NOTICE OF REGULAR BOARD MEETING OF
THE UPPER SAN JUAN HEALTH SERVICE DISTRICT
d/b/a PAGOSA SPRINGS MEDICAL CENTER
Tuesday, March 22, 2022, at 5:30 PM
The Board Room (direct access – northeast entrance)
95 South Pagosa Blvd., Pagosa Springs, CO 81147

ALL ATTENDEES MUST BE SCREENED PRIOR TO ENTERING THE MEETING & ALL PERSONS MUST WEAR A MASK DUE TO COVID-19,
THE NUMBER OF IN-PERSON ATTENDEES WILL BE LIMITED

Please use this link to join the meeting: https://us02web.zoom.us/j/88304467907
or telephone (346) 248-7799 or (669) 900-6833
Zoom Meeting ID: 883 0446 7907

AGENDA

1) **CALL TO ORDER; ADMINISTRATIVE MATTERS OF THE BOARD**
   a) Confirmation of quorum
   b) Board member self-disclosure of actual, potential or perceived conflicts of interest
   c) Approval of the Agenda (and changes, if any)

2) **PUBLIC COMMENT** (This is an opportunity for the public to make comment and/or address USJHSD Board. Persons wishing to address the Board need to notify the Clerk to the Board, Heather Thomas, prior to the start of the meeting. All public comments shall be limited to matters under the jurisdiction of the Board and shall be expressly limited to three (3) minutes per person. The Board is not required to respond to or discuss public comments. No action will be taken at this meeting on public comments.)

3) **REPORTS**
   a) **Oral Reports** (may be accompanied by a written report)
      i) ~~Chair Report~~ ~~Chair Greg Schulte~~
      ii) CEO Report Dr. Rhonda Webb
      iii) ~~Executive Committee~~ ~~Chair Schulte and V.Chair Mees~~
      iv) ~~Foundation Committee~~ ~~Dir. Mees, Dir. Dr. Pruitt and CEO R.Webb~~
      v) ~~Facilities Committee~~ ~~Dir. Mees, Dir. Daniels, and COO K.Douglas~~
      vi) ~~Strategic Planning Committee~~ ~~Dir. Schulte, Dir. Cox and CEO R.Webb~~

vii) Finance Committee & Report — Treas./Sec. Zeigler and CFO C.Keplinger
(a) February 2022 Financials

b) **Written Reports** *(no oral report unless the Board has questions)*
i) Operations Report — COO-CNO, Kathee Douglas
ii) Medical Staff Report — Chief of Staff, Dr. John Wisneski

4) EXECUTIVE SESSION

There will be an executive session pursuant to C.R.S. Section 24-6-402(4)(b) for conferences with PSMC's attorney for the purpose of receiving legal advice on specific legal questions.

Further, the Board reserves the right to meet in executive session for any other purpose allowed and topic announced at open session of the meeting, in accordance with C.R.S. Section 24-6-402(4).

5) DECISION AGENDA

a) Consideration of Resolution 2022-06 regarding PSMC's 401(a) Retirement Plan.
b) Consideration of Resolution 2022-07 regarding PSMC's 457(b) Retirement Plan.
c) Consideration of Resolution 2022-08 regarding approval of an amendment to the Medical Staff Bylaws to process *telemedicine* behavioral health staff through Human Resources rather than the Medical Staff Office.

6) CONSENT AGENDA (The Consent Agenda is intended to allow Board approval, by a single motion, of matters that are considered routine. There will be no separate discussion of Consent Agenda matters unless requested.)

a) Approval of Board Member absences:
i) Regular meeting of 03/22/2022
b) Approval of Minutes for the following meeting(s):
i) Regular meeting of: 02/22/2022
c) Approval of Medical Staff report recommendations for new or renewal of provider privileges and Medical Staff policies.

7) OTHER BUSINESS

8) ADJOURN

Finance Committee & CFO Report for the
USJHSD Board Meeting on March 22, 2022

The Board's Finance Committee met on March 15, 2022. The report below provides an overview of the financials and addresses any questions made by members of the Finance Committee.

1) **February Financials**:

a) **Bottom line and Income Statement**:
   i) PSMC's had a negative bottom line in February which is not unusual for PSMC.
   ii) The Finance Committee discussed February volumes. The new MRI was not operational until February 7th so this negatively impacted volume. Key members of the orthopedic department were out ill in February which negatively impacted surgery volumes. Only ED visits were higher than the past years.
   iii) Finance Committee noted that collections improved and days of A/R dropped from 55.2 to 51.3 days.

b) **Balance Sheet**:
   i) Days cash on hand increased from 133.17 to 136.8 days of cash on hand.
   ii) On the Balance Sheet, PSMC has additional cash on hand that appears as both an asset and a liability as follows:
      (1) $936,145.35 (additional 9.24 days of cash) of CARES Funding for which PSMC currently has no guidance on qualifying uses (appears in the Assets column as "Relief Fund Restricted" and in the Liabilities column as "Relief Fund Liability").
      (2) $2,258,250 (additional 22.28 days of cash) of Medicare Accelerated Payment which was an advance and is applied against sums due to PSMC for Medicare services.

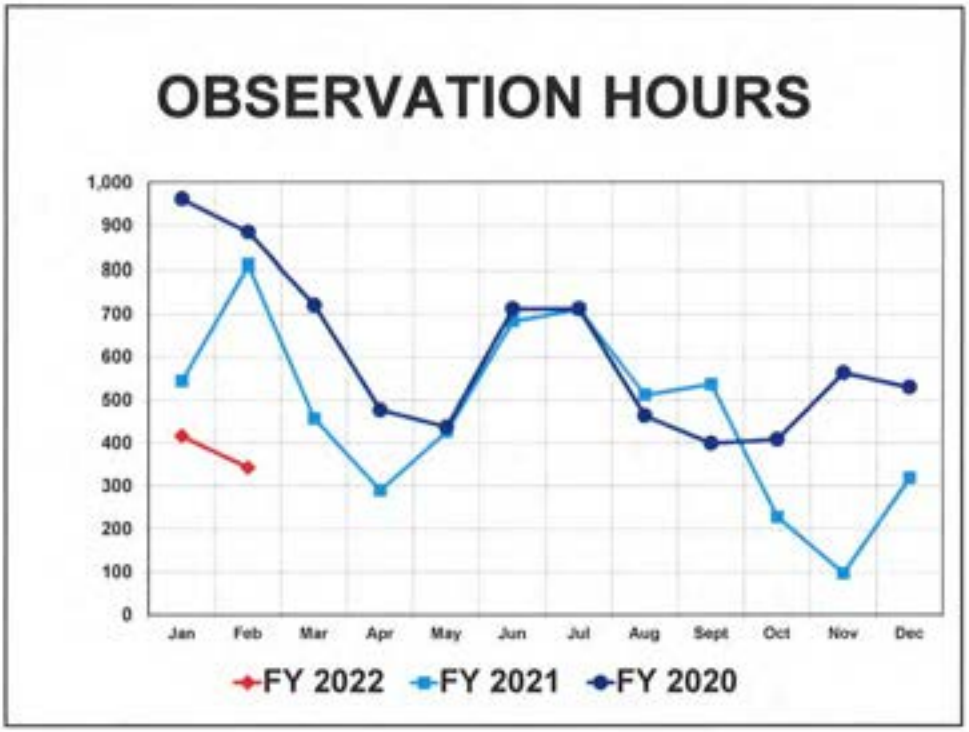
c) **Other**:
   i) The Finance Committee reviewed the suggestion of the Board that the Finance Committee discuss how funds are deposited and whether the Finance Committee should recommend designated reserves. The Finance Committee noted that funds are deposited in accordance with Colorado statutory requirements and the Board's policy. As for how funds are reserved, spent or budgeted, the Finance Committee concluded it does not want to make a recommendation that could tie a future Board as use of funds is an ongoing consideration of a Board based upon facts and circumstances.
   ii) There was a discussion of how PSMC handles bad debt: (1) expense uncollectable debt; and (2) adjust reserves for uncollectable debt.

2) **Finance Committee Recommendations**: The Finance Committee expressed no issues or concerns with the February 2022 financial reports.

PAGOSA SPRINGS
Medical Center
THE CARE YOU DESERVE, IN THE MOUNTAINS YOU LOVE

FINANCIAL PRESENTATION
YTD FEBRUARY 2022

PATIENT DAYS


OBSERVATION HOURS
1,000
900
800
700
600
500
400
300
200
100
0
Jan
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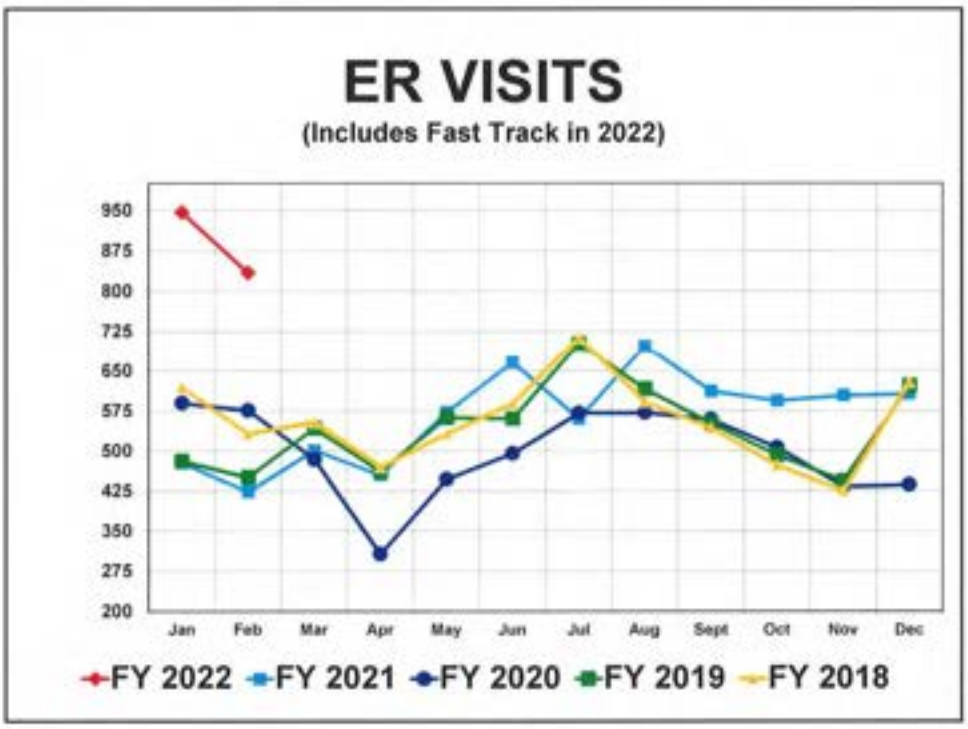
FY 2022
FY 2021
FY 2020


ER VISITS
(Includes Fast Track in 2022)
950
875
800
725
650
575
500
425
350
275
200
Jan
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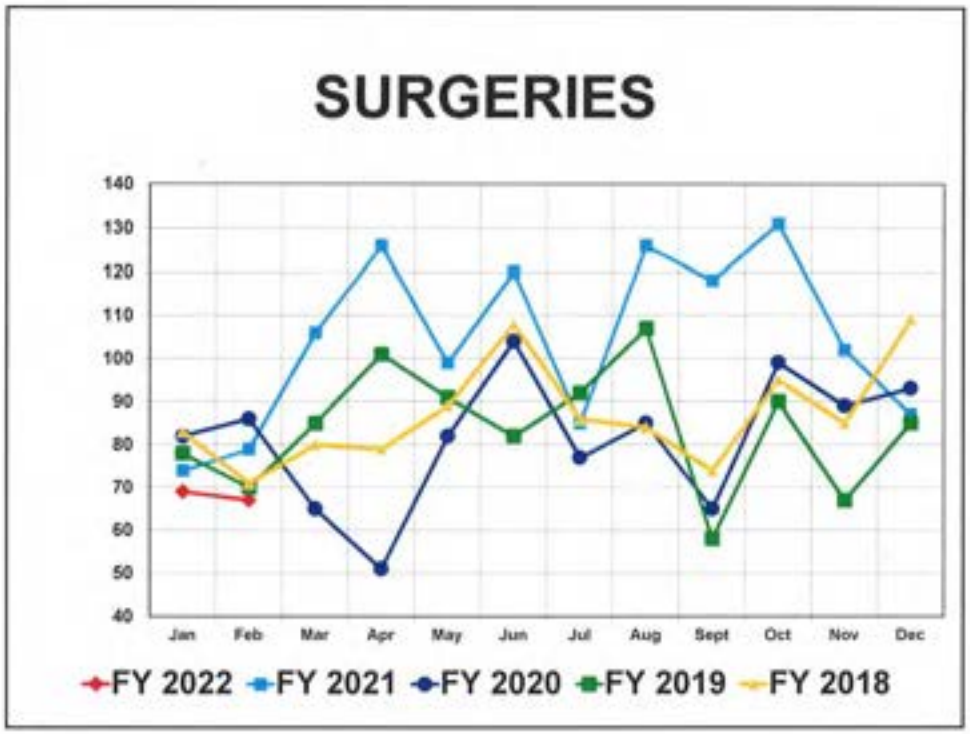
FY 2022
FY 2021
FY 2020
FY 2019
FY 2018


SURGERIES
140
130
120
110
100
90
80
70
60
50
40
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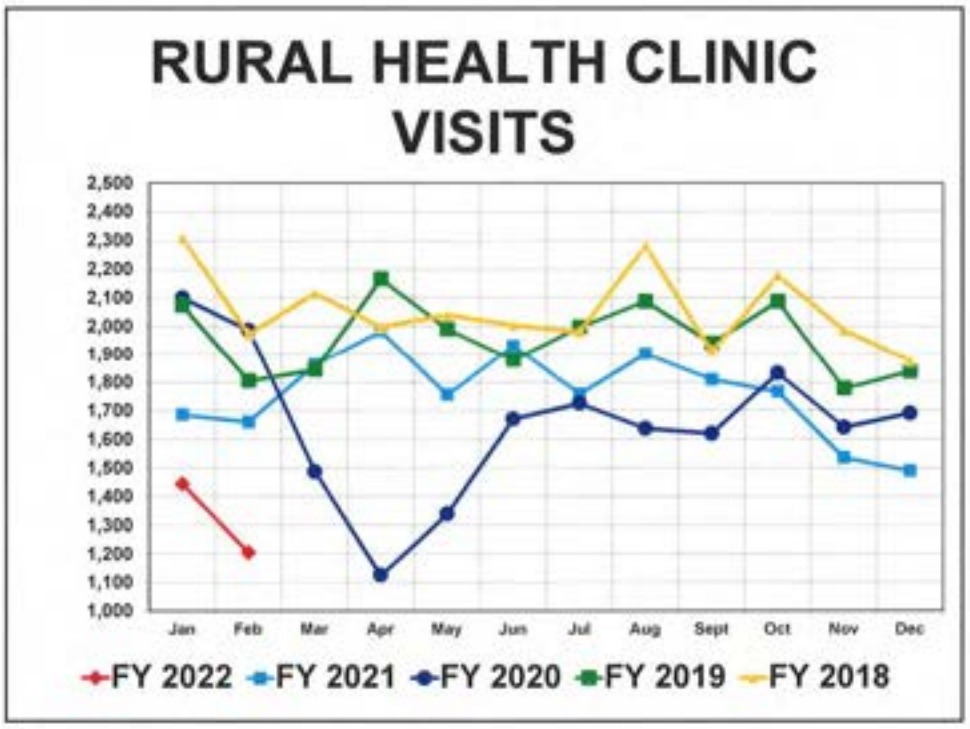
FY 2022
FY 2021
FY 2020
FY 2019
FY 2018


RURAL HEALTH CLINIC VISITS
2,500
2,400
2,300
2,200
2,100
2,000
1,900
1,800
1,700
1,600
1,500
1,400
1,300
1,200
1,100
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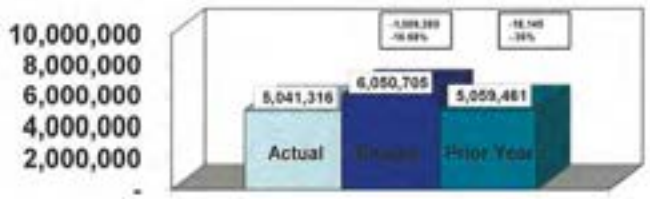
FY 2022
FY 2021
FY 2020
FY 2019
FY 2018

RADIOLOGY EXAMS

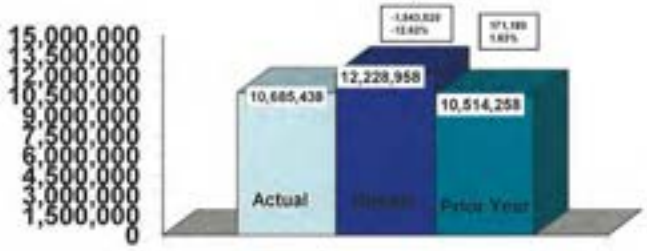
Summary of Financials

	January	
Gross Revenue	$ 5,644,122	
Net Revenue	$ 2,998,220	
Expenses	$ 3,204,132	
Grants, 340B and Tax Revenue	$ 113,252	
Grants and 340B and Stimulus		$ 101,809
Tax Revenue		$ 11,443
Net Income	$ -92,659	

GROSS REVENUE

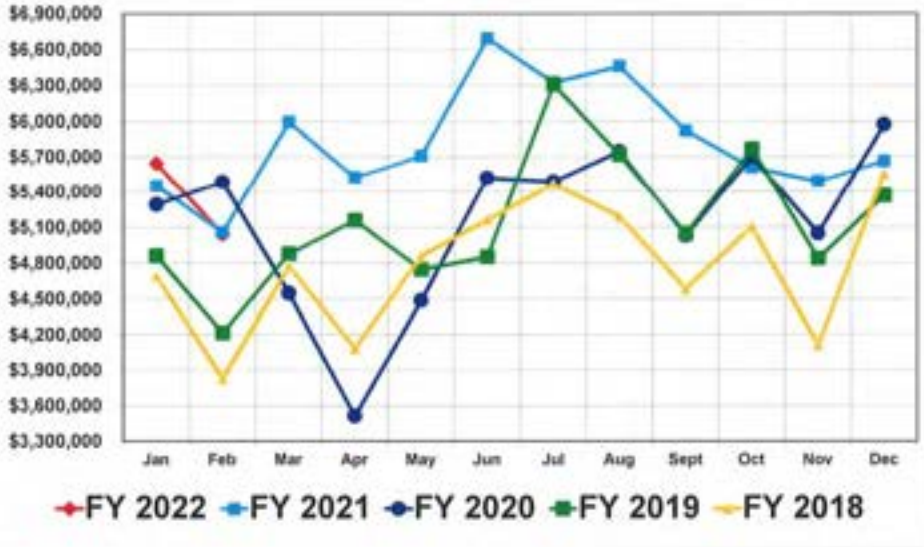


February

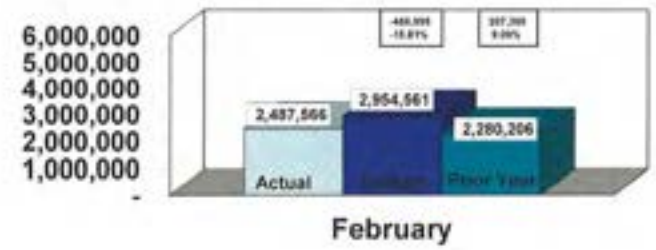


YTD

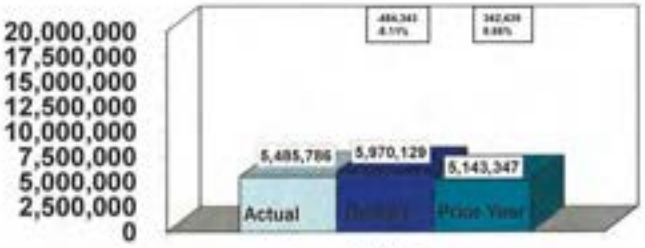
GROSS REVENUE



NET PATIENT REVENUE

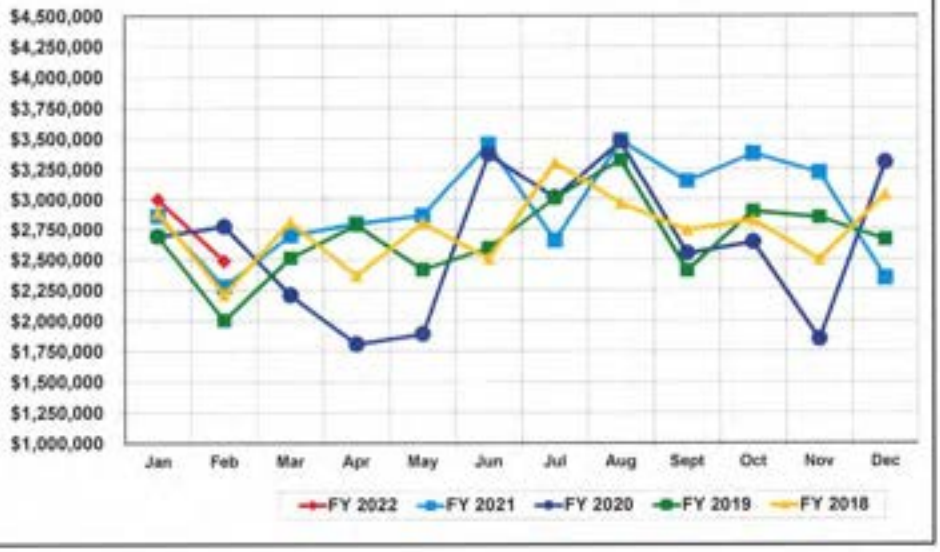


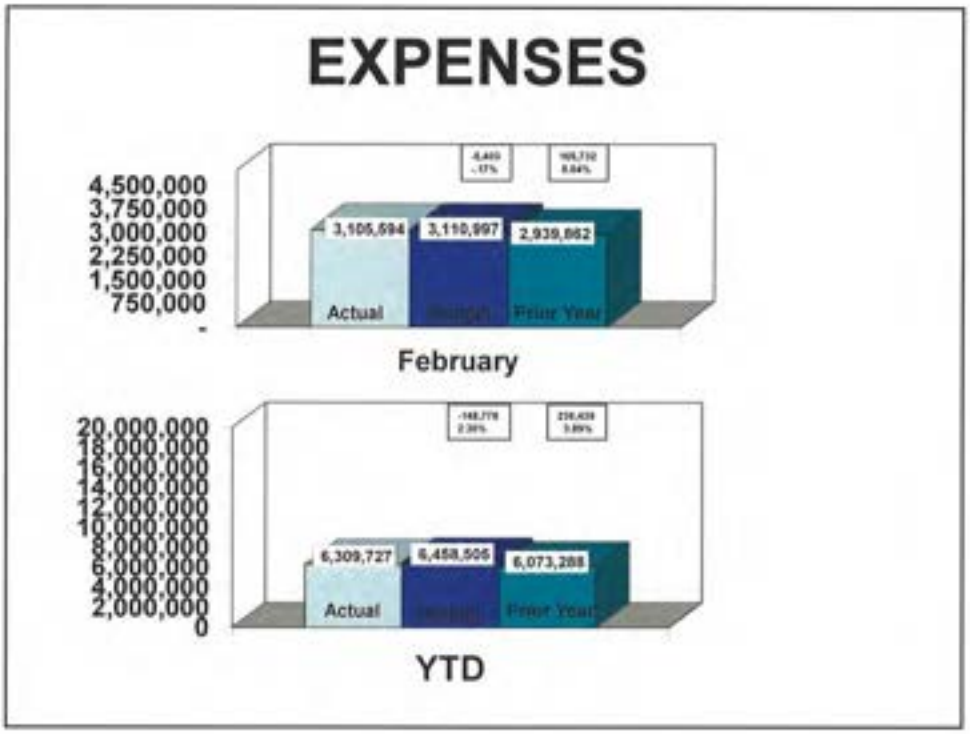
February

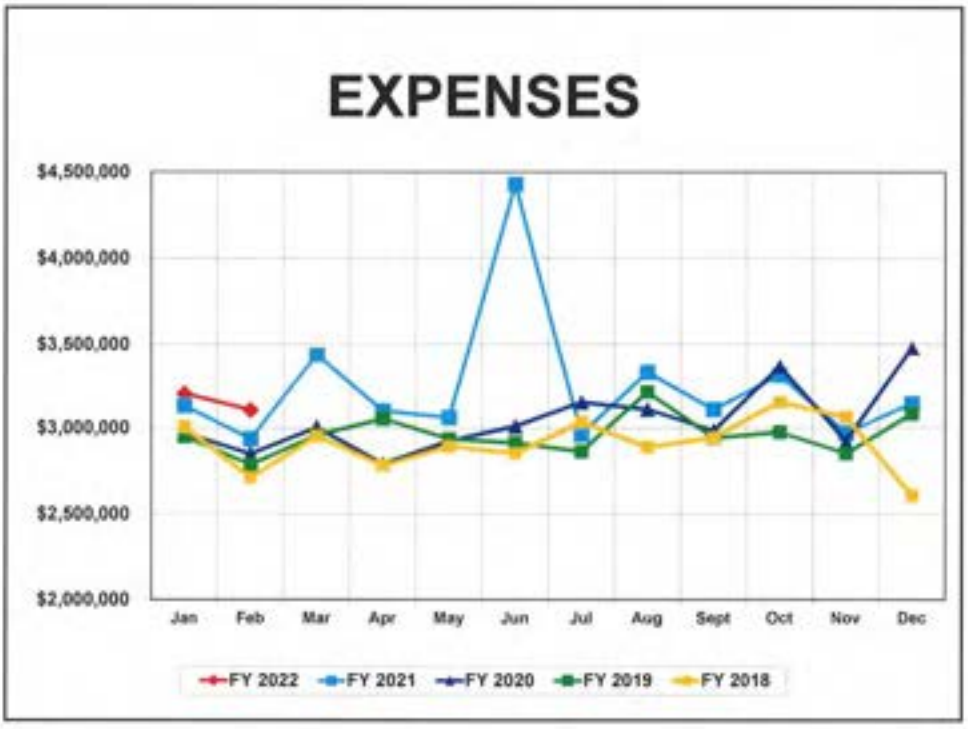


YTD

NET PATIENT REVENUE




EXPENSES
4,500,000
3,750,000
3,000,000
2,250,000
1,500,000
750,000
-
3,105,594
3,110,997
2,939,862
Actual
Prior Year
February
20,000,000
18,000,000
16,000,000
14,000,000
12,000,000
10,000,000
8,000,000
6,000,000
4,000,000
2,000,000
0
6,309,727
6,458,506
6,073,288
Actual
Prior Year
YTD


EXPENSES
$4,500,000
$4,000,000
$3,500,000
$3,000,000
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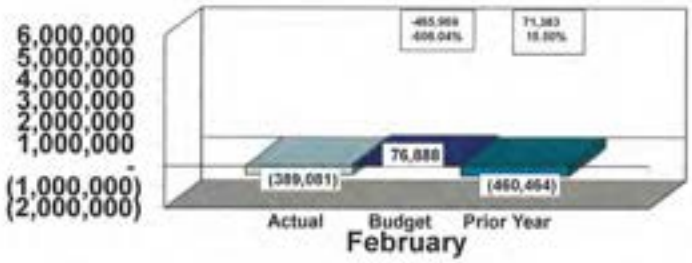
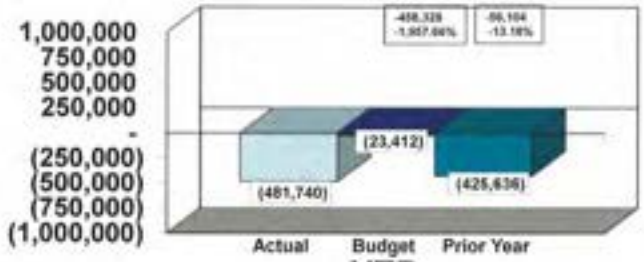
NET INCOME



February

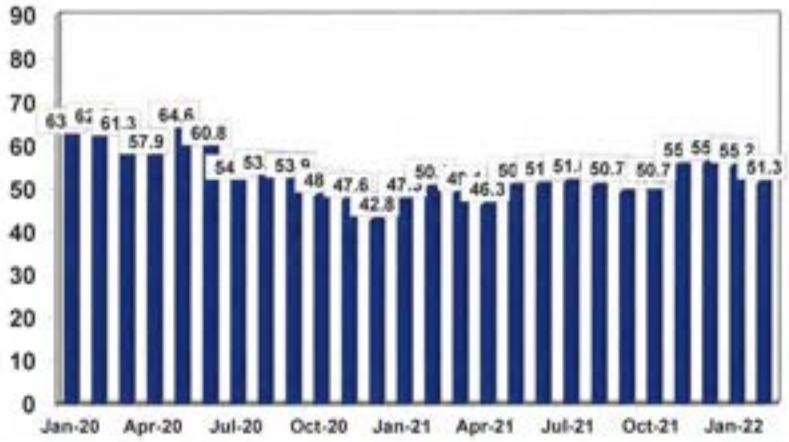


YTD

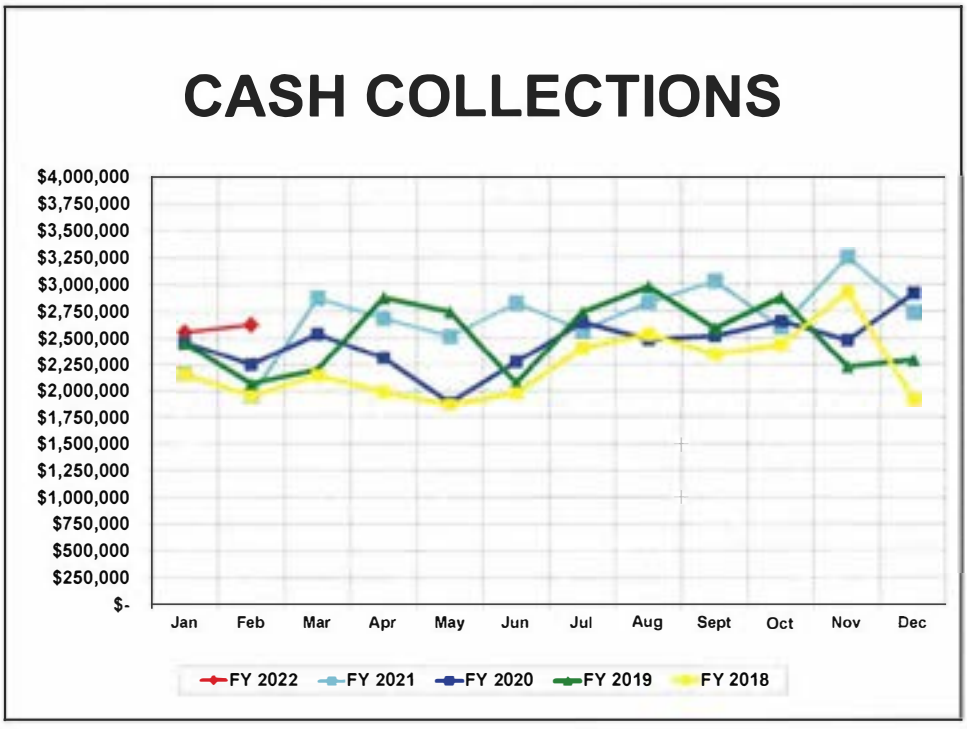
Summary of Financials

	February	
Gross Revenue	$ 5,041,316	
Net Revenue	$ 2,487,566	
Expenses	$ 3,105,594	
Grants, 340B and Tax Revenue	$ 228,947	
Grants and 340B and Stimulus		$ 158,599
Tax Revenue		$ 70,348
Net Income	$ -389,081	

GROSS DAYS IN ACCOUNTS RECEIVABLE



DAYS CASH ON HAND


CASH COLLECTIONS
$4,000,000
$3,750,000
$3,500,000
$3,250,000
$3,000,000
$2,750,000
$2,500,000
$2,250,000
$2,000,000
$1,750,000
$1,500,000
$1,250,000
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FY 2019
FY 2018

Pagosa Springs Medical Center

Income Statement --- February 28, 2022

		Current Month				Year-to-Date			
		2022	Budget	Difference	Variance	2022	Budget	Difference	Variance
	Revenue								
7	Total In-patient Revenue	372,759	483,387	(110,628)	-23%	822,425	1,033,049	(210,624)	-20%
17	Total Out-patient Revenue	4,253,835	5,078,180	(824,345)	-16%	8,920,868	10,207,719	(1,286,851)	-13%
18	Professional Fees	414,722	489,138	(74,416)	-15%	942,145	988,190	(46,045)	-5%
19	**Total Patient Revenue**	**5,041,316**	**6,050,705**	**(1,009,389)**	**-17%**	**10,685,438**	**12,228,958**	**(1,543,520)**	**-13%**
20	Revenue Deductions & Bad Debt								
21	Contractual Allowances	2,331,168	3,150,651	(819,483)	-26%	5,069,405	6,369,015	(1,299,610)	-20%
22	Charity	21,180	-	21,180		48,836	-	48,836	
23	Bad Debt	441,567	209,804	231,763	110%	561,741	424,118	137,623	32%
24	Provider Fee & Other	(240,165)	(264,311)	24,146	-9%	(480,330)	(534,304)	53,974	-10%
25	Total Revenue Deductions & Bad Debt	2,553,750	3,096,144	(542,394)	-18%	5,199,652	6,258,829	(1,059,177)	-17%
26	**Total Net Patient Revenue**	**2,487,566**	**2,954,561**	**(466,995)**	**-16%**	**5,485,786**	**5,970,129**	**(484,343)**	**-8%**
27	Grants	-	3,420	(3,420)	-100%	-	7,702	(7,702)	-100%
28	HHS Stimulus Other Revenue	-	-	-		-	-	-	
29	COVID PPP Loan Forgiveness	-	-	-	0%	-	-	-	0%
30	Other Operating Income - Misc	158,599	107,829	50,770	47%	260,410	243,836	16,574	7%
31	**Total Net Revenues**	**2,646,165**	**3,065,810**	**(419,645)**	**-14%**	**5,746,196**	**6,221,667**	**(475,471)**	**-8%**
32	**Operating Expenses**								
33	Salary & Wages	1,548,942	1,606,163	(57,221)	-4%	3,197,449	3,292,268	(94,819)	-3%
34	Benefits	245,830	279,017	(33,187)	-12%	436,994	564,757	(127,763)	-23%
35	Professional Fees/Contract Labor	130,177	35,832	94,345	263%	237,533	73,438	164,095	223%
36	Purchased Services	206,982	204,335	2,647	1%	353,968	446,662	(92,694)	-21%
37	Supplies	435,827	490,161	(54,334)	-11%	1,020,476	1,058,892	(38,416)	-4%
38	Rent & Leases	20,897	14,275	6,622	46%	42,333	29,023	13,310	46%
39	Repairs & Maintenance	52,562	42,705	9,857	23%	123,627	87,291	36,336	42%
40	Utilities	64,967	43,400	21,567	50%	120,646	88,097	32,549	37%
41	Insurance	37,851	29,263	8,588	29%	78,118	58,506	19,612	34%
42	Depreciation & Amortization	145,171	165,008	(19,837)	-12%	290,528	322,216	(31,688)	-10%
43	Interest	81,753	65,801	15,952	24%	152,282	134,802	17,480	13%
44	Other	134,635	135,037	(402)	0%	255,773	302,553	(46,780)	-15%
45	**Total Operating Expenses**	**3,105,594**	**3,110,997**	**(5,403)**	**0%**	**6,309,727**	**6,458,505**	**(148,778)**	**-2%**
46	**Operating Revenue Less Expenses**	**(459,429)**	**(45,187)**	**(414,242)**	**917%**	**(563,531)**	**(236,838)**	**(326,693)**	**138%**
47	**Non-Operating Income**								
48	Tax Revenue	70,348	107,135	(36,787)	-34%	81,791	187,306	(105,515)	-56%
49	Donations	-	14,940	(14,940)	-100%	-	26,120	(26,120)	-100%
50	**Total Non-Operating Income**	70,348	122,075	(51,727)	-42%	81,791	213,426	(131,635)	-62%
51	**Total Revenue Less Total Expenses**	**$ (389,081)**	**$ 76,888**	**$ (465,969)**	**-606%**	**$ (481,740)**	**$ (23,412)**	**$ (458,328)**	**1958%**

Pagosa Springs Medical Center

Income Statement Comparison - - - February 28, 2022

		Current Month				Year-to-Date			
		2022	2021	Difference	Variance	2022	2021	Difference	Variance
	Revenue								
2									
7	Total In-patient Revenue	372,759	322,554	50,205	16%	822,425	897,769	(75,344)	-8%
17	Total Out-patient Revenue	4,253,835	4,312,128	(58,293)	-1%	8,920,868	8,765,406	155,462	2%
18	Professional Fees	414,722	424,779	(10,057)	-2%	942,145	851,083	91,062	11%
19	**Total Patient Revenue**	**5,041,316**	**5,059,461**	**(18,145)**	**0%**	**10,685,438**	**10,514,258**	**171,180**	**2%**
20	Revenue Deductions & Bad Debt								
21	Contractual Allowances	2,331,168	2,751,410	(420,242)	-15%	5,069,405	5,385,025	(315,620)	-6%
22	Charity	21,180	10,461	10,719	102%	48,836	194,099	(145,263)	-75%
23	Bad Debt	441,567	227,391	214,176	94%	561,741	211,801	349,940	165%
24	Provider Fee & Other	(240,165)	(210,007)	(30,158)	14%	(480,330)	(420,014)	(60,316)	14%
25	Total Revenue Deductions & Bad Debt	2,553,750	2,779,255	(225,505)	-8%	5,199,652	5,370,911	(171,259)	-3%
26	**Total Net Patient Revenue**	**2,487,566**	**2,280,206**	**207,360**	**9%**	**5,485,786**	**5,143,347**	**342,439**	**7%**
27	Grants	-	8,500	(8,500)	-100%	-	159,755	(159,755)	-100%
28	HHS Stimulus Other Revenue	-	-	-		-	-	-	
29	COVID PPP Loan Forgiveness	-	-	-		-	-	-	
30	Other Operating Income - Misc	158,599	131,075	27,524	21%	260,410	273,425	(13,015)	-5%
31	**Total Net Revenues**	**2,646,165**	**2,419,781**	**226,384**	**9%**	**5,746,196**	**5,576,527**	**169,669**	**3%**
32	**Operating Expenses**								
33	Salary & Wages	1,548,942	1,557,024	(8,082)	-1%	3,197,449	3,233,424	(35,975)	-1%
34	Benefits	245,830	247,525	(1,695)	-1%	436,994	510,458	(73,464)	-14%
35	Professional Fees/Contract Labor	130,177	29,245	100,932	345%	237,533	56,511	181,022	320%
36	Purchased Services	206,982	143,174	63,808	45%	353,968	304,132	49,836	16%
37	Supplies	435,827	451,735	(15,908)	-4%	1,020,476	854,991	165,485	19%
38	Rent & Leases	20,897	21,323	(426)	-2%	42,333	68,144	(25,811)	-38%
39	Repairs & Maintenance	52,562	50,868	1,694	3%	123,627	94,747	28,880	30%
40	Utilities	64,967	45,279	19,688	43%	120,646	104,907	15,739	15%
41	Insurance	37,851	29,114	8,737	30%	78,118	59,119	18,999	32%
42	Depreciation & Amortization	145,171	152,987	(7,816)	-5%	290,528	301,849	(11,321)	-4%
43	Interest	81,753	84,504	(2,751)	-3%	152,282	168,538	(16,256)	-10%
44	Other	134,635	127,084	7,551	6%	255,773	316,468	(60,695)	-19%
45	**Total Operating Expenses**	**3,105,594**	**2,939,862**	**165,732**	**6%**	**6,309,727**	**6,073,288**	**236,439**	**4%**
46	**Operating Revenue Less Expenses**	**(459,429)**	**(520,081)**	**60,652**	**-12%**	**(563,531)**	**(496,761)**	**(66,770)**	**13%**
47	**Non-Operating Income**								
48	Tax Revenue	70,348	59,617	10,731	18%	81,791	71,125	10,666	15%
49	Donations	-	-	-		-	-	-	
50	**Total Non-Operating Income**	70,348	59,617	10,731	18%	81,791	71,125	10,666	15%
51	**Total Revenue Less Total Expenses**	**$ (389,081)**	**$ (460,464)**	**$ 71,383**	**-16%**	**$ (481,740)**	**$ (425,636)**	(56,104)	13%

Pagosa Springs Medical Center

Balance Sheet - - - February 28, 2022

Assets	Current Month	Prior Month
Current Assets		
Cash		
Operating	$ 13,475,924	$ 13,164,468
Debt Svc. Res. 2016 Bonds	878,731	878,731
Bond Funds - 2016 Bonds	580	422
Bond Funds - 2021 / 2006	390,166	329,981
Escrow - UMB	-	-
COVID PPP	-	-
Relief Fund Cash Restricted	936,145	936,145
Medicare Accelerated Pmt	2,258,250	2,417,648
Total Cash	17,939,796	17,727,395
Accounts Receivable		
Patient Revenue - Net	4,682,554	5,205,517
Other Receivables	1,601,500	1,827,781
Total Accounts Receivable	6,284,054	7,033,298
Inventory	1,802,874	1,805,058
Total Current Assets	26,026,724	26,565,751
Fixed Assets		
Property Plant & Equip (Net)	7,331,887	7,482,566
Electronic Health Record (Net)	-	-
Clinic Expansion	13,377,405	13,377,405
Work In Progress	904,879	781,904
Land	101,000	101,000
Total Fixed Assets	21,715,171	21,742,875
Other Assets		
Prepaids & Other Assets	442,966	434,827
Total Other Assets	442,966	434,827
Total Assets	**$ 48,184,861**	**$ 48,743,453**

Liabilities	Current Month	Prior Month
Current Liabilities		
Accts Payable - System	$ 695,157	$ 638,138
Accrued Expenses	792,892	644,898
Cost Report Settlement Res	796,524	1,000,877
Wages & Benefits Payable	1,357,914	1,278,490
Deferred Revenue	1,365,613	1,435,961
COVID PPP Short Term Loan	-	-
Relief Fund Liability	936,145	936,145
Medicare Accelerated Pmt Liab	2,258,250	2,417,648
Current Portion of LT Debt-Lease	32,374	46,715
Current Portion of LT Debt-2006	-	-
Current Portion of LT Debt-2016	340,000	340,000
Total Current Liabilities	8,574,869	8,738,872
Long-Term Liabilities		
Leases Payable	-	-
Equipment Lease (Wells Fargo)	-	-
Bond Premium (Net) - 2006 Def Outflows	203,526	204,638
Bond Premium (Net) - 2016	123,197	123,622
Bond Premium (Net) - 2021	754,525	758,496
Bonds Payable - 2021	7,885,000	7,885,000
Bonds Payable - 2006	-	-
Bonds Payable - 2016	9,250,000	9,250,000
Total Long-Term Liabilities	18,216,248	18,221,756
Net Assets		
Un-Restricted	21,875,484	21,875,484
Current Year Net Income/Loss	(481,740)	(92,659)
Total Un-Restricted	21,393,744	21,782,825
Restricted		
Total Net Assets	21,393,744	21,782,825
Total Liabilities & Net Assets	**$ 48,184,861**	**$ 48,743,453**

Pagosa Springs Medical Center

Monthly Trends

	Activity	Feb-21 28	Mar-21 31	Apr-21 30	May-21 31	Jun-21 30	Jul-21 31	Aug-21 31	Sep-21 30	Oct-21 31	Nov-21 30	Dec-21 31	Jan-22 31	Feb-22 28	YTD Total 59
2	In-Patient Admissions	22	27	33	41	33	35	32	17	24	32	27	31	25	**56**
3	In-Patient Days	61	76	86	101	93	72	74	47	62	95	56	67	62	**129**
4	Avg Stay Days (In-patients)	2.8	2.8	2.6	2.5	2.8	2.1	2.3	2.8	2.6	3.0	2.1	2.2	2.5	2.3
5	Swing Bed Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	-
6	Swing Bed Days	0	0	0	0	0	0	0	0	0	0	0	0	0	-
7	Avg Length of Stay (Swing)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8	Average Daily Census	2.2	2.5	2.9	3.3	3.1	2.3	2.4	1.6	2.0	3.2	1.8	2.2	2.2	2.2
	Statistics														
9	E/R visits	424	501	455	573	666	561	697	612	594	604	607	946	834	1,780
10	Observ Hours	781	458	291	428	685	713	513	538	228	97	319	416	343	759
11	Lab Tests	4,831	5,810	5,583	6,045	6,032	5,687	5,586	5,409	5,918	6,005	5,498	5,660	4,897	10,557
12	Radiology/CT/MRI Exams	1,126	1,341	1,252	1,304	1,539	1,335	1,525	1,397	1,214	1,240	1,365	1,299	1,195	2,494
14	OR Cases	79	106	126	99	120	85	126	118	131	102	87	69	67	136
15	Clinic Visits	1,661	1,863	1,983	1,756	1,931	1,759	1,902	1,810	1,766	1,536	1,490	1,444	1,206	2,650
16	Spec. Clinic Visits	97	79	109	101	113	204	89	85	75	46	37	33	32	65
17	Oncology Clinic Visits	93	129	127	116	127	90	135	119	114	110	103	106	107	213
18	Oncology/Infusion Patients	91	175	150	158	159	151	195	160	156	193	174	193	198	391
19	Infusion Patients	52	78	51	75	96	122	109	92	93	137	101	109	108	217
20	EMS Transports	90	108	83	112	137	113	126	108	93	106	124	101	100	201
21	Total Stats	9,325	10,648	10,210	10,767	11,605	10,820	11,003	10,448	10,382	10,176	9,905	10,376	9,087	19,463

Pagosa Springs Medical Center - - - Statistical Review

Statistical Review

	2022	February Current Month Actual	February Current Month Budget	February Current Month Variance	February Y-T-D Actual	February Y-T-D Budget	February Y-T-D Variance	February Prior Y-T-D Y-T-D Actual	February Prior Y-T-D Prior Y-T-D Actual	February Prior Y-T-D Difference	February Prior Y-T-D Variance
1	**In-Patient**										
2	Admissions:										
3	Acute	25	28	(3)	56	56	-	56	56	-	0%
4	Swing Bed	-	-	-	-	-	-	-	-	-	
5	Total	25	28	(3)	56	56	-	56	56	-	0%
7	Patient Days:										
8	Acute	62	69	(7)	129	138	(9)	129	144	(15)	-10%
9	Swing Bed	-	-	-	-	-	-	-	-	-	
10	Total	62	69	(7)	129	138	(9)	129	144	(15)	-10%
12	Average Daily Census:										
13	# Of Days	28	28		59	59		59	59		
14	Acute	2.2	2.5	(0.3)	2.2	2.3	(0.2)	2.2	2.4	(0.3)	-10%
15	Swing Bed	-	-	-	-	-	-	-	-	-	
16	Total	2.2	2.5	(0.3)	2.2	2.3	(0.2)	2.2	2.4	(0.3)	-10%
18	Length of Stay:										
19	Acute	2.5	2.5	0.0	2.3	2.5	(0.2)	2.3	2.6	(0.3)	-10%
20	Swing Bed	-	-	-	-	-	-	-	-	-	0%
21	Total	2.5	2.5	0.0	2.3	2.5	(0.2)	2.3	2.6	(0.3)	-10%
33	**Out-Patient**										
34	Out-Patient Visits										
35	E/R Visits	834	541	293	1,780	1,087	693	1,780	902	878	97%
36	Observ admissions	18	25	(7)	35	50	(15)	35	59	(24)	-41%
37	Lab Tests	4,897	5,505	(608)	10,557	11,065	(508)	10,557	10,655	(98)	-1%
38	Radiology/CT/MRI Exams/M	1,195	1,277	(82)	2,494	2,567	(73)	2,494	2,397	97	4%
39	OR Cases	67	102	(35)	136	205	(69)	136	153	(17)	-11%
40	Clinic Visits	1,206	1,706	(500)	2,650	3,429	(779)	2,650	3,347	(697)	-21%
41	Spec. Clinic Visits	32	93	(61)	65	187	(122)	65	233	(168)	-72%
42	Oncology Clinic Visits	107	110	(3)	213	222	(9)	213	185	28	15%
43	Oncology/Infusion Patients	198	153	45	391	307	84	391	201	190	95%
	Infusion Patients	108	84	24	217	168	49	217	72	145	201%
45	EMS Transports	100	105	(5)	201	211	(10)	201	204	(3)	-1%
44	Total	8,762	9,701	(939)	18,739	19,498	(759)	18,739	18,408	331	2%

Pagosa Springs Medical Center

Cerner/Healthland Accounts Receivable for Hospital by Payor and Days Outstanding -- As of February 28, 2022

	0-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	151-180 Days	181+ Days	Total	Percent of Total	Accts sent to Collections
2 Medicare	$ 2,213,904	$ 328,797	$ 132,395	$ 89,658	$ 69,538	$ 59,284	$ 102,222	$ **2,995,798**	**32%**	
3 Medicaid	538,834	166,859	56,632	70,586	30,387	8,708	327,258	**1,199,264**	**13%**	x
4 Third Party	1,265,415	554,747	279,373	191,559	158,251	121,101	401,109	**2,971,555**	**32%**	
5 Self-Pay	188,228	339,287	205,281	223,649	155,095	120,687	922,100	**2,154,327**	**23%**	
Current Month Total	$ **4,206,381**	$ **1,389,690**	$ **673,681**	$ **575,452**	$ **413,271**	$ **309,780**	$ **1,752,689**	$ **9,320,944**	**100%**	**199,177**
Pct of Total	45%	15%	7%	6%	4%	3%	19%	100%		
Jan-22	$ 4,815,885	$ 1,218,564	$ 968,019	$ 573,545	$ 504,719	$ 332,446	$ 1,663,719	$ 10,076,897		184,318
Pct of Total	48%	12%	10%	6%	5%	3%	17%	100%		
Dec-21	$ 4,411,483	$ 1,771,146	$ 897,483	$ 629,416	$ 471,528	$ 299,814	$ 1,716,882	$ 10,197,752		246,249
Pct of Total	43%	17%	9%	6%	5%	3%	17%	100%		
Nov-21	$ 5,254,766	$ 1,288,663	$ 765,276	$ 596,925	$ 429,612	$ 449,363	$ 1,582,207	$ 10,366,811		223,165
Pct of Total	51%	12%	7%	6%	4%	4%	15%	100%		
Oct-21	$ 4,591,197	$ 1,412,195	$ 784,524	$ 573,095	$ 661,916	$ 330,409	$ 1,562,788	$ 9,916,124		372,288
Pct of Total	46%	14%	8%	6%	7%	3%	16%	100%		
Sep-21	$ 4,623,878	$ 1,367,954	$ 793,192	$ 861,326	$ 484,324	$ 263,617	$ 1,610,326	$ 10,004,617		251,846
Pct of Total	46%	14%	8%	9%	5%	3%	16%	100%		
Aug-21	$ 5,070,970	$ 1,423,538	$ 1,289,523	$ 637,852	$ 423,338	$ 370,971	$ 1,518,317	$ 10,734,509		181,959
Pct of Total	47%	13%	12%	6%	4%	3%	14%	100%		
Jul-21	$ 4,918,121	$ 1,859,528	$ 864,925	$ 524,846	$ 546,331	$ 340,021	$ 1,455,387	$ 10,509,159		125,498
Pct of Total	47%	18%	8%	5%	5%	3%	14%	100%		
Jun-21	$ 4,450,225	$ 991,357	$ 492,319	$ 470,912	$ 586,430	$ 186,858	$ 1,658,314	$ 9,036,415		248,707
Pct of Total	49%	11%	5%	5%	6%	4%	18%	100%		
May-21	$ 4,564,596	$ 1,223,151	$ 900,499	$ 559,379	$ 516,823	$ 338,558	$ 1,383,875	$ 9,486,881		95,678
Pct of Total	48%	13%	9%	6%	5%	4%	15%	100%		
Apr-21	$ 4,315,723	$ 1,332,592	$ 712,599	$ 645,005	$ 417,714	$ 166,007	$ 1,174,380	$ 8,764,020		190,242
Pct of Total	49%	15%	8%	7%	5%	2%	13%	100%		
Mar-21	$ 4,536,107	$ 1,283,697	$ 893,010	$ 614,678	$ 287,740	$ 205,954	$ 1,187,089	$ 9,008,275		141,056
Pct of Total	50%	14%	10%	7%	3%	2%	13%	100%		
Feb-21	$ 4,632,177	$ 1,808,956	$ 796,014	$ 329,120	$ 255,606	$ 194,030	$ 1,194,813	$ 9,210,716		116,794
Pct of Total	50%	20%	9%	4%	3%	2%	13%	100%		
Jan-21	$ 4,667,228	$ 1,324,541	$ 489,574	$ 380,972	$ 303,832	$ 307,163	$ 1,102,666	$ 8,575,976		197,220
Pct of Total	54%	15%	6%	4%	4%	4%	13%	100%		
Dec-20	$ 4,315,448	$ 835,664	$ 542,288	$ 394,340	$ 421,056	$ 304,468	$ 965,830	$ 7,779,094		222,785

Pagosa Springs Medical Center

Cerner/Healthland Accounts Receivable for Hospital by Payor and Days Outstanding -- As of February 28, 2022

	0-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	151-180 Days	181+ Days	Total	Percent of Total	Accts sent to Collections
Pct of Total	55%	11%	7%	5%	5%	4%	12%	100%		
Nov-20	$ 4,108,089	$ 1,171,013	$ 583,125	$ 541,005	$ 584,542	$ 275,531	$ 985,311	$ 8,248,616		172,213
Pct of Total	50%	14%	7%	7%	7%	3%	12%	100%		
Oct-20	$ 4,351,562	$ 1,054,133	$ 832,882	$ 694,766	$ 372,848	$ 200,118	$ 1,158,212	$ 8,664,521		855,499
Pct of Total	50%	12%	10%	8%	4%	2%	13%	100%		
Sep-20	$ 4,073,962	$ 1,528,744	$ 916,786	$ 468,911	$ 324,972	$ 204,586	$ 2,011,419	$ 9,529,381		12,049
Pct of Total	43%	16%	10%	5%	3%	2%	21%	100%		
12 **Pct Settled (Current)**		71.1%	44.7%	40.6%	27.9%	38.6%	-427.2%			
13 **Pct Settled (Jan from Dec)**		72.4%	45.3%	36.1%	19.8%	29.5%	-454.9%			

Pagosa Springs Medical Center

Pagosa Springs Medical Center --- Net Days in A/R 2022

		31	28	31	30	31	30
		Jan-22	Feb-22	Mar-21	Apr-21	May-21	Jun-21
2	Net Accounts Receivable	$ 5,205,517	$ 4,682,554	$ 3,956,034	$ 3,777,753	$ 3,877,097	$ 4,279,409
3	Net Patient Revenue	$ 2,998,220	$ 2,487,566	$ 2,700,773	$ 2,799,928	$ 2,867,264	$ 3,457,110
4	Net Patient Rev/Day (2 month Avg)	$ 86,218	$ 92,779	$ 84,279	$ 90,226	$ 92,912	$ 103,865
5	Net Days in A/R	60	50	47	42	42	41

		31	31	30	31	30	31
		Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
7	Net Accounts Receivable	$ 4,520,929	$ 4,713,332	$ 4,472,476	$ 4,754,058	$ 5,115,376	$ 4,491,257
8	Net Patient Revenue	$ 2,659,431	$ 3,484,951	$ 3,150,551	$ 3,377,543	$ 3,221,526	$ 2,347,320
9	Net Patient Rev/Day (2 month Avg)	$ 100,513	$ 99,103	$ 108,718	$ 106,986	$ 108,169	$ 91,552
10	Net Days in A/R	45	48	41	44	47	49

Pagosa Springs Medical Center --- Gross Days Target

12	Medicare	33%	21	$ 92,979	$	644,347
13	Medicaid	7%	35	$ 92,979	$	227,800
14	Blue Cross	15%	48	$ 92,979	$	669,452
15	Commercial	26%	65	$ 92,979	$	1,571,352
16	Self Pay	19%	150	$ 92,979	$	2,649,914
17	Total:	100%			$	5,762,865
18					$	92,979
19			Gross Days in A/R Target			62

Pagosa Springs Medical Center
Revenue by Financial Class
February 28, 2022

Financial Class	Inpatient MTD	Outpatient MTD	Total MTD	% MTD
Auto/Liability Insurance	-	20,157.90	20,157.90	0.40%
Blue Cross	53,350.50	516,854.83	570,205.33	11.31%
Champus	-	46,882.25	46,882.25	0.93%
Commercial Insurance	57,670.50	489,218.84	546,889.34	10.85%
Medicaid	25,862.60	786,110.67	811,973.27	16.11%
Medicare	154,312.18	1,637,678.47	1,791,990.65	35.55%
Medicare HMO	139,821.44	670,511.23	810,332.67	16.07%
Self Pay	-	152,330.47	152,330.47	3.02%
Self Pay - Client Billing	-	35,216.67	35,216.67	0.70%
Veterans Administration	(2,022.40)	203,089.23	201,066.83	3.99%
Workers Compensation	-	54,270.43	54,270.43	1.08%
Total	**428,994.82**	**4,612,320.99**	**5,041,315.81**	**100.00%**

Financial Class	Inpatient YTD	Outpatient YTD	Total YTD	% YTD	12/31/2021 % YTD	12/31/20 % YTD	12/31/19 % YTD	12/31/18 % YTD	12/31/17 % YTD	12/31/16 % YTD
Auto/Liability Insurance	-	28,074.80	28,074.80	0.26%	1.41%	0.91%	1.15%	1.05%	1.24%	1.11%
Blue Cross	55,399.70	1,070,988.97	1,126,388.67	10.54%	11.40%	12.38%	15.40%	15.42%	15.90%	15.83%
Champus	-	96,151.35	96,151.35	0.90%	0.95%	0.82%	0.31%	0.08%	0.07%	0.19%
Commercial Insurance	94,246.10	1,064,656.48	1,158,902.58	10.85%	12.12%	11.72%	11.34%	13.08%	11.79%	13.08%
Medicaid	167,777.70	1,788,904.96	1,956,682.66	18.31%	17.50%	18.86%	18.75%	18.22%	20.28%	21.56%
Medicare	306,361.64	3,433,349.95	3,739,711.59	35.00%	36.51%	38.60%	36.99%	36.75%	35.27%	35.90%
Medicare HMO	251,620.87	1,301,153.18	1,552,774.05	14.53%	11.01%	7.77%	7.20%	4.47%	3.55%	2.76%
Self Pay	33,928.09	316,345.82	350,273.91	3.28%	3.95%	3.68%	4.40%	5.40%	6.96%	5.26%
Self Pay - Client Billing	-	56,526.24	56,526.24	0.53%	0.36%	0.22%	0.18%	0.18%	0.19%	0.17%
Veterans Administration	49,517.00	467,595.76	517,112.76	4.84%	3.76%	4.13%	2.74%	4.13%	3.58%	2.74%
Workers Compensation	-	102,839.51	102,839.51	0.96%	1.03%	0.92%	1.52%	1.22%	1.17%	1.37%
Total	**958,851.10**	**9,726,587.02**	**10,685,438.12**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**99.97%**
Blank										0.00%
HMO (Health Maint Org)										0.03%
Total						100.00%	100.00%	100.00%	100.00%	100.00%

Pagosa Springs Medical Center
Financial Forecast
Statement of Cash Flows

	February 2022
Cash Flows from operating activities	
Change in net assets	(389,081)
Adjustments to reconcile net assets to net cash	
Depreciation and amortization	145,171
Patient accounts receivable	522,963
Accounts payable and wages payable	136,443
Accrued liabilities	147,994
Pre-paid assets	(8,139)
Deferred revenues	(70,348)
Other receivables	226,281
Reserve for third party settlement	(204,353)
Inventory	2,184
Net Cash Provided by (used in) operating activities	509,115
Cash Flows from investing activities	
Purchase of property and equipment	-
Work in progress	(122,975)
Proceeds from sale of equipment/(Loss)	-
Net Cash Provided by (used in) investing activities	(122,975)
Cash Flows from financing activities	
Principal payments on long-term debt	-
Proceeds from debt (funding from 2021 Bond)	-
Proceeds from PPP Short Term Loan	-
Recognize Amounts from Relief Fund	-
Payments/Proceeds from Medicare Accelerated Payment	(159,398)
Change in Prior Year Net Assets	-
Change in leases payable	(14,341)
Net Cash Provided by (used in) financing activities	(173,739)
Net Increase(Decrease) in Cash	212,401
Cash Beginning of Month	17,727,395
Cash End of Month	17,939,796

2022						
Month	Cash Goal	Actual Cash	Variance	% Collected	GL Non AR	Total
Jan-22	$2,121,338.00	$2,559,519.95	$438,181.95	120.66%	$ (89,581.25)	$2,469,938.70
Feb-22	$2,758,055.00	$2,629,036.30	($129,018.70)	95.32%	$ 229,760.89	$2,858,797.19
	$4,879,393.00	$5,188,556.25	$309,163.25	106.34%	$ 140,179.64	$5,328,735.89

Pagosa Springs Medical Center
Cash Forecast as of end of February 2022
Forecast Months Based on Budget and Actual

Prepared 3/10/2022
Cash balance at 12/31/21 18,153,025

	(1) Net Asset Change	(2) Depreciation	(3) Receivables	(4) Payables & Other Liabilities	(5) Pre-Paid Assets	(6) Deferred Revenue	(7) Third Party	(8) Inventory	(9) Equipment Purchase	(10) Lease Payables	(11) Other	Net Cash Change	Balance
January 2022 (Actual)	(92,659)	145,357	(208,375)	1,309	(27,688)	-	(43,608)	(3,452)	(38,542)	(14,316)	(143,656)	(425,630)	17,727,395
February 2022 (Actual)	(389,081)	145,171	749,244	284,437	(8,139)	(70,348)	(204,353)	2,184	(122,975)	(14,341)	(159,398)	212,401	17,939,796
March 2022 (Budget)	(120,803)	169,208	(75,000)	(2,000,000)	5,000	-	(50,000)	5,000	(50,000)	(30,000)	10,968	(2,135,627)	15,804,169
April 2022 (Budget)	(213,980)	172,209	(75,000)	25,000	5,000	-	50,000	5,000	(100,000)	(30,000)	10,968	(150,803)	15,653,366
May 2022 (Budget)	27,608	173,209	(75,000)	25,000	5,000	-	(50,000)	5,000	(50,000)	(30,000)	10,968	41,785	15,695,151
June 2022 (Budget)	(84,597)	178,170	(75,000)	25,000	5,000	-	(50,000)	5,000	(100,000)	(30,000)	10,968	(115,459)	15,579,692
July 2022 (Budget)	461,651	195,208	(75,000)	25,000	5,000	-	50,000	5,000	(50,000)	(30,000)	10,968	597,827	16,177,519
August 2022 (Budget)	288,228	200,209	(75,000)	25,000	5,000	-	(50,000)	5,000	(100,000)	(30,000)	10,968	279,405	16,456,924
September 2022 (Budget)	291,487	206,208	(75,000)	25,000	5,000	-	(50,000)	5,000	(50,000)	(30,000)	10,968	338,663	16,795,587
October 2022 (Budget)	(148,862)	211,208	(75,000)	25,000	5,000	-	50,000	5,000	(100,000)	(30,000)	10,968	(46,686)	16,748,901
November 2022 (Budget)	(15,488)	217,207	(75,000)	25,000	5,000	-	(50,000)	5,000	(50,000)	(30,000)	10,968	42,687	16,791,588
December 2022 (Budget)	38,367	217,207	(75,000)	25,000	5,000	-	50,000	5,000	(110,495)	(30,000)	10,972	136,051	16,927,639
Totals	41,871	2,230,571	(209,131)	(1,489,254)	14,173	(70,348)	(347,961) 981,635	48,732	(922,012)	(328,657)	(193,370)	(1,225,386)	16,927,639

	at 12/31/21
Bond Requirements (60 days cash)	6,080,177
Less Cares Act	(936,145)
Less Medicare Accelerated	(2,258,250)
Less Bond Reserve	(878,731)
Net Cash for Days Cash on Hand	12,854,513
AVG. Expense Per Day	101,336
Days Cash on Hand	126.85

Notes:
(1) Forecast based on projected net income.
(2) Forecast is based on the budgeted depreciation expense.
(3) Based on projected changes in receivables.
(4) Based on projected changes in payables and liabilities.
(5) Based on projected changes in prepaids.
(6) Based on projected deferred revenues.
(7) Based on projected Due to Third Party Reserves.
(8) Based on projected Inventory changes.
(9) Based on projected equipment and capital project expenditures.
(10) Based on projected lease payments.
(11) Based on projected receivables and payables due to Covid.

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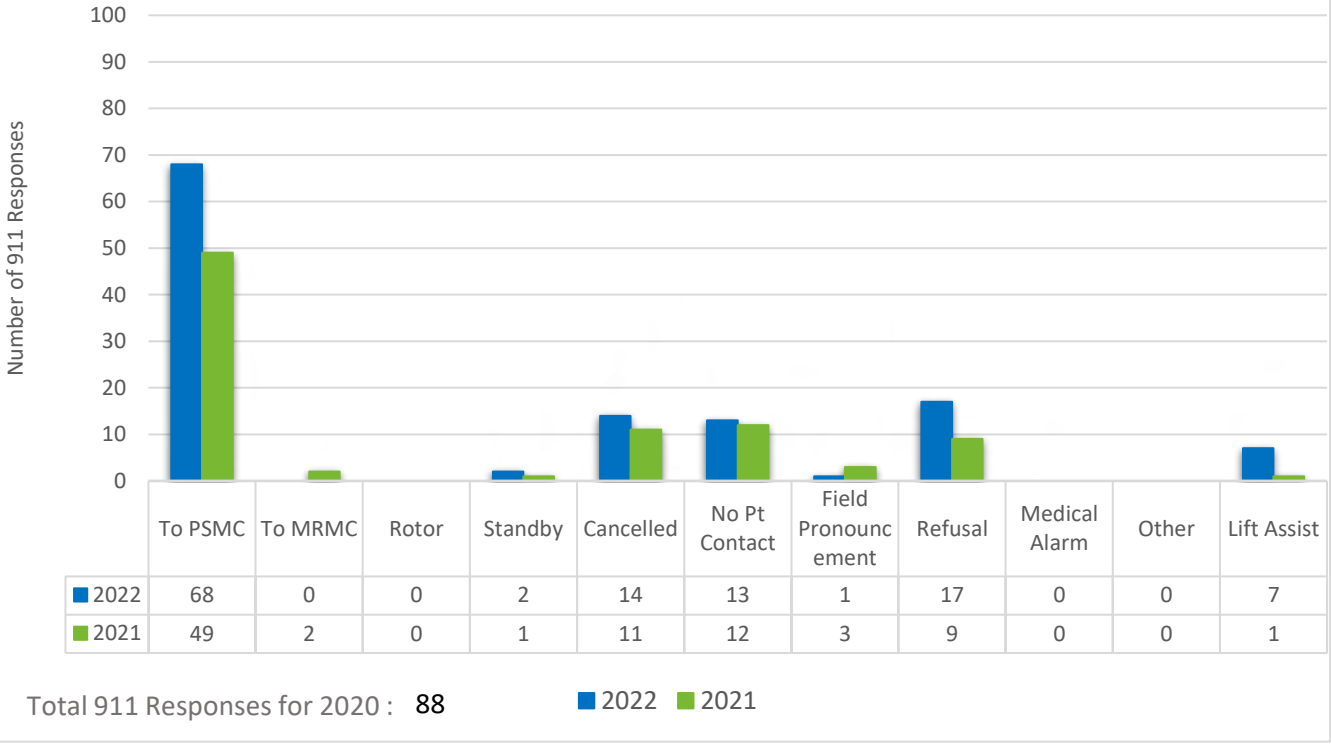
Operations Report for February 2022

EMS: February

EMS 911 Response

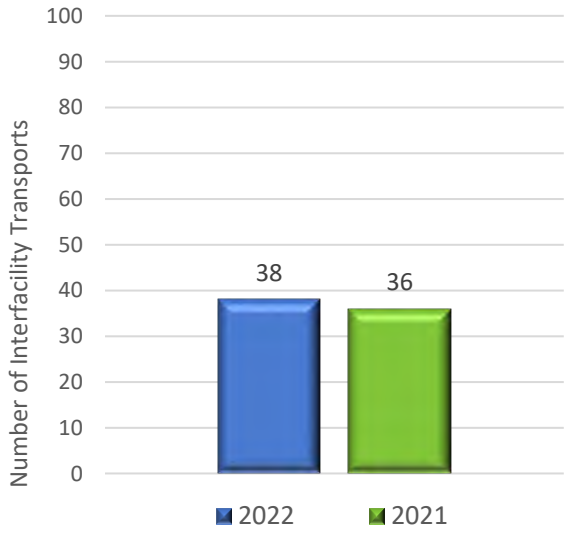


	To PSMC	To MRMC	Rotor	Standby	Cancelled	No Pt Contact	Field Pronouncement	Refusal	Medical Alarm	Other	Lift Assist
2022	68	0	0	2	14	13	1	17	0	0	7
2021	49	2	0	1	11	12	3	9	0	0	1

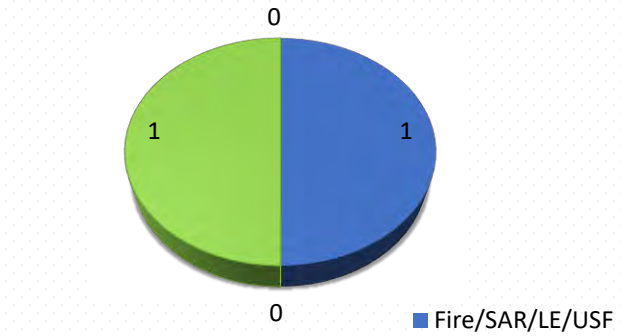
Total 911 Responses for 2020 : 88

2022 2021

Total Interfacility Transports



Breakdown of EMS Standbys

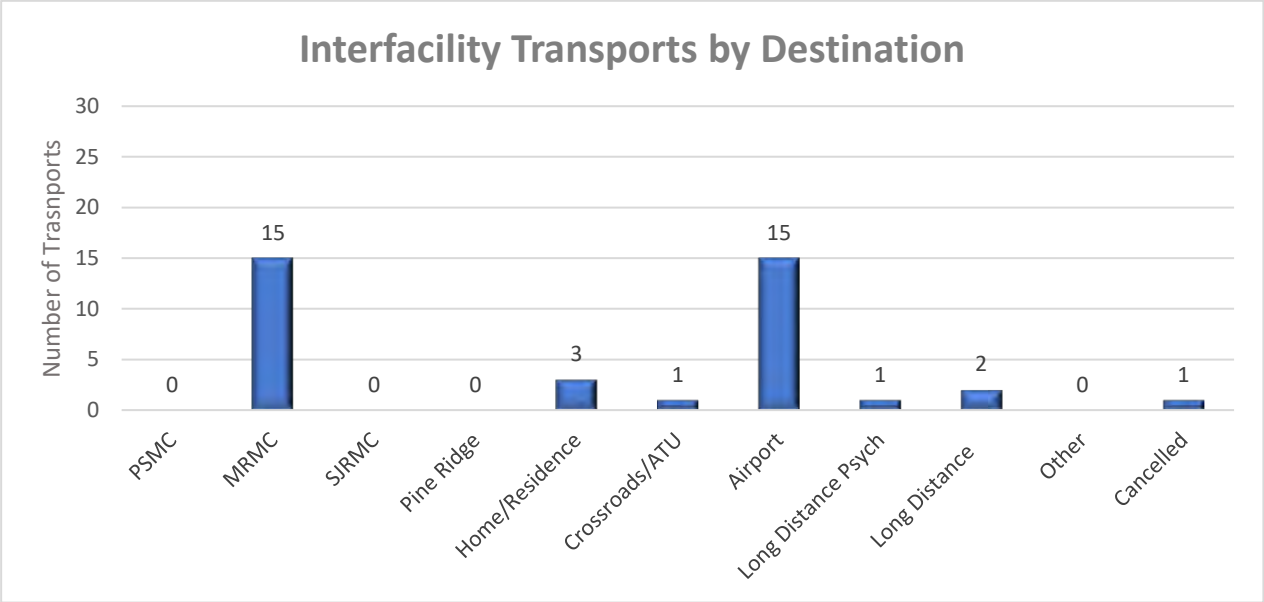


Fire/SAR/LE/USF
Paid
Special Event (Not Paid)
Refusal

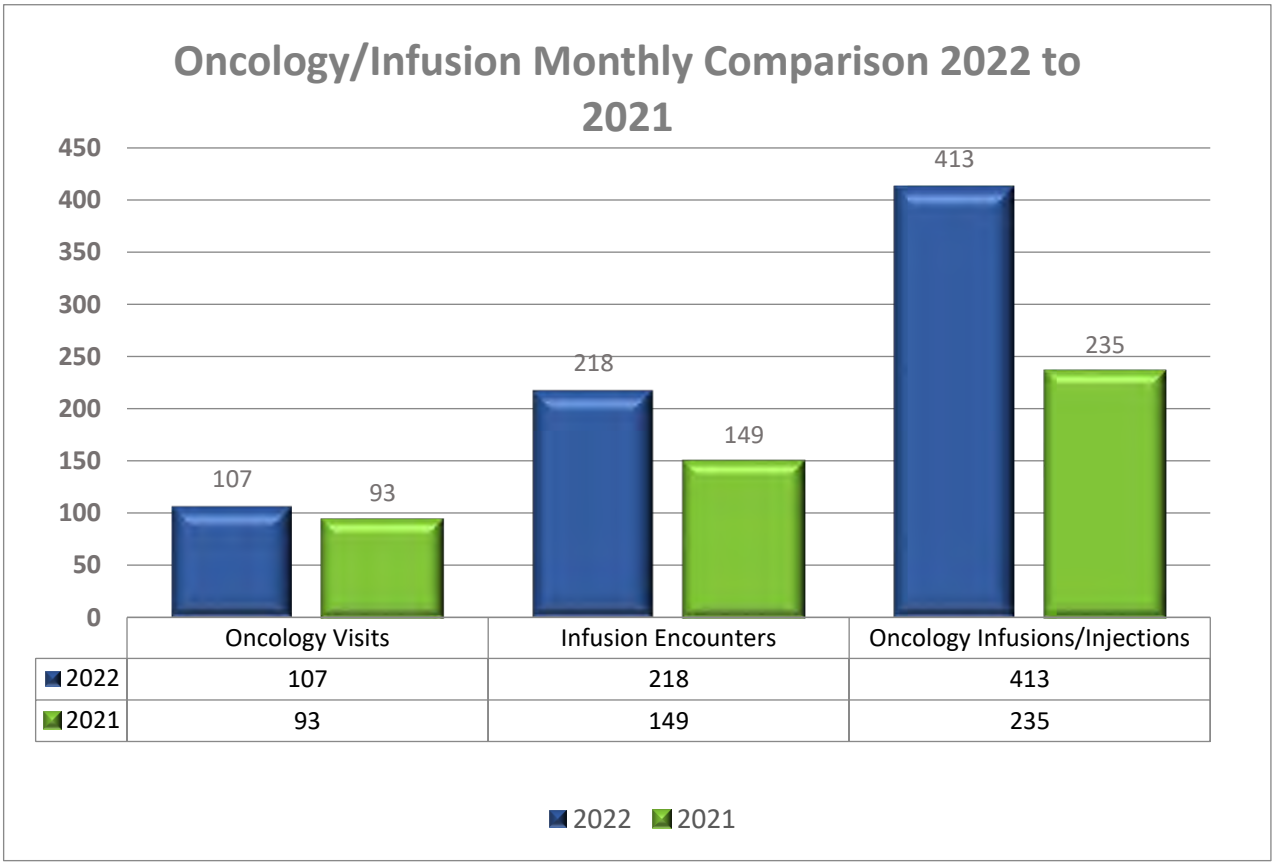
Total Standbys

2

EMS: February

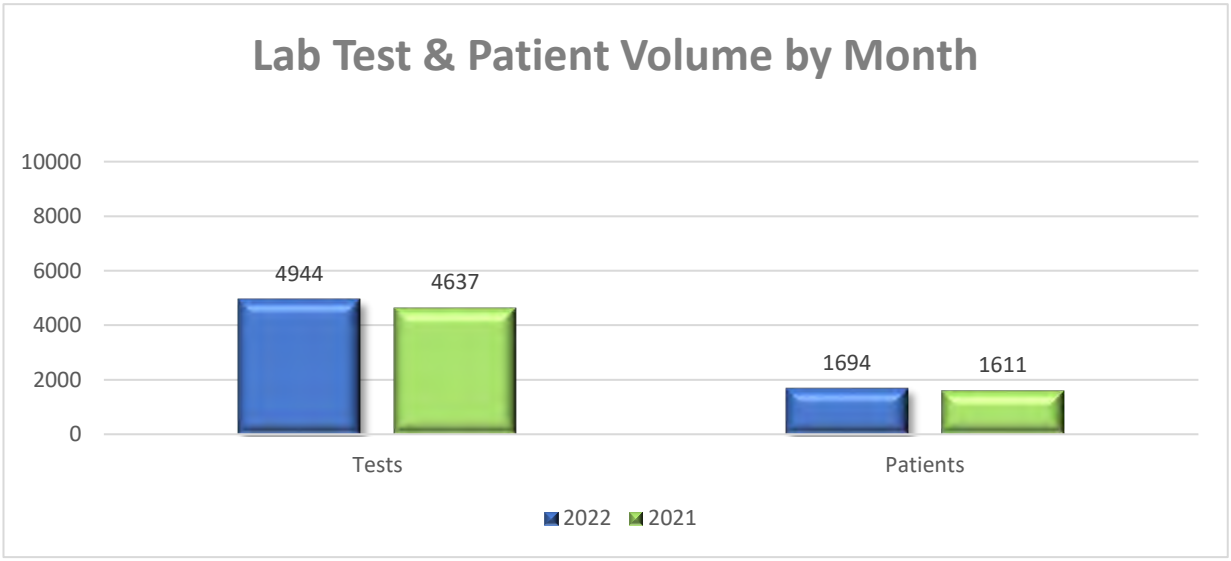


Oncology/Infusion: February

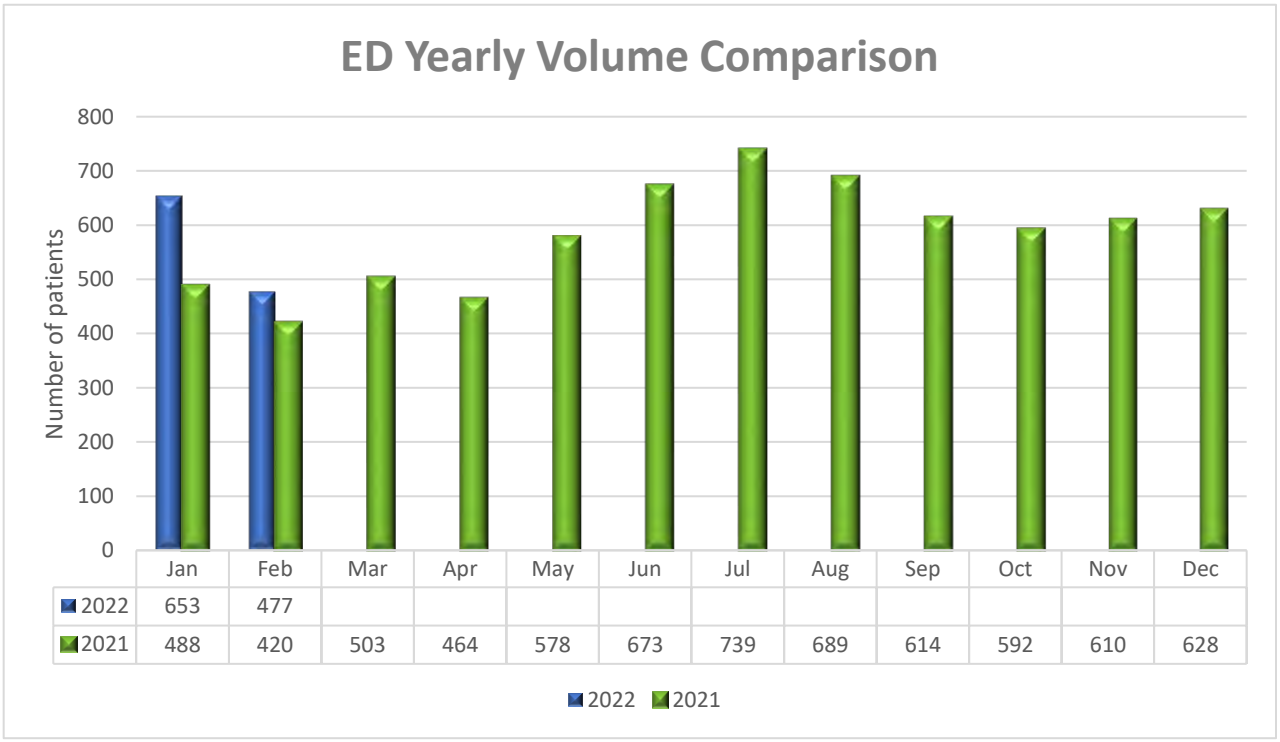


	Oncology Visits	Infusion Encounters	Oncology Infusions/Injections
2022	107	218	413
2021	93	149	235

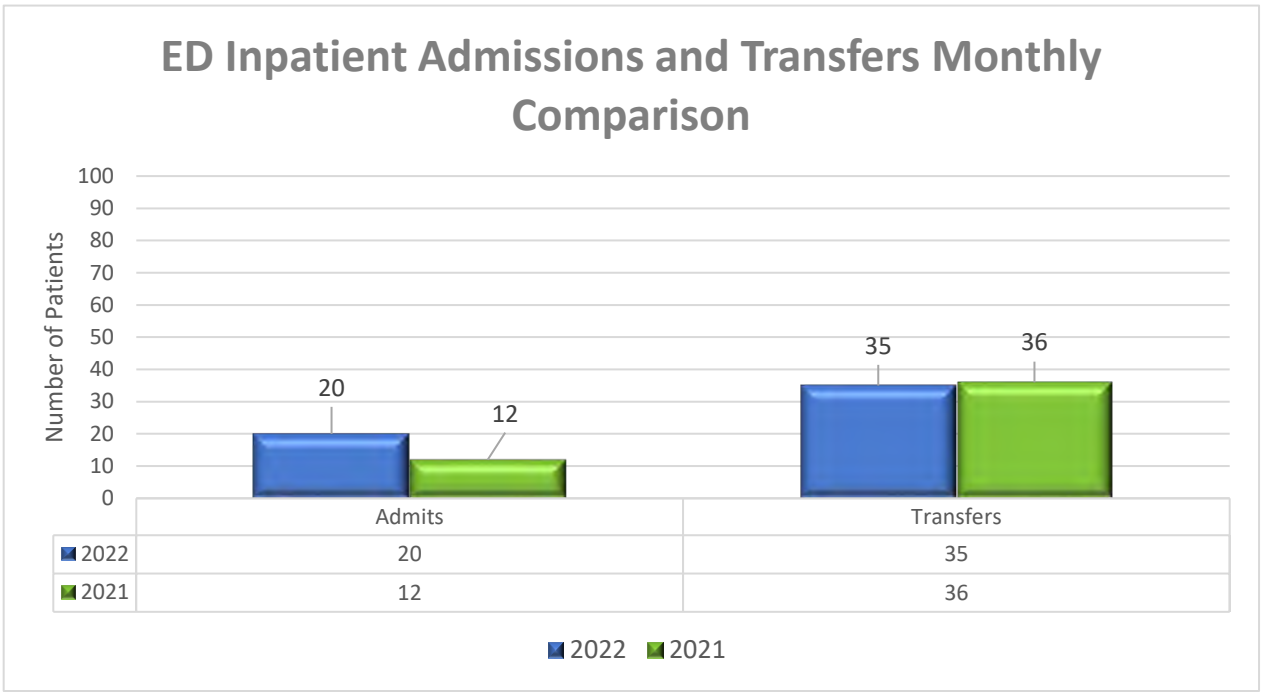
Lab: February

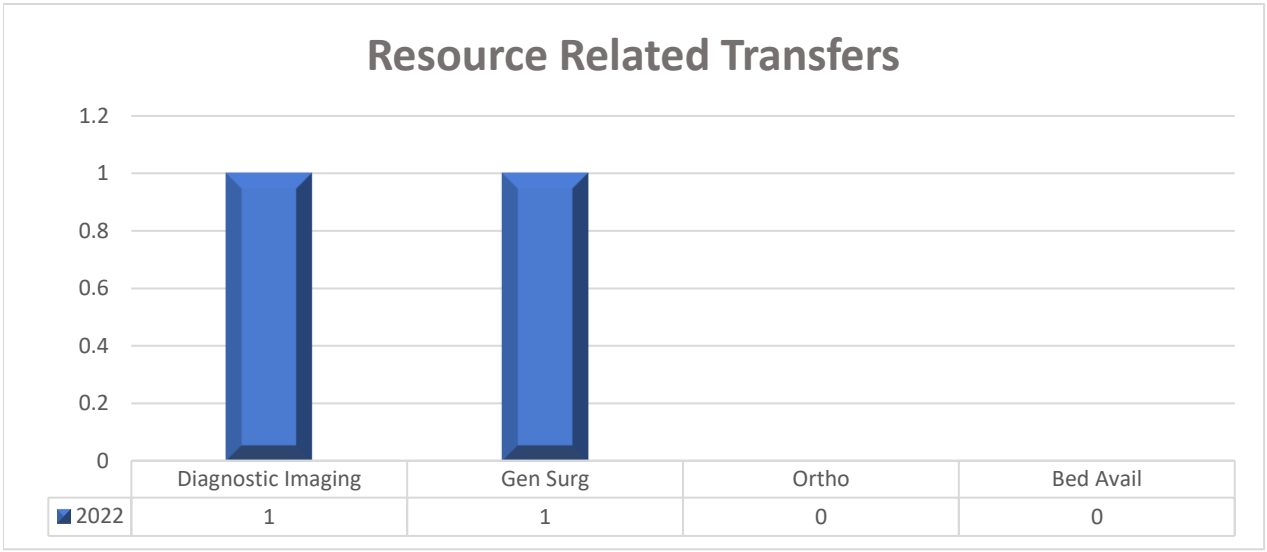


ED: February



ED: February





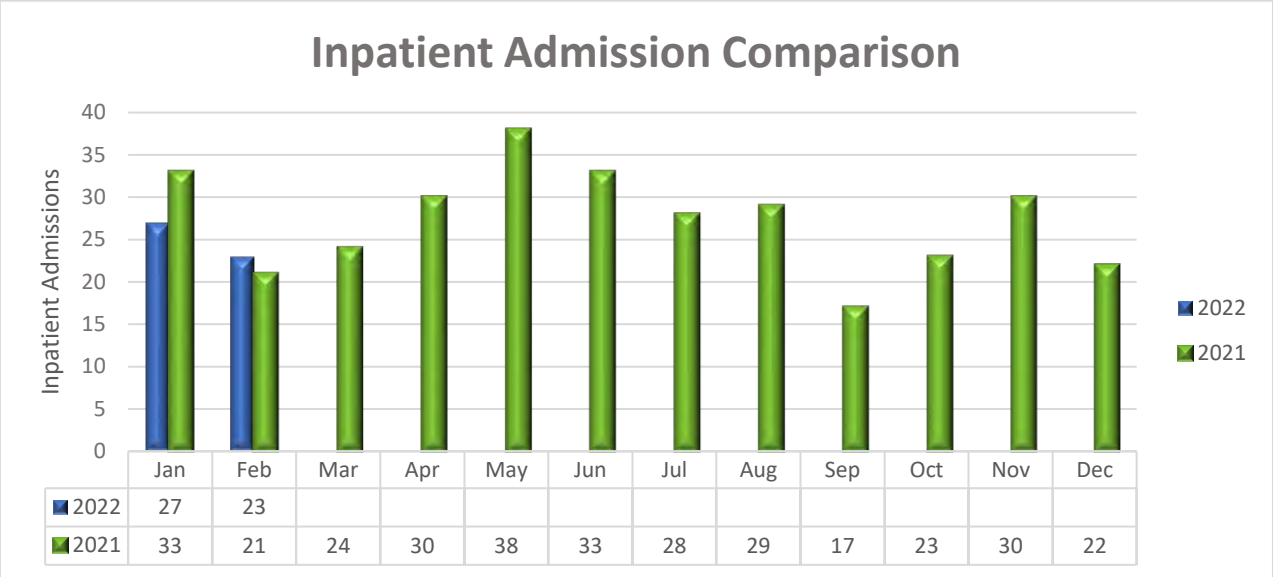
Average Daily Census

17

Average Length of Stay (in hours)

2.2

Inpatient : February



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	27	23										
2021	33	21	24	30	38	33	28	29	17	23	30	22

Average Daily Census

3

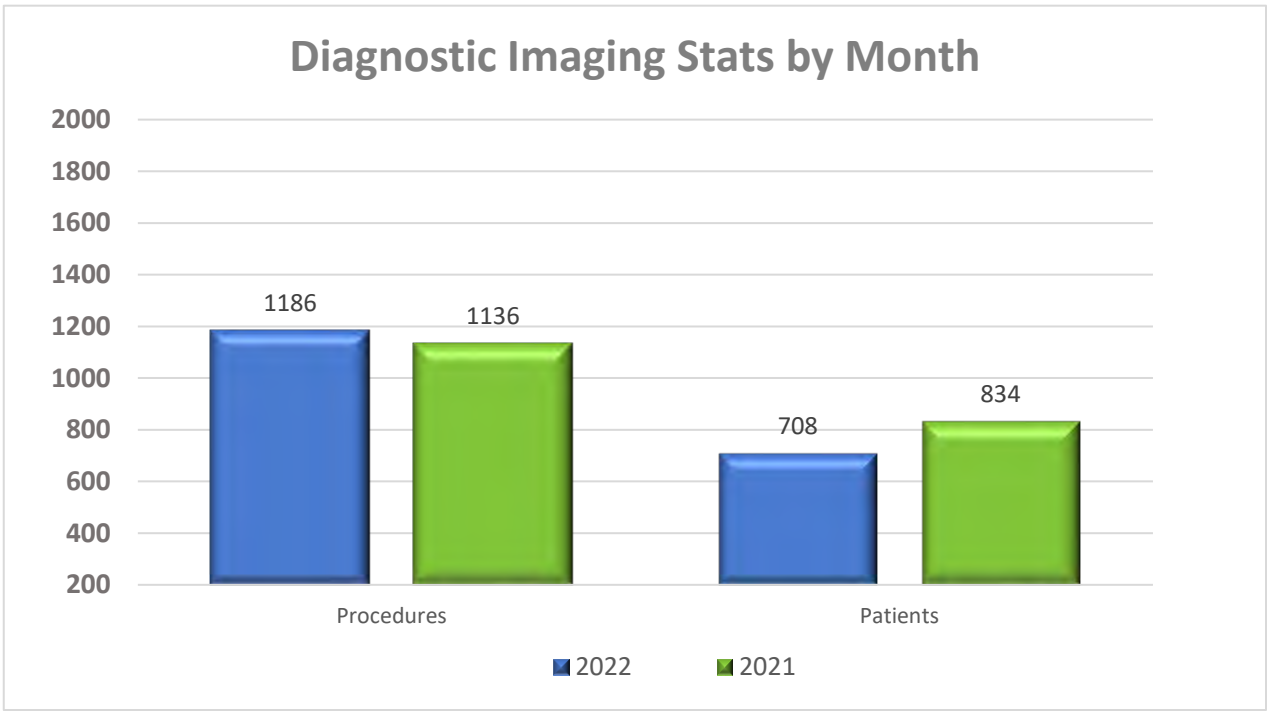
Average Length of Stay (in days)

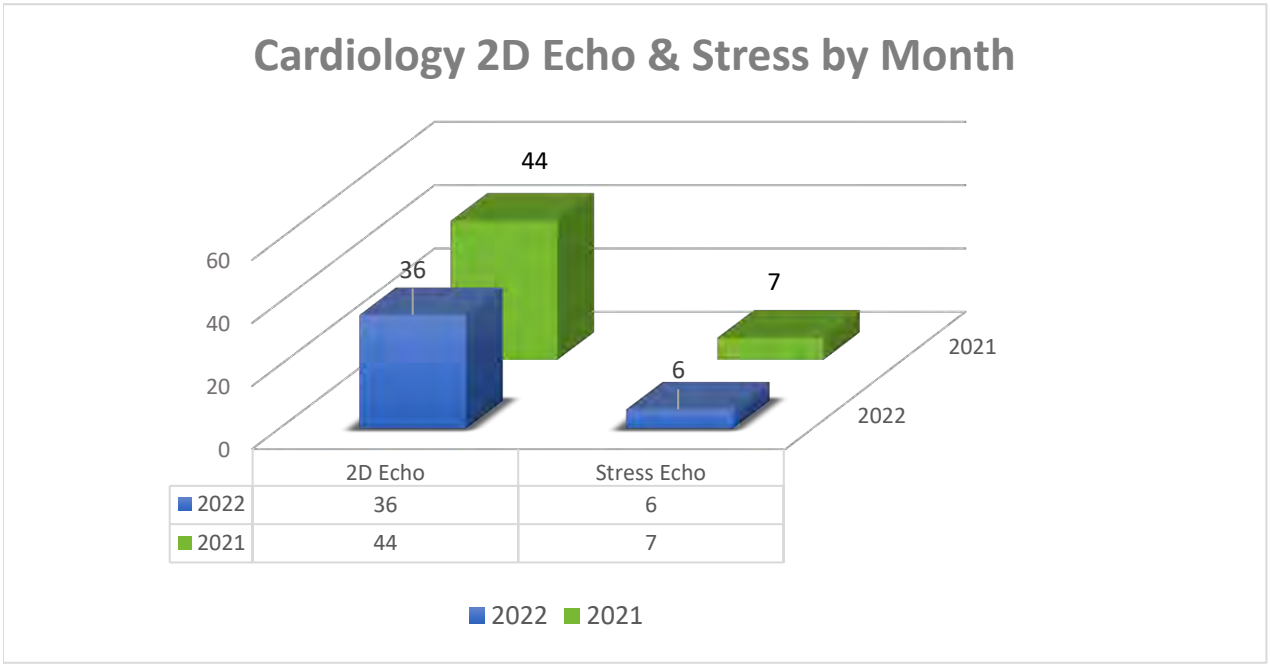
2.3

COVID-19 Patients Hospitalized at PSMC

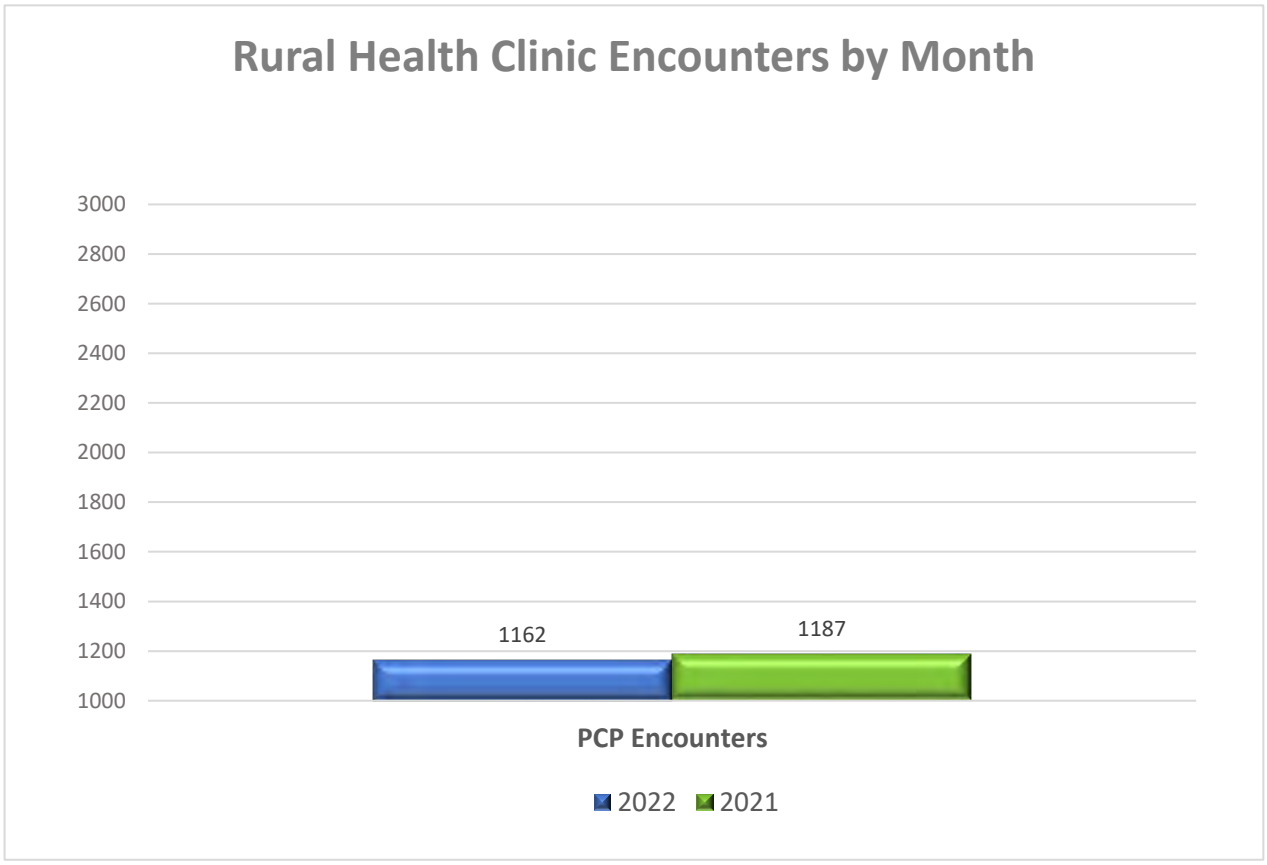
3

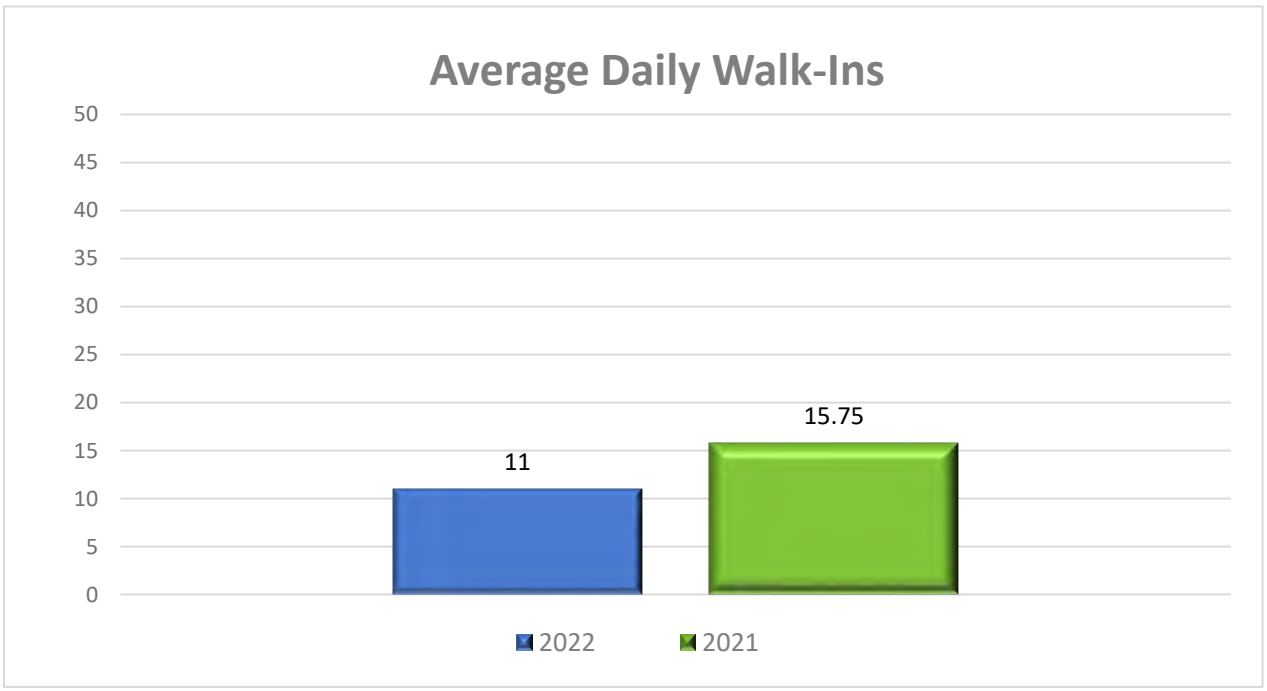
Diagnostic Imaging: February



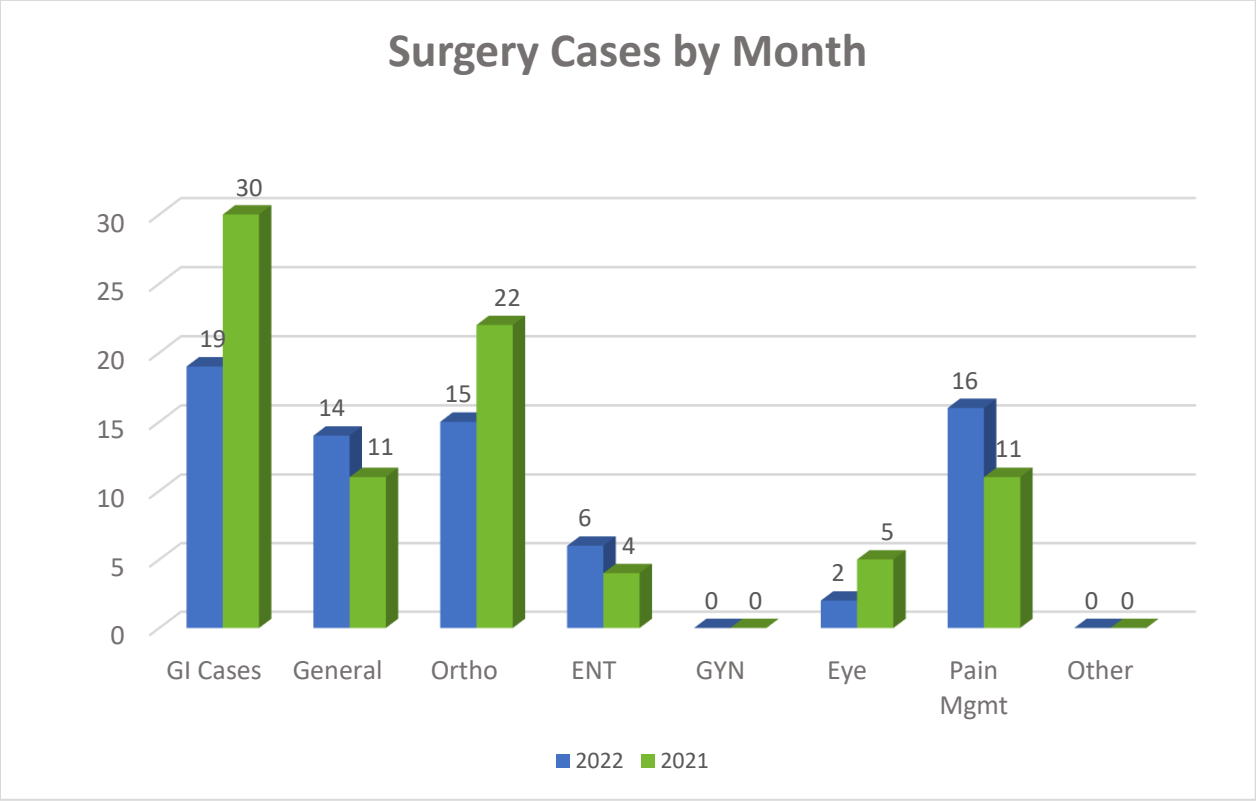


Clinic: February





Surgery


Surgery Cases by Month
30
25
20
15
10
5
0
19
30
14
11
15
22
6
4
0
0
2
5
16
11
0
0
GI Cases
General
Ortho
ENT
GYN
Eye
Pain Mgmt
Other
2022
2021

THE UPPER SAN JUAN HEALTH SERVICE DISTRICT
DOING BUSINESS AS PAGOSA SPRINGS MEDICAL CENTER

MEDICAL STAFF REPORT BY CHIEF OF STAFF, JOHN WISNESKI
March 22, 2022

I. STATEMENT OF THE MEDICAL STAFF'S RECOMMENDATIONS FOR THE USJHSD BOARD ACCEPTANCE OF NEW POLICIES OR PROCEDURES ADOPTED BY THE MEDICAL STAFF:

RECOMMENDATION	DESCRIPTION
Medical Staff Peer Review Policy	Revised Medical Staff Policy

II. STATEMENT OF THE MEDICAL STAFF'S RECOMMENDATIONS FOR THE USJHSD BOARD ACCEPTANCE OF PROVIDER PRIVILEGES (ACCEPTANCE BY THE BOARD RESULTS IN THE GRANT OF PRIVILEGES):

NAME	INITIAL/REAPPOINT/CHANGE	TYPE OF PRIVILEGES	SPECIALTY
Kaela Leskovar, PA-C	Initial Appointment	APP/PA Family Medicine	Family Medicine
Phillip Zappone, FNP-C	Initial Appointment	APP/NP Family Medicine	Family Medicine
Simeon Abramson, MD	Reappointment	Telemedicine/Teleradiology	Diagnostic Radiology
Michael Payne, MD	Reappointment	Telemedicine/Teleradiology	Diagnostic Radiology

III. REPORT OF NUMBER OF PROVIDERS BY CATEGORY
Active: 18
Courtesy: 23
Courtesy-Locum Tenens: 1
Telemedicine: 132
Advanced Practice Providers & Behavioral Health Providers: 20
Honorary: 1
Total: 195

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Medical Staff Policy at Pagosa Springs Medical Center ("PSMC")

TITLE **Medical Staff ~~and Allied Health Professional Staff~~ Peer Review Policy**

PURPOSE

To ensure that PSMC, through the activities of its professional staff, assesses the ongoing performance of physicians, advanced practice providers (APP), and behavioral health providers (BHP) ~~and allied health professionals~~ granted clinical privileges and uses the results of such assessments, when necessary, to perform focused professional practice evaluation and improve patient care. The results of such assessments are also used as part of the reappointment process for medical staff ~~and allied health professional (AHP) staff~~.

