

MEDICAL STAFF BYLAWS OF Central Wyoming Outpatient Surgery Center, LLC

The governance of the Medical Staff of Central Wyoming Outpatient Surgery Center ("Center"), d/b/a Casper Surgical Center, shall be in accord with these Bylaws and the rules and regulations promulgated upon recommendation of the Clinical Review Committee ("CRC") and approved by the Operations Committee of Central Wyoming Outpatient Surgery Center, LLC.

ARTICLE I - NAME, PURPOSE AND MISSION

Section 1.1 - Name

The name of the organization governed by these Bylaws is: Central Wyoming Outpatient Surgery Center Medical Staff.

Section 1.2 - Purposes

The Center is created for the purpose of providing quality medical and surgical care to patients and to provide the medical community with a facility in which medical and surgical procedures can be safely carried out on a short-stay basis, and to:

- a. Strive to ensure that all patients treated at its facilities shall receive quality medical care.
- b. Strive to ensure a high level of professional responsibility and performance.
- c. Initiate and maintain rules of self-assessment and continuous quality improvement.
- d. Provide a short-stay option for patients' medical and surgical procedures.
- e. Provide directly or indirectly support services that enhance or otherwise contribute to the overall mission and purpose of Central Wyoming Outpatient Surgery Center.

ARTICLE II - ADMINISTRATION

Section 2.1 - Operations Committee' Responsibilities

- a. Medical Staff: The Operations Committee of Central Wyoming Outpatient Surgery Center is responsible for the conduct of the members of the Medical Staff. In fulfillment of this responsibility, the Operations Committee shall provide for the establishment of a Medical Staff and shall act as the final authority with regard to all appointments, the granting, restricting or revocation of clinical privileges; all corrective action, and the involuntary termination of staff membership. The Operations Committee reserves the right to change these Bylaws when, after due course, the Medical Staff has failed to do so when necessary in order to comply with passage of law, change in accreditation standards or other changes in federal or state laws or statutes.

- b. Administration: The Board is responsible for the appropriate management and administration of the Center. In fulfillment of this responsibility, the Operations Committee shall employ an appropriately qualified, competent Administrator; establish an annual operating budget; and establish such policies as are necessary to properly guide the Center's operations.
- c. Quality Improvement: The Board is responsible for utilization, quality, appropriateness of procedures, and the appropriateness of medical care rendered by and at the Center. In fulfillment of this responsibility, the Operations Committee shall cause to be established a Quality Improvement Program, which will effectively monitor the quality of care and utilization of facilities with reports of such activities made to the Operations Committee at least annually.
- d. Standards: The Operations Committee is responsible for the maintaining of the Center programs and services in line with community and other appropriate standards. In fulfillment of this responsibility, the Operations Committee directs that the Center meet and maintain standards for state licensure (if applicable), for participation in the Medicare program, and accreditation by the Accreditation Association for Ambulatory Health Care ("AAAHHC") or an equivalent accreditation organization.

Section 2.2 - Administrator

- a. Appointment. The Administrator shall be appointed and approved by the Operations Committee of Central Wyoming Outpatient Surgery Center.
- b. Responsibilities. With respect to the Medical Staff, the duties of the Administrator include:
 - 1. Execute the mission and goals of the Center.
 - 2. Provide for careful maintenance of patient rights.
 - 3. Assist the Medical Staff in arranging for an appropriately trained, professional staff capable of providing safe, efficient, quality patient care.
 - 4. Provide a structure which clearly delineates the authority and responsibility of the Medical Staff within the organization.
 - 5. Ensure that appropriate policies and procedures are developed by the Medical Staff for the safe, effective conduct of business and provision of patient care.
 - 6. Assist the Medical Staff in developing Quality Improvement, Risk Management and Peer Review programs in accordance with applicable standards.
 - 7. Ensure that all provisions are made for ancillary services including laboratory, radiology, pathology services; and assure that appropriate transfer agreements have been entered into with local hospitals.
 - 8. Ensure that the organization does not discriminate on the basis of race, creed, sex, national origin or religion.

9. Formulate short- and long-range plans in accordance with the missions and goals of the Center.

Section 2.3 - Medical Director

- a. Appointment: The Medical Director shall be appointed and approved by the Operations Committee and shall serve until replaced. The Medical Director shall perform the duties assigned by the Administrator and by the Bylaws of the Center.
- b. Responsibilities: The Medical Director is invested with the following duties and prerogatives:
 1. Call and preside over Clinical Review Committee (CRC) meetings.
 2. Facilitate adherence of the Medical Staff to these Bylaws.
 3. Be chief spokesperson and annunciator of policy for the Medical Staff.
 4. Monitor adherence to policies with respect to patient rights.
 5. Assist the Administrator in arranging for an appropriately trained, professional staff capable of providing safe, efficient, quality patient care.
 6. Assist the Administrator in developing a structure which clearly delineates the authority and responsibility of the Medical Staff within the organization.
 7. Take the initiative in developing, on behalf of the Medical Staff, appropriate policies and procedures for the safe, effective conduct of business and provision of patient care; and review all clinical policies and procedures of the Center. The Medical Director shall be specifically authorized to recommend to the Operations Committee (after consultation with the appropriate CRC specialty representatives) and implement policies and procedures (subject to such subsequent CRC review and ratification as the CRC specialty representative deems advisable).
 8. Take the initiative in developing, on behalf of the Medical Staff, Quality Improvement, Risk Management and Peer Review programs in accordance with applicable standards.
 9. Advise the Administrator in arranging for ancillary services including laboratory, radiology, pathology services.
 10. Carry out all other duties specifically entrusted to him/her by the CRC or any other provision of these Bylaws.
 11. Medical Director shall approve all temporary privileges.

ARTICLE III - MEDICAL STAFF MEMBERSHIP AND PRIVILEGES

Section 3.1 - Purpose and Responsibilities

The Operations Committee has created a Medical Staff organization, to be known as Central Wyoming Outpatient Surgery Center Medical Staff ("Medical Staff"), whose membership shall, in equal standing, be comprised of all practitioners given privileges to admit patients at the Center. The Operations Committee, by creation of the Medical Staff in these Bylaws provides a structure whereby the members can become an integral part of the organization and participate in policy setting and decision making processes related to patient care. The Operations Committee delegates to the Medical Staff the responsibility to regulate matters relating to Medical Staff membership status, clinical privileges, and corrective action, as provided in these Bylaws; and the Medical Staff delegates to its Clinical Review and Patient Care Committees, as defined in Section 5.4 and 5.5, (or such ad hoc committees as may be appointed in accordance with these Bylaws) the authority and responsibility to carry out these responsibilities, including (but not limited to):

- a. Reviewing, analyzing, and evaluating clinical practices to determine the quality of medical care.
- b. Making recommendations to the Administrator for establishment, maintenance and continuing improvement and enforcement of professional standards.
- c. Recommending the appointment and reappointment of qualified physicians, osteopaths, podiatrists and dentists to the Medical Staff and delineation of clinical privileges.
- d. Recommending the granting of clinical privileges to qualified allied health professionals (provided that category of AHP has been approved for practice in the Center by the CRC).
- e. Disciplining Medical Staff members and AHPs for violation of these Bylaws, federal or state laws, and any policy of the Center within the limitation of the authority delegated by the Operations Committee.

Section 3.2 - Nature of Membership

- a. Membership on the Medical Staff is a privilege which shall be extended only to mentally and physically healthy, and professionally competent, appropriately licensed physicians, osteopaths, podiatrists and dentists who meet the qualifications as set forth in these Bylaws.
- b. Acceptance of membership on the Medical Staff shall constitute the staff member's agreement that he/she will strictly abide by the Bylaws and the Policies and Procedures of the Center; participate cooperatively in peer evaluation activities (both as a committee member and in conjunction evaluation of his/her own performance or professional qualifications); and obtain appropriate informed consent as required for the intervention contemplated.
- c. Acceptance of membership on the Medical Staff shall constitute the staff member's agreement that he/she will strictly abide by the principles of medical ethics.
- d. Acceptance of membership on the Medical Staff shall constitute the staff member's acknowledgment and agreement that he/she has filed a current and proper address of

record with, and shall immediately notify the Center and the appropriate state licensing agency (e.g., State Medical Board, Board of Podiatric Medicine, Board of Dental Examiners ["State Professional Licensing Board"]) of any changes in, his/her address of record, giving both the new and old address.

- e. Appointment and/or clinical privileges on the Medical Staff of shall not be denied or altered on the basis of sex, race, creed, color, national origin, or religion.
- f. Residents and allied health professionals are generally subject to the requirements of these Bylaws; however, they are *not* deemed members of the Medical Staff, and they need not be afforded the procedural rights set forth in these Bylaws with respect to Fair Hearings.

Section 3.3 - Qualification for Physician Membership

Any physician seeking Medical Staff membership or any established Medical Staff member shall possess the following qualifications:

- a. Shall be a graduate of a recognized medical or osteopathic school with a current M.D. or D.O. degree.
- b. Shall hold a current license from the appropriate Professional Licensing Board of this State.
- c. Shall have and continue to maintain active medical staff membership and clinical privileges at a JCAHO accredited hospital in Wyoming. Consideration will be given to Physicians who are credentialed at a JCAHO accredited hospital in the Mountain States region if the physician can provide a service not offered at the Central Wyoming Outpatient Surgery Center or the Wyoming Medical Center.
- d. Shall document background, experience, and training, (to include certificates from residency in specialty training and, where applicable, Board Certification) and demonstrate adherence to the ethics of the profession.
- e. Shall possess the character and ability to work cooperatively and effectively with the Center employees and Medical Staff for the welfare of the Center's patients.
- f. Shall carry professional liability insurance with a qualified carrier with minimum limits as determined by the Operations Committee.
- g. Shall reside within the service area of the Center and/or provide professionally qualified on-call coverage by a physician (MD or DO) who is currently on the active medical staff of a JCAHO accredited hospital within 20 miles of the Center for his/her patients located in Natrona County who have had surgery at the Center.

Section 3.4 - Qualifications for Anesthesiologist Membership

Anesthesiologists shall meet the above-stated qualifications for Physician Membership; however, the following exceptions or additional requirements apply:

Anesthesiologists shall abide by the American Society of Anesthesia's Standards of Care and shall also abide and follow, but not by way of limitation, the anesthesia policies and procedures of the Center.

Section 3.5 - Qualifications for Dental Membership

Any dentist seeking Medical Staff membership shall possess the following qualifications:

- a. Shall be a graduate of a school of dentistry with a DDS or equivalent degree from an accredited school of dentistry approved at the time of issuance by the State Dental Board
- b. Shall hold a current license to practice dentistry in this State.
- c. Shall document background, experience, and training, and demonstrate adherence to the ethics of the profession.
- d. Shall possess the character and ability to work effectively with the Center employees and Medical Staff for the welfare of the Center's patients.
- e. Shall carry professional liability insurance with a qualified carrier with minimum limits as determined by the Operations Committee.
- f. Shall reside in the community and/or provide professionally qualified on-call coverage for his/her patients who have had surgery at the Center.

Section 3.6 - Qualifications for Podiatry Membership

Any podiatrist seeking Medical Staff membership and any podiatrist Medical Staff member shall possess the following qualifications:

- a. Shall be a graduate of a podiatry school and hold a DPM degree approved by the State Board of Podiatric Medicine at the time of issuance.
- b. Shall hold a current license to practice podiatry in this State.
- c. Shall document background, experience, and training, and demonstrate adherence to the ethics of the profession.
- d. Shall have and continue to maintain privileges at a local JCAHO accredited hospital.
- e. Shall possess the character and ability to work effectively with Center employees and Medical Staff for the welfare of the Center' patients.
- f. Shall carry professional liability insurance with a qualified carrier with minimum limits as determined by the Operations Committee.
- g. Shall reside in the community and/or provide professionally qualified on-call coverage for his/her patients who have had surgery at the Center.

Section 3.7 – Qualifications for Residents and AHPs

The CRC may promulgate policies and procedures setting forth minimum qualifications, sponsorship and supervision requirements, scope of practice, and applicable performance standards for Residents and those categories of AHPs who are allowed to perform clinical procedures at the Center. In the absence of formal policies and procedures, the CRC shall be authorized to recommend to the Operations Committee reasonable discretion in granting residents and AHP practice privileges, setting forth sponsorship and supervision requirements, and establishing scope of practice and applicable performance standards in this Center. In no event shall a Resident or AHP be allowed to practice without confirmation of such licenses and permits as may be required by law, and acceptable levels of malpractice liability insurance.

Section 3.8 - Categories of Medical Staff Membership

Any person appointed or reappointed to Medical Staff membership shall be appointed in accordance with their specialty in the following Medical Staff categories:

- a. Active Staff shall consist of physicians, podiatrists and dentists maintaining unmonitored Medical Staff privileges at the Center.
- b. Provisional Staff shall consist of physicians, podiatrists and dentists newly appointed to the Medical Staff.
- c. Temporary Staff shall consist of physicians, podiatrists and dentists:
 1. Who have completed an application and are awaiting final processing of their applications by the CRC and Operations Committee, and who appear to meet the requirements for Medical Staff Membership; or
 2. Who have been granted privileges, on a case-by-case basis, to perform or assist in performing procedures at the Center.

Section 3.9 - Duration of Initial Appointment to Medical Staff

Initial appointments shall be to the Provisional Staff. The initial appointment shall be for one year, which shall be automatically renewed for an additional year upon timely submission of a copy of the Provisional member's current license, current DEA permit (if applicable), and current evidence of malpractice insurance and unless sooner terminated according to these Bylaws. During the Provisional period, the Provisional appointee shall be subject to such proctoring of all or selected procedures, as may be determined by CRC representatives and the Medical Director. Until a Provisional appointee has successfully completed the two-year Provisional period, he/she shall be deemed an "applicant" for purposes of procedural rights.

Section 3.10 - Procedure for Initial Appointment to Medical Staff

- a. Content of Application: A completed application packet for appointment shall contain:
 1. A completed original application form.
 2. A signed consent authorizing the Center to complete a background investigation of his/her qualifications for staff membership.

3. A signed release from liability for any person or organization providing relevant information in good faith concerning the applicant's qualifications.
4. A list of procedures he/she wishes to perform.
5. Adequate documentation to satisfy status:
 - (a) Current license issued by the appropriate Professional Licensing Board in this or any other State.
 - (b) Current DEA number (practitioners requesting assisting privileges only need not hold a DEA permit)
 - (c) Current proof of insurance and any retroactive date with limits as established by the Operations Committee.
 - (d) Copies of certificates or other confirmation of education, residency and professional training.
 - (e) As applicable, copies of certificates or other confirmation of specialty or subspecialty course work.
 - (f) Such other information as the CRC determines relevant to reasonable evaluation of the applicant's qualifications including but not limited to documentation of current proficiency in the requested procedures (as evidenced by adequate training in or performance of the requested procedures during the immediately preceding two years) and documentation of other health care facility appointments; professional society affiliations.
- b. Submission of Application: The applicant shall submit the completed application packet, including signature, and supporting materials to the Administrator, who shall receive the application as the agent of the CRC. The Administrator shall check the application for completion, and shall then promptly forward it to the Medical Director.
- c. Investigation of Applicant: The Administrator, with the assistance of the Medical Director and a CRC representative (appointed by the Medical Director) shall make a thorough investigation of the applicant's qualifications. The investigation may include (but not by way of limitation):
 1. Personal interview;
 2. Verification of hospital Medical Staff membership (where required), and follow-up consultation with members of the Medical Staffs of hospitals and other persons or organizations with which the applicant has been associated;
 3. Documents and records review;
 4. Verification of malpractice insurance and query of the applicant's malpractice claims history;

5. Contacts with the appropriate agencies for verification of candidate's licensure. (A query may be made to the American Medical Association or the National Practitioner Data Bank.)
 6. In the discretion of the Medical Director or CRC representative, documentation of physical and/or mental health status as it relates to his/her ability to fulfill the requirements of Medical Staff membership and patient care.
- d. Report of Investigation: Within a 90 day period of time following receipt of the completed application and supporting documents, the Administrator shall compile a report of the investigation to the CRC. The report shall contain the recommendation of the Medical Director, as well as a specific evaluation and recommendation from the CRC specialty representative as to what privileges should be granted.
 - e. Temporary Privileges: Temporary privileges may be granted in accordance with Section 3.15, below.
 - f. CRC Recommendation: At its next regularly scheduled CRC meeting, the CRC shall determine whether to recommend that the applicant be appointed and what clinical privileges the applicant shall be granted. If the recommendation is to deny the application, or to grant some but not all of the clinical privileges requested by the applicant, the applicant shall have such procedural rights as may be set forth in the Fair Hearing Plan in Article IV.
 - g. Notice of Recommendation: The applicant shall receive timely written notification from the CRC of the recommendation regarding application for appointment. Any notification of appointment shall state the clinical privileges to be granted the applicant.
 - h. Burdens of Submitting and Processing Information: The burden of submitting a completed application (including but not limited to all required documentation and references sufficient to determine the applicant's qualifications) and for resolving doubts with respect thereto shall be upon the applicant. Until a completed application has been submitted, it need not be processed. Once a completed application has been submitted and any necessary verifications received, the burden rests upon the Center and Medical Staff to be prompt and timely in its procedures. Any delay or deferment by the Center or Medical Staff must be for good cause.
 - i. Proctoring: Proctoring may be used at the sole discretion of the CRC to validate an applicant's capabilities; and may be continued for up to two years, as deemed necessary to complete the assessment. The specific proctoring requirements shall be subject to tailoring in the discretion of the Medical Director or CRC, as appropriate to the clinical procedures involved and the applicant's qualifications. Proctoring reports may be accepted from other institutions provided they are completed in sufficient detail as to enable reasonable opportunity to assess the applicant's performance.

Section 3.11 - Duration of Reappointment to Medical Staff

The duration of a reappointment of a qualified practitioner to the Medical Staff shall be for one year, which shall be automatically renewed for an additional year upon timely submission of a copy of the member's current license, current DEA permit (if required), and current evidence of malpractice insurance

and unless sooner terminated pursuant to these Bylaws and Rules and Regulations. At the end of each two-year period (i.e., after two one-year terms), the practitioner shall be required to apply for reappointment.

Section 3.12 - Procedure for Reappointment to Medical Staff

- a. Reappointment: At least 90 days before the end of the current term, the Administrator shall mail to the Medical Staff member forms for reappointment to the Staff of the Center. The completed request for reappointment shall be returned within 60 days. The renewal application shall specify any changes in clinical privileges requested, post-graduate education obtained in the two years, and any other pertinent information, including any pending or final restrictions, denials, or terminations of privileges elsewhere. Change in health or mental status and the filing and service of any professional liability complaints must be reported. Photocopies of current license, DEA (if required), and proof of insurance must be included with the renewal application. Failure to return the application within 60 days may result in termination of Medical Staff privileges.
- b. Review by the CRC: The CRC shall review the performance of each member requesting reappointment at the next regularly scheduled meeting. The following criteria are used to gauge the current member's competency:
 1. Performance.
 2. Judgement, including but not limited to, the individual's physical and mental capacity to render care for privileges granted.
 3. Technical skill.
 4. Frequency of procedures (either at the Center or at other facilities in the local community).
 5. Other criteria such as appropriateness of care, medical records, surgical cases, and infection control may be considered. Any information obtained through the peer review process is confidential and shall be treated as such. The member may be required to provide documentation of physical and/or mental health status and to submit to such health examinations as deemed necessary by the CRC.
- c. Recommendation of the CRC: Upon making a recommendation to reappoint a member, the CRC shall also recommend the clinical privileges to be granted.
- d. When Reappointment is Effective: Any reappointment, category of membership, or clinical privileges granted with reappointment shall be effective immediately upon approval of the Operations Committee so that there will not be interruption of privileges. In the event that the reappointment process is underway but not complete, the applicant's Medical Staff membership will remain effective until the process is complete.
- e. Failure to Renew Membership: If a practitioner does not renew his/her membership and is removed from Active Staff status, he/she must complete and follow the procedure for initial application for appointment as set forth in Section 3.10 of the Bylaws in order to regain staff membership.

Section 3.13 - Clinical Privileges

The scope of clinical privileges shall be reviewed and approved by the CRC and the Operations Committee. No clinical privilege exists unless specifically granted pursuant to these Bylaws. Privileges will generally not be granted in excess of those enjoyed by the practitioner at the JCAHO accredited hospital in Wyoming where their primary practice resides. Exceptions to this policy may be made at the discretion of the Clinical Review Committee and the Operations Committee. Privilege may not be granted for a period longer than two years, and may be reviewed and modified at any time pursuant to these Bylaws.

Section 3.14 - Newly Established Procedures

The CRC shall certify competence in newly established procedures based on the staff member's documented training and experience prior to allowing the procedure to be performed unsupervised. Extraordinary supervision arrangements may be implemented (e.g., supervision in another facility by non-Medical Staff members), may be allowed where it is not possible to arrange for supervision within the Center due to the newness of the procedure. Prior to such certification, the procedure will not be listed as a permitted procedure in a staff member's medical privileges file.

Section 3.15 - Temporary Clinical Privileges

- a. Types of Temporary Privileges: Temporary Privileges shall be categorized as Class I and Class II.
 1. Class I Temporary Privileges shall be those granted to practitioners pending processing of their application for regular Medical Staff membership, and shall enable the person granted such privileges to admit and/or treat an unlimited number of patients (except as may be specifically limited by the CRC).
 2. Class II Temporary Privileges shall be those granted for the purpose of treating or attending a limited number of individual cases (or a limited number of days of service, not to exceed two consecutive weeks) on an infrequent basis in extenuating circumstances deemed to be in the best interests of the Center; and shall require regranting of such privileges with respect to *each* occasion on which such privileges are sought to be exercised.
- b. Purpose: Class I Temporary Privileges are intended to augment the normal process for granting new privileges and are not a replacement for that process; and Class II Temporary Privileges are intended to enable occasional access to privileges at the Center in extenuating circumstances. As such, the expiration of, or failure to grant Temporary Privileges shall not constitute a cause for access to the Fair Hearing Process unless it is required by applicable state law. All requests for Class I Temporary Privileges shall also constitute a request for the same privileges through the normal process.
- c. Authority: The Medical Director and/or Administrator, in consultation with the specific CRC specialty representative, may issue Temporary Privileges, immediately upon receipt of the application and verification of current license, current DEA permit (if required), and current evidence of malpractice insurance, if in the opinion of the specialty representative, the applicant is in solid standing in the medical community and has demonstrated that he/she has comparable privileges at and regularly and routinely performs similar

procedures in the JCAHO accredited hospital in Wyoming where his/her primary practice resides .

- d. Duration: Temporary Privileges may only be granted for a specific time period. The specific time period for Class I privileges may not exceed 180 consecutive calendar days; and for Class II privileges may not exceed 14 consecutive calendar days.

Section 3.16 - Emergency Privileges

In an emergency, any physician, dentist, or podiatrist attending a patient may perform medical services within his/her licensure to advance the best interests of the patient, regardless of any limitations imposed by these Bylaws. When the emergency situation no longer exists, the practitioner must obtain the privileges necessary to treat the patient pursuant to these Bylaws if the practitioner desires to continue treating such patient. For purposes of this Section, an emergency is defined as a situation in which there is immediate danger of loss of life or a permanent or serious disability in which any delay in treatment might increase that danger.

Section 3.17 - Continuing Applicability

The requirements and qualifications for Medical Staff membership are continuing provisions that must be met throughout the duration of any period of appointment or reappointment. Therefore, all provisions (such as obligations to provide information, to resolve doubts, or to demonstrate satisfactory compliance with various requirements of these Bylaws) shall apply any time the CRC deems it necessary to reevaluate a member's continued qualification for membership or privileges.

Section 3.18 - Waivers

Insofar as is consistent with applicable laws and accreditation requirements, any qualification, requirements or procedures may be waived in the discretion of the Operations Committee upon determination that such waiver will serve the best interests of the patients and the Center.

Section 3.19 - Limiting Size of Staff

The Operations Committee may, upon recommendation of the Medical Director or the CRC, in consultation with the Administrator, limit the number of practitioners allowed to practice at this facility (by specialty or altogether) to such number as deemed reasonable within the Center's capabilities with respect to considerations such as efficiency, number of operating rooms, available support staff, and ability to schedule procedures within a reasonable time of request therefore.

Section 3.20 – Denial of Appointment, Reappointment, or Clinical Privileges

- a. Procedural Rights: Upon making a final decision not to appoint, reappoint a member or upon a decision to deny some or all of the clinical privileges requested by a member being reappointed, the affected practitioner shall be entitled to such procedural rights as may be afforded by the Fair Hearing Plan in Article IV of these Bylaws.
- b. Reporting: The National Practitioner Data Bank and the State Professional Licensing Board shall be notified of any final decision regarding membership or privileges which is reportable pursuant to applicable federal or state law.

Section 3.21 - Cessation of Clinical Privileges and/or Medical Staff Membership

All notices and information required to be delivered to or from Medical Staff members, Residents and AHP's in Sections 3.21 through Section 4.5 shall be delivered in person or by registered or certified mail.

Medical Staff membership and/or clinical privileges shall cease upon the occurrence of any of the following events:

- a. Voluntary Withdrawal from Membership by a Member: The clinical privileges and Medical Staff membership of any member voluntarily withdrawing from membership shall end automatically. Any clinical privileges granted a member shall cease upon receipt by the CRC of the member's written notification of voluntary relinquishment of such privileges.
- b. Non-Reappointment to Medical Staff Membership: The clinical privileges and Medical Staff membership of any member not reappointed or not in the process of reappointment shall cease upon the expiration of the member's current appointment.
- c. Termination of Medical Staff Membership and Clinical Privileges: Termination of Medical Staff membership and/or clinical privileges pursuant to Sections 3.22 or 3.23.

Section 3.22 - Suspension of Medical Staff Membership and/or Clinical Privileges

Medical Staff membership and/or clinical privileges shall be suspended for the following reasons:

- a. Automatic Suspension: Medical Staff members are required to immediately report, to the Medical Director, the occurrence of any of the actions listed in subparagraphs 1 through 4, below. A Medical Staff member's membership and clinical privileges shall be automatically suspended or restricted if:
 1. The State Professional Licensing Board or the DEA revokes, suspends or restricts a member's license or DEA permit.
 2. His/her admitting and clinical privileges at the JCAHO-accredited acute care hospital are revoked, suspended or restricted.
 3. He/she fails to maintain malpractice insurance at such levels as required by the Operations Committee.
 4. He/she fails, at the end of each one-year term of his/her appointment (whether as a Provision, Active or Temporary appointee), to provide documentation of current license, current DEA permit, and current evidence of malpractice insurance, as required by these Bylaws.
- b. Summary Suspension:
 1. A Medical Staff member, Resident, or AHP shall face summary suspension of Medical Staff membership and/or all or some of his/her privileges (i) whenever the failure to take such action may result in an imminent danger to the health of any individual; (ii) if a practitioner fails to report a matter required to be reported pursuant to Section 3.22a, above; or (iii) if the practitioner has falsified medical

records or otherwise engaged in a significant and willful violation of law, regulation, or these Bylaws. The CRC hereby authorizes summary suspension to be imposed by the Medical Director, or the Administrator. Such summary suspension shall become effective immediately upon imposition by the authority imposing such suspension, who shall promptly give notice of the suspension to the affected practitioner, the CRC, and the Administrator.

2. In the event a summary suspension is initiated:

(a) A written report of the suspension of membership and/or privileges shall be completed and delivered by the end of the following business day to the affected practitioner and to the CRC, stating the reason for imposing the suspension.

(b) The CRC shall at its earliest convenience but not later than five business days after receipt of report consider the summary suspension at which time they may sustain, end, or modify the suspension. The CRC shall also recommend such permanent adverse action as it deems appropriate under the circumstances. In the discretion of the CRC, the affected practitioner may be required to attend such portion of this meeting as deemed necessary to answer questions and/or provide additional information to the CRC.

(c) If the CRC sustains or modifies the suspension and/or recommends imposition of any permanent adverse action, the practitioner shall have such procedural rights as may be afforded pursuant to the Fair Hearing Plan set forth in Article IV of these Bylaws.

(d) Upon completion (or waiver) of procedural rights, the CRC shall immediately forward the recommendation to the Operations Committee for immediate and final decision.

c. Failure to Respond to CRC Correspondence: Practitioners failing to respond to CRC and the Center correspondence may have their privileges suspended until such time as they answer the requested correspondence. There shall be no procedural rights associated with such suspension.

Section 3.23 - Routine Corrective Action

- a. Request: Whenever a Medical Staff member, Resident, or AHP engages in acts, statements, demeanor, or unprofessional conduct, either within or outside the Center (as more specifically described in subsection 3.23b, below, and the same is, or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care, disruptive to facility operations, demeaning to the facility staff, Medical Staff or medical profession, or an impairment to the community's confidence in the facility, a request for corrective action against such member may be initiated by the Medical Director, any member of the CRC, the Administrator, or any member of the Operations Committee. Corrective action may also be initiated whenever it appears that a member no longer meets the current requirements of Medical Staff membership and/or clinical privileges.
- b. Grounds for Corrective Action: Grounds for corrective action shall include, but shall not be limited to, the following:
1. Professional conduct lower than the standards of the Medical Staff, or that reflects poorly on the reputation of the Medical Staff or the Center.
 2. Unethical practices.
 3. Conviction of a felony.
 4. Deviation from the standard of care within the community.
 5. Incompetence.
 6. Failure to keep adequate records or falsification of records.
 7. Violation of these Bylaws or the Rules and Regulations of the Medical Staff.
 8. Loss or restriction of professional license or DEA permit.
 9. Rude or disrespectful attitude towards patients, staff, co-workers, or Center personnel (including but not limited to disruptive behavior and sexual (as Federally defined) harassment).
 10. Off-the-job actions or inactions which may adversely affect the individual's job performance, the Center's teamwork, or the reputation of the Center.
 11. Use of illegal drugs.
 12. Use of alcohol or legal drugs to the extent that performance or behavior may be adversely affected.
- c. Investigation and Report: The CRC (or its designated representative) shall direct such investigation as it deems appropriate. The CRC (or its designated representative) may require the practitioner to appear and answer questions and/or provide information in conjunction with the investigation. Except as may be delayed for good cause, the investigation should generally be conducted and completed within 30 days. The CRC shall compile a written report of the investigation and any recommended corrective action

to the Operations Committee. A copy of this report shall also be forwarded to the affected practitioner.

- d. Recommended Actions: Initiation of corrective action may result in one or more of the following recommendations by the Operations Committee:
 - 1. Rejection of the request for corrective action.
 - 2. A warning, a letter of admonition, or a letter of reprimand.
 - 3. Imposition of probation or individual requirements for consultation.
 - 4. Denial, suspension, revocation, or restriction of some or all of the practitioner's clinical privileges.
 - 5. Limitation of any staff prerogatives directly related to the member's delivery of patient care.
 - 6. Suspension or revocation of membership on the Medical Staff.
- e. Procedural Rights: When the CRC issues any recommendations that meet the description of an "adverse action" as described in Section 4.1, below, the matter shall be subject to review according to the Fair Hearing Plan in Article IV, before final action by the Operations Committee.
- f. Corrective Action for Residents and AHPs: Except as otherwise set forth in specific policies and procedures established with respect to Residents and AHPs, the Administrator, in consultation with the Medical Director, shall be primarily responsible for investigating, evaluating, and taking necessary summary or routine action with respect to clinical privileges of Residents and AHPs. The general bases for corrective action shall include, but not by way of limitation, those set forth in Sections 3.22 and 3.23 of these Bylaws.

Section 3.24 Federal and State Reporting

The National Practitioner Data Bank and the State Professional Licensing Board shall be notified of any final decision regarding membership or privileges which is reportable pursuant to applicable federal or state law.

ARTICLE IV - FAIR HEARING PLAN

The provisions in these Bylaws for a Fair Hearing Plan are provided in accordance with state and federal mandates. If state or federal statutes, laws or regulations change, are in conflict with the established Fair Hearing Plan of these Bylaws, the state and/or federal statutes, laws and regulations take precedence over those initiated in these Bylaws, with the established Bylaw guidelines in question becoming null and void. Except as otherwise specifically required by law, this Fair Hearing Plan shall *not* apply to Residents or AHPs requesting or exercising privileges at the Center; and procedural rights for those categories of practitioners shall be subject to the sole discretion of the Center's Administrator, in consultation with the Medical Director or Residency Program Director.

Section 4.1 - Initiation of Hearing

- a. Recommendations or Actions: The following recommendations or actions shall, if deemed adverse pursuant to Section 4.1b of these Bylaws, entitle the affected practitioner to a hearing:
1. Denial of initial Medical Staff appointment after submission of a completed application.
 2. Denial of Medical Staff reappointment.
 3. Summary suspension of Medical Staff membership as sustained or modified by the CRC.
 4. Revocation of Medical Staff membership.
 5. Limitation of any staff prerogatives directly related to the member's delivery of patient care.
 6. Denial of requested clinical privileges.
 7. Reduction in clinical privileges.
 8. Suspension of clinical privileges.
 9. Revocation of clinical privileges.
 10. Imposition of probation or individual requirements for consultation.
- b. Adverse Recommendations or Actions: A recommendation or action listed in Section 4.1a shall be deemed adverse only when it represents an action that must be reported to the State Professional Licensing Board or the National Practitioner Data Bank, *and* it has been:
1. Taken or recommended by the CRC upon its own initiative; *or*
 2. Taken or recommended by the Operations Committee upon its own initiative.
- c. Notice of Adverse Recommendation or Action: A practitioner against whom an adverse action has been taken or recommended pursuant to Section 4.1b shall promptly be given notice of the action or recommendation. The notice shall be delivered in person or by registered or certified mail and shall:
1. Advise the practitioner of his or her right, return receipt requested, to a hearing pursuant to the provisions of the Bylaws of the Center, including this Fair Hearing Plan, and also provide a general description of the reasons for the recommendation or action.
 2. Specify the number of days following the date of receipt of notice within which a request for a hearing must be submitted.

3. State that failure to request a hearing within the specified time period shall constitute a waiver of rights to a hearing and to an appellate review on the matter and acceptance of the recommendation or action.
 4. State that upon receipt of the hearing request, the practitioner will be notified of the date, time, and place of the hearing, and the grounds upon which the adverse action is based.
- d. Request for a Hearing: A practitioner shall have 30 days following his or her receipt of a notice pursuant to Section 4.1c to file a written request for a hearing. Such request shall be delivered to the Administrator of the Center either in person or by certified or registered mail.
- e. Waiver by Failure to Request a Hearing: A practitioner failing to request a hearing in writing within the time and in the manner specified in Section 4.1d waives any right to such hearing and to any appellate review the practitioner might otherwise have been entitled to.
- f. Effect of Waiver: Waiver by failure to request a hearing shall constitute acceptance of that action, which shall thereupon become effective once approved by the Operations Committee.

Section 4.2 - Prehearing Matters

- a. Notice of Time and Place for Hearing:
1. Upon receipt of a timely request for hearing, the Administrator shall deliver such request to the Medical Director and to the CRC.
 2. As soon as possible after receipt of such request, the Medical Director or the CRC shall schedule and arrange for hearing, and the Administrator shall send the practitioner special notice of the time, place, and date of the hearing. The hearing date shall not be less than 30 days nor more than 90 days from the date of receipt of the request for hearing
- b. Statement of Issues and Events:
1. The notice of hearing required by Section 4.2a shall contain a Notice of Charges consisting of a concise statement of the practitioner's 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 adverse recommendation or action which is the subject of the hearing.
 2. The Notice of Charges may be amended prior to the hearing; provided, however, that such amendment shall be provided to the practitioner as soon as reasonably possible under the circumstances, and provided further that the practitioner shall be entitled to a continuance if any such amendment substantially changes the scope of the hearing, or substantially affects the practitioner's ability to adequately prepare for the hearing. The presiding officer shall determine whether any such continuance is necessary.

c. Appointment of Hearing Committee:

1. A hearing occasioned by an adverse CRC decision shall be conducted by a hearing committee appointed by the Medical Director and composed of three members of the Medical Staff; however, if necessary, hearing committee members may be selected who are not members of the Medical Staff; or, with the approval of the affected practitioner, the committee may be comprised of less than three members or the hearing may be conducted before an arbitrator or arbitrators selected by a process mutually acceptable to the CRC and the practitioner. One of the members so appointed shall be designated as Chair. At least one alternate member may be appointed.
2. A hearing based upon an adverse action of the Operations Committee shall be conducted by a hearing committee appointed by the Chairperson of the Operations Committee and composed of at least three persons, two of whom should be Medical Staff members; or the hearing may be conducted before an arbitrator or arbitrators selected by a process mutually acceptable to the Board Chairperson and the practitioner.
3. If the hearing is to be conducted by an arbitrator or arbitrators, references to the hearing committee shall be deemed to refer to the arbitrator(s).
4. The hearing committee members must be individuals who have not acted as an accuser, investigator, fact-finder, or initial decision-maker in the same matter, and who shall gain no direct benefit from the outcome of the hearing. If feasible, the hearing committee should include an individual practicing the same specialty as the practitioner.
5. The affected practitioner shall be notified in writing of his/her right to question the hearing committee and the presiding officer, and to challenge the impartiality of those individuals. Any such challenge must be for cause, which may be based upon bias or conflict of interest, and which must be supported by facts demonstrating such cause.

d. Witness Lists:

1. Within five days of a receipt of a request therefor from the practitioner, each party shall forward to the other party its list of witnesses (if any) who are expected to testify at the hearing. Nothing in the foregoing shall preclude the testimony of additional witnesses whose possible participation was not reasonably anticipated. The parties shall notify each other as soon as they become aware of the possible participation of such additional witnesses.
2. The failure to have provided the name of any witness at least three days prior to the hearing date at which the witness is to appear shall constitute good cause for a continuance.

e. Discovery Rights:

1. The practitioner shall have the right to inspect and copy, at his/her expense, any documentary information relevant to the charges which the CRC (or Board) has in its possession or under its control, as soon as practicable after delivery of his/her request for a hearing.
 2. The CRC (or Board) shall have the right to inspect and copy, at its expense, any documentary information relevant to the charges which the practitioner has in his/her possession or control, as soon as practicable after receipt of the CRC's (or Board's) request therefor.
 3. The failure by either party to provide access to this information at least 30 days before the hearing shall constitute good cause for a continuance.
 4. The right to inspect and copy by either party does not extend to confidential information referring to individually identifiable practitioners, other than the practitioner under review; nor does it create or imply any obligation to modify or create documents in order to satisfy a request for information.
 5. The presiding officer shall rule on any contested requests for access to information. In making such rulings, the hearing officer may impose any safeguards the protection of the peer review process and justice requires. Moreover, in making such rulings and determining the relevancy of the requested information, the hearing officer shall, among other factors, consider the following:
 - (a) Whether the information sought may be introduced to support or defend the charges;
 - (b) The exculpatory or inculpatory nature of the information sought, if any;
 - (c) The burden imposed on the party in possession of the information sought, if access is granted; and
 - (d) Any previous requests for access to information submitted or resisted by the parties to the same proceeding.
- f. Prehearing Motions: The parties shall be entitled to file prehearing motions as deemed necessary to give full effect to rights established by these Bylaws, and to resolve such procedural matters as the hearing officer determines may properly be resolved outside the presence of the full hearing committee. Such motions shall be in writing and shall specifically state the motion, all relevant factual information, and any supporting authority for the motion. The moving party shall deliver a copy of the motion to the opposing party, who shall have five working days to submit a written response to the hearing officer, with a copy to the moving party. The hearing officer shall determine whether to allow oral argument on any such motions. The hearing officer's ruling shall be in writing and shall be provided to the parties promptly upon its rendering. All motions, responses, and rulings thereon shall be entered into the hearing record by the hearing officer.

Section 4.3 - Hearing Procedure

- a. Personal Appearance: The practitioner requesting the hearing shall be required to appear in person. A practitioner failing to appear without good cause shall be deemed to have waived his/her rights in the same manner and with the same consequences as provided in Section 4.1e.
- b. Presiding Officer: An attorney may be selected to serve as the presiding officer (or hearing officer); or, alternatively, if no hearing officer is selected, the Chair of the hearing committee shall be the presiding officer. (The terms "presiding officer" and "hearing officer" shall be deemed interchangeable throughout this Fair Hearing Plan.) The individual so serving shall gain no direct financial benefit from the outcome of the hearing, shall not act as a prosecuting officer or advocate. The presiding officer shall act to maintain decorum and to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence. The presiding officer shall be entitled to render rulings on prehearing matters (such as challenges to the selected committee members or hearing officer, requests for discovery, and prehearing motions; to determine the order of procedure during the hearing; to make all rulings on matters of procedure and the admissibility of evidence; and to take such discretionary action as deemed necessary under the circumstances to assure that the hearing is conducted in an efficient and expeditious manner.
- c. Representation: The practitioner requesting the hearing shall be entitled to be accompanied and represented at the hearing by a member of the Medical Staff in good standing or by a member of his/her local professional society. This representative may not be an attorney, unless attorneys are permitted in accordance with Section 4.5b, below. The CRC shall appoint an individual to represent the facts in support of its adverse recommendation or action, and to examine witnesses.
- d. Rights of Parties: During a hearing, each of the parties shall have the right to:
 - 1. Question the hearing committee and the hearing officer, and to challenge them for cause (as further described at Section 4.2c, above).
 - 2. Call and examine witnesses.
 - 3. Introduce exhibits.
 - 4. Cross-examine any witness on any matter relevant to the issues.
 - 5. Challenge any witness.
 - 6. Rebut any evidence.
 - 7. Be provided with all of the information provided to the hearing committee.
 - 8. Request that the record of the hearing be made by a court reporter.
- e. Examination by the Hearing Committee: If the practitioner requesting the hearing does not testify on his/her own behalf, the practitioner may be called and examined as if under cross-examination. The hearing committee may also examine the witnesses.
- f. Procedure and Evidence: The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Requests for the

examination or production of evidence deemed relevant by a party to sustain his/her burden of proof shall be filed in writing by the requesting party on the party in possession five days in advance of the time requested for examination or production. The place for examination or production shall be the Center unless otherwise ordered by the presiding officer. Any relevant evidence shall be admitted if it is the type of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the existence of any common law or statutory rule which might make improper the admission of such evidence over objection in a civil or criminal action. The parties shall be entitled to submit, prior to or during the hearing (or, in the discretion of the hearing officer, within 10 days of the close of the hearing) memoranda concerning any issue of law or fact. Such memoranda shall become a part of the hearing record.

g. Burden of Proof:

1. In any hearing which concerns the failure to approve initial appointment of a professional to the staff with the staff category, and privileges requested, or the failure to award a member of the staff an increase in privileges or change in staff category or departmental assignment, the affected practitioner shall have the burden of proving by a preponderance of the evidence (i) that he or she possesses all requisite qualifications and (ii) that the adverse recommendation was not reasonable and warranted.
2. In any hearing which concerns an adverse recommendation or action with respect to existing membership staff category or privileges of a current member of the staff, the CRC (or Board) shall have the initial obligation to introduce evidence in support of its adverse recommendation, and shall also have the burden of proving, by a preponderance of the evidence, that the recommendation was reasonable and warranted.

h. Record of Hearing: A record of the hearing shall be made by a court reporter. The costs of the court reporter shall be borne by the Center, and the costs of the transcript shall be borne by the requesting party or parties.

i. Postponement: Requests for postponement of a hearing shall be granted by the presiding officer only upon a showing of good cause and only if the request is made as soon as it is reasonably practical, not to exceed 90 days from the original date of hearing.

j. Presence of Hearing Committee Members and Vote: A majority of the hearing committee must be present throughout the hearing and deliberations. If a committee member is absent from any part of the proceedings, that member shall not be permitted to participate in the deliberations or the decision unless and until he/she has read the entire transcript of the portion of the hearing from which he/she was absent.

k. Recesses and Adjournment: The hearing committee may recess the hearing and reconvene the same without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The hearing committee shall thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the parties. Upon conclusion of its deliberations, the hearing shall be declared finally adjourned.

Section 4.4 - Hearing Committee Report and Further Action

- a. Hearing Committee Report: Within 30 days after final adjournment of the hearing, the hearing committee shall render a written report of its decision. The decision shall include the hearing committee's findings of fact and a conclusion articulating the connection between the evidence produced at the hearing and the decision reached. The hearing committee report shall constitute a recommendation to the Operations Committee. It shall be sent to the parties to the hearing at the same time as it is forwarded to the Operations Committee.
- b. Board Action: Within 14 days after receipt of the report of the hearing committee, the Operations Committee shall consider the same and affirm, modify, or reverse its recommendation in the matter. The Board shall then render a written report of its decision. The decision shall include a statement of the findings of fact and a conclusion articulating the connection between the evidence produced at the hearing and the decision reached.
- c. Notice: The Administrator shall promptly send a copy of the result to the practitioner and Medical Director.

Section 4.5 - General Provisions

- a. Hearing Officer Appointment and Duties: The use of a hearing officer to preside at an evidentiary hearing is optional. The use and appointment of such officer shall be determined by the Administrator after consultation with the Medical Director.
- b. Attorneys: The hearings provided for herein are for the purpose of inter-professional resolution of matters bearing on professional competency and conduct. Accordingly, neither party shall be represented at an evidentiary hearing by an attorney without the prior approval of the presiding officer of the hearing body. However, the practitioner is entitled to be represented by an attorney, at the practitioner's expense, at any formal meeting of an appellate review body at which both parties are present. Furthermore, the CRC shall not be accompanied by legal counsel at the hearing or at an appellate review meeting unless the practitioner is accompanied by legal counsel.
- c. Number of Hearings: Notwithstanding any other provision of these Bylaws. No practitioner shall be entitled as a right to more than one evidentiary hearing with respect to an adverse recommendation or action.
- d. Release: By requesting a hearing or appellate review under this Fair Hearing Plan, a practitioner agrees to be bound by the provisions of these Bylaws relating to immunity from liability in all matters relating thereto.
- e. Required Reports: The State Professional Licensing Board and the National Practitioner Data Bank will be notified of adverse hearing results in accordance with any applicable state and federal laws and regulations.

ARTICLE V - Medical Staff Committees

Section 5.1 - Ad Hoc Committees

The CRC may authorize ad hoc committees to accomplish specific, temporary functions.

Section 5.2 – Appointment

Membership on standing or ad hoc committees shall be appointed by the Medical Director and shall serve at his or her discretion unless otherwise specified by these Bylaws. Administrative staff members shall serve in a nonvoting capacity.

Section 5.3 – Reports

Each committee established by the Bylaws shall report on its activities to the Board on a routine basis. It is the duty of the committee chair to sign necessary correspondence and review and initial committee meeting minutes prior to distribution.

Section 5.4 - Clinical Review Committee

The CRC functions as the “Medical Executive Committee” for the purposes of accreditation and licensure.

- a. Composition: The Clinical Review Committee shall be a permanently organized committee and shall consist of the medical director and representatives of various medical and surgical specialties practicing at the Center. Additional members of the CRC may be appointed as necessary. Administrator or designee may participate in the CRC and serve as a liaison between the CRC and Board, but has no voting privileges.
- b. Meetings: The CRC will meet at least quarterly on a regular basis but may occasionally meet more often, if required. Members of the CRC will serve for two years and may be reappointed.
- c. Responsibilities: The responsibilities of the CRC are as follows:
 1. To represent and act on behalf of the Medical Staff subject to such limitations as may be imposed by these Bylaws.
 2. To receive and act upon committee reports and make necessary recommendations to the Operations Committee.
 3. To implement policies, both clinical and administrative, of the Medical Staff.
 4. To review applications for initial appointment and reappointment to Medical Staff membership and delineation of or changes to clinical privileges.
 5. To review all information available regarding the performance and clinical competence of Medical Staff members, using the results of such reviews to make recommendations for reappointments, renewal and changes in clinical privileges.
 6. To take all reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of members of the Medical Staff, Residents, and AHPs.

7. Insofar as relates to the Medical Staff, to monitor and assure compliance with applicable accreditation standards.
8. To promulgate such policies and procedures or rules and regulations as deemed necessary and appropriate for the effective provision of patient care and/or operation of the Medical Staff.
9. To oversee the performance of the Patient Care Committee and any ad hoc committees; including but not limited to oversight of all quality improvement activities relating to the Medical Staff, Residents, and AHPs.

Section 5.5 - Patient Care Committee

- a. Composition: The Patient Care Committee (PCC) may be composed of one or more representatives from Center departments, such as: Administration, business office, pre-op and admitting, OR nursing staff, scrub technician, CRNA, recovery room nursing staff, Medical Director, etc. Members (other than *ex-officio* members) will serve for one year.
- b. Meetings: The PCC will generally meet monthly, but may skip meetings as deemed appropriate (e.g., during holiday or vacation seasons) and subject to call of such special meetings as may be necessary to review particular problems or issues that may arise during the period between scheduled meetings.
- c. Responsibilities: The purpose of the PCC is to monitor important aspects of care and to encourage communication about Center operations which will provide maximum opportunities to implement continuous quality improvement and to aid in quality assurance. The committee will review at least the following at each meeting:
 1. All incident/occurrence reports related to patient and employee safety.
 2. All patient evaluation cards and surveys.
 3. All direct hospital admissions and transfers.
 4. All complication data generated by chart review.
 5. Medical chart audit studies (at least one per quarter).
- d. Minutes: A permanent record will be kept of each meeting and these minutes will be submitted to the Clinical Review Committee.

ARTICLE VI - CONFIDENTIALITY, IMMUNITY, AND RELEASES

Section 6.1 - Authorization and Conditions

By applying for, or exercising clinical privileges within the Center, an applicant:

- a. Authorizes representatives of the Center and the Medical Staff to solicit, provide, and act upon information bearing upon, or reasonably believed to bear upon, the applicant's and subsequent Medical Staff member's professional ability and qualifications;
- b. Authorizes persons and organizations to provide information concerning such practitioner to the Medical Staff;
- c. Agrees to be bound by the provisions of this Article;
- d. Acknowledges that the provisions of this Article are express conditions to an application for Medical Staff Membership, the continuation of such membership, and to the exercise of clinical privileges at the Center.

Section 6.2 - Confidentiality of Information

- a. General: Medical Staff and Committee minutes, files, applications and records, including information regarding any member or applicant to the Medical Staff, shall be confidential to the fullest extent possible and practical. Dissemination of such information and records shall be made where authorized by law, pursuant to adopted policies of the Medical Staff in its efforts to monitor the quality of care, or where no officially adopted policy exists, with the approval of the CRC following written request. Peer review information is confidential and as such is protected under state and federal regulations.
- b. Breach of Confidentiality: Inasmuch as effective peer review and consideration of the qualifications of Medical Staff members and applicants to perform specific procedures must be based on free and candid discussions, any breach of confidentiality of the discussion or deliberations of Medical Staff committees, except in conjunction with necessary communication within the Center or with other health facilities, professional review organizations, professional societies, or licensing authorities, is outside appropriate standards of conduct for the Medical Staff and will be deemed disruptive to the operations of the Center. If it is determined that such a breach has occurred, the CRC may undertake such corrective action as it deems appropriate in accordance with Sections 3.22 and 3.23 of these Bylaws..

Section 6.3 - Immunity from Liability

- a. For Action Taken: Each representative of the Medical Staff and the Center shall be exempt, to the fullest extent permitted by law, from liability to an applicant or member for damages or other relief for any action taken, statements, or recommendations made within the scope of his/her duties as a representative of the Medical Staff or the Center.
- b. For Providing Information: Each representative of the Medical Staff or the Center and all third parties shall be exempt, to the fullest extent permitted by law, liability to an applicant or member for damages or other relief by reason of providing information to a representative of the Medical Staff or the Center concerning such person who is, or does, exercise clinical privileges or provide services at the Center.

Section 6.4 - Activities and Information Covered

- a. The confidentiality and immunity provided by this Article shall apply to all acts, communication, reports, recommendations or disclosures performed or made in connection with this or any other health facility's or organization's activities concerning, but not limited to:
 1. Application for appointment, reappointment, or clinical privileges;
 2. Corrective action;
 3. Fair Hearing;
 4. Utilization or quality assurance review;
 5. Other Committee or Medical Staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct; and
 6. Peer review organizations, State Professional Licensing Board, National Practitioner Data Bank and similar reports as required by law.

Section 6.5 - Releases

Each applicant or member shall, upon request of the Medical Director, Medical Staff or the Administrator, execute general and specific releases in accordance with the express provisions and general intent of this Article. Execution of such releases shall not be deemed a prerequisite of the effectiveness of this Article.

ARTICLE VII - GENERAL RULES AND REGULATIONS

Section 7.1 - Patient Selection

- a. Responsibility: Each Medical Staff member who schedules cases is responsible for the selection of the patients.
- b. Procedures that May Be Performed: Procedures shall be on the list of those approved by the CRC as well as those approved during credentialing of the Medical Staff member.
- c. Criteria: Patients must meet these criteria:
 1. The patient must agree with the concept of short stay surgery.
 2. The patient should be in good health or have a systemic disease which is under good control.
 3. The adult patient, or the pediatric patient's parents or guardian, must be reliable and able to follow the orders given by the attending Medical Staff and the anesthesiologists. Patients who are mentally incapacitated for any reason must have a reliable caretaker with an appropriate power of attorney.
 4. The patient must have a responsible adult available to drive him/her home, and to stay with him/her for 24 hours post-discharge.

Section 7.2 - Provisional Diagnosis

No patient shall be admitted for surgery to the Center until a provisional diagnosis has been stated.

Section 7.3 - History and Physical Examination

A history and physical examination shall be written or transcribed prior to surgery of the patient and available on the medical record and signed by the surgeon. The history and physical examination shall be as defined in the departmental policies and procedures.

Section 7.4 - Informed Consent

It shall be the responsibility of the attending practitioner to complete the process of informed consent with the patient for the procedure to be done and explanation of the associated risks thereof. Verification of this consent is included in the Center's consent for medical care form which shall be signed by the patient or person legally authorized to sign on behalf of the patient. Such consent shall be necessary to allow the patient to make a reasonable choice to submit or not submit to the planned or reasonably anticipated procedure.

Section 7.5 - Disclosure of Information

Practitioners admitting patients for surgery or other procedures shall be held responsible for giving such information about their patients as may be necessary to assure the protection of his/her patient as well as others at the Center.

Section 7.6 - Discharge of Patients

Patients shall be discharged only on the order of a practitioner. At the time of discharge, the attending staff member shall see that the record is as complete as possible.

Section 7.7 - Medical Records

Members of the Medical Staff are required to complete medical records within such reasonable time as may be prescribed by the Clinical Review Committee and/or the Operations Committee. A limited suspension in the form of withdrawal of admitting and other related privileges until medical records are completed, may be imposed by the Chairman of the Operations Committee and/or the Medical Director, or his or her designee, after notice of delinquency for failure to complete medical records within such period. For the purpose of this Section, "related privileges" means scheduling surgery, consulting on other doctor's surgical cases, or assisting on surgical cases. Bona fide vacation or illness may constitute an excuse subject to approval by the Operations Committee. The suspension shall continue until lifted by the Chairman of the Operations Committee and/or the Medical Director or his or her designee.

- a. Preparation: The admitting Medical Staff member shall be responsible for the preparation of a complete medical record for each patient. The record shall include all information to assure a safe environment for the patient and to meet licensing and accreditation standards. Center protocols, established by the CRC, shall delineate record content.
- b. Ownership: All medical records are the property of the Center.
- c. Access:

1. Access to all medical records of all patients shall be afforded to Medical Staff members in good standing for bona fide study and research, consistent with preserving the confidentiality of the identity of the individual patients, during normal business hours.
2. In case of readmission of a patient for another procedure, all previous records shall be reasonably available for the use of the attending practitioner.
3. Subject to the discretion of the Medical Director, and consistent with applicable laws and regulations, former members of the Medical Staff shall be permitted free access, during regular business hours, to information from the medical records of patients treated by them.
4. A copy of records may be removed from the Center only on subpoena, court order, or authorization by statute.

Section 7.8 - Transfer of Patients

Practitioners must have appropriate contingency arrangement in place in the event a patient needs transfer to an acute-care facility.

Section 7.9 - Follow-up Reporting and Cooperation

- a. Reporting of Patient Information: Practitioners shall cooperate in reporting information to the Center any post-operative complications or infections, as well as unexpected hospital admissions related to surgery performed at the Center.
- b. Office Records: Practitioners shall cooperate in providing information from and/or copies of their office medical records relating to the pre- or post-operative assessment and treatment of patients treated at the Center.

ARTICLE VIII - APPROVAL AND AMENDMENT OF BYLAWS, RULES AND REGULATIONS

Section 8.1 - Adoption or Amendment of Bylaws

- a. Required Approvals. Bylaws require approval by the Medical Staff and CRC. Medical Staff approval shall require a majority of the votes cast.
- b. Board Ratification: Bylaws adoption and/or amendments shall not be effective until and unless ratified by the Operations Committee.

Section 8.2 - Adoption or Amendment of Rules and Regulations

- a. Required Approvals. Rules and regulations require approval by the CRC.
- b. Board Ratification: Rules and regulations adoption and/or amendments shall not be effective until and unless ratified by the Operations Committee.

* * * * *

These Bylaws were approved and ratified as follows:

Clinical Review Committee

Date

Medical Staff

Date

Operations Committee

Date

Central Wyoming Outpatient Surgery Center

MEDICARE ATTESTATION ACKNOWLEDGEMENT STATEMENT NOTICE TO PHYSICIANS

“Medicare payment to Ambulatory Surgery Centers is based on each patient’s procedures performed, as attested to by the patient’s attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals funds, may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.”

I, _____, the undersigned, acknowledge having received the above notice.
(print or type name)

(legal signature)

(date)

(Legal signature means that which you would normally use on documents such as a Will, checks, etc. Initials are not acceptable.)