

Garfield County Hospital District #1
 Medical Staff Bylaws
 Adopted January 6, 2010

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Bylaws of Medical Staff of Garfield County Hospital District

The Medical Staff of Garfield County Hospital District is responsible for the quality of medical care given in the Hospital District and must assume this responsibility, subject to the ultimate authority of the Board of Commissioners. It is under this direction of the Board of Commissioners that the best interests of the patient are protected by specific requirements of physicians and providers practicing in Garfield County Hospital District as identified with the Medical Staff Bylaws, Rules and Regulations hereinafter stated.

Definition of Terms

Definitions: For the purpose of these Medical Staff bylaws the following definitions apply:

1. Medical Staff: Practitioners that are appointed to membership and are privileged to attend patients at GCHD.
2. Board of Commissioners: Persons elected by the public according to the laws of the State of Washington and provide governance to the Garfield County Hospital Medical Staff.
3. Administrator or Chief Executive Officer (CEO): Individual appointed by the Board of Commissioners to act in its behalf in the management of GCHD.
4. Physician: An individual licensed to practice medicine in the State of Washington with M.D or D.O. degree.
5. Midlevel Practitioners: Appropriately licensed allied health professionals through the State of Washington that may apply to or are appointed to GCHD Medical Staff and exercise patient care within their delineated clinical privileges. These practitioners may include;
 - a. ARNP: Advanced Registered Nurse Practitioner
 - b. PA-C: Certified Physician Assistant
6. Clinical Privileges: Permission to render medical care within defined limitations are recommended by Medical Staff and approved by the Board of Commissioners.
7. Medical Director: Medical Staff member authorized in accordance with these bylaws to service as the Chief Medical Officer of the Medical Staff of GCHD.
8. Executive Committee of the Hospital and Medical Staff: Consists of: Medical Director, Administrator, Chief Nursing Officer, and Quality Assurance.

Article I: Name of Organization

The name of this organization shall be Medical Staff of Garfield County Hospital District

Article II: Mission

The mission of the Garfield County Hospital District Medical Staff Bylaws shall be:

1. To pursue the highest quality medical care for all community members served by the Garfield County Hospital District.
2. To provide a means whereby problems of a medico-administrative nature may be discussed by the Medical Staff with the governing board and the hospital administrator.
3. To ensure alignment with the mission of the District: "To create an environment that makes it possible for each individual to experience the healing touch of the community; Creating Home and Building Community".

Article III: PURPOSE

The purpose of this organization shall be to provide preventative and continuous patient care, to make recommendations based upon the needs of the patient, to recommend appointment and reappointment to the GCHD Medical Staff, to report to the Board of Commissions on matters of medical care, to create, supervise and enforce compliance with the GCHD Medical Staff bylaws and Board of Commissioners directives, to provide education programs and disciplinary sanctions.

Article IV: Medical Staff Membership

General Qualifications for Membership

Membership to the Medical Staff of GCHD recognizes and accepts the responsible for the quality of medical care given within the GCHD health system. Providers practice under the direct authority of the Board of Commissioners, and agree to conform to the Garfield County Medical Staff Bylaws, Rules and Regulations hereinafter stated.

Membership to the Medical Staff of GCHD is a privilege, which will be extended only to those physicians, practitioners and allied health professionals that are:

- 1.1 Licensed: currently licensed by the State of Washington to practice medicine as a physician, Physician Assistant-Certified or Advanced Nurse Practitioner.
- 1.2 DEA: possess current certification from Drug Enforcement Administration within the State of Washington to prescribe medications and controlled substances
- 1.3 Professional education, training and experience: has demonstrated education, training, experience and current competence to meet the standards as identified to warrant the granting of clinical privileges the practitioner has requested.

- 1.4 Clinical performance: Demonstration of clinical results and pattern of practice required with the continued ability to provide patient care services at an acceptable level of competence as identified with State of Washington Standards as well as GCHD Medical Staff Bylaws.
- 1.5 Professional Ethics and Conduct: The Medical Staff of GCHD has adopted by the American Medical Association (see Appendix A "Current Code of Ethics) shall govern the professional conduct of the members of Medical Staff. As such Members of the Medical Staff will refrain from creating a pattern of disruption that may adversely affect the quality or efficiency of patient care services.

Garfield County Hospital District #1 will report provider impairments or infractions to comply with the reporting requirements of the State of Washington Department of Health Department, National Practitioner Data Bank, OIG and American Medical Association. (See Provider Reporting Requirements Policy and Procedure RCW 18.130.180).

1.5 Disability

- a. Physical or Mental Impairment: to be free of or have under adequate control any physical or mental health impairment that may have a reasonable probability of interfering with clinical performance or cooperation in the GCHD healthcare setting.
- b. Substance/Chemical Abuse: to be free from abuse of any type of substance/chemical that has the reasonable probability of affecting the practitioner's clinical performance. In the event a suspicion or knowledge of a problem becomes known, a practitioner may be required to provide information or to obtain examination or tests, as may be reasonably requested by the Medical Director, CEO or any member of the Board of Commissioners to demonstrate satisfaction of the above qualifications.

In addition a practitioner may be required to submit random on-the-spot tests on the basis of physical manifestations observed on the job, or suspicions based on recent performance, or as a follow up of concurrent monitoring and/or to treatment program participation.

- 1.6 Verbal and Written communication skills: ability to read and understand English language, to communicate in writing and verbally in English language in intelligible manner and to prepare and complete medical record entries and other required documentation per CMS standards.
- 1.7 Professional Liability Insurance: GCHD requires professional liability insurance with an Insurance company that does business in the State of Washington at standards acceptable to the Board of Commissioners.
- 1.8 Effect of other Affiliations: No practitioner shall automatically be entitled to appointment or to exercise clinical privileges merely because the practitioner is licensed to practice in this or in any other state or is certified by any clinical board; or had or presently has staff appointment or similar privileges at another hospital. Each practitioner must complete and maintain their GCHD Appointment process.

Section 2: Basic Obligations of Staff Appointment

Each Medical Staff member, regardless of staff category is expected to:

- a. Provide patients with medical care at the level and quality generally recognized as appropriate in CAH.
- b. Provide or arrange for appropriate and timely medical coverage and care for patients whom the staff member is responsible.
- c. Adhere to the Medical Staff Bylaws, rules, regulations and policies of the GCHD, as well as all other lawful standards.
- d. Discharge staff, committee and hospital functions which the staff member is responsible for staff category assignment or appointment.
- e. Prepare and complete in a timely fashion the medical or other records for patients admitted or in any way cared for within the GCHD health system as required by Medical Staff Policies.

Section 3: Terms of Appointment

Appointment to the Medical Staff and the granting of clinical privileges are for a period of two (2) years and:

- a. It is the **responsibility** of the applicant to complete **all** aspects of the Appointment Packet. If the appointment packet has been returned to the provider for more information/or completion and the provider does not return the completed packet within thirty (30) days, the application will be considered incomplete and the provider must begin a new application and process over.
- b. New appointees to the staff are subject to an initial provisional period of one (1) year and upon satisfactory completion of that period are placed in the appropriate reappointment cycle as determined by the GCHD system of credentialing.
- c. Each member is requested and shall be required to provide evidence of renewed licensure, DEA registration within State of Washington, and professional liability insurance coverage prior to the expiration date of same.
- d. Disciplinary action involving membership status and/or clinical privileges may be initiated and taken in the interim under appropriate provisions of the Medical Staff Bylaws.
- e. The Board of Commissioners may after considering the recommendations of the Medical Director and/or CEO set a more frequent or re-appraisal period a particular privilege or for a Medical Staff member.
- f. The Board of Commissioners may terminate the contract of a practitioner providing professional services that may result in a shorter period of appointment or privileges as specified by the contract or employment arrangement.

- g. Application for new membership shall be in writing and addressed to the GCHD CEO. Who will forward a copy of the GCHD Appointment packet to the practitioner for completion, as well as a copy of the GCHD Medical Staff Bylaws;
- h. Burden of providing information: Individuals seeking appointment/reappointment have the burden of producing information deemed adequate by GCHD for a proper evaluation of current competence, character, ethics and other qualifications. Such individuals have the burden of providing evidence that all the statements made and information given on the application is accurate.
- i. The submission of false information or omission of pertinent information concerning the applicants record of training and/or person/professional conduct shall constitute a "fraudulent application" for which, upon discovery, membership on the GCHD staff may be denied or terminated by the Board of Commissioners and reported to appropriate parties.

Article V: Procedure for Appointment and Reappointment

Section 1: General qualifications for Appointment/Reappointment

- a. Application: An application for staff appointment must be submitted in completion to the Medical Staff Services office.
- b. Application content: the application submitted must furnish complete information in the following areas:
- c. Current demographic information including; full name, home mailing address and telephone, office mailing and telephone, fax.
- d. Name of each undergraduate and graduate school or institution attended, mailing address, dates attended, programs completed, degrees granted and for all post graduate training with the names of practitioners responsible for monitoring the applicant's performance;
- e. All current and past medical and other professional licensures or certifications including a current State of Washington professional license **must accompany the application**;
- f. Copies of Drug Enforcement Administration (DEA) controlled substance certificates, with the date and number of each, as well as current State of Washington DEA certificate **must accompany the application**;
- g. Speciality or sub-speciality board certification and re-certification status;
- h. Attestation as to whether applicant can perform the essential job functions related to privileges for which application is being made with or without accommodation will be identified by the GCHD Medical Director (see GCHD Delineation form);
- i. Professional liability insurance coverage and copies of the professional liability insurance for previous ten (10) years; **must provide certificate of current insurance**.

- j. Documentation of Professional liability history of claims, suits and settlements made, concluded and/or pending including the addresses of present and past insurance;
- k. Any proceedings initiated, pending or completed involving allegations of or findings of professional misconduct; or involving denial, revocation, suspension, reduction, limitation, probation or non-renewal of any of the following:
 - a. Professional license or certification to practice in any state or country
 - b. Drug Enforcement Administration or other controlled substance restrictions
 - c. Membership of fellowship in local, state or national professional organizations
 - d. Faculty membership at any medical, or other professional school
 - e. Appointment or employment status, prerogatives or clinical privileges at any other hospital, facility or organization
 - f. Limitation, cancellation, imposition or surcharge on professional liability insurance or;
 - g. Suspension or denial of Medicare participation
- l. Any instance in which the applicant was not renewed, terminated, restricted, withdrew, or failed to proceed with an application for any of the elements listed above in order to terminate actual or possible investigation, disciplinary or adverse action;
- m. Any current felony criminal charges or pending charges against the applicant and any past charges including their resolution and;
- n. The staff category and specific clinical privileges requested.
- o. Applicant must provide at least three (3) **professional references**, not newly associated with the applicant in professional practice and not personally related to the applicant, who have personal knowledge of the applicants **current** clinical ability, ethical character, health status and ability to work cooperatively with others and who will provide specific written comments on these matters upon request from GCHD Medical Staff.

The named individuals must have acquired the requisite knowledge through recent observation of the applicant's professional performance over a reasonable period of time.

At least one name must be a colleague in the applicants speciality not formerly, currently or about to become associated with the applicant in practice.

At least one must have had **organizational responsibility** for the applicant's performance.

1.2 Authorization to Release Information

The applicant must sign the "Applicant's Acknowledgement and Authorization to Release Information" and in so doing:

- a. Attests to the completeness and accuracy of all information furnished and acknowledges that any material mis-statement and/or omission from the application constitutes grounds for denial of appointment, or for automatic revocation of staff membership and clinical privileges;
- b. Signifies a willingness to appear for interviews in connection with the application;
- c. Agrees to abide by the terms of the bylaws, rules, regulations and policies of the GCHD Medical Staff and those of the hospital if granted appointment and/or clinical privileges and to abide by the terms thereof in all matters relating to consideration of the application without regard to whether or not appointment and/or privileges are granted;
- d. Authorizes and consents to hospital and Medical Staff representatives consulting with prior associates or others who may have information bearing on professional or ethical qualifications and competence and consents to their reviewing all records and documents that may be material to such evaluation; and
- e. Releases from any liability all those who in substantial good faith review, act on or provide information regarding the applicants background, experience, clinical competence, professional ethics, utilization practice patterns, character, health status and qualifications for staff appointment and clinical privileges.

1.3 Processing the application

- a. The applicant has the burden of producing adequate information for a proper evaluation of his/her experience, training, current competence, utilization practice patterns, ability to work cooperatively with others, health status, documentation standards and resolving any doubts about any of the qualifications required; and of satisfying any requests for information or clarifications; including health examinations, required by the GCHD Medical Staff or Board of Commissioners.
- b. Medical Staff Services will be responsible to collect, organize and quantitatively verify the information provided by the applicant. The applicant will be notified of any gaps in or any other issues related to obtaining the information requested indicating the nature of the information the applicant is to provide.
- c. Verification of information shall include:
 - 1. Requesting information from previous facilities relevant to the residency and fellowship training programs and to affiliations of the past ten (10) years with a request for specific information regarding the applicants training and competence.
 - 2. Request from previous hospital applicant was associated with regarding utilization practice patterns, including average number of admissions per year and/or the ten most frequent diagnoses per year upon request;
 - 3. Requesting from any hospital with which the applicant had or has privileges was associated with or employed information relating to; any pending

professional misconduct proceedings and/or pending malpractice actions; judgment settlement of a medical malpractice action; any finding of a professional misconduct in this state or another state by a licensing or disciplinary board and any information required to be reported by hospitals to the medical board.

4. Request from the appropriate Medical Disciplinary Board information regarding the applicant that has been reported pursuant to the health Care Improvement Act of 1986.
5. Submitting a request for profile data from the National practitioner Data Bank and the American Medical Association Physician Masterfile.
6. Reviewing the Office of Inspector General database for providers suspended from Medicare participation
7. Request from licensing authorities of all information maintained regarding the applicant.

1.4 Formal Interview

The Medical Director and Administrator may conduct an interview with the applicant. The interview may involve a detailed description of formal training and experience to date; a review of each clinical privilege being requested and the supportive evidence for the application; an analysis of clinical cases by the applicant with discussion of how the applicant would approach diagnosing and/or resolving the presenting problems. If further information is required the interviewers may wait not more than thirty (30) days with good cause. In case of a deferral, the interviewers must notify Medical Staff Services and the applicant in writing of the deferral and the grounds for such.

1.5 Credentials Review

After the collection and verification of information is complete, the Medical Director will review the information compiled and may request additional information pertinent to the evaluation and recommendation of the applicant. The Medical Director will direct the Medical Staff Services to notify the applicant of problems in obtaining required information by a special notice indicating the nature of the information the applicant is to provide and the time for response. Failure without good cause to respond in a satisfactory manner by the date specified is deemed a voluntary withdrawal of the application.

1.6 Medical Staff

All Medical Staff are encouraged to review the Credentialing file and request for clinical privileges as well as the summary of results of any investigation of the applicant's credentials during a Medical Staff Meeting. Any member of the active Medical Staff may conduct a review of the applicant's credentialing file at the Medical Staff Services office

and may submit a written opinion about any relevant information regarding the applicant's qualifications for membership or privileges requested to the Medical Director.

1.7 Action by Medical Staff

At a regularly scheduled Medical Staff Meeting the Medical Staff will review the application as well as the results of the investigation and interviews. Medical Staff Member's statements will be considered for recommendations of the applicant to the Board of Commissioners.

1.8 Affect of the Medical Staff Action:

- a. **Deferral:** Medical Staff action to defer the application for further consideration must except for good cause be followed up within thirty (30) days with a report and recommendations. The Medical Director through the Medical Staff Services shall promptly send the applicant special notice to defer, including a request for any specific data, explanation, release or authorization, if any required from the applicant and the time frame for response. Failure without good cause to respond in a satisfactory manner by the date specified is deemed a voluntary withdrawal of the application.
- b. **Favorable Recommendation:** A Medical Staff recommendation that is favorable to the applicant in all respects will be forwarded together with all supporting documentation to the Board of Commissioners.
- c. **Unfavorable Recommendation:** A Medical Staff recommendation that is unfavorable to the applicant in any respect will be forwarded together with all supporting documentation to the Board of Commissioners. The Medical director shall inform the applicant via the Medical Staff Services by means of a special notice of the exact nature and reasons for the unfavorable recommendation, and that the unfavorable recommendation has been forwarded to the Board of Commissioners for action.

1.9 Board of Commissioners Action on Credentialing Matters

The Board of Commissioners may at its discretion conduct an interview with the applicant or designate one or more individuals to do so on its behalf. If the Board of Commissioners determines that it requires further information, it may defer action but generally not for more than thirty (30) days, except for good cause and it shall notify the applicant and Medical Director in writing of the grounds and deferral. If the applicant is to provide additional information or a specific release or authorization to allow the Medical Staff Services representative to obtain information, the notice to the applicant must so state and must include a request for the specific data, explanation, release or authorization required and the time frame for response. Failure without good cause to respond in a satisfactory manner by the date specified is deemed a voluntary withdrawal of the application.

- a. **Favorable Medical Staff Recommendation:** The Board of Commissioners may adopt or reject, in whole or in part, a favorable recommendation by the Medical Staff. **If the Board of Commissioners action is favorable to the applicant, it is effective as the final decision.**
- b. **Unfavorable Medical Staff Recommendation:** the Board of Commissioners may adopt or reject in whole or in part an unfavorable recommendation by the Medical Staff.
- c. **Without Benefit or Medical Staff Recommendation:** If the Board of Commissioners does not receive a recommendation from the Medical Staff within the identified time frame provided (or within a reasonable extension of that time frame in order to obtain additional data) the Board of Commissioners may after notifying the Medical Staff of it's intent and a reasonable period of time for response, take action on it's own initiative.

If the Board of Commissioners action is unfavorable in any respect, the Administrator shall inform the applicant by special notice of the unfavorable action and of the Fair Hearing provisions of these medical Staff Bylaws. The applicant is then entitled, upon proper and timely request to the Fair Hearing procedural rights provided. The applicant is not entitled to the procedural rights of the Fair Hearing provisions until and unless the Board of Commissioners take unfavorable action.

1.10 Basis for Recommendation and Content of Report

All information and documentation utilized in the evaluation process must be included with the application in the individuals credentialing file and transmitted with the Board of Commissioners recommendations as requested. The reasons for each recommendation or to deny/ restrict or otherwise limit staff appointment, prerogatives or clinical privileges must be stated.

1.11 Conflict Resolution

If the Board of Commissioners determination is contrary to the recommendation of the Medical Staff, the matter shall be submitted to a joint advisory committee composed of two members from the Medical Staff and from the Board of Commissioners to review and report before the Board of Commissioners takes its final action.

1.12 Notice of Final Decision

- a. The GCHD Administrator will provide notice of the final decision to the applicant by special notice and to the Medical Staff through the Medical Director.
- b. A decision and notice to appoint includes:
 - 1. Staff category to which the applicant is appointed
 - 2. Clinical privileges the applicant may exercise
 - 3. Any special conditions attached to the appointment.

1.13 Time periods for processing application

All individuals and groups required to act on an application for staff appointment must do so in a timely and good faith manner and except for obtaining required information or for another good cause, each application should be processed within the following time periods:

| Process | Time to Process |
|------------------------|---|
| Medical Staff Services | 30-60 days after receiving completed application |
| Medical Director | 10 days after application completed |
| Medical Staff | 30 days after review completed by Medical Director |
| Board of Commissioners | within 30 days after review of Medical Staff |

These time periods are to be deemed as guidelines and are **not directives** such as to create any rights for a practitioner to have an application processed within these precise time periods. However, if any action does not occur at a particular step in the process within the time frame the Medical Director or the Administrator on the behalf of the Board of Commissioners may proceed. If the Fair Hearing provisions are activated, the time requirements provided govern the continued processing of the application.

Section 2 Provisional Period

2.1 Applicability and Duration

All new appointments to the Medical Staff and all initial or increased clinical privileges to new or existing Medical Staff members are provisional for a maximum period of one year (12 months), unless an extension is granted. The Medical Director shall establish the conditions for the provisional period. However, in the unusual circumstances the Board of Commissioners may after receiving recommendation of the Medical Staff waive provisional requirements for the current Medical Staff members.

2.2 Statues and Privileges during Provisional Period

During the provisional period a practitioner must demonstrate all the qualifications identified on their delineation of duties document and must fulfill all the obligations of the staff category and may exercise all the granted prerogatives. The practitioner's exercise of prerogatives and clinical privileges during the provisional period is subject to any conditions or limitations imposed as part of the appointment to the staff or granting of privileges or as may be imposed during the term of the provisional period as a result of a corrective action.

2.3 Review and Observation Period

During the Provisional period a practitioners performance will be reviewed and evaluated by the Medical Director and shall establish the performance review requirements (prospective, concurrent, retrospective) and the number and types of cases to accomplish the provisional review. It is the obligation of the practitioner to arrange for the required numbers and types of cases and except for good cause to do so within a time frame that results in the reviews being completed prior to the formal evaluation process concluding the provisional appointment. The provisional review may include a review of cases managed at on all levels of the GCHD health system. The Medical Director will prepare a summary for the practitioners file as part of the provisional performance review process.

2.4 Request to Conclude or Extended Provisional Period

On or before the end of the practitioner's provisional period, the Medical Staff Services shall notify via the Medical Director the date on which the period will end. The practitioner may request to either extend or conclude the provisional period. On receipt of this information from the practitioner the Medical Staff Services will request a formal recommendation from the Medical Director with regard to the conclusion or extension of the provisional period.

2.5 Procedural Rights

In the event a provisional period including any period of extension concludes with an unfavorable recommendation or action, or when an extension is denied, the Administrator will provide the practitioner with special notice to the Fair Hearing provisions of these bylaws. The Practitioner shall then be entitled upon proper and timely request to the procedural rights provided therein.

Section 3: Reappointment Procedures

3.1 Information Collection

- a. Medical Staff member receives thirty (30) days prior to reappointment expiration date, the reappointment packet with list of specific information needed to complete such as:
 1. Completed re-appointment packet
 2. Notice of mandated CEU's (supply copies of each program attended)
 3. ACLS recertification
 4. License renewal
 5. DEA renewal
 6. PALS recertification
 7. Specific requests for additions or deletions from the delineation currently held with any basis for changes
 8. Request for change in staff category
- b. If the practitioner has not returned his/her completed application for reappointment or a request for extension at least fifteen (15) days prior to the expiration date, the Medical Staff Services shall send the practitioner a special notice that the application/extension request has not been received and that there is a fifteen (15) day grace period in which to submit the application or extension request.
- c. Failure without good cause to present the completed reappointment application with all required information prior to or within the grace period is deemed a voluntary resignation at the expiration of the current term. Automatic termination of appointment and clinical privileges will result unless the practitioner requests and is granted an extension prior to the end of the grace period. An extension for presenting the reappointment application may be granted by the Medical Director for not more than forty-five (45) days except for good cause. Only one grace period extension is permitted and failure to return the application within the extension shall result in automatic termination of appointment and clinical privileges. A practitioner whose appointment and clinical privileges are terminated under this provision is entitled to the Fair Hearing procedural

rights by the GCHD Medical Staff Bylaws for the **sole purpose** of determining the issue of **good cause for the delay in application presentation**.

- d. Medical Staff Services collects as part of the reappointment process all relevant information regarding the individuals performance and conduct in the hospital and professional activities. Such information shall form the basis for recommendation and action and shall include without limitation:
1. Patterns of care and utilization as demonstrated in the findings of quality review, professional liability prevention and utilization management activities;
 2. Acuity and amount of clinical activity (patient care contacts) within GCHD healthcare system;
 3. Participation in relevant internal teaching and continuing education activities;
 4. Completion of Washington State Patrol criminal background check
 5. Sanctions imposed or pending and other problems;
 6. Inquiry as to whether applicant can perform the essential job function related to privileges for which application is made, with or without accommodation;
 7. Attendance at required Medical Staff meetings;
 8. Participation as committee member and/or proctor;
 9. Timely and accurate completion and preparation of medical records;
 10. Cooperativeness in working with other practitioners and hospital personnel and general attitude toward patients in the healthcare system;
 11. Compliance with all applicable bylaws, policies, rules and procedures of GCHD hospital and Medical Staff;
 12. Any other pertinent information that may be relevant to the member's status and clinical privileges at GCHD and including the practitioners activities at other hospitals; and
 13. Any proceedings initiated, pending or completed involving allegations of or findings of professional misconduct; or involving denial, revocation, suspension, reduction, limitation, probation or non-renewal of any of the following:
 - Professional license or certification to practice in any state
 - Drug Enforcement Administration or other controlled substance registration;
 - Limitation, denial, cancellation, imposition of surcharge on professional liability insurance; or
 - Pending or closed malpractice claims, suits, settlements or arbitration proceedings

- Suspension or denial of Medicare participation
 - Voluntary or involuntary termination of Medical Staff membership
- e. Medical Staff Services verifies quantitatively the information provided on the reappointment application. Medical Staff Services notifies the practitioner of any information inadequacies or verification problems by special notice and must indicate the nature of the additional information the practitioner is to provide and the time frame for response. Failure without good cause to respond in a satisfactory manner by the identified date is deemed to be a voluntary withdrawal of the application.
- f. If the practitioner's level of clinical activity at GCHD is not sufficient to permit the Medical Staff and Board of Commissioners to make an informed judgment as to the competence in the exercising the clinical privileges requested, the practitioner shall have the burden of providing evidence of such clinical performance.
- g. Medical Staff Services transmit the reappointment application, supporting information and practitioner's credentialing file to the Medical director for review.

3.2 Basis for Recommendation and Action

Each individual or deliberate body providing a recommendation or acting on a reappointment shall have available the full resources of the Medical Staff Services and the hospital Human Resources. In addition to any other information contained in the credentialing file that may support a non-reappointment recommendation or action, an individual or body may consider minimal or absent activity in patient care, teaching or other activities within GCHD by the applicant during the last period of appointment as grounds for recommendation or action not to appoint. The report of each such individual or body shall state the reasons for any adverse recommendation made or action taken.

3.3 Medical Staff Evaluation

The Medical Director shall complete and sign a "Delineation" form identifying any limitations and/or changes in medical privileges and/or staff category. The Medical Staff shall vote during the course of the next Medical Staff Meeting whether to give privileges to the practitioner. The Medical Staff report is transmitted along with supporting documentation to the Board of Commissioners for final action under the signature of the Medical Director.

3.4 Final Processing and Board of Commissioners

The final processing of reappointment shall follow the same procedure as initial appointment.

3.5 Time periods for Processing

Except in the event of "good cause", all individuals must complete their designated action so that all reappointment reports and recommendations may be acted on by the Board of Commissioners prior to the expiration date of the current appointment of the Medical Staff Member.

If unwarranted delay occurs at any step in the process and it is beyond the Medical Staff Member's ability to control, the Medical Director or Administrator may proceed to consider the reappointment application and supporting information and grant temporary privileges, while the reapplication process is continuing.

However, if the delay is attributed to the practitioner's failure to provide information required under any provision of this Section, the practitioner's staff appointment and clinical privileges shall terminate on the expiration date of the current appointment.

3.6 Requests for Modification of Appointment Privileges and Notice to Relinquishment of Privileges

Either in connection with reappointment or at any other time, a practitioner may request modification or limitation of delineation or clinical privileges by submitting a written request to the Medical Staff Services Coordinator. A modification request is processed according to the procedures outlined above, as appropriate to content and intent and must contain all pertinent information supportive of the request.

A practitioner who desires to limit or no longer exercise currently held clinical privileges shall submit a written notice to the Medical Director stating the intention and the notice will be included in the practitioner's credentialing file.

Article VI: Delineation of Clinical Privileges

Section I: Exercise of Privileges

1.1 General

Except in an emergency situation, a practitioner may exercise only those clinical privileges specifically granted to the practitioner by the Medical Director and Board of Commissioners. Special requirements for consultation or supervision may be attached to the granting of privileges to an individual practitioner as a condition of the exercise of those particular privileges. Practitioners must provide or arrange for, consistent with their delineated privileges, continuous medical care for their patients within the GCHD health system. When required by the terms of appointment or privileges, or by the Medical Staff Bylaws, rules or other policies of the Medical Staff or hospital, practitioners must obtain appropriate supervision or consultation, or refer the case to the Medical Director.

1.2 Experimental, New Procedures, Treatment, Modalities and Instrumentation

All new procedures, treatments, modalities and instrumentation must be approved by the formal approval by the Medical Director and review by entire Medical Staff. Any experimental process may only be performed after the appropriate credential review process has been completed and the privilege to perform said procedure, treatment or other instrumentation has been granted to the practitioner. NOTE: Investigational medications will not be given at GCHD.

For the purpose of this section, a new procedure, treatment modality or instrumentation is one that is not identified as an established procedure, treatment modality or instrumentation in the practitioner's delineation list.

Section 2: Basis for Privilege Determination

- 2.1 Clinical practice privileges shall be granted in accordance with prior and continuing education and training, and/or prior and current experience, utilization practice patterns, current health status, and demonstrated competence and judgment to provide quality and appropriate patient care in an efficient manner as documented and verified in each practitioner's credentialing file.
- 2.2 Additional factors that may be used in determining privileges are patient care needs for and hospital capability to support the type of privileges being requested by the applicant, the availability of qualified medical coverage in the event of absence.
- 2.3 The basis for privileges determined for current staff members in connection with reappraisal, including conclusion of the provisional period, or with a requested change in privileges may also include observed clinical performance, documented results of quality review, utilization management and professional liability prevention activities, and in the case of additional privileges requested evidence of appropriate training and experience to support the request.
- 2.4 For the purpose of granting clinical privileges, the Medical Director with advisement from the Medical Staff shall define the basic requisite training, experience or other qualifications required for all operative, invasive and other special procedures; the medical conditions and problems that fall within its clinical area, including different levels of complexity and different age groupings, when appropriate.

Section 3: Definition of Privileges

- 3.1 The Medical Staff clinical privilege request form is a standard form available from the Medical Staff Services office. This form contains a listing of operative, invasive and special procedures from which clinical privileges will derive. These forms shall be reviewed at least every two years and revised as necessary to reflect advances or changes in clinical practice. Should the privilege list change all staff members affected by the change will be requested to complete new application forms.
- 3.2 For the purpose of requesting and granting of privileges, classification of clinical privileges shall be defined for any procedure, or medical condition as follows:

- a. Type I Unsupervised Privileges

Type I Unsupervised Privileges means that the practitioner may exercise these specifically defined privileges independently according to his/her own assessment of patient needs. In addition, when necessary, the practitioner with Type I Unsupervised privileges shall provide consultation and/or supervision as required ensuring the orderly and proper discharge of the Medical Staff's responsibility in matters involving the quality of medical care.

b. Type II Supervised Privileges

Type II Supervised Privileges means that the practitioner may not practice beyond the defined privileges as identified by the Medical Director in the delineation form. Providers with Type II designation will contact the Medical Director for procedures beyond their specific delineation. Providers with Type II privileges may not independently admit a patient into an Inpatient or Observation stay without notifying the Medical Director of the admission within 24 hours.

c. Privileges of Allied Health Professionals

Allied Health Professionals are defined as PA-C, ARNP and CRNA's. These professionals are credentialed as outlined for other Medical Staff. These staff members may provide services to patients according to the privileges granted to them per the "delineation" process as approved by the Medical Director and the Board of Commissioners.

Other Allied Health Professionals including mental health therapists, Occupational, Speech, Physical Therapists, dieticians and Social Workers shall be granted specific privileges appropriate to their scope of practice after providing the facility with a copy of their signed contract, license and evidence of liability insurance and completed Washington State Patrol Background check. Privileges are granted based up on the hospital administration.

Allied Health Professionals may not independently admit a patient into an Inpatient or Observation stay without notifying the Medical Director of the admission within 24 hours.

Section 4: Procedure for Delineating Privileges

4.1 Requests

Each applicant for appointment and reappointment to the GCHD Medical Staff must contain a request for the specific privileges desired by the applicant. Specific requests must be submitted for temporary privileges and for modification of privileges in the interim between appraisals.

4.2 Processing Requests

All requests for clinical privileges are processed according to the outlines for the initial appointment and reappointment process.

Section 5: Privileges in Emergency Situations

In the event a practitioner provides services in an emergency situation that are outside the practitioners usual scope of privileges is obligated to summon all consultative assistance available as deemed necessary and to arrange for appropriate transfer to higher level hospital.

Section 6: Temporary Privileges

6.1 Conditions

Temporary Privileges may be granted only to practitioners licensed in the State of Washington when the information available substantially supports a favorable determination regarding the requesting practitioners qualifications, ability and judgment to exercise the privileges requests; and only after the practitioner has satisfied GCHD Professional Liability Insurance requirement and only in the circumstances under the conditions described in the following paragraphs.

Under all circumstances the practitioner requesting temporary privileges shall agree to abide by the GCHD Medical Staff Bylaws and related manuals, rules, and polices of the Medical Staff in all matters relating to the practitioners activities within GCHD.

6.2 Circumstances

To meet the immediate unique needs of the community and upon the written recommendation of the Medical Director the Administrator may grant temporary privileges (not to exceed 90 days) in the following circumstances:

a. Pending application

To an applicant for Medical Staff appointment but only after; receipt of a complete application for staff appointment including a request for specific temporary privileges; the required formal interview; completion of the application verification process; and a complete and fully positive reference specific to the privileges being requested from a responsible Medical Staff authority at each of the applicant's principal hospital affiliations over the past five (5) years.

Temporary privileges may be granted in this circumstance for an initial period of ninety (90) days, with subsequent renewals not to exceed the pendency of the application. Any such renewal shall be made only upon the written recommendation of the Medical Director and concurrence of the administrator and may be made only when the information available continues to support a favorable determination regarding the practitioner's application for appointment and privileges. An unfavorable Medical Director or Board of Commissioners recommendation automatically terminates temporary privileges.

b. Locum Tenens

A practitioner may serve only after receipt of a complete application for appointment as a locum tenens including; a request for specific privileges; receipt of a copy of current licensure, DEA registration, adequate professional liability coverage and a fully positive written reference to the privileges requested from a responsible Medical Staff authority of the practitioner's principal hospital affiliations over the past five (5) years. The locum tenens may not exceed ninety (90) days in length.

6.3 Termination

The Medical Director or Administrator may terminate any or all of a practitioner's temporary privileges and summary suspension may be imposed by officials empowered to do so by these bylaws. In the event of any such termination, the practitioner's hospitalized patients will be assigned by the Medical Director to another practitioner. The wishes of the patient will be considered, when feasible in choosing a substitute practitioner. Reasons for termination are identified in Article VI sections two and three.

6.4 Right of a Practitioner

A practitioner is not entitled to the procedural rights afforded by the Fair Hearing provisions of these bylaws when his/her request for temporary privileges is refused in whole or in part or when all or any portion of his/her temporary privileges are terminated, not renewed, restricted, suspended or limited in any way.

Article VII: Categories of Membership

Section 1: Categories

The categories of Medical Staff membership shall be: Active, Associate, Consulting and Allied Health Professionals. Each application for appointment or reappointment must include a request for the desired category of Medical Staff membership. Each category of staff may be encumbered by a provisional status for the first year of membership.

Section 2: Active Medical Staff

2.1 Qualifications

The Active Medical Staff shall consist of physicians and podiatrists who:

- a. Meet the qualifications for Medical Staff membership as set forth by these bylaws;
- b. Have office or residence which is located within the hospital district and are located closely enough or who makes appropriate arrangements to assure that a physician will, except for good cause arrive within approximately twenty (20) minutes after being called to provide care to his/her patients;
- c. Take emergency call duty or provides patient care services as determined by the Medical Staff;
- d. Are regularly involved in GCHD Medical Staff functions such as attendance at Medical Staff meetings and medical education programs as determined by the bylaws;
- e. Have satisfactorily concluded any provisional period or extension thereof.

2.2 Prerogatives

Except as otherwise provided in these bylaws, the prerogatives of an active Medical Staff member shall be to:

- a. Admit patients and exercise clinical privileges that are granted in accordance with these bylaws, rules and regulations of GCHD Medical Staff;
- b. Attend and vote on matters presented at Medical Staff Meetings

2.3 Transfer of Active Staff Membership

An active Medical Staff member may be automatically transferred to the Associate Medical Staff for the remainder of his/her appointment period for any of the following reasons:

- a. After twelve (12) consecutive months in which a member fails to regularly provide patient care at GCHD;
- b. Failure to attend fifty percent (50%) or absence from three (3) consecutive regularly scheduled Medical Staff Meetings without good cause; and
- c. Refusal to take emergency call duty or provide emergency speciality consultation or patient care services as reasonably determined by Medical Director

Section 3: Associate Medical Staff

3.1 Qualifications

The Associate Medical Staff member will consist of physicians, podiatrists or nurse practitioners who:

- a. Meet the general qualifications as set forth in Article II, but by reason of residency, inability to provide continuous coverage to patients in the hospital or limited practice license are not eligible for active staff membership;
- b. Do not regularly admit or provide health care services to twenty (20) patients within a twelve (12) month period of time;
- c. Does not regularly attend GCHD Medical Staff meetings;
- d. Have satisfactorily concluded the twelve (12) month probationary period and any extension thereof.

3.2 Prerogatives

Except as otherwise provided, Associate Medical Staff members shall be entitled to:

- a. Admit patients and exercise clinical privileges in the hospital in accordance with applicable Bylaws, rules and regulations of the Medical Staff.
- b. Provide consultation and other patient care services at the request of another GCHD Medical Staff member, hospital administration or the Board of Commissioners; and

- c. Associate staff members have not requirements for attendance at GCHD Medical Staff functions or for the provision of emergency medical care.

Section 4: Consulting Medical Staff

4.1 Qualifications

Any member of the GCHD Medical Staff in good standing may upon request provide consultation services within his/her area of competence. However, the consulting Medical Staff shall consist of physicians who:

- a. Are physicians who meet the general qualifications as set forth in Article II of these bylaws but are not otherwise member of the Active or Associate Medical Staff;
- b. Possess recognized professional ability in their area of expertise;
- c. Are willing to come to GCHD on a scheduled basis or respond by phone when called to render consultation or who accept patients upon referral within their area of competence
- d. Are members of the Medical Staff of another hospital licensed either in the State of Idaho or Washington where ongoing monitoring and evaluation of credentials are required; and
- e. Have satisfactorily concluded the twelve (12) month provisional period or any extension period.

4.2 Prerogatives

Consulting Medical Staff members shall be entitled to:

- a. Admit patients and exercise clinical privileges that are granted in accordance with applicable bylaws, rules and regulations of GCHD Medical Staff;
- b. Provide consultation and other patient care services upon request of any member of the GCHD Medical Staff, hospital administration or Board of Commissioners;

Consulting staff members have no requirements for attendance at GCHD Medical Staff meetings or for the provision of emergency medical care. Consulting staff members shall not be eligible to serve as GCHD Medical Director.

Section 5 Allied Health Professional Staff

5.1 Qualifications

This category of medical staff shall consist of Physician Assistants, nurse practitioners, private surgical technicians, mental health counselors and other health care professionals that are employed by a member of the GCHD Medical Staff in good standing or employed by the hospital for other specified services. These members have limited clinical privileges that are dependent upon the contractual relationship with GCHD. They shall:

- a. Meet the requirements of the formal job description and provide copies of licensure and certification as applicable;
- b. Have defined delineation scope of service;
- c. Provide proof of malpractice insurance;
- d. Maintain a Practice Plan agreement with Medical Director as immediate supervisor (if necessary); and
- e. And will be accorded hearing rights according to routine disciplinary practices of GCHD.

5.2 Prerogatives

Except as otherwise provided, allied health professional staff members shall be entitled to:

- a. Provide patient care services within their scope of practice within GCHD health system
- b. Exercise only such clinical privileges in accordance with applicable bylaws, rules and regulations of the GCHD Medical Staff and Board of Commissioners. In the exercise of this prerogative, affiliate medical staff members shall arrange for will arrange for Practice Plans and supervision agreements as necessary;
- c. Attend GCHD Medical Staff Meetings

Affiliate Allied Health staff members shall not be eligible to hold office in the Medical Staff organization.

Article VIII: Corrective Action

Section 1: Correct Action, Except Summary or Automatic Suspension

1.1 Criteria for Initiating Corrective Action

When a practitioner engages in, makes or exhibits acts, statements, demeanor or professional conduct, either within or outside the hospital that is reasonably likely to be:

- a. Detrimental to patient safety or to the delivery of quality and efficient patient care

- b. Disruptive to hospital operations;
- c. Contrary to the bylaws, rules, regulations or policies and standards of the GCHD Medical Staff or Board of Commissioners or minimal standards of care in the State of Washington.

An inquiry for Corrective Action may be initiated by any of the following:

- a. Any Medical Staff member
- b. any standing or special committee of the GCHD Medical Staff or a chairperson thereof;
- c. Hospital Administrator; or
- d. Board of Commissioners.

1.2 All requests for Corrective Action must be submitted in writing explaining in documentation the specific activities or conduct that constitutes the grounds for the Corrective Action request. The administrator shall immediately notify the Medical Director of the request.

1.3 Inquiry and Investigation

The Medical Director will conduct an inquiry to determine if the request has merit before a formal investigation is undertaken as the request may be found to be groundless, without cause, or may take summary action for cause in accordance with these bylaws. A conference with the petitioner and other individuals who have knowledge of the "incident" or event may be required.

If an investigation is deemed appropriate the Medical Director shall appoint a committee of at least two (2) Medical Staff members and with the Administrator, undertake an investigation of the issues and circumstances precipitating the need for corrective action. The committee shall have the full resources of the Medical Staff and hospital staff as well as the authority to use outside consultants as deemed necessary.

The investigation process is not a "hearing" as that term is used in the Fair Hearing provisions of these bylaws.

As part of the investigation, the committee may for good cause require the practitioner involved to have an impartial physical or psychological evaluation within a specified time by a physician specified by the committee. Fees for the evaluation shall be paid by the hospital. Failure without good cause to have the evaluation shall result in immediate suspension of the practitioner and all clinical privileges until such time as the evaluation is obtained. The results of the evaluation shall be reported to the committee.

The committee may at any time at their discretion and shall at the request of the Board of Commissioners, terminate the investigation process. A written report at the conclusion of the investigation shall be forwarded to the Medical Director by the committee.

1.4 Medical Staff Action.

At the conclusion of the investigate process but within thirty (30) days, the Medical Director, Administrator, a member of the Board of the Commissioners, and the investigative committee shall

act upon the request. Without limitation the committee action may include any one or combination of the following recommendations:

- a. Rejection of the request for corrective action;
- b. Verbal warning or formal letter of reprimand;
- c. Individual medical or psychiatric evaluation and treatment;
- d. Probationary period of prescribed duration with retrospective review of cases and/or other review of professional behavior, but without special requirements of consultation or direct supervision;
- e. Suspension of appointment prerogatives that do not affect clinical privileges;
- f. A limitation of the practitioners right to admit patients;
- g. Reduction, suspension or revocation of all or any part of the clinical privileges;
- h. Suspension or revocation of staff appointment.

1.5 Board of Commissioners Action

- a. The Board of Commissioners action to approve a Medical Staff committee recommendation pursuant to the above subsection 1.4. (a), (b), (c) or (d) request for corrective action or to modify it to a lesser sanction not triggering procedural rights is deemed final action and the involved practitioner will be notified of the Board of Commissioners action by the administrator.
- b. A Medical Staff committee recommendation which restricts, suspends or revokes clinical privileges or staff appointment pursuant to the above subsection 1.4 (e), (f), (g), (h) or (i) above, will be communicated to the Board of Commissioners in a written report along with all supporting documentation. After review of all documentation, if the Board of Commissioners acts to approve the recommendations of the Medical Staff committee, the practitioner is entitled to the timely and proper request of the procedural rights contained in the Fair Hearing provisions of these bylaws.
- c. If in the Board of Commissioners determination, the Medical Staff fails to act in a timely fashion on it's request for corrective action, the Board of Commissioners may after notifying the Medical Staff of it's intent and a reasonable period of time for response, take action on it's own imitative employing the same type of information usually considered by the Medical Staff.

Section 2: Precautionary Summary Suspension

2.1. Criteria for imposing

The Medical Director, Administrator and the Board of Commissioners have the authority to take precautionary action and summarily suspend the membership status or any/all of the clinical privileges of a practitioner, when the failure to take such action may result in an imminent danger to

the health or safety of any individual. A summary suspension is effective immediately upon imposition and notification of the suspension to the practitioner.

Suspended practitioner's patients, when in the hospital must be assigned to another practitioner by the Medical Director and considering the wishes of the patient when feasible in choosing a substitute practitioner.

2.2 Committee Action

As soon as possible, but at least within fourteen (14) days after precautionary summary suspension is imposed, a special meeting of Medical Staff committee will be convened to review and consider the action taken. The committee at this time may recommend modification, continuation or termination of the terms of the suspension. A recommendation to terminate or to modify the suspension to a lesser sanction not triggering procedural rights will be reported to the Board of Commissioners at its next regularly scheduled meeting.

A recommendation to continue the suspension or take other favorable action shall be communicated to the Board of Commissioners. If the Board of Commissioners acts to approve the recommended unfavorable action, the procedure in Article VII, Section 2 is to be followed. The terms of the summary suspension as imposed shall remain in effect pending a final decision by the Board of Commissioners.

Section 3: Automatic Administrative Suspension

3.1 External Disciplinary Action

- a. GCHD has subscribed to the National Practitioner Data Bank of certifications. This federally mandated program monitors the NPI numbers of each provider on national basis and notifies the subscriber of any externally generated adverse actions. GCHD receives this information monthly.
- b. If a practitioners license to practice medicine or a controlled substance registration is put on probation, restricted, suspended or revoked, the practitioner must immediately report the situation to the Medical Director and Administrator. Failure to report without good cause shall be considered an immediate and permanent resignation of staff appointment, and clinical privileges.
- c. As soon as possible after a practitioner's license or DEA registration is suspended, restricted or placed on probation, the Medical Director will convene a committee of his discretion to consider the facts under which the action was taken. The committee may then recommend such actions as is appropriate to the facts disclosed in the review and the practitioners privileges will be limited to conform to such suspension, restriction, probation or revocation.

3.2 Medical Records Administrative Suspension

In the event a practitioner is suspended for any reason the following action items must be completed:

- a. All portions of the medical records should be completed in the time period specified by the Medical Staff rules and regulations and in compliance with state and federal regulations.

All medical records and portions thereof must be completed and signed by the responsible practitioner within ten (10) days after the record with all essential reports. The HIM Director shall notify practitioners with incomplete medical records that the record is available for completion.

- b. If the medical record remains incomplete, at the end of the ten (10) day period, the administrator shall send the practitioner a special notice, advising the practitioner that he/she has a seven (7) day grace period in which to complete the records and that the following sanctions may be imposed if the record is not completed within the grace period: suspension of all clinical privileges except with respect to treatment of patients already in the hospital; suspension of all rights to admit patients, suspension of all other GCHD Medical Staff participatory rights.
- c. The Medical Director and the Administrator may for good cause shown, waive imposition of a suspension under this section by extending the grace period for completion of the medical record for a **defined** number of days. The report of the extension will be communicated to the HIM director.
- d. The Administrator will notify in writing to the practitioner, Medical Director, Medical Staff Services and all appropriate hospital services when a suspension is imposed. A practitioner under suspension by operation of this section is not entitled to the procedural rights provided in the Fair Hearing provisions of these bylaws.
- e. Once imposed, suspensions will remain in effect until the delinquent medical records are completed. A copy of the special notice will be sent to the Medical Director and Medical Staff Services.
- f. If a practitioner receives a third suspension within any twelve (12) month period for failure to complete or prepare records, the practitioner may be completely suspended from appointment and from the exercise of any clinical privileges for an additional thirty (30) days beyond the date all records are completed.
- g. If a practitioner has one or more incomplete records for four (4) or more weeks past the date of suspension of privileges, the matter will be referred to the Medical Director who may, and except for good cause, shall recommend to the Board of Commissioners termination of the practitioners appointment and clinical privileges.
- h. A record of each suspension imposed under this section will be made a permanent part of the practitioners credentialing file.

3.3 Professional Liability Insurance

Failure to obtain professional liability insurance as required within these bylaws, will suspend a practitioner's appointment and clinical privileges.

A practitioner whose appointment and clinical privileges are suspended may request reinstatement of appointment and appropriate privileges by communicating with the Medical Director and Administrator a certified copy of the insurance certificate and a written statement explaining the circumstances of the previous insurance being canceled or not renewed and any limitations of the

new policy. The practitioner must submit a written summary of relevant activities during the period of suspension if the Medical Director or Board of Commissioners so requests.

Section 4: Exhaustion of Solutions

4.1 Unfavorable recommendations/actions giving rise to hearing rights

a. Recommendations or Actions

The following actions or recommended actions are deemed unfavorable (except when voluntarily imposed or accepted by the practitioners) and entitle the practitioner to a Fair Hearing upon timely and proper request when a prior right to request a hearing did not exist.

1. Denial of initial staff appointment/reappointment;
2. Suspension or revocation of appointment;
3. Denial of requested appointment or to advancement in staff category;
4. Special limitation to the right to admit patients;
5. Denial, restriction, reductions, suspension or revocation of requested clinical privileges;
6. Summary suspension of appointment or clinical privileges, provided that the recommendations of the Medical Staff or action by the Board of Commissioners is to continue the suspension or to take the other action which would entitle the practitioner to request a Fair Hearing under this section.

b. Exceptions for Fair Hearing Rights:

The following actions do not entitle the practitioner to a Fair Hearing:

1. The issuance of a verbal warning or formal letter of reprimand;
2. Imposition of a monitoring or consultation requirement as a condition attached to the exercise of clinical privileges during a provisional period;
3. Imposition of a probationary period involving the review of cases, but with no requirement either for direct or mandatory consultation;
4. The removal of a practitioner from an administrative office within the hospital unless a contract or employment arrangement provides otherwise; and
5. Any other action or recommendation action not listed in the subsection (a) above.

Other situations:

The following actions do not entitle a practitioner to request a Fair Hearing when it is:

- a. Voluntarily requested or accepted by the practitioner;
- b. Automatic or pursuant to administrative actions in Section 3;
- c. Taken or recommended with respect to temporary privileges.

4.2 Exhaustion of Administrative Remedies

Every applicant to and member of the GCHD Medical Staff agrees that, when corrective or unfavorable action is initiated or taken, the applicant or staff member will exhaust the administrative remedies afforded in the various Medical Staff bylaws prior to pursuing any other remedy.

4.3 Re-application after Unfavorable Credentials Decision

Except as otherwise provided in the GCHD Medical Staff bylaws or as determined by the Medical Staff in light of exceptional circumstances, an applicant or staff member who has received a final unfavorable decision or who has voluntarily resigned or accepted a condition of limitation or restriction on, or who has withdrawn an application for appointment, staff category or clinical privileges is not eligible to reapply to the GCHD Medical Staff or for the applicable category or privileges for a period of twenty-four (24) months from the date of the notice of the final unfavorable decision or the effective date of the resignation, or application withdrawal.

Any such re-application is processed in accordance with the procedures set forth in Article III, Section 1, and Subsection 1.3. of these bylaws and the applicant or staff member must submit any additional information as the Medical Director or Board of Commissioners may reasonably require in demonstration that the basis of the earlier unfavorable action no longer exists. If such information is not provided, the re-application will be considered incomplete and voluntarily withdrawn and will not be processed further.

4.4 Reporting Requirements

The Medical Staff Services office will report/comply decisions made by the Medical Director, Administrator and Board of Commissioners decisions to the Washington State Quality Assurance Program, National Practitioner Data Bank and American Medical Association of non-administrative professional review actions that adversely affect clinical privileges for a period longer than thirty (30) days based on reasons related to professional competence or conduct, or voluntary restriction or surrender of clinical privileges while under or to avoid investigation.

Article IX: Fair Hearing Provisions

Section 1: Definitions

The following definitions apply to the Fair Hearing Provisions of Garfield County Hospital District:

- 1.1 Appellate Review body means the group designated under these provisions to hear a request for appellate review properly filed and pursued by a practitioner.
- 1.2 Day's means regular calendar days, i.e., including Saturdays, Sundays and officially recognized hospital holidays. If the day on which a notice, request or report under these provisions must be received or sent falls on a Saturday or Sunday or holiday, the deadline shall be set to the next working day thereafter.
- 1.3 Hearing Panel means a committee appointed under these provisions to hear a request for an evidentiary hearing properly filed and pursued by a practitioner.

Section 2: Initiation of Hearing

2.1 Events giving rise to hearing rights

The definition of the unfavorable actions or recommended actions which entitle the practitioner to a hearing, upon timely and proper request is set forth in the proceeding Article VI, Section 4 or by

these bylaws. Each such action shall be deemed a "professional review action" as that term is defined in the Health Care Quality Improvement Act of 1986.

2.2. Notice of Unfavorable Action

The Administrator within five (5) days of receiving written confirmation of an unfavorable action as defined in subsection 2.1. above, shall give the practitioner special notice thereof. The notice shall:

- a. Advise the practitioner of the nature of the imposed action, the reasons for the proposed action and of his/her right to a hearing upon timely and proper request;
- b. Contain a concise statement of the practitioners alleged acts or omissions, a list by number of the specific or representative patient records in question and/or the other reasons or subject matter forming the basis for the unfavorable action which is the subject of the hearing;
- c. Specify that the practitioner will have thirty (30) days upon receipt of notice which to submit a written request for hearing delivered to the Administrator by special notice.
- d. State that failure to request a hearing within time frame and in the proper manner constitutes a waiver of rights to a hearing and to an appellate review on the matter that is the subject of the notice; and
- e. State that as soon as possible after receipt of his/her hearing request, the practitioner will be notified of the date, time and place of the hearing and the basis of the unfavorable action.

2.3. Request for Hearing

The practitioner shall have thirty (30) days after receiving special notice of unfavorable action to file a written request for "Fair Hearing". The request must be delivered to the Administrator.

2.4. Waiver by Failure to request a Fair Hearing

A practitioner who fails to request a hearing by written notice delivered to the Administrator within thirty (30) days after receiving the special notice waives his/her right to any hearing or any appellate review to which he/she might otherwise have been entitled. The waiver (Subsection 2.2.d. above) shall apply only to the matters that were the basis for the unfavorable action triggering the notice. A waiver constitutes acceptance of the action, which immediately becomes the final decision in the matter. The Administrator and Medical Director shall as soon as reasonably practical send the practitioner notice of each action taken.

Section 3: Hearing Prerequisites

3.1. Notice of date, time and place for Fair Hearing

Upon receipt of a timely and proper request for a hearing, the Administrator shall notify the Chairman of the Board of Commissioners and shall schedule the Fair Hearing. The Administrator will then send the practitioner special notice of the hearing, including the date, time and place thereof. The hearing date shall not be less than thirty (30) days nor more than sixty (60) days from

the date of the notice of the hearing; provided, however that a hearing may be held sooner than thirty (30) days from the date of the notice of the hearing if requested in writing by a practitioner who is under suspension then in effect. The notice shall also include the names as far as is then reasonably known, of individuals who will give testimony or evidence in support of the action which gave rise to the hearing rights under these Fair Hearing provisions.

3.2. Appointment of Hearing Panel

When a hearing has been requested the Administrator after considering any recommendations of the Medical Director, Chairman of the Board of Commissioners and the affected practitioner shall designate a panel to conduct the hearing.

The hearing shall be held, as determined by the hospital before:

- a. An arbitrator mutually acceptable to the practitioner and the hospital; or
- b. A panel of not less than three (3) and not more than five (5) individuals who are appointed by the hospital Administrator.

The following individuals are eligible for appointment to the hearing panel:

- a. Members of the Medical Staff **except** for any such member who:
 1. Initiated the request for corrective action or otherwise made any report or complaint which resulted in the unfavorable action resulting in the request for hearing;
 2. Was present at the committee of the meeting which conducted interviews, heard testimony, considered evidence or undertook any recommended action which gave rise to the request for hearing; or
 3. Is in direct economic competition with the practitioner involved or otherwise has a direct personal interest in the outcome of the hearing such that in the opinion of the Administrator his/her impartiality is in doubt.
- b. Persons not members of the Medical Staff who:
 1. Are not and have not within the preceding five (5) years been employees, members of the Board of Commissioners, consultants or legal counsel to the hospital;
 2. Have no spouse, parents or children who are employees, Medical Staff members, members of the Board of Commissioners, consultants or legal counsel to the hospital; and
 3. Are not in direct economic competition with the practitioner involved or otherwise have no direct personal interest in the outcome of the hearing such that, in the opinion of the Administrator, their impartiality is in doubt.

An individual shall not be disqualified from serving as an arbitrator or hearing panel merely because he/she has heard the case or has knowledge of the facts involved or what the facts are supposed to be.

3.3. List of Witnesses

At least five (5) days prior to the scheduled date for commencement of the hearing, each party shall give the other party by special notice a list of names of the individuals who, as far as it is then reasonably known, will give testimony or evidence in support of that party at the hearing. Such a list shall be amended as soon as possible if additional witnesses are identified. The hearing panel or arbitrator may permit a witness who has not been listed in accordance with this subsection to testify if it finds that the failure to list such a witness was justified, that such failure did not prejudice the party entitled to receive such list, or that the testimony of such witness will materially assist the arbitrator or hearing panel in making its report and recommendation.

Section 4: Hearing Procedure

4.1. Personal Presence

The personal presence of the practitioner is required throughout the hearing, unless such personal presence is excused for any specified time by the hearing panel. The presence of the practitioner's legal counsel or other representative does not constitute the personal presence of the practitioner.

A practitioner who fails without good cause to be present throughout the hearing unless excused, or who fails to proceed at the hearing in accordance with this Fair Hearing Plan, shall be deemed to have waived his/her rights in the same manner and with the same consequences as provided in Section 2, Subsection 2.4. of this Article VII.

4.2. Presiding Officer

The hearing officer, arbitrator or hearing panel chairman shall be the presiding officer. The presiding officer shall maintain decorum and assure that all participants have a reasonable opportunity to make relevant evidence. The presiding officer shall determine the order of procedure during the hearing and make all rulings on matters of procedure and the admissibility of evidence. The presiding officer shall not act as a prosecuting officer. If the chairman of the hearing panel serves as the presiding officer, he/she shall be entitled to vote; but an appointed hearing officer shall not be entitled to vote.

4.3 Representation

A practitioner may be advised by a person of his/her choice. The practitioner shall inform the Administrator in writing of the name of this person at least five (5) days prior to the hearing date. The body whose recommendation or action prompted the request for hearing shall appoint an individual to represent it at the hearing. The advising party may be present at the hearing.

4.4 Rights of Parties

During the hearing, each party shall have the following rights, which shall be exercised in a manner so as to permit the hearing to proceed efficiently and expeditiously:

- a. Call and examine witnesses;
- b. Introduce exhibits;
- c. Cross-examine any witness on matters relevant to the issue;
- d. Rebut any evidence; and
- e. Impeach any witness.

If the practitioner does not testify on his/her behalf, the practitioner may be called and examined as if under cross-examination.

4.5 Procedure and Evidence

The hearing need not be conducted strictly according to the rules of law relating to the examination of witnesses or presentation of evidence. At the discretion of the presiding officer, any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs may be considered, regardless of the admissibility of such evidence in a court of law. Each party shall be entitled, prior to or during the hearing to submit memoranda concerning issue of law or fact, and those memoranda, if any, must be presented to the presiding officer and a copy must be provided to the other party. The hearing panel or arbitrator may ask questions of the witnesses; call additional witnesses or request documentary evidence if deemed appropriate. Exhibits admitted into evidence before the hearing panel shall be identified as the presiding officer may direct.

4.6 Burden of Proof

- a. For action denying requested new status or privileges: if a hearing relates to an unfavorable action involving denial of status or privileges not currently held by the practitioner, the practitioner shall have the burden of producing evidence that demonstrates the unfavorable action lacks any substantial factual basis.
- b. For action changing current status or privileges: if a hearing relates to any unfavorable action involving a change in status or privileges currently held by the practitioner, the body whose unfavorable recommendation occasioned the hearing shall have the burden of producing evidence in support of the unfavorable action.
- c. Thereafter the other party will come forward to refute the evidence presented.

4.7 Hearing Record

A record of the hearing shall be documented. The presiding officer shall determine whether this shall be done by use of a court reporter or a tape recording of the proceedings. If the practitioner requests a transcript of the hearing record, the practitioner shall bear the cost of the same. If a court reporter is used, the reporter need not swear in those giving testimony in.

4.8 Postponement

The hearing officer upon timely evidence of good cause may grant request for postponement or continuance of a hearing.

4.93 Presence of Hearing Panel Members and Vote

A majority of the hearing panel must be present throughout the hearing and deliberations. If a panel member is absent from any part of the hearing or deliberations, the presiding officer has the discretion to rule that such member may or may not participate further in the hearing panel.

4.9 Recess and Adjournment

The presiding officer may recess and reconvene the hearing for the convenience of the participants or for the purpose of obtaining new or additional evidence, without special notice and with either written or verbal notice as deemed appropriate. On conclusion of the presentation or verbal or written evidence, the hearing shall be adjourned. The hearing panel shall at a time convenient to itself, conduct deliberations outside the presence of the involved parties.

Section 5: Hearing Panel and Further Action

5.1. Report of Hearing Panel or Arbitrator

Within five (5) days after adjournment of the hearing, the hearing panel or arbitrator shall make a written report of the findings and recommendations. The hearing panel or arbitrator shall communicate the report to the Board of Commissioners for the unfavorable action that occasioned the hearing. Medical Staff Services shall place a copy of the Hearing Panel's report in the Medical Staff members credentialing file.

5.2. Action on Hearing Panel Report

The hearing panel or arbitrator's report shall be communicated to the Chairman of the Board of Commissioners within five (5) days. The Chairman of the Board of Commissioners will schedule a meeting of the board of Commissioners to consider the findings and recommendations of the hearing panel arbitrator. This scheduled meeting will be within thirty (30) days from the date of receipt of the Chairman of the Board of Commissioners.

The decision of the Board of Commissioners is final.

REPORTING REQUIREMENTS

An action that adversely affects the clinical privileges of a practitioner lasting more than thirty (30) days, or a surrender of privileges while under formal investigation for incompetence or improper conduct to avoid adverse action, will be reported to the National Practitioner Databank as required by laws. Reporting to the National Practitioner Databank will occur within fifteen (15) following the final action taken by the hospital board and the exhaustion of appeals, as specified in the Bylaws and this document. Consistent with Washington state law (RCW 70.41.210) reporting to the Medical Quality Assurance Commission will occur within sixty (60) days of the date the action was taken or the practitioner's acceptance of voluntary termination or restriction of privileges.

Article X: Officers

Section 1: Officers of the Medical Staff

1.1. Identification

The officer of the Medical Staff shall be the Medical Director.

1.2. Qualifications

The Medical Director must be an active member of the Medical Staff, and must remain in good standing during their term as Medical Director.

1.3. Appointments

- a. The Administrator on an annual basis reviews appointment to the Medical Director.

1.4. Term of Medical Director

In the event the Medical Director resigns or is removed from his/her position an appointment to the Medical Director position will be filled by appointment and confirmation.

Section 2: Duty of Medical Director

The Medical Director shall serve as the chief officer of the Medical Staff as an active member of the Medical Staff as qualified by training, experience, and demonstrated ability and interest to provide guidance, direction and consultation in matters relating to the clinical service he/she directs. The duties of the Medical Director shall include but are not limited to:

- a. Enforcing the Medical Staff bylaws and rules and regulations, implementing sanctions where indicated and promoting compliance with procedural safeguards where corrective action has been requested or initiated.
- b. Calling, presiding at and being responsible for the agenda of all meetings of the Medical Staff.
- c. Assign appropriate individuals within clinical and ancillary staff to meet the needs of GCHD.
- d. Appointing committee members for any special Medical Staff, liaison or multi-disciplinary committees and except where otherwise indicated, designating the chairperson of these committees.
- e. Representing the views and policies of the Medical Staff and interacting with the Administrator and Board of Commissioners in all matters of mutual concern with the hospital.
- f. Serving as Medical Staff representative and spokesman to outside professional meetings, organizations and agencies for external professional or public relations.

- g. Performing such other functions as may be assigned to him/her by these bylaws, the Administrator or the Board of Commissioners.

Article XI: Clinical Divisions

Section 1: Clinical Divisions

- 1.1. The Medical Staff shall be organized into a non-departmentalized structure for Medical Staff operations, Medical Staff relations with Board of Commissioners and relations with applicants to and members of the Medical Staff.
- 1.2. The Medical Staff shall perform the functions of clinical departments such as: conducting patient care reviews; recommending guidelines for the granting of clinical privileges; evaluating and making appropriate recommendations regarding clinical privileges and practice of applicants and members to the Medical Staff; making recommendations and conducting continuing education programs pertinent to clinical practice; coordinating patient care with nursing and ancillary patient care services; reviewing and evaluating departmental adherence to (a) Medical Staff policies and procedures and (b) assuring sound principals of clinical practice and (c) establishing, implementing and maintaining appropriate Quality Assurance Program.
- 1.3. The delivery of patient services shall be divided into clinical services as follows:
 - a. Medical services: Medical services shall include general medical patient care services (clinic visits), Inpatient services, Swing Bed services, Skilled Nursing and Long Term Care Services.
 - b. Outpatient Services: shall include, Emergency Room services, non-emergent outpatient services, Observation services.
 - c. For the purpose of these bylaws, the hospital ancillary services shall be identified as: pharmacy, radiology, and clinical laboratory, physical and speech therapy services.
 - d. Contracted services may include any of the above, which are provided by an individual or group through a contract with the hospital.

Section 2: Functions of Clinical and Ancillary Services

- 2.1. Subject to approval of the Medical Staff, each clinical and ancillary service is expected to develop, implement and maintain polices and procedural rules appropriate to the scope of services offered in each clinical and ancillary service.
- 2.2. Each clinical or ancillary service is expected to develop, implement and maintain a quality assurance program appropriate to the scope of services offered in each clinical or ancillary service.
- 2.3. The director/supervisor of each clinical and ancillary service is expected to serve as a resource advisor or consultant in matters relating to the scope of services offered in each clinical and ancillary service.

Article XII: Committees

Section 1: Designation of Peer Review Committee

Internal Peer Review shall be a standing committee of the Medical Staff.

Section 2: General Provisions

The chairperson of the Internal Peer Review committee shall be the Medical Director or his/her designee who shall be responsible to call, preside at and be responsible for the agenda of all meetings of the committee.

2.2. Composition

- a. All practitioners with Active Medical Staff membership shall be required to attend and serve on the Peer Review Committee, to participate in committee functions and to assume reasonable committee assignments as a condition of active staff membership.
- b. Practitioners with consulting membership may but are not required to attend Peer Review Committee meetings.
- c. Unless the Medical Director or designee specifically asks for a closed meeting, hospital administrative personnel may attend meetings upon invitation, these individuals include: Administrator, Medical Staff Services, Director of Nursing, Pharmacist, Infection Control surveillance nurse, Utilization Review Coordinator, Discharge Planner, and supervisors of clinical and/or ancillary services.

2.3. Meetings

The regularly scheduled meetings of the Peer Review committee shall be held immediately following the meeting of the Medical Staff.

2.4. Quorum and Actions

All active members of the Medical Staff are expected to attend and participate in Peer Review meetings. At least fifty percent (50%) of the active Medical Staff members must be present to constitute a quorum to conduct the business of the committee.

2.5. Records

Minutes of each regular and special meeting shall be prepared including a record of attendance, topics discussed, conclusions and recommendations made on each matter as appropriate.

All minutes, correspondence and any other supporting documentation concerning committee review and action shall be maintained in the Medical Staff Services office and covered under the regulations of confidentiality. Such information will be communicated to the Board of Commissioners together with record of committee action or recommended action when appropriate.

Section 3: Duties of Peer Review Committee

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

- 3.1 **Reviewing and evaluating medical records to determine whether they:**
 - a. Properly describe the diagnosis, condition and progress made by the patient during hospitalization and at the time of discharge, the treatment and test results provided and the individuals responsible for orders and treatment given; and
 - b. Are sufficient to facilitate continuity of care and communications between individuals providing patient services in the hospital.
- 3.2. Review of emergency and surgical services utilizing pre-established criteria. All cases will be reviewed when a discrepancy exists between pre-operative and post-operative or pathological diagnosis.
- 3.3. Conducting utilization review to evaluate the appropriateness of admissions to the hospital, length of stay, discharge process, use of medical and hospital services, and related factors which may contribute to the effective utilization of services.
- 3.4. Take reasonable steps to promote ethical and competent clinical performance on the part of all members including the initiation of and participation in Medical Staff corrective or review measures when warranted.
- 3.5. The scope of the Quality Improvement program is organization wide. The GCHD Board of Commissioners delegates to the GCHD Executive Leadership the responsibility for the development and implementation of the QI program. Leaders play a central role in facilitating improvement through planning, education, setting priorities, providing support, such as time and resources. The organization leadership team includes; Board of Commissioners, Medical Staff, Administrator, Director of Nursing Services, Quality Assurance Nurse and LTC Nurse Manager.

The Quality Assurance program will focus on measurement, assessment and improvement of performance and work processes to:

- a. Identify opportunities for improvement in the delivery of health care services
 - b. Design, implement and evaluate procedures to improve care
 - c. Facilitate timely access to appropriate services
 - d. Facilitate the delivery of necessary preventative health care services.
 - e. Collaborate with partners to enhance efficient and effective delivery of care.
 - f. Identify and enhance "Best Practice" Guidelines based on evidence of effectiveness.
 - g. Patient and Provider Satisfaction Surveys.
 - h. Performance measurement, analysis and benchmarking with similar health facilities
 - i. Peer review with internal and outside peer review activities.
 - j. Utilization and Case Management.
- 3.6. Receive reports related to the health, well-being or impairment of Medical Staff members and investigate such reports when indicated. The committee may provide advice, counseling and/or referral as deemed appropriate. Such activities shall remain confidential.

- 3.7. Make formal recommendations to the Board of Commissioners with regard to Quality Improvement issues.
- 3.8. Assist in the formulation of professional practices and policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures and all other matters relating to drugs in the hospital including antibiotic usage;
- 3.9. Establish standards concerning the appropriateness of blood transfusions;
- 3.10. Develop a system for identifying, reporting and analyzing the incidence and cause of Nosocomial infections for presentation to Medical Staff;
- 3.11. Development and implementation of a preventative and corrective program designed to minimize infection hazards including, establishing, reviewing and evaluating aseptic and sanitation techniques and isolation requirements;
- 3.12. Review of surgical cases in which a specimen, tissue or non-tissue is removed as well as from those cases in which no specimen is removed. A screening mechanism based upon pre-established criteria may be initiated. The review of criteria shall include indications for surgery and all cases in which there is a major discrepancy between pre-operative and post-operative including pathological diagnosis.

Section 4: Special Committees

The Medical Director may appoint a special committee from time to time as may be required to properly carry out the responsibilities of the Medical Staff. Special committees shall confine their work to the purpose for which they were created and will report to the Medical Staff. Special committees shall be terminated when they have carried out the functions for which they were created and they will have no power of action beyond the purpose for which the committee was created.

Record-keeping for special committees shall be the same as described previously.

Article XIII: Medical Staff Meetings

Section 1: Meetings

- 1.1. Regularly scheduled meetings

The Medical Staff of GCHD will meet monthly.

- 1.2. **Special Meetings**

Special meetings of the Medical Staff may be called at any time for the Medical Director or by not less than one fourth (1/4) of the members of the active Medical Staff. No business may be transacted other than that stated in the notice calling a special meeting and the notice must be delivered to each active staff member in a timely fashion prior to the meeting.

Section 2: Notice of Medical Staff Meetings

- 2.1. The GCHD calendar maintained on the Home Page indicates the dates, times and locations of monthly Medical Staff meetings. An e-mail reminder of each meeting will be sent by the Medical Staff Services department in advance of the meeting, with attachments of the current agenda, previous meeting notes, action items to be followed up and special documentation to be reviewed prior to the meeting.

Section 3: Attendance

- 3.1. Each member of the Active Medical Staff is expected to regularly attend and participate in Medical Staff meetings. Failure to attend fifty percent (50%) of the regularly scheduled and special meetings in each fiscal year or absence of three (3) consecutive scheduled meetings without excused absence for good cause shall be deemed resignation from the Active Medical Staff.
- 3.2. Any member who is compelled to be absent from any scheduled Medical Staff meeting shall promptly provide the Medical Staff Services Coordinator the reason for such absence. Unless excused for good cause by the Medical Director, failure to attend the scheduled meeting shall be listed in the minutes as an unexcused absence.

Section 4: Agenda

The Medical Director shall determine the order of business at a Medical Staff Meeting. The agenda shall include:

- a. Minutes of previous meeting
- b. Credentials review
- c. New and old business
- d. Pertinent Committee Reports
- e. Program QA

Section 5: Quorum

At least fifty percent (50%) of the active Medical Staff at any regular or special meeting shall constitute a quorum. A meeting at which a quorum is initially present may continue to conduct business notwithstanding the withdrawal of members if any action is taken is approved by at least a majority of the required quorum for a meeting.

Section 7: Meeting documentation

- 7.1. The Medical Staff Services Coordinator shall record meeting minutes for each of the regular and special Medical Staff Meetings of the GCHD Medical Staff. The minutes will include the; Record of attendance, summary of topics discussed and the vote taken on significant matters.
- 7.2. All Medical Staff Minutes, correspondence and any other supporting documentation relevant to Medical Staff Meeting Minutes shall be maintained in the Medical Staff Services Coordinator's office.
- 7.3. When Medical Staff Minutes requested will be communicated to the Board of Commissioners.

Article XIV: Confidentiality, Immunity and Releases

Section 1: Special Definitions

For the purpose of this Article **only** the following definitions shall apply:

- a. Good Faith: means having an honest purpose of intent and being free from intentional fraud.
- b. Information and documents means record of proceedings, minutes, interviews, records, reports, forms, memoranda, statements, investigations, examinations, hearings, meetings, recommendations, findings, evaluations, disclosures or communications whether in written or verbal form relating to any of the subject matter specified in Section 5 of this Article XII.
- c. Malice means the dissemination of a known falsehood of information with a reckless disregard for true or false.
- d. Practitioner means a Medical Staff member or applicant.
- e. Representative means the Board of Commissioners of the hospital and any member thereof; the Medical Director or his/her designee; registered nurses, and/other employees of the hospital; the Medical Staff and any member, officer, or committee thereof, and any individual authorized by any of the foregoing to perform specific information gathers, analysis, use or disseminating functions.
- f. Third Parties mean individuals or organizations providing information to any representative.

Section 2: Authorizations and Conditions

By submitting an application for staff appointment or reappointment, or by applying for or exercising clinical privileges a practitioner:

- 2.1. Authorizes representatives of the hospital to solicit, provide and act upon information bearing on his/her professional ability, utilization practices
- 2.2. Agrees to be bound by the provisions of this section and to waive all legal claims against any representative who acts in accordance with the provisions of this section; and
- 2.3. Acknowledges that the provisions of this section are express conditions to his/her application for acceptance of, staff appointment and the continuation of such appointment and to his exercise of clinical privileges at GCHD.

Section 3: Confidentiality of Information

Information and documents submitted, collected or prepared by any representative of this or any other healthcare facility or organization or Medical Staff for the purpose of evaluating, monitoring or improving the quality and efficiency of patient care, reducing morbidity and mortality, contributing to teaching shall to the fullest extent permitted by law, be confidential. Such information shall not be disseminated to anyone other than a representative or other health care facility or organization of health care professionals engaged in official authorized activity for which the information is requested, nor shall such information be used in any way except as provided herein or as otherwise required by the HIPAA Privacy Laws. Any questions regarding a release of information should be forwarded to the GCHD Privacy Officer prior to releasing the information and for review.

The violation of such confidentially protected information herein is grounds for immediate and permanent revocation of Medical Staff membership and clinical privileges.

Section 4: Immunity from Liability

4.1. For Action Taken

No representative shall be liable to a practitioner for damages or other relief for any decision, opinion, action, statement or recommendation made within the scope of the representative's duties as a representative if such acts are:

- a. In substantial good faith and without malice within the scope of the assigned function;
- b. In the reasonable belief that the action is in the furtherance of quality or efficient health care;
- c. In accordance with the procedures specified in the hospital and Medical Staff bylaws; and
- d. In the reasonable belief that the action was warranted by the facts known.

4.2. For Providing Information

No representative and no third party shall be liable to a practitioner for damages or other relief by reason of providing information, including otherwise privileged or confidential information to a representative or to any other health care facility or organization.

Section 5: Activities and Information Covered

5.1. Activities

The confidentiality and immunity provided by this Article applies to all information or disclosures performed or made in connection with this or any other health care facilities or organizations activities concerning but not limited to:

- a. Application for appointment, reappointment or clinical privileges;
- b. Corrective or disciplinary action;
- c. Hearings and appellate reviews;
- d. Quality review and management activities;
- e. Utilization review and management activities;
- f. Claims reviews; and
- g. Professional liability prevention program activities.

5.2. Information

The information referred to in this Article may relate to a practitioners professional licensure or certification, education, training, clinical ability, judgment, utilization practices, character, physical or mental health, emotional stability, professional ethics or any other matter that might be directly or indirectly effect the quality of efficiency of patient care provided within the GCHD healthcare system.

Section 6: Releases

Each practitioner shall upon request of the hospital execute general and specific releases in accordance with the tenor and import of this Article, subject to such requirements, including those of good faith, as may be applicable under relevant Washington Law. Execution of such releases is not a pre-requisite to the effectiveness of this Article. Failure to execute such releases in connection with conclusion of the provisional period shall be deemed a voluntary resignation of GCHD Medical Staff membership or particular clinical privileges and in connection with a disciplinary or corrective action shall result in a presumption that the facts or circumstances that are the subject matter of the particular releases reflect adversely on the practitioner involved. This presumption will stand unless the practitioner presents verifiable facts to the contrary.

- 1.1. Provisions in the Medical Staff bylaws, in application forms relating to authorizations, confidentiality of information and immunities from liability are in addition to other protections provided by relevant Washington State and federal law. A finding by a court of law or administrative agency with proper jurisdiction shall not affect the legality or enforceability of the remainder of such provisions or any other provision.

Article XV: Rules and Regulations

The GCHD Medical Staff shall initiate and adopt such rules and regulations as it may deem necessary for the proper conduct of its work and shall every two years review and revise its rules and regulations to comply with Washington State law, federal regulation updates and the current staff practice. Recommended changes to the rules and regulations should be submitted to the Medical Staff for review and evaluation at least thirty (30) days prior to presentation for action by the Medical Staff.

The presence of fifty percent (50%) of the total members of the active staff at any regular or special meeting shall constitute a quorum for the purpose of amending the rules and regulations of the GCHD Medical Staff.

Following adoption, such rules and regulations shall become effective following approval of the board of Commissioners, which shall not be withheld unreasonably within thirty (30) days if the Board of Commissioners takes no action.

Applicants to and members of the Medical Staff shall be governed by such rules and regulations as are properly initiated and adopted. If there is a conflict between the bylaws and the rules and regulations, the bylaws shall prevail. The mechanism described herein shall be the sole method for the initiation, adoption, amendment or repeal of the Medical Staff rules and regulations.

Article XVI: Policies and Procedures

The Medical Staff shall initiate and adopt such clinical and ancillary service policies and procedures as it may deem necessary for the proper conduct of its work and shall every year review and revise its policies and procedures to comply with current staff practice. Recommended changes to the policies and procedures may be submitted to the Medical Staff at any meeting where a majority of the active staff members are present. Following adoption, such policies and procedures shall become effective following the approval of the hospital Administrator.

Article XV: Amendments

Recommended amendments to the bylaws shall be submitted to the Medical Staff for review and evaluation at least thirty (30) days prior to presentation for action by the Medical Staff as a whole. The presence of the majority of the total members of the active Medical Staff at any regular or special meeting shall constitute a quorum for the purpose of amending the bylaws of the GCHD Medical Staff.

The action of a majority of the voting members of the GCHD Medical Staff shall be the action of the Medical Staff.

Following adoption such amendments to the bylaws shall become effective following approval of the Board of Commissioners which approval shall not be withheld unreasonably for thirty (30) days if no action is taken by the Board of Commissioners.

Article XVII: Adoption, Approval and Effective Date

The GCHD Administration shall submit these bylaws to individual members of the GCHD Medical Staff for review and evaluation at least twenty (20) days prior to consideration. The Administration shall accept all recommendations and suggestions of individual Medical Staff members in the consideration of these bylaws.

These bylaws as recommended by the GCHD Administration will be submitted to individual members of the GCHD Medical Staff for review and evaluation at least thirty (30) days prior to presentation for action by the Medical Staff as a whole. The action of the majority of the members present and voting at the Medical Staff meeting shall be the action of the Medical Staff.

Following adoption, the bylaws shall be submitted to the Board of Commissioners for final action. If there are any significant changes in the scope or effect of any of the substantive provisions of these bylaws, a special joint committee shall be established which shall be composed of two members of the Medical Staff appointed by the Chairman of the board of Commissioners to endeavor to reach an amicable agreement with respect to any proposed changes in the bylaws.

The Board of Commissioners shall have final decision in all matters relating to the provision of these bylaws. Approval will occur when the Board of Commissioners takes final favorable action. Following approval by the Governing Board, the effective date for implementation shall be fifteen (15) days from the date of the approval during which time a copy of the bylaws as approved by the board of Commissioners shall be delivered or mailed to all members of the GCHD Medical Staff.

Garfield County Hospital District Medical Staff Bylaws have been reviewed and approved.

It shall be the policy of the Garfield County Hospital District to review and update the Medical Staff Bylaws every two (2) years.

The preceding Medical Staff Bylaws, rules and regulations have been reviewed and by the following signatures approved. We the Undersigned act as the Board of Commissioners of the Garfield County Hospital District.

Patricia Richardson

Roger Dumbeck