Goals:

- Monitor and evaluate the ongoing professional practice of individual physicians/~~AHPs~~ APPs/BHPs with clinical privileges;
- Create a culture where a positive approach to peer review recognizes physician, APP, and BHP ~~and AHP~~ excellence as well as identifies opportunities for improvement;
- Perform focused professional practice monitoring when provider improvement opportunities are identified;
- Provide accurate and timely performance data feedback to providers;
- Perform ongoing and focused professional practice evaluation for assessment of quality of care and reappointment decisions; and
- Ensure that the process for peer review is clearly defined, fair, defensible, timely, and useful.

POLICY

1. PSMC intends that all peer review information be confidential and shall be discussed, documented, stored or otherwise handled in a confidential and secure manner in accordance with Medical Staff bylaws and policies, PSMC policies, state and federal laws, and regulations pertaining to confidentiality and non-discoverability.
2. The MEC will use the provider-specific peer review results in making its recommendations to PSMC regarding the credentialing and privileging process.
3. The composition of the Professional Review Committee ("PRC") ~~will include the following members: the Chief of Staff, Vice Chief of Staff, the department Medical Directors, and the CMO.~~ is described in the Medical Staff Bylaws. For matters in which it is appropriate for the PRC to meet with all members, it will do so. For matters addressing specific cases, as few members of the PRC as appropriate will be called to address the specific case. The subgroup will ~~report back~~report to the PRC about any ~~determinations~~recommendations for performance improvement actions. The PRC will make final determinations of performance improvement actions and any inclusions in the provider's peer review file.

~~3.~~4. As per CRS Section 12-36.5-104, if the PRC is reviewing care provided by an Advanced Practice Nurse, but does not have an Advanced Practice Nurse as a voting member, the PRC will engage the use of an Advanced Practice Nurse with a similar scope of practice to perform an independent review as appropriate.

~~4.~~5. The Professional Review Committee shall meet on a quarterly basis, unless:

Commented [KS1]: (2.5) A professional review committee that is reviewing the competence of, the quality and appropriateness of patient care provided by, or the professional conduct of, a person licensed under article 38 of this title and granted authority as an advanced practice nurse must either:
(a) Have, as a voting member, at least one person licensed under article 38 of this title and granted authority as an advanced practice nurse with a scope of practice similar to that of the person who is the subject of the review; or
(b) Engage, to perform an independent review as appropriate, an independent person licensed under article 38 of this title and granted authority as an advanced practice nurse with a scope of practice similar to that of the person who is the subject of the review. The person conducting the independent review must be a person who was not previously involved in the review.

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- A specific matter requires a meeting to be called sooner
- If there are no matters to discuss, may cancel the meeting for that quarter.

6. The Professional Review Committee will issue provider-specific feedback on a routine basis.

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~~5.~~

~~6.~~7. Peer review information in the provider's peer review file is available only to authorized individuals who have a legitimate need to know this information based upon responsibilities as a ~~professional~~ medical staff leader or PSMC employee to the extent necessary to carry out assigned responsibilities, and may only be disclosed to:

- The affected provider;
- The Professional Review Committee and PSMC employees who support the work of the Professional Review Committee;
- Members of the MEC (Medical Executive Committee) for purposes of considering reappointment and PSMC employees who support MEC and the reappointment process;
- Individuals representing the CDPHE (Colorado Department of Public Health and Environment) or other regulatory agency having jurisdiction under the law (e.g. for disciplinary or licensing sanctions) who are requesting documents related to any civil or administrative proceeding, inspection, or investigation.
- PSMC's Governing Body, MEC, CEO, legal counsel, and/or CMO when information is needed for the CEO, CMO, MEC, or Governing Body's involvement in ~~privileging, the~~ processes ~~of immediate formal corrective action, or other actions anticipated by~~described in PSMC's Medical Staff Bylaws, Medical Staff policies, PSMC policies or applicable law.

~~7.~~8. No copies of peer review documents will be created and distributed unless authorized by PSMC's Medical Staff Bylaws, Medical Staff policies, PSMC policies or applicable law.~~.~~

Circumstances requiring peer review: The circumstances requiring peer review are additionally defined in Articles 7 and 13 of PSMC's Medical Staff Bylaws. Attachment A of this policy gives a specific list of provider peer reviews required for ongoing review. This list may be updated at any time with approval from the MEC.

Periodic Professional Performance Evaluations

The Medical Staff (which may be designated to departments) will conduct Periodic Professional Performance Evaluations (PPPE) of all Medical Staff at least once every two years. Notwithstanding the foregoing, the Medical Staff will strive to conduct PPPE, at a rate defined in Attachment A of this policy.

Methods that may be used to gather information for Periodic Professional Performance Evaluations include, but are not limited to, the following:

a. Periodic chart review;

b. Direct observation;

c. Monitoring of diagnostic and treatment techniques;

d. Discussion with other individuals involved in the care of each patient including consulting physicians, assistants at surgery, nursing and administrative personnel.

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If PPPE is conducted, such performance reviews shall be factored into the decision to maintain, revise or revoke a practitioner's existing privilege(s).

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Focused Professional Practice Evaluation

The Medical Staff is responsible for conducting a focused professional practice evaluation process that will be used in predetermined situations to evaluate, for a time-limited period, a practitioner's competency in performing specific privilege(s). The Professional Review Committee may supplement with forms and procedures that may further define the process, including but not limited to, the following: (1) any additional circumstances when a focused evaluation will occur; (2) the defined measures and indicators; (3) who will conduct the review; (4) if proctoring is conducted, who will do it and how it will be maintained in the confidential peer review process; (5) the duration of the evaluation period and requirements for extending the evaluation period; and (6) how the information gathered during the evaluation process will be analyzed and communicated.

Information for a focused evaluation process may be gathered through a variety of measures including, but not limited to:

a. Retrospective or concurrent chart review;

b. Monitoring clinical practice patterns;

c. Simulation;

d. External peer review;

e. Discussion with other individuals involved in the care of each patient;

f. Proctoring, as more fully described in the Medical Staff Proctoring Policy.

A Focused Professional Practice Evaluation shall be used in at least the following situations:

a. Unless PPPE is conducted as a substitution, all initial appointees to the Medical Staff and all members granted new privileges shall be subject to a period of focused professional practice evaluation. Such focused evaluation may include a variety of measures (as described above) and may include a period of Level I proctoring in accordance with the Medical Staff Proctoring Policy, unless additional circumstances appear to warrant a higher level of proctoring.
b. In special instances, focused evaluation may be imposed as a condition of renewal of privileges (for example, when a member requests renewal of a privilege that has been performed so infrequently that it is difficult to assess the member's current competency in that area). Such evaluation may include a variety of measures (as described above) and may include Level I proctoring in accordance with the Medical Staff Proctoring Policy, unless additional circumstances appear to warrant a higher proctoring level.
c. When questions arise regarding a practitioner's competency in performing specific privilege(s) at PSMC as a result of specific concerns or circumstances, a focused evaluation may be imposed. Such evaluations may include a variety of measures (as described above) and may include either Level II or III proctoring, in accordance with the Medical Staff Proctoring Policy.
d. Events that may include, but are not limited to, the following: unexpected deaths, unexpected complications, severe drug reactions, severe transfusion reactions, sentinel events, certain compensable events identified by the risk manager, all cases in which a letter of intent has been filed, written patient complaints concerning medical staff members, staff reports of concern, or utilization issues.

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e. Nothing in the foregoing precludes the use of other Focused Professional Practice Evaluation tools, in addition to or in lieu of proctoring, as deemed warranted by the circumstances.

Circumstances requiring external peer review: No provider can require PSMC to obtain external peer review if it is not deemed appropriate by the Professional Review Committee. Additionally, PSMC's CEO and/or Legal Counsel may request external peer review. Circumstances ~~requiring~~ needing external peer review include, without limitation, the following:

- **Potential Litigation:** when dealing with a complaint, outcome or issue that has the potential ~~for a lawsuit~~to result in litigation.
- **Ambiguity:** when dealing with vague or conflicting recommendations from internal reviewers or professional staff committees and conclusions from this review will directly affect a provider's membership or privileges.
- **Lack of internal expertise:** when no one on the professional staff has adequate expertise in the specialty under review; or when the only providers on the professional staff with that expertise are determined to have a conflict of interest regarding the provider under review as describe above. External peer review will take place if this potential for conflict of interest cannot be appropriately resolved by the MEC.
- **Miscellaneous issues:** when the professional staff needs an expert witness for a fair hearing, for evaluation of a credential file, or for assistance in developing a benchmark for quality monitoring. In addition, the MEC may require external peer review in any circumstances deemed appropriate.

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Participants in the review process: ~~Participants in the review process will be selected according to the Medical Staff Bylaws. The work of a~~All providers granted privileges will be reviewed through the peer review process unless it has been previously agreed upon through a signed agreement that peer review is to be conducted by an outside group (i.e. telemedicine physicians are peer reviewed by a distant site hospital or telemedicine entity). Clinical support staff will participate in the review process if deemed appropriate. Additional support staff will participate if such participation is included in their job responsibilities. The peer review body will consider the views of the provider whose care is under review prior to making a final determination regarding the care provided by that individual.

Peer reviews shall be reviewed by members of the medical staff as follows (exceptions shall be allowed if approved by the Medical Executive Committee or Professional Review Committee):~~:~~

- MDs/DOs shall review MDs/DOs;
- Nurse Practitioners shall be reviewed by MDs/DOs or Department Director;
- Physician Assistants shall be reviewed by their supervising MD/DO and/or Department Director;

- CRNAs shall review CRNAs, unless review by an MD/DO is deemed necessary.

In the event of a conflict of interest or circumstances that would suggest a biased review beyond that described above, the Professional Review Committee will replace, appoint, or determine who will participate in the process so that bias does not interfere in the decision-making process.

Thresholds for FPPE: If a specific case and/or the results of ongoing performance evaluation indicate a potential issue with provider performance, the Professional Review Committee may initiate a FPPE to determine whether there is an issue and the reason for the issue. See Article 13 of the Medical Staff Bylaws for further information.

Individual case review: Peer review will be conducted by the professional staff in a timely manner. The goal is for routine cases to be completed within 60 days from the date the chart is reviewed by the physician staff and complex cases to be completed within 120 days.

Exceptions may occur based on case complexity or reviewer availability. The timelines for this process are described in the Peer Review Process and Timeframe. The rating system for determining results of individual case reviews is described in ~~Attachment B:~~ the Peer Review of Medical Record Form.

If peer reviews are in process on a staff member that requires further evaluation by the Professional Review Committee, but the staff member resigns for *unrelated* reasons during the process, the PRC may determine whether it is appropriate to ~~still~~ continue to evaluate the peer reviews in process.

Oversight and reporting: Direct oversight of the peer review process is performed by the Professional Review Committee. The Professional Review Committee will provide, on an annual basis or more frequently as requested, a Peer Review Summary Report to the Medical Executive Committee and Governing Body.

The CMO will report to the Quality Council on opportunities for PSMC improvement that are identified through the peer review process. The report will be handled in a confidential manner so that the reporting remains confidential under applicable laws related to confidential Quality and Peer Review.

Statutory authority: This policy is based on the statutory authority of the Health Care Quality Improvement Act of 1986 42 U.S.C. 11101, et seq. and the Colorado Revised Statutes §12-36.5-101-105, §12-36.5-201-203, §13-21-110, and §25-3-109. All minutes, reports, recommendations, communications, and actions made or taken pursuant to this policy are deemed to be covered by such provisions of federal and state law providing confidential protection to peer review related activities.

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PROCEDURE

Peer Review Process and Timeframe

Action	Case Review Process	Timeline - Guidelines
Case identification and screening	Screening work lists: Patient case review work lists for appropriate review indicators are obtained and reviewed against list of ~~indicators~~triggers. Certain cases are identified through the Quality Improvement (QI) Office Variance Reporting System or through ~~physician/AHP~~medical staff self-report to the Infection Control RN as noted on Provider Peer Review ~~Indicator~~ Triggers List.	The Medical Staff Office (MSO) will generate work lists on a monthly basis. The QI Office will notify, using the variance reporting system, the MSO Manager as soon as possible after receipt if a case is received requiring peer review. ~~Physician~~ Provider self-reports are requested monthly by Infection Control RN and identified cases for review are reported to the MSO.
Physician reviewer assignment	MSO assigns cases to ~~physician~~provider for initial review. Except for external peer reviews, generally the MSO assigns Department Medical Directors to review cases that are identified for review due to variance reporting, patient complaints, provider request, quality of care concerns, and risk management requests; if the Department Medical Director is the provider to be reviewed, then generally, the MSO assigns the reviews to the Chief of Staff or Vice Chief of Staff.	On a monthly basis, the MSO support staff assigns applicable ~~physician~~ provider reviewers with cases to review.
Physician review	~~Physician~~ Provider reviewer performs case review and completes Peer Reviewer section of peer review form. If the form is not completed, MSO will promptly contact the reviewer to obtain the additional information.	The ~~physician~~ provider reviewer will attempt to perform the review within two weeks of assignment, but may take additional time as necessary (up to 60 days for routine cases and 120 days for complex cases).

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Initial reviews rated "~~Determination 1: Care and Documentation Appropriate~~Overall Physician Care: Appropriate"	For reviews indicating appropriate ~~physician/AHP~~ care the original is filed in the provider's confidential peer review file. No further action is required.	MSO support staff shall file the peer review form as soon as possible after receipt.
Initial reviews rated ~~Determination 2: Care and documentation appropriate, however, recommendations made.~~ "Overall Physician Care: Minor Opportunity for Improvement"	For reviews indicating ~~appropriate physician/AHP care, but recommendations are made~~minor opportunity for improvement, the form is forwarded to the reviewed ~~physician/AHP~~provider to provide comments and note whether they acknowledge, agree, or disagree with the reviewer's findings~~for informational purposes so that they may acknowledge the reviewer's comments~~. The form is returned to the reviewing provider for response to reviewed provider's comments. The original is filed in the provider's confidential peer review file. No further action is required.	MSO support staff shall forward the peer review form to the reviewed ~~physician/AHP~~provider as soon as possible after receipt. The ~~physician/AHP~~provider being reviewed shall complete the Responsible Provider section of the form, sign and date the form, ~~in the appropriate section to acknowledge the reviewer's comments~~ and return to the MSO as soon as possible. MSO support staff shall file the peer review form as soon as possible after receipt.
Initial reviews rated "Overall Physician Care: Major Opportunity for Improvement"~~Determination 3: Care Questioned or Determination 4: Care found to be inappropriate / inadequate~~.	For reviews indicating ~~that care is questioned or care found to be inappropriate / inadequate~~major opportunity for improvement, the form is forwarded to the reviewed ~~physician/AHP~~provider to provide comments and note whether they acknowledge, agree, or disagree with the reviewer's findings. The form is returned to the reviewing provider for response to reviewed provider's comments. At this time, the case is placed on the next available Professional Review Committee agenda for discussion (if rating is not changed by the reviewing provider).	MSO Support Staff to notify MSO Manager upon receipt of form from reviewer and again when response is received from provider being reviewed. ~~Physician/AHP~~Provider under review shall provide their response as well as the completed and signed form to the MSO prior to the Professional Review Committee meeting where review is to be discussed.
Initial reviews rated: "Reviewer Uncertain: need panel discussion"	For reviews indicating reviewer uncertain: need panel discussion, the case is placed on the next available Professional Review Committee agenda for discussion.	MSO Support Staff to notify MSO Manager upon receipt of form from reviewer.

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Initial reviews rated: "Unable to Review: additional information needed from attending physician prior to determination being made." ~~**d Determination 0:** Additional information needed from attending physician prior to determination being made.~~	If the reviewer determines the ~~reviewer needs~~reviewer needs further clarification or information, the form will be returned to the reviewed ~~physician/AHP~~provider to provide the requested information. ~~Physician/AHP~~Provider under review shall provide their response to the information request and form to the ~~MSO which~~MSO, which will then be forwarded to the reviewer.	MSO support staff shall forward the peer review form to the reviewed ~~physician/AHP~~provider as soon as possible after receipt.

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Professional Review Committee final disposition	Following receipt of the ~~physician or AHP's~~ provider's response, or, if the response timeframe has lapsed, the Professional Review Committee shall make the final determination of the overall ~~physician/AHP's~~provider's care and ~~physician/AHP~~provider care issues. Final case determinations shall be made by majority vote. If the Professional Review Committee rates the case as major opportunity for improvement, ~~Determination 3 or Determination 4~~ and further determines that performance improvement or corrective ~~active~~ action measures are necessitated, then they shall follow the Medical Staff Bylaws Article 13: Performance Improvement and Formal Corrective Action. For cases determined to be major opportunity for improvement by the Professional Review Committee, providers are informed of the decision by letter. Copy of the letter to be kept in provider's confidential peer review file. If the Professional Review Committee rates the case as appropriate or minor opportunity for improvement ~~Determination 1 or 2~~, then ~~a copy of the form shall be provided to the reviewed provider for informational purposes~~the PRC will decide how best to notify the provider being reviewed. If the Professional Review Committee determines it needs further clarification, it may allow the ~~physician/AHP~~provider to provide a response either in writing only or in person within a specified timeframe to respond to specific, predetermined questions.	~~Final case determinations shall be made by majority vote.~~ Within one week of the Professional Review Committee meeting making a determination of major opportunity for improvement, the MSO will send a letter to the applicable provider regarding the determination by the PRC.

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Communicating findings to ~~physicians or AHPs~~providers	For cases determined to have appropriate or ~~exemplary physician/AHP care~~minor opportunity for improvement, the involved ~~physicians/AHPs~~providers are informed annually of the results. ~~For cases determined to be inappropriate or inadequate care by the Professional Review Committee, physicians/AHPs are informed of the decision by letter. Copy of the letter to be kept in provider's confidential peer review file.~~	The MSO will send reports to involved providers annually. ~~Within one week of the Professional Review Committee meeting making a determination of inappropriate or inadequate care, the MSO will send a letter to the applicable provider regarding the determination of inappropriate or inadequate care.~~
Documentation of remedial action	Documentation of any remedial action performed or completed shall be kept according to the Medical Staff Bylaws Article 13.	When received, the MSO will file documentation of remedial action in the provider's peer review file.
Tracking review findings	MSO Support Staff will enter the results of all final review findings into database for tracking.	The MSO will enter in the database on an ongoing basis.

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Attachment List:

Attachment A: Provider Peer Review ~~Indicator~~ Triggers List

~~Attachment B: Peer Review Form~~

Related Documents:

Peer Review of Medical Record Form

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Attachment A

~~Provider Peer Reviews List~~
~~Clinic~~
~~Clinic Random Peer Review (goal of 2% or minimum of 10/yr)~~
~~Specialty Clinic Random (goal of 2% or minimum of 10/yr)~~
~~ED Reviews~~
~~ED Random Peer Review (goal of 2% only required if 2% not met by other ED triggers below)~~
~~All obstetrical and newborn cases~~
~~ED Transfer out/AMA~~
~~ED Deaths~~
~~Inpatient Reviews~~
~~Inpatient Random Peer Reviews (goal of 2% or minimum of 10/yr)~~
~~All in-patient re-admissions for same diagnosis w/I 30 days~~
~~All inpatient with LOS > 7 days~~
~~All transfers from IP to another facility~~
~~IP Deaths (unexpected only)~~
~~All hospital acquired Infections~~
~~Surgery Random Peer Reviews~~
~~Random Surgery Reviews (goal of 2% or minimum of 10/yr)~~
~~All post-op surgical infections~~
~~Unplanned return to OR~~
~~Unplanned ED visit within 24 hours after an OR procedure~~
~~Anastomotic Leaks~~
~~GI lab Perforation~~
~~Unanticipated Need for Transfusion~~
~~Post Op DVT~~
~~Unexpected OR Outcomes~~
~~Malignant Hyperthermia/adverse reaction to anesthesia/anaphylactic shock or IV conscious sedation complications~~
~~CRNA Random Peer Reviews (goal of 2% or minimum of 10/yr)~~
~~General Standing Peer Reviews~~
~~All hemolytic transfusion reactions~~
~~All requested from providers, administration, nursing, risk management, and quality~~
~~All mortality cases (unexpected IP, all OP, ED, OR)~~

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~~Attachment B: Page 1~~

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CONFIDENTIAL

This document and the information contained therein is privileged and confidential pursuant to the Quality Management Act, C.R.S. 25-3-109, et seq. and The Professional Review Act, C.R.S. 12-36.5-101 et seq. This document is not subject to subpoena or discovery except and only if subpoenaed by the Board of Medical Examiners, The Committee on Anti-Competitive Conduct, the subject Physician or the Governing Board of the Hospital.

MEDICAL RECORD REVIEW FUNCTION Date Assigned: _____ Date Due: _____

Medical Record # Referred to Peer Reviewer for the following reason(s): _____

DOS: Referred to _____

PEER REVIEWER SECTION: (Please review the attached medical record in light of the reason(s) documented above.)

CASE COMPLEXITY: Difficult Average Not Difficult RESPONSIBLE PROVIDER(s): _____

FINDINGS / RECOMMENDATIONS:

DETERMINATION(s):

____ 1. Care and documentation appropriate. No follow up is indicated. Copy of review form sent to provider for information purposes only.

____ 2. Care and documentation appropriate, however, recommendations made. Copy of review form sent to provider for information purposes only. RESPONSIBLE PROVIDER PLEASE ACKNOWLEDGE COMMENTS (1) BELOW.

____ 3. Care questioned. Review form sent to provider for further information/comments. Case referred to Professional Review Committee for discussion. RESPONSIBLE PROVIDER AGREE (2) OR DISAGREE BELOW.

____ 4. Care found to be inappropriate / inadequate. Further review indicated. Case referred to Professional Review Committee for discussion. Review form sent to provider for further information/comments. RESPONSIBLE PROVIDER AGREE (2) OR DISAGREE (3) BELOW.

____ 0. Additional information needed from attending physician prior to determination being made. RETURNED TO RESPONSIBLE PROVIDER FOR FURTHER INFORMATION/COMMENTS. RE-SUBMIT TO REVIEWER.

Peer Reviewer Signature_____Date_____

RESPONSIBLE PROVIDER: I have received a copy of the Medical Staff Bylaws and understand all and any procedural rights regarding the above determination(s) as stated therein.

COMMENTS:

____ 1. Comments acknowledged.
____ 2. AGREE with review findings.
____ 3. DO NOT agree with review findings.

Responsible Physician Signature_____Date____

Note: Failure by the attending physician to return comments within 30 days of the review date will be deemed to constitute agreement with the reviewer.

CONCLUSION: Based on the above Responsible Provider's Comment(s) / Agreement / Disagreement, my determination is:

____ No change
____ Revised action to: #____

Peer Reviewer Signature_____Date____

This document will be filed in the subject provider's Confidential Credential / Reappointment file.

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Reviewed/Revised 11/7/2016

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Provider Peer Review Triggers List
Clinic
Clinic Random Peer Review (minimum of 5/yr)
Specialty Clinic Random (goal of 2%)
ED Reviews
ED Random Peer Review (goal of 2%-only required if 2% not met by other ED triggers below)
All obstetrical and newborn cases
ED Transfer out (transferred out via flight only)
ED AMA
ED Deaths
Inpatient Reviews
Inpatient Random Peer Reviews (goal of 2%)
All inpatient re-admissions for same diagnosis w/I 30 days
All inpatient with LOS > 7 days
All inpatient stays ≤ 24 hours
All transfers from IP to another facility
IP Deaths (unexpected only)
All hospital acquired Infections
Surgery Reviews
Random Surgery Reviews (goal of 2%)
All post-op surgical infections
Unplanned return to OR
Unplanned ED visit within 24 hours after an OR procedure
Anastomotic Leaks
GI lab Perforation
Unanticipated Need for Transfusion
Post Op DVT
Unexpected OR Outcomes
Malignant Hyperthermia/adverse reaction to anesthesia/anaphylactic shock or IV conscious sedation complications
CRNA Random Peer Reviews (goal of 2%)
General Standing Reviews
All hemolytic transfusion reactions
All requested from providers, administration, nursing, risk management, and quality
All mortality cases (unexpected IP, all OP, ED, OR)

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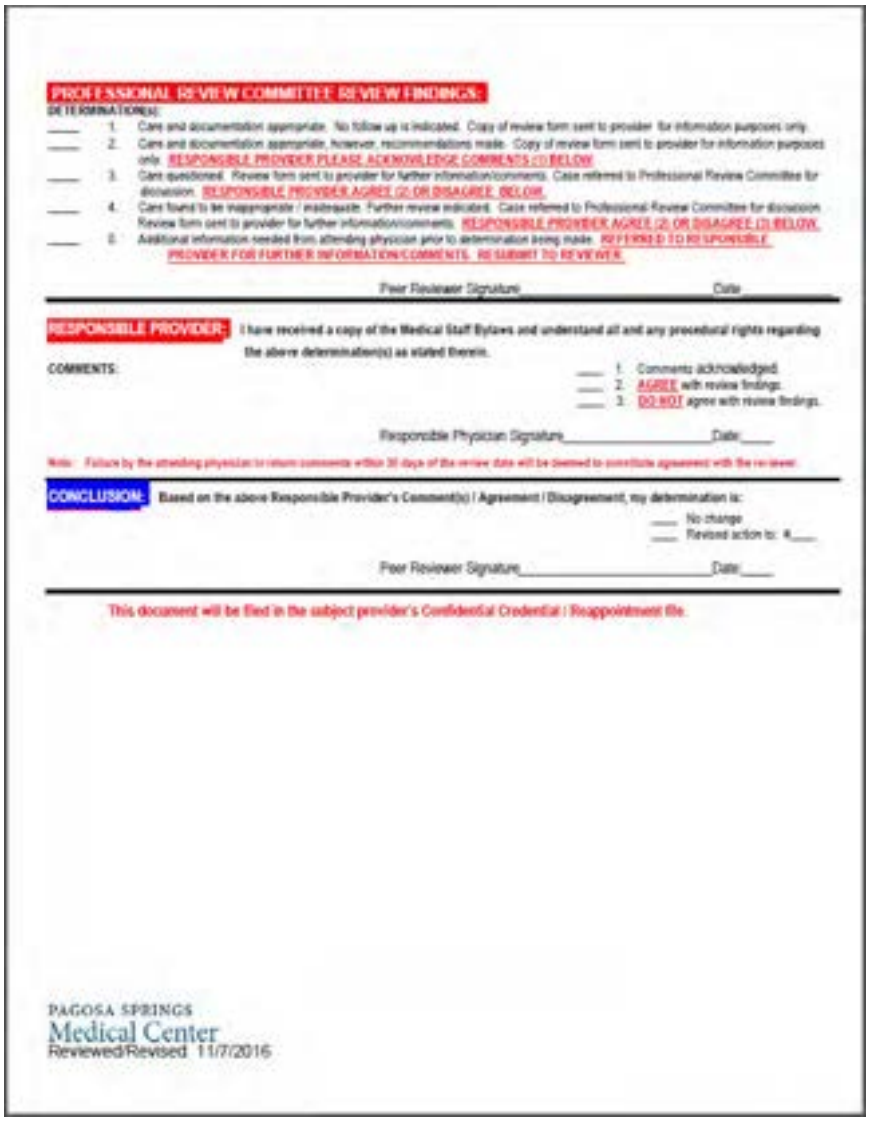

PROFESSIONAL REVIEW COMMITTEE REVIEW FINDINGS:

DETERMINATION(s):

____ 1. Care and documentation appropriate. No follow up is indicated. Copy of review form sent to provider for information purposes only.

____ 2. Care and documentation appropriate, however, recommendations made. Copy of review form sent to provider for information purposes only. RESPONSIBLE PROVIDER PLEASE ACKNOWLEDGE COMMENTS (1) BELOW.

____ 3. Care questioned. Review form sent to provider for further information/comments. Case referred to Professional Review Committee for discussion. RESPONSIBLE PROVIDER AGREE (2) OR DISAGREE BELOW.

____ 4. Care found to be inappropriate / inadequate. Further review indicated. Case referred to Professional Review Committee for discussion. Review form sent to provider for further information/comments. RESPONSIBLE PROVIDER AGREE (2) OR DISAGREE (1) BELOW.

____ 5. Additional information needed from attending physician prior to determination being made. REFERRED TO RESPONSIBLE PROVIDER FOR FURTHER INFORMATION/COMMENTS. RESUBMIT TO REVIEWER.

Peer Reviewer Signature_____ Date_____

RESPONSIBLE PROVIDER: I have received a copy of the Medical Staff Bylaws and understand all and any procedural rights regarding the above determination(s) as stated therein.

COMMENTS:

____ 1. Comments acknowledged.
____ 2. AGREE with review findings.
____ 3. DO NOT agree with review findings.

Responsible Physician Signature_____ Date:____

Note: Failure by the attending physician to return comments within 30 days of the review date will be deemed to constitute agreement with the review.

CONCLUSION: Based on the above Responsible Provider's Comment(s) / Agreement / Disagreement, my determination is:

____ No change
____ Revised action to: #____

Peer Reviewer Signature_____ Date:____

This document will be filed in the subject provider's Confidential Credential / Reappointment file.

PAGOSA SPRINGS
Medical Center
Reviewed/Revised 11/7/2016

UPPER SAN JUAN HEALTH SERVICES DISTRICT
D/B/A PAGOSA SPRINGS MEDICAL CENTER

Formal Written Resolution 2022-06
March 22, 2022

WHEREAS, on April 1, 1988, the Upper San Juan Health Service District ("USJHSD") first entered into a 401(a) retirement participation agreement with the Colorado County Officials and Employees Retirement Association Retirement Plan and Trust Agreement ("401(a) Participation Agreement" or "PA");

WHEREAS, the 401(a) Participation Agreement was updated from time to time – the last effective date is May 18, 2009;

WHEREAS, the 401(a) Participation Agreement provides that upon the commencement of employment, all employees shall contribute six percent (6%) of employee's pre-tax compensation to the 401(a) Plan and USJHSD shall contribute six percent (6%) of employee's pre-tax compensation to the 401(a) Plan and all such USJHSD contributions are subject to a five-year vesting period (20% vesting each year for five years);

WHEREAS, USJHSD staff and the Colorado Retirement Association have worked together to propose and advise updates to the USJHSD Participation Agreement as follows:

- Section 2.2 – renumbered but continues to affirm employees participate starting the date of hire;
- Section 2.5(a) – renumbered and aligned with 2.2 participation at date of hire;
- Section 2.6 – section was not completed in 2009 PA and is now completed to affirm continuous eligibility of employees;
- Section 3.2 – section is corrected to select that USJHSD is an existing participating employer;
- Section 3.3 – formatting correction to separately identify the employee contribution amount from the employer contribution amount as required by a statutory change in 2019;
- Section 3.3 – "before-tax" language has changed to "pre-tax";

- Section 3.8 – new substantive change to allow discretionary employer matching contributions which provision will assist in dealing with IRS contribution limits while meeting the commitment to 6% employee and 6% employer contributions;
- Section 5.1 – formatting change;
- 5.1(c) – formatting change and the updated PA is more precise about prior service credit;
- Section 5.1(e) – new check box affirms that USJHSD is an existing participating employer;
- Section 5.3 – formatting change; and
- Section 1.9 – slight change in that boxes are consolidated on new form and a correction to the 2009 form also included an "other" but without any limiting description;

NOW, THEREFORE, THE BOARD OF DIRECTORS OF THE UPPER SAN JUAN HEALTH SERVICE DISTRICT HEREBY RESOLVES to amend the 401(a) Participation Agreement as attached and authorize the CEO or CFO to execute the same on behalf of USJHSD.

_____

_____, as Director of the Board of Directors of USJHSD

COLORADO RETIREMENT ASSOCIATION
RETIREMENT PLAN AND TRUST AGREEMENT

PARTICIPATION AGREEMENT

Association Member / Participating Employer: Upper San Juan Health Service District

Association Member Original Participation Date: April 1, 1988

Participation Agreement Effective Date: January 1, 2022

Prior Participation Agreement Date: May 18, 2009
Please indicate the effective date of the last Participation Agreement

---

PREAMBLE

I. **AGREEMENT**. By this Agreement, by and between Colorado Retirement Association ("Association") and the Association Member specified in this Participation Agreement ("Agreement"), the Association Member adopts as a Participating Employer the Colorado Retirement Association Retirement Plan and Trust Agreement (the "Plan"), as amended and restated effective January 1, 2020, and as further amended or supplemented from time to time, subject to the modifications set forth in this Agreement. This Agreement amends and supersedes any previous Participation Agreement made by and between the Association Member and the Association.

II. **ADOPTION OF THE PLAN**. The Association Member adopts the Plan as a Participating Employer pursuant to the terms of the Plan and this Participation Agreement, effective as of the Participation Agreement Effective Date. The Participating Employer's participation in the Plan is conditioned on the timely payment by the Participating Employer of its proportional share of contributions under the Plan, and in the case of contributions deducted from a Participant's Compensation, payment will be transmitted to the Trust as soon as practicable after such amounts would otherwise have been paid to the Participant.

III. **REVIEW OF THE PLAN**. The Participating Employer has reviewed the Plan, and in particular Article 13 of the Plan, addressing Participating Employers. The Participating Employer has consulted, or had opportunity to consult, with its legal and tax advisors with reference to the Plan and this Participation Agreement.

IV. **APPROVAL OF PLAN TRUSTEE AND ADMINISTRATOR**. The Participating Employer approves and confirms the Trustee and Administrator designated by the Association in the Plan to serve in each such capacities.

V. **ASSOCIATION AS AGENT**. The Participating Employer irrevocably designates the Association as its agent as set forth in Article 13 of the Plan addressing Participating Employers for all purposes of the Plan, and authorizes the Association, on behalf of the Participating Employer, to perform

the specific act or acts and to exercise the specific powers granted under the Plan. The Association or its designee has authority to make any and all necessary rules or regulations, binding upon the Participating Employer and its Employees and Officials and their Beneficiaries, to effectuate the purpose of the Plan.

VI. **PARTICIPATING EMPLOYER'S CONTRIBUTIONS**. All contributions made by the Participating Employer under the Plan and this Participation Agreement will be determined separately by each Participating Employer and allocated only among the eligible Participants of the Participating Employer making the contribution in accordance with Section 3.1 of the Plan.

PARTICIPATING EMPLOYER ELECTIONS

(Section numbers below correspond to sections of the Plan.)

Note: Officials may opt out of Plan participation; however, if Officials do participate in the Plan, they do not have to satisfy any minimum eligibility requirements. Accordingly, Sections 2.2 and 2.5(a) below only pertain to Eligible Employees. Additionally, Officials are always fully vested in Employer Contributions and Prior Service Benefit Contributions. Accordingly, Sections 5.1(b)(1), 5.1(c), 5.1(d), 5.1(e) and 5.1(g) below only pertain to Eligible Employees.

1.16 **ELIGIBLE EMPLOYEE**. "Eligible Employee" means the following:

[Specify one option only.]

☒ ***All Employees***. Every Employee of the Participating Employer.

☐ ***All Benefitted Positions***. Every Employee in a benefitted position of the Participating Employer, in accordance with the Participating Employer's standard personnel practices.

☐ Every Employee of the Participating Employer who works at least _____ months per year and at least _____ hours per week.

☐ Every Employee of the Participating Employer who works at least _____ hours per year.

2.2 **COMMENCEMENT OF PARTICIPATION**. An Eligible Employee will commence participation in the Plan and begin making and receiving contributions:

[Specify one option only with appropriate sub-option, as applicable.]

☒ Immediately as of:

☒ The Eligible Employee's Date of Hire.

☐ The first day of the Eligible Employee's first full payroll period.

☐ Immediately after _____ Plan Months. (Not to exceed twelve (12) months).

☐ Upon the first day of the payroll period following a _____ month period. (Not to exceed twelve (12) months).

If an Official has not waived participation in the Plan, such Official will commence participation in the Plan and begin making and receiving contributions as of the first day of the month coincident with or immediately succeeding such Official's commencement of term of office.

2.5(a) **REEMPLOYMENT DATE MORE THAN THIRTY (30) DAYS AFTER TERMINATION DATE**.

☒ Immediate commencement of participation, in accordance with the Participating Employer's election per Section 2.2.

If this option is selected, skip the remaining options in this Section 2.5(a) and move on to Section 2.6(a). If this option is not selected, specify one option in each of the below categories.

Prior Employment with Participating Employer.

☐ In accordance with the **default** provisions of Section 2.5(a) of the Plan, in the event an Employee terminates employment with the Participating Employer more than thirty (30) days before his or her Reemployment Date with the Participating Employer, the Participating Employer will not grant prior service credit for purposes of **eligibility**.

☐ In the event an Employee terminates employment with the Participating Employer more than thirty (30) days before his or her Reemployment Date with the Participating Employer, the Participating Employer will grant service credit for purposes of **eligibility** provided the Employee has a Reemployment Date within _____ Plan Months (not to exceed twelve (12) Plan Months) of his or her Termination Date.

Prior Employment with any Association Member (other than Participating Employer).

☐ In accordance with the **default** provisions of Section 2.5(a) of the Plan, in the event an Employee terminates employment with an Association Member more than thirty (30) days before his or her Reemployment Date with a different Participating Employer, the Participating Employer will not grant prior service credit for purposes of **eligibility**.

☐ In the event an Employee terminates employment with an Association Member more than thirty (30) days before his or her Reemployment Date with another Participating Employer, the Participating Employer will grant service credit for purposes of **eligibility** provided the Employee has a Reemployment Date within _____ Plan Months (not to exceed twelve (12) Plan Months) of his or her Termination Date.

2.6(a) **CHANGE IN STATUS**.

[Specify one option only.]

☒ Status of Employee is not applicable. All Employees are ***Eligible Employees***, per Section 1.16.

☐ In accordance with the **default** provisions of Section 2.6(a) of the Plan, a Participant who continues in the employ of the Participating Employer but ceases to be employed as an ***Eligible Employee*** is not eligible to make Mandatory Participant Contributions to the Plan under Section 3.3, is not entitled to Employer Contributions under Plan Section 3.1 and is not entitled to Prior Service Benefit Contributions (if any) under Plan Section 3.2.

[If this option is chosen, select one of the following sub-options, as applicable.]

☐ Upon return to an employment status meeting the eligibility criteria, the Eligible Employee will recommence participation immediately, in accordance with the Participating Employer's election above in Section 2.2.

☐ Upon return to an employment status meeting the eligibility criteria, the Eligible Employee must complete the applicable commencement of participation period elected above in Section 2.2 before recommencing participation in the Plan. Such applicable commencement period will begin as of the date the Employee returns to such employment status.

☐ A Participant who continues in the employ of the Participating Employer but ceases to be employed as an ***Eligible Employee*** will be deemed to satisfy the eligibility provisions and will continue to be eligible to make Mandatory Participant Contributions to the Plan under Section 3.3, will continue to receive Employer Contributions under Plan Section 3.1, and will continue to receive Prior Service Benefit Contributions (if any) under Plan Section 3.2, despite the change in status.

3.1(a) **EMPLOYER CONTRIBUTIONS**. The Participating Employer will make an Employer Contribution for each Participant **(no less than three percent (3%))** for each Plan Month as specified below.

[Specify one option only.]

☒ The Participating Employer will contribute 6 % of the Compensation of such Participant for the Plan Month.

☐ The Participating Employer's contribution for each Participant will equal an amount directed by each Participant, with a minimum of ____% and a maximum of ____% of the Compensation of such Participant.

