary to a recommendation of the MEC, the Board shall submit the matter to a Joint Conference of an equal number of Medical Staff and Board members for review and recommendation before making its

final decision and giving notice of final decision. Individuals participating in a Joint Conference will be appointed by the Chief of Staff and Chair of the Board.

The MEC, the Board, or the Hospital Chief Executive Officer may also request the convening of a Joint Conference to discuss any matter of controversy or concern that would benefit from enhanced dialogue between Medical Staff, Hospital, and Board leaders.

#### 10.6 Histories and Physicals

Practitioners holding privileges at MMH must complete a physical examination and medical history for each patient no more than thirty days before or 24 hours after admission or registration. A history and physical must be completed prior to any surgery or procedure requiring anesthesia services. The MEC may, at its discretion and consistent with state law, specify in Medical Staff policies additional privileged providers who may perform these required histories and physicals.

### **ARTICLE XI**

#### **ADOPTION AND AMENDMENT OF MEDICAL STAFF GOVERNING DOCUMENTS**

##### 11.1 Formulating and Reviewing Bylaws Amendments

The Medical Staff shall have 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, which shall be effective when approved by the Board. The Medical Staff can exercise this responsibility through its elected and appointed leaders or through direct vote of its membership. Neither the Board nor the Medical Staff shall unilaterally amend the Medical Staff Bylaws.

##### 11.2 Methods of Adoption and Amendment to Volume I, (Medical Staff Governance, Structure and Function) and the Volume II (Corrective Action & Fair Hearing Manual) of these Bylaws

- a. Proposed amendments to the Medical Staff Bylaws (Volume I or II) may be offered for consideration by any Medical Staff Committee, member of the active Medical Staff, or by the MEC.
- b. The MEC, will forward to the Bylaws Committee any proposed bylaws changes to suggest modifications to the language of a proposed change as well as recommend adoption or rejection of any proposed change;
- c. The MEC shall vote on proposed amendments at a regular meeting, or at a special meeting called for such purpose if such proposals are compliant with Joint Commission standards and regulatory requirements. Following an affirmative vote by the MEC, all active members of the Medical Staff shall receive a description of the proposed amendment(s) by email. At least thirty days following this dissemination of the proposed amendment, all eligible members of the Medical Staff will be expected

to vote on the proposed amendment(s). This vote may be conducted via printed or electronic ballot in a manner determined by the MEC. To be adopted, the proposed amendment(s) must be affirmed by a majority of the members of the Medical Staff in the active category who cast votes and the Board must subsequently ratify the amendment.

- d. If the MEC does not vote affirmatively to present a proposed amendment for vote by the Medical Staff, individuals supporting the amendment can nevertheless request such a vote by presenting the Chief of Staff with a supportive petition signed by one-third of the active members of the Medical Staff. Upon receiving such a petition, the Chief of Staff will proceed to arrange a vote by the entire active Medical Staff following the procedures above for an amendment proposal voted on affirmatively by the MEC.

11.3 Methods of Adoption and Amendment to the Medical Staff Credentials Procedure Policy, and Medical Staff Rules, Regulations, Policies and Procedures.

- a. All proposed amendments to the Medical Staff Credentials Procedure Policy, rules and regulations, or Medical Staff policies and procedures, whether originated by members of the Medical Staff, MEC or another standing committee, must be reviewed and discussed by the MEC prior to an MEC vote.
- b. The MEC shall vote on the proposed language changes at a regular meeting, or at a special meeting called for such purpose. Following an affirmative vote by the MEC, any of these documents may be adopted, amended or repealed, in whole or in part and such changes shall be effective when approved by the Board. The Medical Staff will be informed of all such changes.

11.4 Technical/Legal Changes to Medical Staff Documents

The MEC may adopt such changes to Medical Staff Bylaws, rules, regulations, and policies that are, in the committee’s judgment, technical or legal modifications or clarifications, consist of reorganization or renumbering of material, or are needed due to punctuation, spelling, or other errors of grammar or expression. Such amendments must be ratified by the Board.

11.5 Adoption of the Bylaws

These Bylaws, upon adoption by the Medical Staff, shall replace and supersede existing Bylaws and shall become effective when approved by the Board. They shall, when adopted and approved, be equally binding by the Board and the Medical Staff.

Adopted by  
 Medical Staff:  
 Hospital Board of Directors: