NATIONAL JEWISH HEALTH

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MEDICAL STAFF BYLAWS AND RULES & REGULATIONS

2022

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Approved by the Medical Staff:

December 13, 2021

Approved by the Board of Directors:

December 22, 2021

PREAMBLE

WHEREAS, The Board of Directors of National Jewish Health has responsibility for, and has ownership and control of, National Jewish Health; and

WHEREAS, The Board of Directors has delegated to the Medical Staff of National Jewish Health the responsibility for the quality of medical care given to patients of National Jewish Health and for the protection of the best interests of those patients, but has not delegated to the Medical Staff any responsibility for matters relating to the employment and discharge of any persons, including members of the Medical Staff, who are employees of National Jewish Health; and

WHEREAS, the responsibility delegated by the Board of Directors to the Medical Staff of National Jewish Health can best be met by cooperative, coordinated efforts of the Medical Staff acting through the Medical Executive Committee, the Chief Medical Officer, and the Chairs of the Clinical Departments;

THEREFORE, the Medical Staff of National Jewish Health hereby organizes itself in conformity with these Bylaws.

DEFINITIONS

A. The terms “hospital” and/or “facility" mean National Jewish Health (NJH), which includes the main campus and all outlying clinics/locations managed and governed by NJH.

B. The term "Board of Directors" means the Board of Directors of National Jewish Health.

C. The term "Medical Staff Year" means the twelve-month period beginning on January 1 each year and ending on December 31 of the same year.

D. The term “Chief Medical Officer” or “CMO” shall mean the full-time employee of National Jewish Health who is responsible for oversight and conduct of clinical operations of the facility. This person must be a member of the active category of the Medical Staff and serves as the Division Head for providers assigned to the Division of Specialty Services.

E. The term "President of the Medical Staff” and/or “Medical Staff President" shall mean the chief officer of the Medical Staff, elected by the members of the Medical Staff. They serve as the Medical Staff President and accept the responsibilities and perform the functions as set forth in these Bylaws.

F. The term "Medical Executive Committee" shall mean the governing body of the Medical Staff, which shall act on behalf of the Medical Staff between Medical Staff meetings.

G. The term "Ex officio" shall mean a person who serves by virtue of, or because of, an office held within National Jewish Health.

H. The term "Member of the Medical Staff" shall mean a privilege granted to applicants who are eligible for Medical Staff membership according to the requirements set forth in these Bylaws. The Medical Staff shall consist of physicians, and licensed psychologists (PhD).

I. The term "clinical privileges" and/or "privileges" shall mean the privilege to perform procedures, which are clearly delineated and hospital specific, and are granted by the Board of Directors in accordance with these Bylaws. Clinical privileges may also be granted to practitioners who are not members of the Medical Staff in accordance with these Bylaws.

J. The term “CPR” shall refer to Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS) or Pediatric Advanced Life Support (PALS).

K. The term “Advanced Practice Provider” shall refer to Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists and Physician Assistants who are granted clinical privileges through the Medical Staff process. Advanced Practice Providers are not members of the organized Medical Staff.

L. The term “Housestaff” shall mean all physicians and psychologists who participate in patient care as part of a clinical training program under the direction of the faculty. Housestaff are not members of the Medical Staff and shall not be entitled to the rights, privileges, duties and obligations of staff membership. However, members of the Housestaff may apply for membership and clinical privileges so they can work for National Jewish Health outside of their training program as appropriate.

ARTICLE I: NAME AND PURPOSES

1.1 NAME

The name of this organization is "The Medical Staff of National Jewish Health."

1.2 PURPOSES

The purposes of this organization are:

A. To ensure all patients treated in or admitted to any of the facilities or departments of National Jewish Health receive quality medical care.

B. To ensure professional performance of the Medical Staff.

C. To provide an optimal educational setting for promoting advancement in professional knowledge and skill in medicine, nursing and other allied health fields.

D. To initiate and maintain rules and regulations for effective governance of the Medical Staff.

E. To provide a means whereby issues concerning the Medical Staff, and National Jewish Health may be discussed and acted upon by the Medical Staff, the Medical Executive Committee, the Chief Medical Officer, the President of National Jewish Health, and the Board of Directors subject to the Articles and Bylaws of National Jewish Health.

F. To ensure no patient is denied admission to, or outpatient treatment from, National Jewish Health based on race, color, religion, ancestry, national origin, gender, sexual orientation, disability, age, or ability to pay. Assignments of patients to departments within National Jewish Health and provision of care are made without regard to race, color, religion, ancestry, national origin, gender, disability, sexual orientation, or ability to pay.

ARTICLE II: MEMBERSHIP

2.1 QUALIFICATIONS FOR MEMBERSHIP

Membership on the Medical Staff is a privilege, extended by the Medical Executive Committee with the approval of the Board of Directors. Only Physicians (MD or DO), and Licensed Psychologists (PhD or PsyD) are eligible for consideration for Medical Staff membership and only if they:

A. Are graduates of an approved medical, osteopathic, or dental school, or offer evidence of appropriate education (for Licensed Psychologists);

B. Are licensed to practice medicine, or psychology in the State of Colorado,

C. Offer evidence of malpractice insurance in the amount determined by the Board of Directors and/or required by state or federal law;

D. Offer evidence of DEA certification, unless they meet established exemption guidelines, or if otherwise waived by the Medical Executive Committee (this requirement does not apply to Licensed Psychologists);

E. Offer evidence that their background, experience, training, current competence, adherence to the ethics of their profession, health status and ability to work with others are sufficient to assure the Credentials Committee, the Medical Executive Committee, and the Board of Directors that any patients treated by them will receive quality health care in accordance with the goals of National Jewish Health.

Satisfaction of the foregoing criteria does not in itself entitle any applicant to Medical Staff membership.

Participation in Medicare and Medicaid programs is required. If an applicant, or current member of the Medical Staff, has been, or is in the process of being, denied program participation, Medical Staff membership and clinical privileges are subject to denial or revocation. Medical Staff Services shall monitor the Colorado Medicare Opt-Out List, as well as Medicare and Medicaid sanctions information available from the Office of the Inspector General of the United States on an ongoing basis.

2.2 EFFECT OF OTHER AFFILIATIONS

The fact that a person is licensed to practice medicine, or psychology in the State of Colorado or any other state, has membership in any professional organization, is certified by any clinical examining board, has clinical privileges or staff

membership at another hospital, or is employed by National Jewish Health, does not entitle that person to Medical Staff membership or to the exercise of any clinical privileges, nor does membership on the Medical Staff or possession of clinical privileges at National Jewish Health entitle any person to employment by National Jewish Health.

2.3 NON-DISCRIMINATION

In accordance with current statutes, no person will be denied Medical Staff membership on the basis of race, color, religion, ancestry, national origin, gender, sexual orientation, practice discipline/specialty, patient type, disability or age.

2.4 BASIC RESPONSIBILITIES OF MEDICAL STAFF MEMBERSHIP

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

A. Fulfill all obligations of Medical Staff membership, including without limitation the obligation to provide competent care and supervision of care of all patients for whom he or she has been assigned responsibility.

B. Abide by these Bylaws, the appended Rules and Regulations of the Medical Staff, and all policies and directives of National Jewish Health in effect during his or her Medical Staff membership.

C. Accept all reasonable clinical duties and responsibilities assigned to them by the Chair of the department(s) in which they have been granted privileges, including, but not limited to, performance of committee assignments and attendance at all regular staff and departmental meetings.

D. Be responsible to their Department Chair for maintaining a satisfactory standard of treatment of patients in their care, teaching, and other assigned clinical activities.

E. Submit in a timely manner any information or documentation relating to their qualifications for Medical Staff membership that Medical Staff Services or the Credentials Committee may request. The applicant has the burden of producing adequate information for a proper evaluation of their qualifications.

F. Participate in the National Jewish Health Corporate Compliance Program.

G. Refrain from participating in any form of fee-splitting.

H. Maintain an ethical practice.

I. Provide for the continuous care of his or her patients.

J. Refrain from delegating responsibility for, or care of, his or her patients to any practitioner not qualified to undertake such.

K. Agree to immediately inform their Department Chair (or the Chief Medical Officer for the members of the Division of Specialty Services) **AND** Medical Staff Services within five (5) business days of:

1. Any change in status or loss of malpractice insurance
2. Exclusion from the Medicare/Medicaid programs
3. Any disciplinary action taken against their medical license(s) or DEA registration, or letters of inquiry received from the Colorado Medical Board (CMB) or the Department of Regulatory Agencies (DORA).
4. Any disciplinary action taken against them at another facility where they are a member of the Medical Staff or have clinical privileges. A disciplinary action is defined as ANY action, whether voluntary or involuntary, taken as the result of concerns regarding medical practice, competence, provider health, impairment, or professionalism (ethics or behavior).
5. Any adverse determination by a peer review organization related to medical practice, competence, provider health, impairment, or professionalism (ethics or behavior).
6. Any professional liability claims or suits filed against them, or if a settlement has been made on behalf of the applicant
7. Any felony charges filed against the applicant
8. The diagnosis, identification or onset of an issue that may affect the Member's ability to safely and competently practice medicine. These issues may include but are not limited to any physical, mental, or cognitive health condition, and/or problems arising from the use of alcohol and/or psychoactive drugs.

Failure to report any of these concerns in the specified timeframe may result in disciplinary action up to and including termination of Medical Staff membership and clinical privileges.

L. Preparing and completing in a timely and legible manner the medical and other required records for all patients they admit, or in any way provide care to, at National Jewish Health.

M. Maintaining in full force Colorado professional licensure and professional liability insurance. Automatic suspension will be invoked in the event a Medical Staff member's Colorado State license (i.e., medical license, or psychologist license) expires or is revoked, or the Medical Staff member fails to maintain professional liability insurance in the coverage amounts required.

All Medical Staff members, and all others with delineated clinical privileges, are subject to the Medical Staff Bylaws, the appended Rules and Regulations, departmental policies, the Joint Commission standards, Medicare/Medicaid laws, rules and regulations, and are subject to review as part of the organization's performance-improvement activities.

ARTICLE III: CATEGORIES OF MEMBERSHIP

3.1 CATEGORIES

The Medical Staff will be divided into Active, Affiliate, and Consulting Staff. Each member's staff category is determined at the time of initial appointment and at each reappointment thereafter.

3.2 ACTIVE MEDICAL STAFF

The Active Medical Staff consists of physicians, and psychologists who provide or are responsible for the preponderance of patient care within National Jewish Health. They perform all significant Medical Staff organizational and administrative functions.

3.2.1 Qualifications

The Active Staff consists of practitioners who:

A. Meet the qualifications set forth in Section 2.1 of these Bylaws.

B. Provide direct patient care at National Jewish Health on a regular or routine basis.

C. Provide willing and effective service to National Jewish Health through their performance of the duties and obligations of Medical Staff membership, service on committees, and participation in staff educational programs.

3.2.2 Prerogatives

The prerogatives of an Active Staff member shall be to:

A. Admit patients to National Jewish Health consistent with his or her privileges.

B. Exercise such clinical privileges as are granted pursuant to these Bylaws.

C. Hold office on the Medical Staff, the department and/or committees of which he or she is a member.

D. Vote for Medical Staff Officers, on Medical Staff Bylaws amendments and on all matters presented at general and special meetings of the Medical Staff and of the department and committees of which he or she is a member, unless otherwise provided in the Medical Staff Bylaws and appended Rules and Regulations.

E. Conduct teaching activities or research at National Jewish Health.

3.2.3 Responsibilities

Beyond meeting the basic responsibilities set forth in Section 2.4 of these Bylaws, each Active Medical Staff member shall:

A. Actively participate in and regularly cooperate with the Medical Staff in assisting National Jewish Health in fulfilling its obligations related to patient care, including but not limited to, participating in patient care, quality improvement monitoring, Utilization Review, and other quality improvement activities required by the Medical Staff; in supervising and proctoring initial appointees and/or residents/fellows, and in discharging such other functions as may be required from time to time.

B. Maintain current CPR Certification (BLS, ACLS, or PALS), unless waived by the Medical Executive Committee.

C. Satisfy the requirements set forth in these Bylaws for attendance at meetings of the Medical Staff and of the department and committees of which he or she is a member.

3.3 AFFILIATE MEDICAL STAFF

The Affiliate Medical Staff consists of physicians, and psychologists who are employed, contracted, paid or insured by National Jewish Health, but do not actively provide patient care at the facility. All care they provide is on behalf of National Jewish but performed at a non-NJH facility. Affiliate Staff members do not have clinical privileges at National Jewish Health.

3.3.1 Qualifications

The Affiliate Staff consists of practitioners who:

A. Meet the qualifications set forth in Section 2.1 of these Bylaws.

B. Provide patient care on behalf of National Jewish at an outside facility on a regular or contractual basis.

C. Provide willing and effective service to National Jewish Health through their performance of the duties and obligations of Medical Staff membership, service on committees, and participation in staff educational programs.

3.3.2 Prerogatives

The prerogatives of an Affiliate Staff member shall be to:

A. Attend meetings of the Medical Staff and the department in which they are a member.

B. Conduct teaching and non-patient related research activities

C. Hold office on the Medical Staff, the department and/or committees of which he or she is a member.

D. Vote for Medical Staff Officers, on Medical Staff Bylaws amendments and on all matters presented at general and special meetings of the Medical Staff and of the department and committees of which he or she is a member, unless otherwise provided in the Medical Staff Bylaws and appended Rules and Regulations.

3.3.3 Responsibilities

Beyond meeting the basic responsibilities set forth in Section 2.4 of these Bylaws, each Affiliate Medical Staff member shall:

A. Actively participate in and regularly cooperate with the Medical Staff in assisting National Jewish Health in fulfilling its obligations related to patient care, including but not limited to, participating in quality improvement monitoring, Utilization Review, and other quality improvement activities required by the Medical Staff; in supervising and proctoring initial appointees and/or residents/fellows, and in discharging such other functions as may be required from time to time.

B. Maintain current CPR Certification (BLS, ACLS, or PALS), unless waived by the Medical Executive Committee.

C. Satisfy the requirements set forth in these Bylaws for attendance at meetings of the Medical Staff and of the department and committees of which he or she is a member.

3.4 CONSULTING MEDICAL STAFF

The Consulting Medical Staff consists of physicians, and psychologists with a needed expertise who do not typically provide direct patient care at National Jewish Health. Members in this category do not have privileges and are not required to have FPPE and OPPE. If they need to provide urgent specialty consultation or call coverage, they will have short-term consultative privileges granted on a case-by-case basis. Some Emeritus and other NJH faculty may choose this category if they wish to maintain Medical Staff membership but no longer provide direct patient care.

3.4.1 Qualifications

The Consulting Staff shall consist of practitioners who:

A. Meet the qualifications set forth in Section 2.1 of these Bylaws.

3.4.2 Prerogatives

The prerogatives of a Consulting Staff member shall be to:

A. Attend meetings of the Medical Staff and the department in which they are a member.

B. Conduct teaching and non-patient based research activities.

C. Vote for Medical Staff Officers, on Medical Staff Bylaws amendments and on all matters presented at general and special meetings of the Medical Staff and of the department and committees of which he or she is a member, unless otherwise provided in the Medical Staff Bylaws and appended Rules and Regulations.

ARTICLE IV: APPOINTMENT AND REAPPOINTMENT

4.1 GENERAL PROVISIONS OF APPLICATION

By applying for appointment/reappointment to the Medical Staff each applicant:

A. Agrees to appear in person for interviews regarding their application and all supporting documentation.

B. Authorizes National Jewish Health or its representatives to consult with members of the medical staff at any other hospitals with which the applicant has been associated and or with any other person, firm, or organization which may have information relevant to the applicant's competence, character, or ethical qualifications, including but not limited to the Medicare/Medicaid national sanctions/exclusions data base.

C. Consents to National Jewish Health's inspection of all records and documents that may be relevant to an evaluation of the applicant's professional qualifications and competence to carry out the clinical privileges they request or to their moral and ethical qualifications for Medical Staff membership, subject to peer recommendations regarding their clinical competence.

D. Acknowledges they have received and read a copy of these bylaws and appended Rules and Regulations of the Medical Staff, agrees to be bound by the terms thereof in all matters relating to their application, and agrees to sign a statement to that effect.

E. Releases from any liability all representatives of National Jewish Health or the Medical Staff for acts performed by any of them in connection with evaluating the applicant and his or her credentials and releases from any liability all persons or organizations who provide information to National Jewish Health concerning the applicant's competence, ethics, character or other qualifications for Medical Staff membership and clinical privileges, including otherwise privileged or confidential information.

F. Agrees to undergo a physical and/or mental examination if requested by the Medical Executive Committee, or if required in adopted Medical Staff Services Policies & Procedures.

4.2 APPLICATION FOR APPOINTMENT/REAPPOINTMENT

To constitute a complete application, each applicant for initial appointment shall be required to submit and fully disclose detailed information outlined below. Applicants for reappointment will be required to submit and fully disclose detailed information outlined with the exception of item #2. This information establishes criteria that constitute the basis for granting initial or continuing Medical Staff membership and for granting initial, renewed, or revised clinical privileges.

A. A completed application for appointment/reappointment;

B. Information concerning education and training;

C. Information concerning current competence and professional experience related to the requested privileges;

D. Information about their current health status;

E. Peer references knowledgeable about their competence and ethical character;

F. Previously successful or currently pending challenges to any licensure or registration (state or district, Drug Enforcement Administration certificate), or the voluntary relinquishment of such licensure or registration;

G. All incidents of voluntary or involuntary termination of Medical Staff membership or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another hospital;

H. Any involvement in a professional liability action, including claims, judgments, settlements, and/or pending legal actions, including convictions of a criminal offense;

I. Request for specific clinical privileges;

J. Copies of current DEA, CPR Certification (BLS, ACLS, or PALS), Fluoroscopy Certification as applicable, CME documentation, as well as evidence of professional liability insurance in coverage amounts mandated by the Medical Staff, the Board of Directors, and/or required by State or Federal law;

K. Evidence of participation in Medicare/Medicaid program and any sanctions or exclusions from the program;

L. Any additional evidence of current ability to perform privileges that may be requested by the Credentials Committee, the Medical Executive Committee, and/or the Board of Directors.

The verification process shall proceed upon submission of a complete application, including receipt of all required information. However, if the original application for appointment or reappointment is older than 180 days, the applicant will be required to provide an updated application and privilege delineation form.

Failure to submit information relating to the appointment or reappointment application and/or failure to submit any information needed to deem such application complete will result in rejection of the application. Processing terminates, and the application along with all supporting documentation provided therein is returned to the applicant. A practitioner whose initial application is rejected because it is incomplete is not entitled to the hearing and appellate review process as outlined in these Bylaws. The applicant may submit a new application; however, they must include all information missing from the original application. If the second application is rejected for any reason, the applicant may not reapply for privileges without the support of a National Jewish Health Department Chair.

Medical Staff membership will be denied to any person who knowingly furnishes false or deceptive information or documentation as part of their application, whether it is for initial appointment or reappointment.

Current Medical Staff members applying for reappointment are entitled to hearing and review rights as set forth in these bylaws.

4.3 APPOINTMENT/REAPPOINTMENT PROCESS

The Medical Staff Appointment/Reappointment Process is accomplished according to Medical Staff Services Policies and Procedures. The steps for processing an initial or reappointment application include auditing the application to ensure it is complete, notifying the applicant of missing information, obtaining appropriate verifications of the required elements to ensure current competence as outlined in the Policies and Procedures, analyzing the information gathered to determine if there are significant variations from information provided in the application and to determine if additional information is needed, and preparing the file for review by the appropriate Department and Committees. All applicants for Medical Staff membership or clinical privileges are subject to the same appointment and reappointment process, including providers in administrative positions and those who provide patient care via contract.

4.4 APPROVAL PROCESS OF AN INITIAL OR REAPPOINTMENT APPLICATION

Upon completion of the verification process as defined in Medical Staff Services Policy and Procedure documents, the credentials file is submitted to the Department Chair for review. The Department Chair's recommendation and comments (if any) are submitted to the Credentials Committee for their review and recommendation. Recommendations from the Credentials Committee are summarized and presented to the Medical Executive Committee for their review and recommendation. The summary is then updated to incorporate the comments and recommendations of the Medical Executive Committee and is presented to the Board of Directors for final approval. The approval process shall be completed no later than ninety (90) days after the verification process is complete.

The Board of Directors may adopt or reject the recommendations made by the Medical Executive Committee in whole or in part. They may also refer a recommendation back to the Medical Executive Committee for additional information. A favorable action by the Board of Directors is effective as its final decision. If the Board of Director's action is averse to an applicant in whole or in part, the applicant shall be entitled to procedural rights as specified in these Bylaws.

4.5 EXPEDITED APPROVAL PROCESS

On occasion, it may be necessary to grant membership and/or privileges through an expedited process. The process is handled according to the Medical Staff policy and procedure entitled “Expedited Privileges”. Only complete applications containing no history of potentially negative actions as defined in the policy are eligible for the expedited process.

4.6 CHANGES IN CLINICAL PRIVILEGES

At any time during the period of Medical Staff membership, a member may request changes to their clinical privileges, the department in which those privileges are granted, or their category of Medical Staff membership by submitting a written

request for such changes. Such a request requires approval by the Department Chair or the Chief Medical Officer as applicable to the provider, the Credentials Committee, the Medical Executive Committee, and the Board of Directors. Before submitting a request for changes in privileges through the Committee process, Medical Staff Services will verify current competence for the provider making the request.

ARTICLE V: CLINICAL PRIVILEGES

5.1 DELINEATION OF CLINICAL PRIVILEGES

Each member of the Medical Staff of National Jewish Health and all others with delineated clinical privileges will be entitled to exercise only those clinical privileges that are specifically granted to them by the Board of Directors in accordance with these Bylaws, and the appended Rules and Regulations of the Medical Staff and the Advanced Practice Provider Staff.

5.2 EXERCISE OF CLINICAL PRIVILEGES IN AN EMERGENCY SITUATION

In case of emergency, any member of the Medical Staff, to the degree permitted by their license and regardless of department, staff status, or clinical privileges, will be permitted and assisted to do everything possible to save the life of a patient or to save the patient from serious harm or bodily injury, and to use every facility of National Jewish Health available to do so. In so acting, the Medical Staff member is obligated to summon all available consultative aid deemed necessary. When the emergency situation no longer exists, the patient will be assigned to an appropriate member of the Medical Staff. For the purpose of this section, an "emergency" is defined as a condition in which serious permanent harm or aggravation of injury or disease could result to a patient, or in which the life of the patient is in immediate danger, and any delay in administering treatment could add to that danger.

5.3 TEMPORARY PRIVILEGES

On occasion, it may be necessary to grant temporary privileges. The process will be handled according to the Medical Staff policy and procedure entitled “Temporary Privileges.”

In exercising such temporary privileges, the Medical Staff member will act under the supervision of the Department Chair (or designee), or the Chief Medical Officer (or designee) for members of the Division of Specialty Services. Special requirements of supervision and reporting may be imposed upon any Medical Staff member holding temporary privileges.

A practitioner is not entitled to the procedural rights as outlined in these Bylaws if his or her request for temporary privileges is refused, or because all or any part of his or her temporary privileges are terminated, limited or suspended. Continuity of care will be provided in the manner set forth in these Bylaws.

5.4 DISASTER PRIVILEGES

In the event of a disaster or bio-terrorism event resulting in activation of the NJH emergency management plan, Administration (defined as the President/CEO of NJH, the Executive Vice President for Clinical Affairs, the Chief Medical Officer, and any elected member of the Medical Executive Committee) may determine that additional practitioners are needed to adequately fulfill patient care needs. The above-mentioned individuals may grant disaster privileges on a case-by-case basis at their discretion. Approval of disaster privileges shall be documented in writing. In such an event, credentialing steps established in the Medical Staff policy titled “Disaster Privileges” are followed.

ARTICLE VI: MEDICAL EXECUTIVE COMMITTEE

6.1 DUTIES OF THE MEDICAL EXECUTIVE COMMITTEE

The Medical Executive Committee is the governing body of the Medical Staff. The Medical Executive Committee will:

A. Act for the Medical Staff between Medical Staff meetings, subject to such limitations as may be imposed by these Bylaws. This authority is delegated within the scope outlined in these Bylaws. Delegated authority may be removed by a majority vote of the Active members of the Medical Staff.

B. Help coordinate the activities and responsibilities of the clinical departments.

C. Receive and act upon all Medical Staff Committee, and department reports and recommendations including, but not limited to, reports and recommendations related to peer review and quality assurance.

D. Review, approve and implement the policies of the Medical Staff.

E. Make recommendations to the Board of Directors for their approval concerning:

1. Appointment and reappointment to the Medical Staff and the mechanism by which credentials are reviewed and individual clinical privileges are delineated;
2. The Medical Staff structure and staff categories;
3. Assignments to departments;
4. Participation of the Medical Staff in organization-wide performance improvement activities; and
5. Corrective action in accordance with these Bylaws including the mechanism by which the Medical Staff may terminate membership.

F. Initiate and pursue corrective action when warranted in accordance with these Bylaws.

G. Provide liaison between the Medical Staff, the Department Chairs, the Chief Medical Officer and the Board of Directors.

H. Ensure the Medical Staff is accountable to the Board of Directors for the quality of the medical care rendered to the patients of National Jewish Health.

I. Ensure the Medical Staff is informed about the accreditation program of The Joint Commission (TJC) and the accreditation status of National Jewish Health, participate in hospital surveys when requested, attend the Summation Conference when possible, and participate in State surveys and other specialized surveys such as CAP as applicable.

J. Make recommendations to the Chief Medical Officer regarding priorities for the purchase of clinical equipment and allocation of hospital resources including personnel, space, and equipment.

K. Engage in professional review activities as appropriate to include reviewing situations regarding questions of the clinical competence, patient care and treatment, case management or inappropriate behavior of any Medical Staff Member or provider with delineated clinical privileges.

L. Determine minimum continuing education requirements for appointees to the Medical Staff. Review ongoing educational activities (both CME and CE) at the facility to ensure educational needs of the Medical Staff are being met.

M. Make recommendations on medical, administrative and hospital management matters as related to the clinical operations of the institution.

N. Review clinical services to determine if there is a need for telemedicine and make recommendations regarding credentialing of Medical Staff members rendering telemedicine services according to established standards and applicable state laws.

O. Review the scope of practice for non-physician practitioners at least every two years.

P. Participate in setting hospital goals, identifying community health needs and implementing programs to meet those identified needs.

Q. Participate in the Corporate Compliance Program.

R. Engage in such other activities as provided for in these Bylaws, and as requested by the Board of Directors.

The Medical Executive Committee is responsible for making Medical Staff recommendations directly to the Board of Directors for its approval of:

A. The Medical Staff 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 through which Medical Staff membership may be terminated.

6.2 MEMBERSHIP OF THE MEDICAL EXECUTIVE COMMITTEE

The majority of the Committee is comprised of fully licensed physician members of the Active Medical Staff at National Jewish Health. No member of the Medical Staff is ineligible for membership on the Medical Executive Committee based solely on his or her professional discipline or specialty.

There are eighteen voting members. The voting members include the Medical Staff President, the Medical Staff President-Elect, the Immediate Past President, ten elected representatives, one appointed member from an off-campus NJH location, the Chief Medical Officer, and the three department Chairs.

The President/CEO, the Executive Vice President for Clinical Affairs, the Director of Nursing, the Credentialing Committee Chair, and the Director of Medical Staff Services shall be non-voting members of the Medical Executive Committee.

In limited circumstances, the Medical Staff President can recommend appointment of additional voting members if the representative balance of the Committee does not reflect the composition of the Medical Staff, or if the Medical Executive Committee will be addressing a long-term issue that requires formal input from a specialty not currently represented. Such an appointment will be authorized by a formal vote of the Medical Executive Committee, during which the members shall identify a qualified individual to be appointed, and determine an appropriate duration for the appointment. Appointed members can represent no more than 25% of the voting membership of the committee, and their appointment cannot exceed one year.

6.3 MEETINGS OF THE MEDICAL EXECUTIVE COMMITTEE

The Medical Executive Committee will meet at least nine (9) times per year, or as often as necessary to accomplish its duties. The Medical Staff President or designee will give notice of each regular meeting of the Committee by means of sending an agenda five (5) days (unless attendees concur with a shorter timeframe) before the meeting.

The Medical Staff President will call a special meeting of the Medical Executive Committee within five (5) days of his or her receipt of a written request for such a meeting signed by a majority of the voting members of the Medical Executive Committee or by any five (5) members of the Active Medical Staff. The Director of Medical Staff Services will give written notice of each special meeting of the Committee to each member of the Committee, and to each person whose signature appears on such a request at least two (2) days before such meeting.

Official actions taken by the Medical Executive Committee shall be conducted in accordance with Article XV. Each member of the Medical Executive Committee will personally attend at least fifty percent (50%) of all regular meetings. The Chair may at his or her discretion specify that a secret ballot, rather than a show of hands, is to be taken on any proposal before the Committee.

6.4 QUORUM

A minimum of six of the voting members of the committee shall be required to vote on all issues in order for the vote to be valid. If six of the members are not present, the committee may conduct its business by distributing the information requiring a vote from those members who are absent and requesting such a vote in writing. Such action shall require a motion to be made, seconded and carried by those present for each issue requiring a vote. The vote shall stand by receiving the six votes or greater from those members of the Medical Executive Committee eligible to vote. The Medical Executive Committee can stipulate an appropriate response time for any vote conducted in this manner.

ARTICLE VII: OFFICERS AND REPRESENTATIVES OF THE MEDICAL STAFF

7.1 ELECTION OF OFFICERS AND REPRESENTATIVES

At least thirty (30) days before the Annual Medical Staff Meeting, the Medical Staff President shall appoint a Nominating Committee of at least four (4) people. The Nominating Committee shall prepare a slate of nominees for any of the eleven (11) positions due for election. The names of these nominees shall be reported to the Medical Staff at least fifteen (15) days prior to the Annual Medical Staff Meeting. Additional nominations may also be submitted by petition, with endorsement by at least five (5) members of the active Medical Staff, and must be filed with the Medical Staff Secretary at least seven (7) days prior to the annual meeting. The names of these additional nominees shall be reported to the Medical Staff prior to the meeting.

The vote shall be conducted online through any secure method chosen. Votes are cast on the slate of candidates as a whole, and the five newly elected Representatives are identified as follows:

A. The candidate from the Department of Medicine with the largest number of votes.

B. The candidate from the Department of Pediatrics with the largest number of votes.

C. The candidate from the Department of Radiology, Specialty Services, or Advanced Practice Providers with the largest number of votes.

D. The next two candidates with the largest number of votes after those elected in accordance with A through C above.

The election of officers and representatives shall become effective at the commencement of the next Medical Staff year. Each officer and representative shall serve for a term of two (2) years.

7.2 OFFICERS OF THE MEDICAL STAFF

The officers of the Medical Staff shall be the President, President-Elect, and Immediate Past President. Although not considered officers, ten (10) members of the Active Medical Staff shall be elected to serve as representatives to the Medical Executive Committee. These ten members are considered officers for the purposes of granting Disaster Privileges.

7.2.1 PRESIDENT

The President of the Medical Staff shall serve as the Chief Officer of the Medical Staff. The term of service in this position is two years. The President must be a physician member in good standing of the Medical Staff at the time of nomination and throughout their term in office.

The duties of the President shall include, but are not limited to:

A. Act in coordination and cooperation with the Chief Medical Officer, and the Chief Executive Officer in matters of mutual concern involving the hospital and Medical Staff

B. Implement and enforce these Bylaws and the appended Rules and Regulations of the Medical Staff and the Advanced Practice Provider Staff.

C. Make and review appointments to Medical Staff Committees as necessary, in accordance with these Bylaws, including appointment of Committee Chairs.

D. Participate in and promote the quality of patient care at National Jewish Health and the education and research activities of the Medical Staff.

E. Call, preside at, and be responsible for the Annual Medical Staff Meeting.

F. Serve as Chair of the Medical Executive Committee.

G. Serve as ex-officio member, with or without vote, on all Medical Staff Committees, other than the MEC.

H. Present the views, policies, needs and grievances of the Medical Staff, and report on the activities of the Medical Staff to the President/CEO and the Board of Directors.

I. Receive and interpret the policies of the Board to the Medical Staff, and report to the Board on the performance and maintenance of quality, with respect to the delegated responsibility of the Medical Staff to provide medical care.

7.2.2 PRESIDENT-ELECT

In even numbered years, the Medical Staff shall elect a member of the Medical Staff as President-Elect. The President-Elect serves a two-year term beginning January 1 of the upcoming odd numbered year. They then assume the role of President when the current President completes their term or steps down from the post. The President-Elect must be a physician member in good standing of the Medical Staff at the time of nomination and throughout the term in office.

The President-Elect shall:

A. In the absence of the President, assume all of the duties of the President and have all of the authority of that office.

B. Advise the President regarding the performance of the functions and responsibilities of the Medical Executive Committee.

C. Serve as Chair for the Quality Improvement Committee.

D. Perform such duties as may be assigned by the President.

E. Call meetings at the order of the Medical Staff President and give notice of those meetings in accordance with these Bylaws.

F. Attend to all correspondence of the Medical Staff and perform such other duties as ordinarily pertain to this office.

G. Make available to the Medical Staff any information pertaining to matters of interest to them.

H. Additionally, he/she is encouraged to attend all regular meetings of the Committees of the Medical Staff (i.e. Quality, HIM/UM, etc.) and shall serve as a voting member on these Committees.

7.2.3 IMMEDIATE PAST PRESIDENT

The Immediate Past President of the Medical Staff shall be a voting member of the Medical Executive Committee, Chair the Nominating Committee, serve on Medical Executive Committee ad hoc investigative committees as appropriate, and shall perform such other duties as may be assigned by the President of the Medical Staff. In the event both the President and President-Elect are unavailable to address a Medical Staff issue, the Immediate Past President is empowered to assume the duties of the President and have all the authority of that office.

7.3 REMOVAL OF ELECTED OFFICERS AND ELECTED REPRESENTATIVES OF THE MEDICAL EXECUTIVE COMMITTEE

If at any time, a member of the Medical Staff feels an elected officer, or elected representative on the Medical Executive Committee, is not performing their duties as specified in the Medical Staff Bylaws, and to the benefit of the Medical Staff, they may submit their concern in writing to any another officer of the Medical Executive Committee. The Medical Executive Committee will review the report in the absence of the individual in question. If the Committee feels there is substance to the claim, the elected officer or representative will have a chance to represent themselves before the Committee.

Following this review, a recommendation will be made to permit such person to continue in office, or as a representative, or to remove them from their elected position. This will be based on the majority vote of the voting Medical Executive Committee members excluding the officer/representative in question. If the officer in question is an appointed officer (rather than an elected officer), and the Medical Executive Committee has affirmatively voted to remove the officer, the Medical Executive Committee shall be given the right to rescind the appointment and reappoint a new officer. Otherwise, filling of a vacancy shall be done in accordance with the following section of these bylaws.

7.4 MEDICAL EXECUTIVE COMMITTEE VACANCY

Should a vacancy on the Medical Executive Committee occur, regardless of the reason (i.e. sabbatical or resignation of a member), the following procedure will be followed:

A. The remaining members of the Committee shall identify Medical Staff members who are qualified to fill the vacancy

B. Nominees will be contacted to ask if they are willing to serve if elected

C. As soon as feasible, an election will be held to fill the vacant position

D. The member elected to fill the vacancy will serve out the remainder of the term of the original member. At the end of this term they may stand for election to their own term if they so choose.

ARTICLE VIII: MEETINGS OF THE MEDICAL STAFF

8.1 ANNUAL MEDICAL STAFF MEETINGS

The Medical Staff will hold a meeting of all members at a time determined by the Medical Staff President. The Director of Medical Staff Services will give notice of the annual Medical Staff meeting by delivering (either by mail, e-mail or any other method deemed appropriate) a copy of the agenda for the meeting to each member of the Medical Staff at least thirty (30) days before the meeting.

A. The election of Officers and Representatives shall be conducted in accordance with these Bylaws.

B. The adoption and amendment of these Bylaws and appended Rules and Regulations shall be conducted in accordance with these Bylaws.

C. For all business matters requiring a vote, at least thirty percent (30%) of the Active members of the Medical Staff must participate in the vote for it to be valid.

D. Absentee voting shall be permitted for the adoption and amendment of the Medical Staff Bylaws and appended Rules and Regulations and for any other matters requiring a vote.

8.2 SPECIAL MEDICAL STAFF MEETINGS

The Medical Staff President will call a special meeting of all members of the Medical Staff within ten (10) days of his or her receipt of a written request for such a meeting signed by any five (5) members of the Active Medical Staff. The Director of Medical Staff Services will give written notice of each such special meeting to each member of the Medical Staff at least five (5) days before the meeting.

ARTICLE IX: MEDICAL STAFF ORGANIZATION

9.1 CLINICAL DEPARTMENTS

A. The Medical Staff will be organized as follows; (1) the Department of Medicine, (2) the Department of Pediatrics, (3) the Department of Radiology, and (4) the Division of Specialty Services. Each Department will be a separate part of the Medical Staff, and will have a Chair. The Department Chairs are certified by an appropriate specialty board, or must affirmatively establish comparable clinical competence through the credentialing process.

B. Members assigned to the Division of Specialty Services report to the Chief Medical Officer.

C. All Medical Staff members shall be assigned to at least one clinical department, or the Division of Specialty Services, and shall be granted clinical privileges that are relevant to the care provided in that department.

D. If a member of the Medical Staff is assigned to more than one department, the appraisal process for appointment or reappointment shall be reviewed and approved by the Chair of each Department to which the Medical Staff member has been assigned.

9.2 FUNCTIONS AND RESPONSIBILITIES OF THE DEPARTMENT CHAIR

The Department Chair will:

A. Be accountable to the President/CEO, and/or Executive Vice President for Clinical Affairs for all professional, clinical, and medical staff administrative activities within the department.

B. Maintain continuing surveillance of the professional performance of Medical Staff members who exercise privileges in the department, and make recommendations concerning each such member regarding reappointment, staff classification, and delineation of clinical privileges.

C. Recommend to the Medical Staff the criteria for granting privileges within the department.

D. Present to the President/CEO, and the Executive Vice President for Clinical Affairs an estimate of the budgetary requirement of the department for the succeeding year.,

E. Represent the department on the Medical Executive Committee.

F. Representatives of the Medical Staff and Department leadership will meet regularly through Departmental meetings, Medical Executive Committee meetings, and/or other appropriate forums to review and evaluate the quality and appropriateness of the care and treatment provided to patients served by the Clinical Departments.

G. Maintain a written record of all such meetings and of all recommendations made, conclusions reached, and actions instituted.

H. Assure that all members of the Medical Staff having privileges in the department participate in any required meetings.

I. Provide for the training and supervision of Housestaff assigned to the department.

J. Appoint committees, as needed, to conduct departmental functions.

K. Enforce the National Jewish Health Bylaws, the Medical Staff Bylaws, and the appended Rules and Regulations of the Medical Staff within the department.

L. Implement in the department all actions taken by the Medical Executive Committee.

M. Provide liaison between the Medical Staff, the Executive Vice President for Academic Affairs, the Chief Medical Officer and the Board of Directors.

N. Integrate the department or services into the primary functions of the organization.

O. Help coordinate and integrate inter- and intra-departmental services with the Chief Medical Officer and the Chair of other departments as indicated.

P. Develop policies and implement procedures to guide and support the provision of services in concert with the Chief Medical Officer.

Q. Make recommendations for a sufficient number of qualified and competent staff in order to ensure the uninterrupted provision of care or service.

R. Determine the qualifications and competence of department or service personnel who provide patient care services but are not licensed independent practitioners.

S. Maintain ongoing quality control programs, as appropriate, to provide continuous assessment and improvement of the quality of care, treatment and services provide by the department.

T. Ensure the orientation and continuing education of all persons in the department or service.

U. Make recommendations as appropriate for clinical space and other clinical resources needed by the department or service. This includes assessing and recommending off-site sources for needed patient care, treatment, and services not provided by the department or the organization.

V. Ensure compliance by all members of the department with all applicable federal, state and local laws, including but not limited to, billing and coding requirements set forth by the Medicare and Medicaid programs.

W. Participate in any Corporate Compliance Program of National Jewish Health.

ARTICLE X: MEDICAL STAFF COMMITTEES

The committees described in this Article are the standing committees of the Medical Staff. Special or ad hoc committees may be created by the Medical Staff President, or the Medical Executive Committee to perform specific tasks. The members of all committees are appointed by, and may be removed by, the President of the Medical Staff. Committee Chairs are reviewed by the Medical Executive Committee in autumn of odd-numbered years, or as needed if the position is vacant. At that time, the MEC may reaffirm, or recommend replacement, of any Committee Chair. All committee members shall have voting rights unless otherwise specified. All Medical Staff committees shall be responsible to the Medical Executive Committee, and shall meet as often as necessary to fulfill their responsibilities.

Committee membership shall include representatives from all clinical departments of the Organized Medical Staff as appropriate to the business conducted by the Committee. Additional members from outside the Organized Medical Staff shall be included as necessary, and as determined by the Committee Chair.

When reviewing or evaluating the quality of care given to a patient by any provider granted privileges through the Medical Staff mechanism, each committee and its subcommittees, including any ad hoc committees, shall be professional review committees as defined in C.R.S. § 12-36.5-101, et. seq. All such committees shall be entitled to confidentiality and immunity as provided by C.R.S. § 25-3-109, et. seq.

10.1 CREDENTIALS COMMITTEE

10.1.1 Composition

The Credentials Committee will consist of members as outlined in the introduction to this article of these Bylaws. One member of the Active Medical Staff will serve as Chair of the Committee.

10.1.2 Duties

The Credentials Committee will perform the functions and duties relating to appointment, reappointment, and privilege delineation as set forth in these Bylaws, and the Medical Staff policy and procedure documents. The Credentials Committee

shall conduct a review of the Medical Staff policy and procedure documents as necessary, and shall report the findings of its review to the Medical Executive Committee, and the Board of Directors for approval.

The committee will maintain a permanent record of all of its proceedings and actions, which shall be confidential, and will submit written reports concerning recommendations for Medical Staff appointments/reappointments to the Medical Executive Committee.

10.2 BYLAWS COMMITTEE

10.2.1 Composition

The Bylaws Committee is chaired by the Medical Staff President-Elect. Members will include the Chief Medical Officer, the Medical Staff President, and members of the Organized Medical Staff as detailed in the introduction to this article of these Bylaws including at least one PhD Licensed Psychologist. The President/CEO of National Jewish Health, or their designee, and the Director of Medical Staff Services serve as ex-officio, non-voting members.

10.2.2 Duties

The Committee conducts an annual review of these Bylaws and the appended Rules and Regulations of the Medical Staff and Advanced Practice Provider Staff. They submit such review to the Medical Executive Committee, including any recommendations for changes it deems appropriate. A permanent record of any changes made to these documents is maintained in Medical Staff Services.

10.3 HEALTH INFORMATION MANAGEMENT/UTILIZATION MANAGEMENT COMMITTEE

10.3.1 Composition

The Health Information Management/Utilization Management Committee will consist of members of the Organized Medical Staff as detailed in the introduction to this article of these Bylaws.

10.3.2 Duties

The Health Information Management & Utilization Management Committee will:

A. Provide a written Utilization Management Plan for National Jewish Health, with annual review of same.

B. Provide a Medical Record Committee Plan with annual review.

C. Ensure appropriate allocation of the institution's resources by striving to provide quality patient care in the most effective and efficient manner.

D. Recommend specific topics for medical staff quality assurance activities at least twice yearly; thereby attempting to resolve problems related to patient care.

E. Perform an annual review and subsequently approve the criteria used to monitor utilization review activities.

F. Perform all Medical Record Committee functions with emphasis on the concurrent and ongoing review of the medical record to ensure adequacy as a medical-legal document and as a quality assurance resource, and to assure compliance with the law.

10.4 PHARMACY AND THERAPEUTICS COMMITTEE

10.4.1 Composition

The Pharmacy and Therapeutics Committee will consist of a physician Chair, members of the Organized Medical Staff, and other members as detailed in the introduction to this article of these Bylaws.

10.4.2 Duties

The Pharmacy and Therapeutics Committee will:

A. Develop or approve medication-related policies and procedures.

B. Review medication-related policies and procedures every three years.

C. Update, review and approve the NJH formulary yearly.

D. Review adverse drug reactions.

E. Review medication errors

F. Conduct medication use reviews on high use, high risk or problem prone drugs.

G. Maintain records that reflect discussion of issues addressed, and clearly summarize the findings and actions taken.

H. Report its activities to the Medical Executive Committee at least three times per year.

10.5 INFECTION PREVENTION COMMITTEE

10.5.1 Composition

The Infection Prevention Committee will consist of a physician Chair, members of the Organized Medical Staff, and other members as detailed in the introduction to this article of these Bylaws.

10.5.2 Duties

The Infection Prevention Committee will:

A. Develop and review the infection control policies for the facility.

B. Conduct a risk assessment for the facility annually in order to prioritize issues that need to be addressed in the infection control plan, in accordance with existing policies and procedures.

C. Implement the policies and procedures.

D. Maintain minutes of its proceedings and activities, and report those proceedings and activities to the Medical Executive Committee.

10.6 QUALITY & PERFORMANCE IMPROVEMENT COMMITTEE

10.6.1 Composition

The membership of the Quality & Performance Improvement Committee will include: The President-Elect, who shall act as Chair; members of the Organized Medical Staff as detailed in the introduction to this article of these Bylaws; and representative members of services directly or indirectly involved in facility functions related to patient care.

10.6.2 Duties

The responsibilities of the Quality Improvement & Performance Improvement Committee will be to:

A. Identify, determine and prioritize the Quality Improvement activities for National Jewish Health.

B. Determine the process for identifying and implementing new teams for process improvement.

C. Provide guidance, leadership and recommendations for ongoing teams by providing them with:

1. Appropriate follow through of team objectives and goals
2. Team structure when necessary
3. Appropriate team membership
4. Adequate resources

D. Determine educational needs related to Quality Improvement and JCAHO activities.

E. Integrate Quality Improvement, Risk Management, and Safety Issues.

Reporting Mechanism: Quarterly reviews are submitted to the Medical Executive Committee, and to the Board of Directors. The Quality Improvement Coordinators also submit an annual appraisal of the departmental Quality Improvement/Performance Improvement plans to the Medical Executive Committee and to the Board of Directors to assist in the annual review of the Quality Improvement/Performance Improvement program.

10.7 DIAGNOSTIC AND THERAPEUTIC SERVICES COMMITTEE

10.7.1 Composition

The Diagnostic and Therapeutic Services Committee will consist of members of the Organized Medical Staff and other members as detailed in the introduction to this article of these Bylaws.

10.7.2 Duties

The functions of the committee shall be to conduct Blood Utilization Review and Invasive Procedure Review. This shall include:

A. Develop and approve performance measures for monitoring processes related to the use of blood and blood components, invasive procedures, and sedation use.

B. Review and evaluate the monitoring data for evaluation of pattern or trends for action recommendations.

C. Provide education and guidelines to medical staff, nursing, clinical services or teams on the use of blood and blood components, invasive procedures and the use of sedation.

D. Provide guidance and approval in the development and implementation of policies and procedures related to blood utilization, invasive procedures and sedation use.

E. Perform peer review on those cases which fail screening criteria or when patterns or trends are identified. Intense analysis will be performed for:

1. All confirmed transfusion reactions and or other sentinel events related to blood use
2. Significant adverse events associated with anesthesia use
3. Invasive procedure complications

F. Determine areas as performance improvement priorities.

G. Provide the Credentials Committee information to be used for granting of clinical privileges.

10.9 QUORUM FOR MEETINGS OF MEDICAL STAFF COMMITTEES

Those members of the Active Staff present shall constitute a quorum (except committees conducting peer review, which shall require at least three (3) physicians).

10.10 TERM OF OFFICE

Each committee member will serve a term of at least one year, and may succeed him or herself, unless otherwise stated in these Bylaws.

10.11 ATTENDANCE REQUIREMENTS

A. The members of the Medical Executive Committee will be required to attend at least fifty percent (50%) of the Medical Executive Committee meetings.

B. Attendance of members serving on other Medical Staff Committees may be required by the Chair of the Committee with approval from the Medical Executive Committee.

ARTICLE XI: ADOPTION AND AMENDMENT OF BYLAWS

The Medical Staff may adopt any rules and regulations as necessary to implement more specifically the general principles set forth in these Bylaws. When approved by the Medical Executive Committee and the Board of Directors, those rules and regulations will have the same force and effect as these Bylaws.

The Medical Executive Committee has the sole authority to interpret these Bylaws. The Medical Staff President, in consultation with the President-Elect, and Immediate Past-President, may act on behalf of the MEC between meetings. Any decisions on interpretation made in such fashion are reported to the full MEC at the next scheduled meeting.

11.1 ADOPTION

These Bylaws, together with the appended Rules and Regulations of the Medical Staff, and the Rules and Regulations of the Advanced Practice Provider Staff, will be adopted, amended or repealed at any regular or special meeting of the Medical Staff upon receiving an affirmative two-thirds vote from at least thirty percent (30%) of the members of the Active Medical Staff. Such changes will replace any previous Bylaws and appended Rules and Regulations, and will become effective upon approval by the Board of Directors.

11.2 AMENDMENT

These Bylaws may be amended after submission of the proposed amendment at any regular or special meeting of the Medical Staff. A proposed amendment will be referred to the Medical Staff Bylaws Committee, which will report on that proposed amendment at the next regular meeting of the Medical Staff or at a special meeting of the Medical Staff called for such purpose.

The Medical Executive Committee, acting on behalf of the Medical Staff, may adopt interim amendments to the Bylaws or appended Rules and Regulations as necessary to ensure compliance with regulatory requirements. Such interim amendments require a majority vote of a quorum present at an MEC meeting and must be approved by the Board of Directors of National Jewish Health. The medical staff has the opportunity for retrospective review of and comment on the provisional amendment. If there is no conflict between the organized medical staff and the medical executive committee, the provisional amendment stands. If there is conflict over the provisional amendment, the process for resolving conflict between the organized medical staff and the medical executive committee is implemented. If necessary, a revised amendment is then submitted to the governing body for action.

In the event a special meeting of the Medical Staff is called to review, adopt and amend Bylaws revisions, upon approval by the Medical Staff, the revisions can be submitted to the Executive Committee of the Board of Directors who shall be empowered to act on behalf of the Board of Directors for emergency revisions.

Medical Staff Bylaws and appended Rules and Regulations are adopted by the Medical Staff and approved by the Board of Directors before becoming effective. Neither body may unilaterally amend the Medical Staff Bylaws or appended Rules and Regulations.

11.3 CONFLICT MANAGEMENT

In the event that any Member(s) of the Organized Medical Staff disagrees with an action taken by the Medical Executive Committee including, but not limited to, any proposed Bylaw, Rule, Regulation or Policy of or regarding the Organized Medical Staff, the conflict management process under this Article will be followed.

The concern should be submitted in writing to either the Director of Medical Staff Services or the Medical Staff President and should clearly state the basis of the disagreement. The materials shall also be copied and provided to the President/CEO as the "Board in Residence". The person or party will be allowed to attend a meeting of the Medical Executive Committee to express their concerns. The Medical Executive Committee shall hear these concerns and shall make every endeavor to work cooperatively with the Member(s) to resolve the dispute.

If the Medical Executive Committee and the Member(s) are able to come to an agreement, the matter shall be considered closed upon relaying applicable information to the Medical Staff and acting on any proposed revision to the Governing Documents if necessary. Any such revision must be approved by the Board of Directors before it becomes effective.

If the Member(s) and the Medical Executive Committee fail to reach an agreeable resolution, or if the Organized Medical Staff does not approve any proposed solution reached by the parties, all applicable documentation shall then be forwarded by the President/CEO to the Board of Directors for its review and final decision. The decision of the Board shall be final and shall not serve as a basis for renewed conflict management under these Bylaws.

ARTICLE XII: PRACTICE REVIEW AND INTERVENTION PROCESS

12.1 REQUEST FOR PRACTICE REVIEW

A. In the event a facility employee, affiliate or practitioner reasonably believes the professional conduct or clinical competence of any provider with clinical privileges at National Jewish Health ("provider") has not been in accordance with acceptable standards or has been disruptive to the operations of the facility, they may report the instance. Hereafter called a "Request for Practice Review", the report initiates the process outlined herein.

B. The Request for Practice Review must be in writing and submitted to the Medical Staff President or Director, Medical Staff Services. It must provide information detailing why the provider's practice or behavior falls outside accepted standards.

C. Upon receipt of a Request for Practice Review, the Medical Staff President conducts a preliminary evaluation to validate the information provided. He or she includes other individuals as appropriate during this process. No further

action is required if the concern cannot be substantiated or is determined to be outside the purview or review processes of the Medical Staff as defined in these Bylaws.

D. If the Request for Practice Review is valid or requires deeper analysis, the Medical Staff President determines if there is an immediate patient safety risk. If such exists, he or she takes action as per Section 12.3 below to restrict or suspend privileges and initiates the following investigative process.

E. The Medical Staff President notifies the provider of the concern and pending review. He or she will then convene a small committee to gather additional information related to the written concern. This committee will include the Medical Staff President, the President-Elect, Department Chair or Division Chief, and the Chief Medical Officer. Other members may be included as needed.

1. The committee may interview staff, review medical record documentation, interview the provider in question, and take any other steps necessary to obtain sufficient information to evaluate the Request for Practice Review.
2. If the committee determines at any time that patient safety is in question, the Medical Staff President will take action as per Section 12.3 below.
3. The committee will complete their review within ten working days of receipt of the written concern. They will document their findings and make recommendations for action if warranted.

F. If the review finds no cause for further action, the matter is considered closed and the provider is notified.

G. If the review finds action is necessary, the committee will determine if the matter calls for (i) a rehabilitative assessment or intervention under the "Medical Staff Health" policy or (ii) if an In-Depth Practice Evaluation is required. If (i) is applicable, the Medical Staff President follows the steps outlined in the policy. The President notifies the MEC of referrals made under the Medical Staff Health policy at its next regularly scheduled meeting.

H. If an In-depth Practice Evaluation is required, the matter is presented at the next regularly scheduled Medical Executive Committee meeting if one is scheduled within 15 calendar days otherwise a special session of the MEC is called no later than 15 calendar days after the need for additional review is identified.

12.2 IN-DEPTH PRACTICE EVALUATION

A. From time to time, the Medical Executive Committee may receive and review information related to a specific provider through the ongoing quality review process or following receipt of a valid Request for Practice Review. The Medical Executive Committee can initiate an In-Depth Practice Evaluation for any provider granted privileges. Potential circumstances include and are not limited to:

1. Instances or patterns of inappropriate care, whether identified through quality improvement activities or any other method;
2. Concerns raised by hospital staff regarding patient care, patient complaints or questions about the clinical competence or clinical practice of any provider with privileges;
3. The known or suspected violation of ethical standards or of the Bylaws, policies, Rules & Regulations of the Hospital or the Medical Staff;
4. Conduct by any provider that is lower than the standards of the Hospital or is disruptive to the orderly operation of the Hospital or its Medical Staff, including the failure of the provider to work harmoniously with others.

B. The main purpose of an in-depth peer review is to determine the veracity of any issues raised related to the circumstances above. An in-depth review should be collegial and cooperative. It provides a process for clarification, intervention, and practice improvement; however, an in-depth review can lead to corrective action as outlined in these Bylaws. The MEC may initiate an in-depth review by simple majority vote at any regularly scheduled or special meeting.

C. Upon initiation of the in-depth peer review process, the Medical Staff President notifies the President of National Jewish Health, the Chief Medical Officer and the Department Chair for the affected provider, and thereafter keeps them informed of all actions taken in connection with the review.

D. The voting members of the MEC may recommend potential members of the peer review panel to the Medical Staff President based on the specific circumstances that have triggered the need for the review. Peer Review Panel

members shall be appointed as soon as practically possible and no longer than thirty (30) calendar days from the decision to initiate an in-depth review.

- The Peer Review Panel shall consist of at least three (3) peers of the affected provider and may include other individuals that are qualified to review the issues raised.
- The Medical Staff President will appoint one member of the panel to serve as Chair.
- Panel membership or participation is not limited to Medical Staff Members.
- Individuals serving on the Peer Review Panel shall not have any conflicts of interest involving the provider being reviewed.
- The Chair of the Peer Review Panel and a majority of the panel members shall be members of the Medical Staff.

E. The provider is encouraged to participate and cooperate with the review panel. Being the subject of an in-depth review does not give immediate rise to hearing rights; however, if the outcome results in disciplinary action, the provider may appeal the decision as outlined in these Bylaws.

F. Immediately upon appointing the Peer Review Panel, the Medical Staff President notifies the affected provider in writing that the review is taking place. The provider also receives a list of members appointed to the review panel. The provider may object to any of the appointed members by documenting the objection and the reason for such in writing and delivering it to the Medical Staff President within five (5) business days. The Medical Staff President will consider the objection and may make changes to the panel as appropriate. The decision of the Medical Staff President is final.

G. As soon as possible, and no later than 15 calendar days following notification to the provider that a review panel has been appointed, the panel members shall meet to review relevant data and information. Upon this initial review, the panel shall make a preliminary determination on the timeline for the review activities, whether they need further clinical expertise on the panel, and whether there is a potential need for external review as defined below.

H. The Peer Review Panel is responsible for investigating the issues raised in the decision to initiate the peer review process. The investigation may involve reviewing case records, conducting personal interviews or literature reviews, requesting expert testimony, and/or any other means available to them to evaluate the concerns. The panel conducts the review in a timely fashion, finishing their work no later than forty-five (45) calendar days from the date the panel was appointed.

I. The Chair of the panel is responsible for periodically updating the Medical Staff President on the panel's progress. If more than forty-five (45) calendar days will be required to complete the review, the Chair must submit a written request for an extension to the Medical Staff President. The Medical Staff President determines if the extension is appropriate, and if so, notifies the affected provider of any extension granted.

J. If at any time the review panel determines a patient safety risk exists, the review panel Chair will report such immediately to the Medical Staff President for action under Section 12.3 of these Bylaws.

K. The review process is not a hearing and is not conducted in the manner of a formal hearing. The Peer Review Panel may conduct the review in a manner most conducive to obtaining the information necessary to make an informed determination. During the panel review, the provider will have an opportunity to respond to all matters under review. This appearance will not be in the nature of a hearing and none of the provisions of Article XIII will apply. A representative of the provider's choice, including legal counsel, may accompany the provider but the representative does not participate in any fashion in the review process, other than to advise their client.

L. At the end of the review, the panel submits a written report to the Medical Staff President summarizing their work. They may include specific recommendations for action regarding imposing conditions upon, restriction, suspension, or termination of clinical privileges. Upon receipt of the final report and/or recommendation from the review panel, the MEC shall review the report and take action it deems appropriate.

12.3 SUMMARY SUSPENSION OR RESTRICTION

A. In the event the Medical Staff President determines failure to take action may result in an imminent danger to the health of any individual, he or she may immediately and summarily suspend or restrict all or any portion of the clinical privileges of any licensed independent provider. The summary suspension is effective immediately upon imposition, which the provider receives both in writing and in person at the time of suspension.

B. Upon imposition of a summary restriction or suspension, the Medical Staff President shall provide a copy of the notice to the Chair of each department in which the provider has privileges, the Chief Medical Officer and the President/CEO of the facility. The Medical Staff President or the Chair of each department in which the affected provider has privileges will arrange alternative medical coverage as needed for the patients of that provider for the duration of such suspension or restriction. The wishes of the patients will be considered in the selection of such alternative medical coverage.

C. After enacting a summary suspension or restriction, the Medical Staff President will convene a meeting of the Medical Executive Committee on or before the fifth day following. The MEC will consider whether there was probable cause for the suspension or restriction and, if it determines that such probable cause exists, whether to modify the action or continue without modification. If upheld, the suspension or restriction remains in effect until lifted by action of the Medical Staff President or Medical Executive Committee.

If the Committee determines there was no probable cause for the action, the suspension or restriction terminates and privileges are immediately restored. None of the provisions of Article XIII will apply to this meeting of the Medical Executive Committee. The Medical Staff President will give written notice of the final Committee action to the affected provider.

D. The Medical Executive Committee may also enact a summary restriction or suspension under this section of the Bylaws by simple majority vote during any regular or special meeting if it determines an imminent patient safety risk exists.

12.4 AUTOMATIC SUSPENSION

A. The Medical Staff President may initiate an automatic suspension in the form of withdrawal of any privileges of any licensed independent provider whenever:

1. Medical Records remain incomplete ten (10) working days after the provider with privileges has received a letter of "Notification of Delinquent/Incomplete Medical Records" in accordance with the Procedure for Suspension of Medical Privileges Due to Incomplete Records Policy. The Chief Medical Officer typically carries out suspensions for delinquent medical records.
2. The Colorado Board of Medical Examiners or similar licensing authority or the Drug Enforcement Administration takes an action that revokes, restricts or suspends the license or DEA of any provider with privileges or places a provider with privileges on probation.
3. A provider with privileges fails to renew his or her license to practice prior to the expiration date.
4. A provider with privileges fails to maintain malpractice insurance in the amounts required by the Hospital or state or federal law.
5. The Office of the Inspector General (or other similar regulatory agencies) has imposed certain sanctions upon the provider with privileges or the provider has been excluded from participating in the Medicare/Medicaid program.
6. A provider with privileges faces indictment, conviction, or enters a plea of guilty or no contest pertaining to any felony or to any misdemeanor involving controlled substances, illegal drugs, Medicare, Medicaid, or healthcare fraud/abuse, or violence against another.

B. The Medical Staff President or initiating individual noted above is responsible for notifying the affected provider of an automatic suspension. The same individuals are also empowered to lift an automatic suspension upon resolution of the initiating factor.

C. The Chief Medical Officer and the President of National Jewish Health cooperate with the Medical Staff President to enforce all automatic suspensions.

D. An automatic suspension converts to voluntary resignation on the 90th calendar day following enactment if the initiating factor remains unresolved.

12.5 CORRECTIVE ACTION

A. Upon receipt of the written report from the Peer Review Panel, the Medical Staff President shall convene the Medical Executive Committee to review and act upon the report. This meeting of the Medical Executive Committee shall be held within ten (10) calendar days of receiving the Peer Review Panel's report.

B. The Medical Executive Committee may take a number of different actions including, but not limited to:

1. Determining no action be taken to restrict, suspend, or terminate the clinical privileges:
2. Issuing a letter of guidance, counsel, warning, admonition or reprimand;
3. Imposing conditions for continued appointment;
4. Imposing a requirement for practice monitoring or consultation;
5. Recommending or imposing a requirement for additional training or education;
6. Mandating the provider to the appropriate entity for a health assessment with the exception of the standard Late-Career Provider Evaluation required under policy;
7. Recommending reduction of clinical privileges;
8. Recommending suspension of clinical privileges for a period of time;
9. Imposing a period of probation;
10. Recommending termination of privileges, and membership if applicable;
11. Making any other recommendations it deems necessary or appropriate with respect to the facts that prompted the peer review

C. The Medical Executive Committee submits its recommendations for action in writing to the President and CEO of National Jewish Health, the Department Chair(s) of the relevant clinical department(s), the Chief Medical Officer, and the provider under review. Any notice of proposed action shall be given in accordance with the provisions of Section 2 of Article XIII of these Bylaws.

D. Upon the decision of the Medical Executive Committee to take one of the actions described in numbers 3 through 11 of the foregoing paragraph B, the provider involved will have all of the rights set forth in Article XIII of these Bylaws. In the event the provider waives or does not timely exercise such rights, the Medical Executive Committee may proceed to take the action it proposed, and the Board of Directors may act upon any recommendation made to it by the Medical Executive Committee.

ARTICLE XIII: HEARING AND REVIEW PROCESS

13.1 RIGHTS TO HEARING

A. An individual with membership on the Medical Staff has the rights of hearing and review set forth in this Article XIII only if:

1. The Medical Executive Committee has recommended the Medical Staff member not be reappointed or his/her clinical privileges be terminated, restricted, denied or a condition placed upon them pursuant to these Bylaws; or
2. The Medical Executive Committee has proposed to take an adverse action described in Article XII of these Bylaws with respect to the Medical Staff member.

Advanced Practice Providers have hearing rights as set forth in this Article XIII and as outlined in the Advanced Practice Provider Rules & Regulations section of these Bylaws.

For the purposes of this Article XIII, "provider" means all medical staff members and advanced practice professionals who have been granted privileges through the medical staff mechanism.

13.2 NOTICE OF RIGHT TO HEARING; MANNER OF GIVING NOTICES

A. Notice to the provider of an adverse action shall, at a minimum, contain:

1. A statement that an action has been recommended and the nature of the action, including reasons for the proposed action;
2. That the provider has the right to request a hearing on the recommendation or proposal, by submitting a written request to the Medical Staff President within thirty (30) days of their receipt of the notice;
3. That failure to request a hearing within the thirty-day period constitutes a complete waiver of all rights of hearing and review under these Bylaws;

4. That such request shall specify each matter as to which the hearing is requested, but that failure to specify a matter will not preclude the provider from raising other relevant or related matters at the hearing; and

5. A copy of this Article XIII.

B. All notices and requests (herein referred to as "Notices") to be given to the provider under these Bylaws shall be in writing and are effective when delivered in person to the provider or when delivered via FedEx to the provider's current address on record in Medical Staff Services.

13.3 HEARING

A. Upon receipt of the request for hearing, the Medical Staff President will appoint an ad hoc Hearing Committee consisting of three members of the Active Medical Staff, none of whom shall be in direct economic competition with the provider involved and none of whom participated in the Peer Review Panel. The Medical Staff President will appoint one of those three (3) members as Chair of the Hearing Committee.

B. On or before the twentieth (20th) day following its appointment, the Hearing Committee will schedule a hearing and will give the provider involved written notice of the date, time, and place of the hearing and the matters to be considered by the Hearing Committee. The hearing will take place at least fifteen (15) but not more than thirty (30) days after the date such notice is given to the provider, unless continued pursuant to these Bylaws.

C. Each member of the Hearing Committee will be present during the hearing, and those members will be in attendance substantially all of the time during the course of the hearing. No member of the Hearing Committee may vote by proxy. A majority vote of the Committee members in attendance will control as to any aspect of the hearing.

D. Failure of the provider involved to appear and proceed at the hearing without good cause will constitute grounds for immediate conclusion of the hearing, and thereafter the provider involved will be deemed to have completely waived all rights of hearing and review under these Bylaws. In this event, the Hearing Committee will not submit a report or recommendation to the Medical Executive Committee and the proposed action that was to have been considered at the hearing may be taken.

E. The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence, but the Chair of the Hearing Committee will ensure all participants have a reasonable opportunity to be heard and to present testimony and evidence. Any matters the Hearing Committee deems relevant may be considered. Any pertinent material contained on file at National Jewish Health also may be considered. Legal counsel may be appointed to advise the Committee on matters of evidence and to advise the Committee concerning relevant legal issues.

F. The Medical Staff President may designate such person or persons as he or she may determine, including attorneys and witnesses, to present evidence and arguments in opposition to any position taken by the provider involved.

G. The provider involved will have the right to call, examine and cross-examine witnesses on any matter relevant to the hearing, to present documentary and other evidence regardless of its admissibility in a court of law, to rebut evidence in opposition to his or her position with documentary and other evidence, and to present arguments in support of his or her position. The provider involved will have the right to be represented at the hearing by such person or persons as he may determine, including attorneys, and to submit a written statement at the close of the hearing.

H. The hearing may be continued from time to time for the convenience of the participants, for the purpose of obtaining evidence or other relevant information, or for consultation. Such continuances will not extend the hearing date beyond forty-five (45) days after the date notice is given to the provider as provided in subparagraph B above unless agreed to by the provider and approved by the Medical Executive Committee at its sole discretion. The Medical Executive Committee is not obligated to approve any such continuance.

I. Upon conclusion of the presentation of oral and documentary evidence and related arguments by the participants, the hearing will be concluded.

J. All deliberations of the Hearing Committee are confidential. No aspect of the deliberations will be disclosed to any person, firm, or corporation, including the provider involved, but excluding the Medical Executive Committee, the Board of Directors, the Board's Executive Committee, and the Board's legal counsel.

K. The Hearing Committee will submit a written report containing its findings, conclusions, and recommendations to the Medical Executive Committee on or before the thirtieth (30th) day following the conclusion of the hearing. A copy of this report shall be provided to the provider involved in the action.

L. No later than its next regular meeting following receipt of the report of the Hearing Committee, the Medical Executive Committee will consider the report, make its own report and formulate its own actions and recommendations. The provider does not have a right to be present at the meeting of the Medical Executive Committee, nor to present evidence to the Medical Executive Committee. On or before the tenth (10th) day following this meeting, the Medical Executive Committee will issue a written report stating the action it will take upon the matter, which action may be:

1. Refusal to reappoint the provider involved or a termination or restriction of his or her clinical privileges; or
2. Rejection or adoption of any action described in paragraph B of Section 12.5 of Article XII, if the matter arose upon a Request for Practice Review as contemplated in that Article XII; or
3. Continuation or termination of a summary suspension of the provider imposed pursuant to paragraph A of Section 12.3 of Article XII; or
4. Continuation, with or without modification, or termination of summary restriction of the clinical privileges of the provider imposed pursuant to paragraph A of Section 12.3 of Article XII.

M. Any such action shall be effective immediately upon being taken by the Medical Executive Committee, unless the Committee specifies a later date for its effect. However, such action shall be subject to reversal or modification upon review as provided in the following Section 13.4.

N. The report of the Medical Executive Committee shall be given to the Board of Directors, the provider involved, and such other persons as the Medical Executive Committee determines.

13.4 REVIEW

A. On or before the tenth day following receipt of the recommendations and report of the Medical Executive Committee, the provider involved may submit a written request for review to the President of National Jewish Health. This request must identify the specific aspects of the recommendation as to which review is requested.

Failure to request review within the ten (10) day period constitutes a complete waiver of all rights of review under this Section, and the failure to identify any specific aspect(s) of the recommendations in the request for review constitutes a complete waiver of all rights of review under this Section concerning that aspect.

B. Upon receipt of a written request for review, the President of National Jewish Health will appoint an ad hoc Review Committee consisting of three (3) members of the Board of Directors and three (3) members of the Active Medical Staff, none of whom shall have served on the Hearing Committee, be in direct economic competition with the provider involved, or participated in the original Peer Review Panel. The President of National Jewish Health will appoint one member as the Chair of the Review Committee.

C. The Review Committee will immediately begin its review. This review will be limited to the record of the hearing and all evidence presented at the hearing. The Review Committee will schedule a Review Hearing to be held not less than ten (10) nor more than thirty (30) days after the appointment of the Review Committee and will give the provider involved written notice of the time, date and place of the hearing.

D. Each member of the Review Committee will be present during the Review Hearing, and those members will be in attendance substantially all of the time during the course of the Review Hearing. No member of the Review Committee may vote by proxy. A majority vote of those Committee members in attendance will control as to any aspect of the Review Hearing.

E. Failure of the provider involved to appear and proceed at the Review Hearing without good cause will constitute grounds for immediate conclusion of the Hearing, and thereafter the provider involved will be deemed to have completely waived his or her rights to review as defined in these bylaws. In this event, the Review Committee will not submit a report or recommendations to the Board of Directors, and the action taken by the Medical Executive Committee shall stand.

F. Continuance of the Review Hearing beyond the time period allowed by these Bylaws will be made only with the approval of the Review Committee and will be permitted only for good cause shown and in the sole discretion of the Review Committee.

G. The Chief Medical Officer may designate such person or persons as he or she may determine, including attorneys, to present arguments in opposition to any position taken by the provider involved at the Review Hearing.

H. The provider involved will have the right to present arguments in support of his or her position at the Review Hearing, but any such arguments must be based upon and limited to matters contained in the record of the hearing, evidence presented at the hearing, and the recommendations of the Medical Executive Committee. The provider will have the right to be represented at the Review Hearing by such person or persons as he or she may determine, including attorneys. No additional evidence will be taken or received by the Review Committee.

I. All deliberations of the Review Committee will be confidential and no aspect of those deliberations will be disclosed to any person, firm, or corporation, including the provider involved but excluding the Medical Executive Committee, the Board of Directors, the Board's Executive Committee, and the Board's legal counsel.

J. On or before the thirtieth (30th) day following the conclusion of the Review Hearing, the Review Committee will submit a written report containing its findings, conclusions and recommendations to the Board of Directors and to the provider involved. The Board of Directors or its Executive Committee will render its decision within 45 calendar days of receipt of the report.

K. The decision of the Board of Directors or its Executive Committee may include any action that could be taken by the Medical Executive Committee or any action that was or could have been recommended to the Board of Directors by the Medical Executive Committee pursuant to these Bylaws, as the case may be.

L. Adverse actions, based on reasons related to professional competence or conduct that adversely affect privileges for a period longer than thirty calendar days, must be reported to the appropriate State and Federal regulatory agencies. The responsibility for notification rests with the Director of Medical Staff Services in conjunction with Executive Leadership. Notification shall be conducted in accordance with the laws and regulations established by said entity. The list of entities requiring reports includes but is not limited to the National Practitioner Data Bank (NPDB), the Colorado State Medical Board, and the Office of the Inspector General of the United States.

13.5 EMPLOYMENT OF MEDICAL STAFF MEMBERS

A. A Medical Staff member may submit a complaint to the Medical Staff President by a written request for hearing alleging a violation of subsection (3), (4) or (5) of section 25-3-103.7 of the Colorado Revised Statues, which request shall specify each matter to which hearing is requested. It is the intention of this section 5 to provide a procedure by which such an allegation may be heard and resolved, and which shall ensure that the due process rights of the parties are protected. A Medical Staff member who believes that he or she has been the subject of a violation of such subsection (3), (4) or (5) has a right to complain and request review of the matter pursuant to such procedure. Subsections (3), (4) and (5) of the Colorado Revised Statutes state:

(3) Nothing in this section shall be construed to allow any hospital which employs a Medical Staff member to limit or otherwise exercise control over the Medical Staff member's independent professional judgment concerning the practice of medicine or diagnosis or treatment or to require Medical Staff members to refer exclusively to the hospital or the hospital's employed Medical Staff members. Any hospital which knowingly or recklessly so limits or controls a Medical Staff member in such a manner or attempts to do so shall be deemed to have violated hospital standards of operation and may be held liable to the patient or the Medical Staff member, or both, for such violations, including proximately caused damages. Nothing in this section shall be construed to affect any such hospital's decisions with respect to the availability of services, technology, equipment, facilities, or treatment programs, or as requiring any such hospital to make available to patients or Medical Staff members additional services, technology, equipment, facilities, or treatment programs.

(4) Nothing in this section shall be construed to allow a hospital which employs a health care professional to offer the health care professional any percentage of fees charged to patients by the hospital or other financial incentive to artificially increase services provided to patients.

(5) The medical staff bylaws or policies or hospital policies of any hospital which employs Medical Staff member shall not discriminate with regard to credentials or staff privileges on the basis of whether a Medical Staff member is an

employee of, a Medical Staff member with staff privileges at, or a contracting Medical Staff member with, the hospital. Any hospital that discriminates with regard to credentials or staff privileges on the basis of whether a Medical Staff member is an employee of, a Medical Staff member with staff privileges at, or a contracting Medical Staff member with, the hospital shall be deemed to have violated hospital standards of operation and may be held liable to the Medical Staff member for such violations, including proximately caused damages. This subsection (5) shall not affect the terms of any contract or written employment arrangement which provides that the credentials or staff and clinical privileges of any practitioner **are** incident to or coterminous with the contract or employment arrangement or the individual's association with a group holding the contract.

B. The procedure set forth in subparagraphs B through L of section 3 of this Article shall apply to requests submitted pursuant to subparagraph A of this Section 5.

C. No later than its next regular meeting following receipt of the report of the Hearing Committee, the Medical Executive Committee will consider that report, make its own report and formulate its own actions and recommendations. On or before the tenth (10th) day following the meeting, the Medical Executive Committee will issue a written report stating the action it takes on the matter. Any such action shall be effective, immediately upon its being taken by the Medical Executive Committee, unless the Committee specifies a later date for its effect; provided, however, that such action shall be subject to reversal or modification upon review as provided in subparagraph D of this Section 5. The report of the Medical Executive Committee shall be given to the Board of Directors, the Medical Staff member involved, and such other persons as the Medical Executive Committee determines.

D. The review procedures of subparagraphs A through J of Section 4 of this Article shall apply to the recommendations and report of the Medical Executive Committee pursuant to subparagraph C of this section 5.

ARTICLE XIV: IMMUNITY FROM LIABILITY

The following, in addition to any other conditions set forth in these Bylaws, will be express conditions to any application by any practitioner for membership on the Medical Staff, as well as to any application by any practitioner for, or exercise of, clinical privileges at National Jewish Health.

A. Any act, communication, report, recommendation, or disclosure, with respect to any such Medical Staff member performed or made at the request of an authorized representative of this or any other health care facility, for the purpose of achieving and maintaining quality patient care in this or any other health care facility, will be privileged to the fullest extent permitted by law.

B. Such privilege will extend to members of the Medical Staff of National Jewish Health and of the Board of Directors, its other Medical Staff members, its President and his or her representatives, and to third parties who supply information to any of the foregoing authorized to receive, release, or act upon that information.

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

D. Such immunity will apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with this or any other health care institution's activities related but not limited to: (1) applications for appointment or clinical privileges, (2) periodic reappraisals for reappointment or clinical privileges, (3) corrective action, including summary or automatic suspension, (4) hearings and reviews, (5) medical care evaluations, (6) utilization reviews and (7) other hospital, departmental, or committee activities related to quality patient care or professional conduct.

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

In furtherance of the foregoing, each member of the Medical Staff will, upon request of National Jewish Health, execute releases in accordance with the tenor and import of this Article in favor of the individuals and organizations specified in this Article, subject to such requirements as may be applicable under the laws of this state.

ARTICLE XV: PARLIAMENTARY PROCEDURE

Unless otherwise in conflict with these Bylaws, the most current version of Robert's Rules of Order will be the parliamentary authority governing all meetings of the Medical Staff and its committees.

ARTICLE XVI: RULES AND REGULATIONS OF THE MEDICAL STAFF

The Medical Staff shall adopt such Rules and Regulations as may be necessary for proper conduct of the work of the Medical Staff. Such Rules and Regulations shall be attached to and become part of the Bylaws of the Medical Staff. Rules and Regulations may be amended as provided in the Bylaws of the Medical Staff.

16.1 PURPOSE

The purpose of these appended Rules and Regulations of the Medical Staff of National Jewish Health is to ensure:

A. Quality care of all inpatients, outpatients and emergency patients. The principle objective of the Medical Staff is to render service to the patient with full respect for the dignity of that patient. Physicians should merit the confidence of patients entrusted to their care, rendering to each complete service and devotion;

B. Attainment of excellence in education and research, striving continually to improve their medical knowledge and skill. Our Medical Staff should make available to their patients and colleagues the benefits of their professional attainments;

C. Reasonableness of costs and effective utilization of facilities to the best interest of the patient;

D. Provisions for assessing evaluation of patient care and peer review;

E. Achievement of a high level of ethical conduct and moral standards;

F. That the basic rights of the patients are preserved, as these rights are a vital factor, especially at the time of illness;

G. Compliance with the existing Bylaws of the Medical Staff and National Jewish Health.

Where otherwise not specified, the consequences of failure to adhere to the Bylaws and Rules and Regulations will be determined by the Medical Executive Committee.

16.2 CARE OF PATIENTS

The management of each patient's care and general medical condition is the responsibility of a qualified member of the Medical Staff with appropriate clinical privileges. Physician referrals and/or self-referrals are accepted for both inpatient and outpatient care. Whether inpatient or outpatient, the Attending physician shall be responsible for:

A. The prompt completion and accuracy of the medical record;

B. Any special instructions relevant to the patient;

C. Transmitting reports of the patient's condition to the referring practitioner;

D. Emergency treatment.

16.2.1 Admissions

A. National Jewish Health will accept patients for care and treatment of the diseases it is prepared to treat.

B. If it appears a patient will have to be admitted to National Jewish Health, the physician will, when possible, contact the Nursing Supervisor and Admissions to ascertain whether there is an available bed and to coordinate insurance/business issues. Admissions from the Clinic should be brought to the attention of the nursing supervisor so the appropriate admission procedures can be followed.

C. When an emergency admission occurs, the patient's provisional diagnosis or valid reason for admission must be recorded as soon as possible.

D. The attending physician will be required to document the need for continued hospitalization. This documentation must contain:

1. An adequate record of the justification for continued hospitalization.

2. The estimated period of time a patient will need to remain at National Jewish Health.

16.2.2 Discharges

A. Patients will be discharged only on a written or electronic order of the attending physician or his designee.

B. AMA Discharges: Should a patient leave National Jewish Health against the advice of the attending physician or without proper discharge, a notation of the incident will be made in the patient's record, and a Release from Responsibility for Discharge form must be completed.

16.2.3 Emergency Care

The institution has a triage area to provide urgent or emergent care as outlined below. The following procedures should be followed in emergency medical care situations involving all patients, employees and community residents who request medical assistance.

A. Cardiac arrest or catastrophic/emergency occurrences.

1. In the event of a cardiac arrest or catastrophic/emergency occurrence, a Code Blue is initiated by dialing #5555. This will activate the Code Blue Team. (In the event of a cardiac arrest or catastrophic/emergency occurrence, begin life saving measures and activate the Code Blue Team by dialing x5555.)

2. Continue life saving measures until the Code Blue Team responds. They will triage, treat and decide upon disposition.

B. Other situations deemed to be an emergency with patients, staff or visitors are dealt with as follows:

1. Pediatric Triage will be open and available twenty-four (24) hours per day, seven (7) days per week for any child with respiratory, allergic or immunologic symptoms/diseases needing urgent (non-emergent) care.

2. Twenty-four (24) hour phone access is available for medical consultation (from a nurse/physician) during off hours. National Jewish Health after-hours emergency care is provided through National Jewish Health | Saint Joseph Hospital, Rocky Mountain Hospital for Children, or the most appropriate emergency facility.

16.2.4 Death

A. In the event of a patient's death, the deceased will be pronounced dead by the attending physician.

B. The body will not be released until an entry has been made and signed in the medical record and on the death certificate of the deceased by a member of the Medical Staff.

C. Policies with respect to release of deceased patients will conform to state law.

16.2.5 Autopsy

A. It will be the duty of all Medical Staff members to secure meaningful autopsies whenever possible. An autopsy may be performed only with a written consent, signed in accordance with state law. A licensed pathologist at an affiliated institution will perform all autopsies.

B. When an autopsy is performed, the anatomical diagnosis should be recorded in the medical record within three days, and the complete protocol should be made part of the permanent record within 60 days.

16.3 MEDICAL RECORDS

National Jewish Health has a Health Information Management Department with administrative responsibility for medical records. The Department will be provided with adequate direction, staffing, and facilities to perform all required functions.

A. A medical record will be maintained for every individual admitted as an inpatient or treated and/or evaluated as an outpatient or emergency patient.

B. The medical record shall be dated, timed, and authenticated by the responsible practitioner.

C. Medical record content should contain the appropriate medical information necessary for the comprehensive evaluation and treatment of the patient's problem(s) within the specialties identified. The medical record contains the patient's health history, provides a method of communication for plan of care, serves as a legal document that describes the health care services provided; creates source data for clinical health services and outcomes research, and serves as a source for

education. Recommended components of the medical record include:

1. Consent to treat. When consent is not obtainable, the reason must be entered in the record.
2. Patient identification-sociological, and medical data including medical record number assigned to patient; chief complaint; present illness; past family and personal history; physical examination reports; clinical summaries, to include assessment, treatment plan and or recommendations; documentation that describes a problem list; known adverse and allergic drug reactions; other known allergy reactions; known long-term medications, including current prescriptions, over the counter medications and herbal preparations; physician progress notes; consultations; procedural notes/reports; reports from ancillary services (Rehabilitation, Radiology, Laboratory, Pulmonary Physiology); physician orders; pharmacy and any advance directives.

D. The medical record of patients discharged from National Jewish Health inpatient services, or outpatient care, ***will be completed within 30 days of discharge.*** A completed record includes:

1. A current medical history & physical examination is documented for each patient within 24 hours of inpatient admission, and/or prior to a procedure requiring sedation. If a complete history has been recorded and a physical examination performed prior to the patient's admission to the hospital, a reasonably durable, legible copy of these reports may be used; however, it must be recorded that the reports were "reviewed and the patient was re-examined", an updated note that includes all additions to the history and any subsequent changes in the physical findings must be entered, or a note stating "no changes" have occurred to the patient's condition is entered. The H&P update is documented within 24 hours of admission and/or prior to a procedure requiring sedation. For procedures, an H&P already in the medical record that was completed within the past 30 days may be used; however, it must be reviewed, and updated before performing the procedure, and must document any changes in the patient's condition since the original entry. When a patient remains continuously hospitalized and requires a procedure with sedation, the subsequent daily progress notes serve as the update to the patient's condition. Recommended elements of a complete history and physical are:
    a. Chief complaint
    b. History of present illness
    c. Past medical history
    d. Environmental history
    e. Family history
    f. Social history
    g. Review of Systems
    h. Physical examination
    i. Medications
    j. Allergies; medication and other.
    k. Clinical impression
    l. Treatment Recommendation
    m. Goals/Plan
2. The minimum content of a History & Physical exam shall be defined as:
    a. History of present illness
    b. Physical examination appropriate to the clinical area or present illness
    c. Clinical impressions and recommendations
3. Discharge progress notes of all ancillary staff will be documented within 24 hours of inpatient discharge.
4. Medical Discharge Summary will be completed no later than 72 hours after inpatient discharge. The Discharge Summary will include a final diagnosis; disposition on discharge and condition on discharge.
5. Medical Discharge summary will be mailed, faxed, or sent via secure electronic transmission to the referring physician within 30 days of patient discharge.
6. Procedure notes are required for invasive procedures, and shall be completed immediately after a procedure. Procedure notes will include names of the LIP(s) who performed the procedure; assistants; procedure performed, and description of each procedure finding; estimated blood loss; specimens removed; and post procedure diagnosis.
7. Every clinical encounter with a physician, or advanced practice provider, must be accompanied by documentation appropriate for the patient's presenting problem, and the specialty service to which they were referred. The documentation must contain information that reflects the patient's care, treatment, and services.
8. All documents are stored or referred to electronically in the National Jewish Health Electronic Health Record (EHR).

Discharge analysis, coding and indexing of the patient's record will be performed by the Health Information Management Department within 14 days of discharge. An Automatic Suspension shall be imposed for failure to complete Medical Records in accordance with facility policies and procedures and the Medical Staff Bylaws.

E. Medical Records will be confidential, secure, current and properly authenticated by the means of the following standards:

1. Only authorized personnel have access to a medical record and must adhere to institutional confidentiality policies.
2. A valid written consent by the patient is the authority of release of medical information to persons not otherwise authorized to receive this information as outlined in Health Information Management policy.
3. Records may be removed from National Jewish Health's jurisdiction and safe-keeping only in accordance with a court order, subpoena or statute. Unauthorized removal of charts may be grounds for disciplinary action toward the physician to be determined by the Medical Executive Committee.
4. The medical record is the property of National Jewish Health and is maintained for the benefit of the patient, the Medical Staff, and National Jewish Health. In the case of a readmission of a patient, all previous records will be available for use to the attending physician. This will apply regardless of who is listed as the attending physician.
5. Medical records of patients will be available to members of the Medical Staff for bona fide study and research consistent with the Health Insurance Portability and Accountability Act, which preserves the confidentiality of personal information concerning the individual patients.
6. Orders for diagnostic procedures, treatments, medications, and all reports shall be entered into the medical record in ink, in type, or electronically and shall be authenticated by the physician (or appropriate practitioner as defined below) submitting them. Authentication may be by written signature, identifiable initials, or electronic signature. The use of rubber signatures is not acceptable. Electronic signatures shall be permitted in accordance with the National Jewish Health policies and procedures.
7. Patient Access to Medical Record - Current inpatients, discharged patients, clinic, and emergency patients may inspect and/or receive copies of their medical records in accordance with institutional policy and procedure.

16.4 ORDERS (WRITTEN AND VERBAL)

A. Physicians, physician assistants (PAs), and advance practice nurses (APNs), (hereafter referred to as Practitioners) may write, electronically enter, or give verbal orders based on the scope defined by their state practice act.

B. Written orders for treatment must be dated, timed, written with the appropriate required information, and signed by the ordering practitioner prior to the implementation of the order by the authorized personnel.

C. A practitioner's verbal order will be considered the same as a written order if submitted to an authorized person functioning within his/her sphere of competence.

1. Verbal Orders must be entered in the medical record, then signed and dated by the authorized person who received the order. The name of the ordering physician/practitioner shall be noted. Procedures to verify the accuracy of the verbal order will be adhered to as per institutional policy.
2. The practitioner submitting a verbal order for inpatients must sign and date the order within thirty days.
3. If verbal orders are not authenticated within thirty days of discharge they will be considered delinquent.
4. Verbal orders on clinic outpatients will be routed to the ordering practitioner for authentication.
5. The following personnel are qualified to accept and transcribe verbal orders limited to their scope of practice (regardless of the mode of transmission of such orders): Registered Nurses; Physician Assistants; Advanced Practice Nurses; Licensed Practical Nurses; Physical Therapists; Occupational Therapists; Recreational Therapists; Speech Language Pathologists; Respiratory Care Practitioners; and, Pharmacists.

D. All practitioner orders must be written clearly, legibly and completely. Orders that are illegible or improperly written will not be carried out until rewritten or understood by the authorized personnel. **The use of "renew", "repeat" or "continue orders" is not acceptable**.

E. For purposes of clarity, we recommend written practitioner entries be accompanied by his/her I.D. number following

signature.

F. Only the medication abbreviations and dose designations approved by the Medical Executive Committee shall be used.

16.5 PROGRESS NOTES

All in-person patient encounters by a licensed independent practitioner must be accompanied by appropriate medical documentation.

A. Final documentation and signature is required within 30 days of service.

B. Documentation must support all charges submitted to 3rd-party payers.

C. Inpatient progress notes should include justification for level of care for continued stay.

D. Consent to Treat forms will be signed for all medical treatment rendered at National Jewish Health.

1. **Adult Consent and Emancipated Minors** - National Jewish Health's medical consent form will be signed by each adult and emancipated minor prior to rendering any service.
2. **Minors** - For minors, consent for treatment by parent or guardian must be obtained prior to delivery of any service. Minors are defined as those below the age of 18 years.
3. **Unconscious Patient** - If a patient is unconscious, consent will be obtained from next of kin, parent or guardian.
4. **Telephone Consent** - Consent by telephone should be witnessed and documented in the medical record denoting the exact time and nature of consent given.
5. **Emergency Treatment** - In the case of an emergency, where treatment is imperative to preserve the life of a patient, or prevent an impairment of the patient's health, and the patient's state is such that he/she cannot rationally consent, or where delay in obtaining the consent of the parent or guardian involves serious risks to the patient, then medical procedures required may be undertaken without obtaining consent. If next of kin accompanies patient, an Authorization for Emergency Treatment form must be signed.
6. **Informed Consent** - Prior to the performing procedure(s) requiring an informed consent, the physician will advise the patient of any associated risks and benefits of the procedure and will obtain the patient's signature for informed consent.

16.6 ADVANCED PRACTICE PROVIDERS

Non-Physician Practitioners who are permitted to participate in patient care at National Jewish Health will be licensed, certified or otherwise qualified to function within a health related profession or occupation. Physician Assistants, Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists and Licensed Clinical Social Workers are supervised and function according to National Jewish job descriptions and according to applicable State regulations. According to the Medical Staff Bylaws, the Medical Executive Committee shall review the scope of these practitioners practice at least every two (2) years. Advanced Practice Providers may be assigned to Medical Staff Committees as necessary.

Nurse Practitioners, Certified Registered Nurse Anesthetists, Physician Assistants and Clinical Nurse Specialists must apply for and be granted specific clinical privileges through the Medical Staff application process. These practitioners are not members of the Medical Staff. The Advanced Practice Provider Rules & Regulations provide a full description of the qualifications, prerogatives and responsibilities for these providers.

Advanced Practice Providers will not render general medical services or any permitted task to any patient unless the patient has been informed that the Advanced Practice Provider, who is not a physician, will render such services.

16.7 SUPERVISION OF HOUSESTAFF

The supervision of Housestaff shall be conducted in accordance to policies and procedures governing such activities including, but not limited to, the Rules and Regulations of the Medical Staff, and Policies and Guidelines for Clinical Housestaff in Training at National Jewish Health.

The attending physician must enter into the record all end of Life and DNR orders. Housestaff are permitted to write routine orders, under the supervision of the attending physician, but these orders do not require countersignature by the attending

physician. Prescriptions filled outside National Jewish Health must be co-signed by an attending physician if written by Housestaff members holding licensure as a physician in training.

ARTICLE XVII: RULES AND REGULATIONS OF THE ADVANCED PRACTICE PROVIDER STAFF

The Medical Staff shall adopt such Rules and Regulations as may be necessary for proper conduct of the work of Advanced Practice Providers (APPs). Such Rules and Regulations shall be attached to and become a part of the Bylaws of the Medical Staff, and may be amended as provided in Article XI of those Bylaws. At its discretion, the Medical Staff Bylaws Committee may seek the input of a qualified representative of the Advanced Practice Providers when considering changes to these Rules & Regulations.

All APPs shall abide by these Rules and Regulations, as well as the policies, procedures, Bylaws (including Medical Staff Bylaws and Rules & Regulations), guidelines, manuals, and other requirements of the Hospital. It is the sole responsibility of each APP to obtain, read, and understand said documents. The aforementioned documents do not constitute a contract of any kind whatsoever. All documents are subject to change at any time without prior notice, and shall be interpreted, applied and enforced within the sole discretion of the Medical Staff and/or the Hospital.

17.1 NATURE OF APP STATUS

Individuals with this status are not members of the organized Medical Staff and are not entitled to any of the rights afforded to such Members except as noted in the final section of this Article XVII, titled "Hearing Process". APP status shall confer on the appointee permission to perform only such specified privileges as have been granted by the Board of Directors. These privileges may be revoked at the Board's discretion. No applicant or APP shall engage in patient care in the Hospital unless the Board has granted him/her privileges to do so.

The organized Medical Staff, at its sole discretion, shall determine what types of practitioners are eligible for APP status. The Board of Directors shall grant privileges to provide specified services in the Hospital only after receiving a recommendation from the Medical Executive Committee. Where appropriate, the Hospital and/or Medical Staff may establish particular qualifications required of appointees beyond the established minimum qualifications. All APPs shall function within the confines of their job description and under the direction or supervision of a fully privileged member of the organized Medical Staff, who is ultimately responsible for all care provided by the APP.

APP status is currently available only to appropriately licensed:

- Nurse Practitioners
- Certified Registered Nurse Anesthetists
- Clinical Nurse Specialists
- Physician Assistants

17.2 BASIC RESPONSIBILITIES

Each APP shall:

A. Provide their patients with care at the generally recognized professional level of quality and efficiency;

B. Abide by the ethical principles of his/her profession;

C. Discharge only such functions for which he/she has been privileged;

D. Seek consultation, supervision and direction whenever necessary or as required by law or the APP's collaborative/supervisory agreement;

E. Prepare and complete in a timely fashion as determined by the Hospital, the patient record and other required records for all patients for who he/she in any way provides care within the Hospital;

F. Attend meetings of the department or committees when required to do so by the appropriate department or committee chairperson;

G. Perform such other responsibilities as are required by Colorado State Law;

H. Participate in peer review activities as required by the Hospital;

I. Abide by the Medical Staff Bylaws and Rules & Regulations as they may pertain to the practice of the APP.

17.3 APPLICATIONS FOR DELINEATED CLINICAL PRIVILEGES

Only APPs who have a collaborative or supervisory agreement with a member of the Active Medical Staff at National Jewish Health are eligible to apply for delineated clinical privileges. Licensed practitioners who do not meet this requirement are not eligible for APP status and any application submitted by such an individual will not be processed. Employment by National Jewish is not a guarantee that privileges will be granted. **All delineated clinical privileges shall automatically terminate upon termination of employment and/or termination of the supervisory/collaborative agreement, whether voluntary or involuntary.** In general, privileges will only be granted within the scope of the job description. Denial of a requested privilege that falls outside of that scope shall not entitle the applicant to reconsideration of the decision.

Such APPs are solely responsible for providing all information and documentation required by the Hospital. Medical Staff Services will process and verify the application and request for privileges in the same manner as an application from an MD, or Licensed Psychologist. All relevant policy and procedure documents shall apply.

17.4 DURATION OF PRIVILEGES

17.4.1 Initial Appointment

All initial appointments to APP status and privileges to provide specified services shall be for a period not to exceed two years from initial appointment date. A Focused Professional Practice Evaluation will be conducted at the end of the first two months of employment as per Medical Staff Services policy.

17.4.2 Reappointment

Reappointments to APP status shall be for a period not to exceed two (2) years from the date the reappointment is effective.

17.4.3 Automatic Termination

In addition to termination of employment at National Jewish Health, APP status and delineated privileges will be automatically terminated if the APP fails to continuously meet the expectations of the position, such as losing or failing to renew their license to practice in Colorado.

Automatic termination as described here does not entitle the applicant to reconsideration of the decision except to show the required licensure, certification or specific requirements for privileges have not been terminated, suspended or limited.

17.5 NOTIFICATION OF PRIVILEGING DECISIONS

A. The Medical Executive Committee (MEC) considers the recommendation of the Credentialing Committee in making its decision to recommend approval or denial of privileges.

B. The MEC decision, whether favorable or adverse, is sent to the Board of Directors.

C. The Board of Directors may uphold the recommendation of the MEC, or may send the matter back to the MEC for additional review.

D. The applicant shall be notified of a favorable decision through the standard system currently in place.

E. If unfavorable, the Medical Staff President will inform the applicant in writing of the privileging decision. The Medical Staff President-Elect may do this in the President's absence.

17.6 HEARING PROCESS

In the event an APP is denied APP status, or his/her privileges are restricted, suspended, limited, denied, or revoked by the Board of Directors, the APP is entitled to the full hearing process outlined in chapter XIII of the Medical Staff Bylaws. As per CRS § 12-36.5-104(2.5), a hearing committee reviewing an action taken against an Advanced Practice Provider will have as a voting member at least one APP with a scope of practice similar to that of the person being reviewed. With this exception, the procedural steps outlined in Section 13.3 of these Bylaws will be followed.

Any disciplinary action taken related to employment issues, such as absenteeism, insubordination, or job performance are not in the purview of the Medical Executive Committee, and shall be addressed according to existing Human Resources policies.