☐ The Participating Employer will contribute for each Participant:

- ____% of Compensation based on ____ attained Years of Service
- ____% of Compensation based on ____ attained Years of Service
- ____% of Compensation based on ____ attained Years of Service
- ____% of Compensation based on ____ attained Years of Service
- ____% of Compensation based on ____ attained Years of Service

☐ For Participants hired after March 31, 1986, the Participating Employer will contribute the percentage of Compensation of such Participant for the Plan Month corresponding to the rate required of the employer share portion of Social Security (Old Age, Survivors, and Disability) under the Federal Insurance Contributions Act, as defined in C.R.S. Section 24-53-101 for that Plan Month. Employer Contributions will stop once the Participant's earnings have reached the social security annual maximum taxable earnings limit. For Participants hired on or before March 31, 1986, the Participating Employer will contribute the percentage of Compensation of the Participant for the Plan Month corresponding to the rate required for the employer share of both the Social Security and Medicare components of the Federal Insurance Contributions Act, as defined in C.R.S. Section 24-53-101 for that Plan Month. For Participants hired on or before March 31, 1986, the Social Security component of the Employer Contribution will stop once such Participant's earnings have reached the Social Security annual maximum taxable earnings limit.

Note if this option is selected, it must also be selected below in Section 3.3.

3.2 **PRIOR SERVICE BENEFIT CONTRIBUTIONS**. The Participating Employer may elect to make a Prior Service Benefit Contribution to each Participant. The Participating Employer will contribute to each Participant the percentage (elected below) of such Participant's annual Compensation for the elected ***Prior Service Period***. The Prior Service Benefits will be contributed to the Plan in equal monthly installments during the ***Pay Out Period*** provided the Participant does not have a Termination Date during the Pay Out Period.

[Specify one option only.]

☒ Not Applicable. Employer is an existing Participating Employer.

☐ The Participating Employer elects not to make Prior Service Benefit Contributions.

☐ The Participating Employer will contribute to each Participant ____% *(no less than three percent (3%))* of the annual Compensation of each Participant during the ***Prior Service Period***.

[Complete both A and B.]

A. The ***Prior Service Period*** is _____ (*number from one to five)* twelve (12) month period(s) of continuous employment of such Participant ending on the Effective Date of this Participation Agreement with the Participating Employer.

B. Prior Service Benefit Contributions will be made to the Plan in equal monthly installments over _____ (*number from one (1) to thirty-six (36))* continuous calendar month(s)) (the "***Pay Out Period***"). If the Participant has a Termination Date during the Pay Out Period, he or she forfeits his or her right to additional Prior Service Benefit Contributions.

3.3(a) **MANDATORY PARTICIPANT CONTRIBUTIONS**. Each Participant will make a contribution **(no less than three percent (3%))** for each Plan Month as specified below.

[Specify one option only.]

☒ The Mandatory Participant Contribution will equal 6 % of the Compensation of such Participant for the Plan Month.

☐ The Mandatory Participant Contribution will equal an amount directed by each Participant, with a minimum of ____% and a maximum of ____% of the Compensation of such Participant for the Plan Month. **Once an election is made, it is an irrevocable election.**

☐ The Mandatory Participant Contribution will equal:

- ____% of Compensation based on ____ attained of Service
- ____% of Compensation based on ____ attained Years of Service
- ____% of Compensation based on ____ attained Years of Service
- ____% of Compensation based on ____ attained Years of Service
- ____% of Compensation based on ____ attained Years of Service

☐ For Participants hired after March 31, 1986, the Mandatory Participant Contribution will equal the percentage of Compensation of such Participant for the Plan Month corresponding to the rate required of the employer share portion of Social Security (Old Age, Survivors, and Disability) under the Federal Insurance Contributions Act, as defined in C.R.S. Section 24-53-101 for that Plan Month. Mandatory Participant Contributions for a Participant will stop once such Participant's earnings have reached the social security annual maximum taxable earnings limit. For Participants hired on or before March 31, 1986, the Participating Employer will contribute the percentage of Compensation of the Participant for the Plan Month corresponding to the rate required for the employer share of both the Social Security and Medicare components of the Federal Insurance Contributions Act, as defined in C.R.S. Section 24-53-101 for that Plan Month. For Participants hired on or before March 31, 1986, the Social Security component of the Mandatory Participant Contribution will stop once such Participant's earnings have reached the Social Security annual maximum taxable earnings limit.

Note if this option is selected, it must also be selected below in Section 3.1.

3.3(a) **MANDATORY PARTICIPANT CONTRIBUTIONS**. Mandatory Participant Contributions will be:

[Specify one option only.]

☒ Pre-tax in accordance with C.R.S. Section 24-54-104(4) and Internal Revenue Code Section 414(h)(2).*

☐ After-tax.

3.8 **DISCRETIONARY EMPLOYER MATCHING CONTRIBUTIONS**. The Participating Employer will make an Employer Matching Contribution in accordance with its Employer 457 Contribution Policy for each Participant who defers compensation into:

[Specify one option only.]

☐ Not Applicable. The Participating Employer elects not to make Discretionary Employer Matching Contributions to the Plan.

☒ The Colorado Retirement Association Deferred Compensation Plan and Trust Agreement.

☐ _____ [Name of 457(b) plan].

* *Note if contributions are being picked up and paid by the Employer in lieu of employee contributions, the contributions will be treated as "picked-up" and paid by the Employer on a prospective basis only, from the date this Participation Agreement is formally adopted. Participants may not opt out of the "pick-up" nor may they receive the contributed amounts directly instead of having them paid by the Participating Employer to the Plan.*

5.1(b)(1) **VESTING OF PARTICIPANT'S ACCOUNTS**. In accordance with Section 5.1 of the Plan, an Employee-Participant becomes vested in Employer Contributions and Prior Service Benefit Contributions as follows.†

[Specify one option only.]

☐ ***Immediate Vesting***. A Participant is 100% vested upon Plan participation.

☒ ***Graded Vesting***. A Participant will vest pro rata monthly at 20% annual rate. (must be more than 10%).

☐ ***Specified Vesting***. A Participant will vest pro rata monthly according to the following schedule (select the vesting percentage at the completion of the Participant's Years of Service):

1st Year of Service: _____%

2nd Year of Service: _____%

3rd Year of Service: _____%

4th Year of Service: _____%

5th Year of Service: _____%

6th Year of Service: _____%

† *Employee-Participants who reach Normal Retirement Age, Disability, or who die or are presumed deceased will be 100% vested in accordance with the terms of the Plan.*

5.1(c) **REEMPLOYMENT DATE MORE THAN THIRTY (30) DAYS AFTER TERMINATION DATE**.

☐ Service credit for vesting is not applicable, Employer elected Immediate Vesting, per Section 5.1(b)(1).

If this option is selected, skip the remaining options in this Section 5.1(c) and move on to Section 5.1(e). If this option is not selected, specify one option in each of the below sub-options.

Prior Employment with Participating Employer.

☐ In accordance with the **default** provisions of Section 5.1 (c) of the Plan, in the event an Employee terminates employment with the Participating Employer more than thirty (30) days before his or her Reemployment Date with the Participating Employer, the Participating Employer will not grant prior service credit for purposes of **vesting**.

☒ In the event an Employee terminates employment with the Participating Employer more than thirty (30) days before his or her Reemployment Date with the Participating Employer, the Participating Employer will grant service credit for purposes of **vesting** provided the Employee has a Reemployment Date within 12 Plan Months (not to exceed twelve (12) Plan Months) of his or her Termination Date.

Prior Employment with any Association Member (other than Participating Employer).

☐ In accordance with the **default** provisions of Section 2.5(a) of the Plan, in the event an Employee terminates employment with an Association Member more than thirty (30) days before his or her Reemployment Date with a different Participating Employer, the Participating Employer will not grant prior service credit for purposes of **vesting**.

☒ In the event an Employee terminates employment with an Association Member more than thirty (30) days before his or her Reemployment Date with another Participating Employer, the Participating Employer will grant service credit for purposes of **vesting** provided the Employee has a Reemployment Date within 12 Plan Months (not to exceed twelve (12) Plan Months) of his or her Termination Date.

5.1(e) **SERVICE WITH PARTICIPATING EMPLOYER PRIOR TO ADOPTION OF PLAN**.

[Specify one option only.]

☒ Not Applicable. Employer is an existing Participating Employer.

☐ ***Past Service Credit***. At the time this Participation Agreement is executed, all Employees presently employed by the Participating Employer will have all periods of employment credited towards the vesting schedule referenced above in Section 5.1(b)(1).

5.3 **FORFEITURES ACCOUNT**.

[Specify one option only.]

☐ Not Applicable. Participants are 100% vested in their Accounts.

☒ In accordance with the **default** provisions of Section 11.6 of the Plan, forfeitures will be utilized to reduce future Employer Contributions.

☐ Forfeitures will be allocated among the Accounts of active Participants in the Plan.

8.1 **LOANS TO ELIGIBLE BORROWERS**.

[Specify one option only.]

☐ Participant loans are *not* allowed.

☒ Participant loans are allowed in accordance with Article 8 of the Plan and loan procedures adopted by the Plan Administrator.

1.9 **DEFINITION OF COMPENSATION**. For purposes of calculating contributions, the Participating Employer **excludes** the following from the definition of Compensation (as defined in Section 1.9 of the Plan):

[Select as many EXCLUSIONS as applicable.]

☐ Bonuses.

☐ Overtime pay.

☐ Premiums for shift differential.

☒ Fringe benefits, expense reimbursements, deferred compensation, and welfare benefits.

☐ Holiday pay.

☐ Vacation pay.

☐ Sick pay.

☐ Paid Time Off (PTO).

☒ All post-severance compensation.

☐ Other *[please specify]*:_____.

* * * * * * * *

The Participating Employer and the Colorado Retirement Association have executed this Participation Agreement and have accepted its terms.

Dated this _____ day of _____, 20_____.

Upper San Juan Health Service District
Participating Employer

By:_____

Title: _____

Dated this _____ day of _____, 20_____.

COLORADO RETIREMENT ASSOCIATION
Plan Sponsor

By:_____

Title: CRA Executive Director

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UPPER SAN JUAN HEALTH SERVICES DISTRICT
D/B/A PAGOSA SPRINGS MEDICAL CENTER

Formal Written Resolution 2022-07
March 22, 2022

WHEREAS, on April 1, 1988, the Upper San Juan Health Service District ("USJHSD") first entered into a 457(b) retirement participation agreement with the Colorado County Officials and Employees Retirement Association Deferred Compensation Plan ("457(b) Participation Agreement" or "PA");

WHEREAS, the 457(b) Participation Agreement was updated from time to time – the last effective date is August 1, 2012;

WHEREAS, the 457(b) Participation Agreement provides that employees may make discretionary contributions (either pre-tax or Roth, if eligible under the I.R.S. rules) to a 457(b) retirement plan; and

WHEREAS, the Colorado Retirement Association ("CRA") proposes updating this Plan to reflect CRA's changed name, reference to the updated 401(a) plan, formatting changes but no substantive changes to the 457(b) plan.

NOW, THEREFORE, THE BOARD OF DIRECTORS OF THE UPPER SAN JUAN HEALTH SERVICE DISTRICT HEREBY RESOLVES to amend the 457(b) Participation Agreement as attached and authorize the CEO or CFO to execute the same on behalf of USJHSD.

_____
_____, as Director of the Board of Directors of USJHSD

COLORADO RETIREMENT ASSOCIATION
DEFERRED COMPENSATION PLAN

PARTICIPATION AGREEMENT

Association Member / Participating Employer: Upper San Juan Health Service District

Association Member Original Participation Date: April 1, 1988

Participation Agreement Effective Date: January 1, 2022

Prior Participation Agreement Date: August 1, 2012
Please indicate the effective date of the last Participation Agreement

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PREAMBLE

I. **AGREEMENT**. By this Agreement, by and between Colorado Retirement Association ("Association") and the Association Member specified in this Participation Agreement ("Agreement"), the Association Member adopts as a Participating Employer the Colorado Retirement Association Deferred Compensation Plan and Trust Agreement (the "Plan"), as amended and restated effective January 1, 2020, and as further amended or supplemented from time to time, subject to the modifications set forth in this Agreement. This Agreement amends and supersedes any previous Participation Agreement made by and between the Association Member and the Association.

II. **ADOPTION OF THE PLAN**. The Association Member adopts the Plan as a Participating Employer pursuant to the terms of the Plan and this Participation Agreement, effective as of the Participation Agreement Effective Date. The Participating Employer's participation in the Plan is conditioned on the timely payment by the Participating Employer of its proportional share of contributions under the Plan, and in the case of contributions deducted from a Participant's Compensation, payment will be transmitted to the Trust as soon as practicable after such amounts would otherwise have been paid to the Participant.

III. **REVIEW OF THE PLAN**. The Participating Employer has reviewed the Plan, and in particular Article 12 of the Plan. The Participating Employer has consulted, or had opportunity to consult, with its legal and tax advisors with reference to the Plan and this Participation Agreement.

IV. **APPROVAL OF PLAN TRUSTEE AND ADMINISTRATOR**. The Participating Employer approves and confirms the Trustee and Administrator designated by the Association to serve in each such capacities.

V. **ASSOCIATION AS AGENT**. The Participating Employer irrevocably designates the Association as its agent as set forth in Article 12 of the Plan addressing Participating Employers for all purposes of the Plan, and authorizes the Association, on behalf of the Participating Employer, to perform the specific acts and to exercise the specific powers granted under the Plan. The Association

or its designee shall have authority to make any and all necessary rules or regulations, binding upon the Participating Employer and its Employees, to effectuate the purpose of the Plan.

VI. **PARTICIPANT AND PARTICIPATING EMPLOYER CONTRIBUTIONS**. All contributions made by the Participants and Participating Employer under the Plan and this Participation Agreement shall be determined separately by each Participating Employer and shall be allocated only among the eligible Participants of the Participating Employer making the contribution.

* * * * * * * *

PARTICIPATING EMPLOYER ELECTIONS

(Section numbers below correspond to sections of the Plan.)

2.2(d) **DESIGNATED ROTH DEFERRALS**.

[Specify one option only.]

☒ Designated Roth Deferrals are permitted.

☐ Designated Roth Deferrals are *not* permitted.

2.11 **EMPLOYER CONTRIBUTIONS**.

[Specify one option only.]

☒ The Participating Employer elects not to make Employer Contributions.

☐ The Participating Employer elects to make Employer Contributions for Eligible Employees, per the Employer 457 Contribution Policy.

6.1 **LOANS TO ELIGIBLE BORROWERS**.

[Specify one option only.]

☐ Participant loans are *not* permitted.

☒ Participant loans are permitted in accordance with Article 6 of the Plan and loan procedures adopted by the Association.

* * * * * * * *

The Participating Employer and the Colorado Retirement Association have executed this Participation Agreement and have accepted its terms.

Dated this _____ day of _____, 20_____.

Upper San Juan Health Service District
Participating Employer

By:_____

Title: _____

Dated this _____ day of _____, 20_____.

COLORADO RETIREMENT ASSOCIATION
Plan Sponsor

By:_____

Title: CRA Executive Director

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UPPER SAN JUAN HEALTH SERVICES DISTRICT
D/B/A PAGOSA SPRINGS MEDICAL CENTER

Formal Written Resolution 2022-08
March 22, 2022

WHEREAS, the proposed amendments to the Medical Staff Bylaws change the definition of a "behavioral health provider" so that only behavioral health providers who are employed by the Upper San Juan Health Service District ("USJHSD") are credentialed and privileged by USJHSD's Medical Staff Office in accordance with USJHSD's Medical Staff Bylaws;

WHEREAS, the proposed amendments have the result of *telemedicine* behavioral health providers being processed through the telemedicine entity's human resources department as well as USJHSD's human resources department;

WHEREAS, a majority of the voting Medical Staff have approved the proposed amendments.

NOW, THEREFORE, THE BOARD OF DIRECTORS OF THE UPPER SAN JUAN HEALTH SERVICE DISTRICT HEREBY RESOLVES to amend the Medical Staff Bylaws as shown on the attached redline.

_____
_____, as Director of the Board of Directors of USJHSD

UPPER SAN JUAN HEALTH SERVICE DISTRICT

doing business as

PAGOSA SPRINGS MEDICAL CENTER

MEDICAL STAFF BYLAWS

History of Approval of Medical Staff Bylaws: third amended and restated approved on March 24, 2020 (USJHSD Board approved following affirmative vote of Active Med. Staff per Article 16 on 3/19/2020); second amendment approved on September 23, 2014 (USJHSD Board approved following affirmative vote of Active Med. Staff, per section 3.4 and Article 16, on 9/19/2014 to add the Trauma Director to the MEC); first amendment approved on August 26, 2014 (USJHSD Board approved following MEC approval, per Section 10.2-2, on 8/18/2014 to add department designation for surgery); these Bylaws were originally approved on December 17, 2013 (USJHSD Board approved following affirmative vote of the Medical Staff on December 4, 2013) and such Bylaws approved on 12/17/2013 replaced and superseded, in their entirety, any Bylaws previously adopted for the Medical Staff of PSMC.

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16.2 Methodology 16.3 Technical and Editorial Corrections	

DEFINITIONS

1. Advanced Practice Professional (APP) means a provider who by state law may or may not be authorized to practice independently (and may or may not be required by PSMC contract or PSMC policy to work under the supervision or in collaboration with a physician who is a member of the Medical Staff) who must be processed through PSMC's medical staff process and granted privileges in accordance with Medicare Conditions of Participation:
    - Nurse Practitioner (NP) or Advanced Registered Nurse Practitioner (ARNP)
    - Physician Assistant (PA)
    - Certified Registered Nurse Anesthetist (CRNA). The COPs require that we notice that PSMC allows CRNAs to practice independently as allowed by the CO state exemption.
    - Registered Nurse First Assistant (RNFA)

2. **Behavioral Health Provider (BHP)** means a provider employed by PSMC (see exclusions below)who by state law may or may not be authorized to practice independently (and may or may not be required by PSMC contract or PSMC policy to work under the supervision or in collaboration with a physician who is a member of the Medical Staff) who must be processed through PSMC's medical staff process and granted privileges in accordance with Medicare Conditions of Participation:
    - Licensed Clinical Psychologist (LCP)
    - Licensed Professional Counselor (LPC)
    - Licensed Professional Counselor Candidate (LPCC)
    - Licensed Clinical Social Worker (LCSW)
    - Licensed Social Worker (LSW)
    - Licensed Marriage and Family Therapist (LMFT)

~~Note~~Exclusions: Other~~a~~ b~~B~~ehavioral h~~H~~ealth p~~P~~roviders who ~~is~~do not intend~~ing~~ to be employed by PSMC or contracted for services similar to those provided by an employee (e.g., telehealth providers or for the crisis response team) sha~~l~~ll be processed according to ~~hospital~~PSMC and medical staff policy and are~~is~~ not required to apply for medical staff membership and/or privileges.

3. Chief Executive Officer (CEO) means the person appointed by the Governing Body to serve in an administrative capacity or his or her designee.
4. **Chief Medical Officer (CMO)** means a physician appointed, from time to time as and when desired, by the Governing Body to serve as a liaison between the Medical Staff and the administration.
5. **Chief of Staff** means the chief officer who is a physician and an active member of the Medical Staff elected by the Medical Staff.
6. **Date of Receipt** means the date any notice, special notice or other communication was delivered personally; or if such notice, special notice or communication was sent by mail, it shall mean 72 hours after the notice, special notice, or communication was deposited, postage prepaid, in the United States mail. (See also, the definitions of **Notice** and **Special Notice**.)
7. **Days** means calendar days unless otherwise specified.

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8. **Department** means the designated clinical departments/programs of PSMC that have Department Medical Director representation on MEC:
    - Acute Care (which includes inpatient care, Oncology, and Telemedicine);
    - Clinic (which means the rural health clinic for primary care and certain specialty care at Pagosa Springs Medical Center, and includes all outpatient locations and services operated under the auspices of the Rural Health Clinic's license);
    - Emergency Department;
    - Surgery Department; and
    - Trauma Program.

9. **Ex Officio** means service by virtue of office or position held. An ex officio appointment is with vote unless specified otherwise.
10. **Governing Body or Board of Directors** means the board of directors of Upper San Juan Health Service District doing business as Pagosa Springs Medical Center. As appropriate to the context and consistent with these Bylaws, it also means any Governing Body committee or position (e.g., the CEO) to whom responsibilities have been delegated with authorization to act on behalf of the Governing Body. By regulation, the Governing Body may not delegate the approval or acceptance of Medical Staff appointment, reappointment, and revisions to Medical Staff Bylaws.
11. **Hospital** means the hospital division of Pagosa Springs Medical Center, and includes all inpatient and outpatient locations and services operated under the auspices of the hospital's license.
12. **Medical Executive Committee** or **Executive Committee** (MEC) means the executive committee of the Medical Staff. To the extent the MEC or any portion of the MEC serves as the Professional Review Committee, the MEC shall have the immunities set forth in the definition of the Professional Review Committee.
13. **Medical Director** of a clinical department means an active Medical Staff member appointed by the CEO to serve, per a contract, and provide oversight of the department's clinical care to assess and address appropriate quality of clinical care in the department.
14. **Medical Staff** means the organizational component of PSMC that includes all physicians (M.D. or D.O.), APPs, BHPs, dentists, oral surgeons, and podiatrists who have been granted recognition as members pursuant to these Bylaws.
15. **Medical Staff Year** means the period from January 1 through December 31.
16. **Member** means any physician, APP, BHP, dentist, oral surgeon, or podiatrist who has been appointed to the Medical Staff.
17. **Notice** means a written communication delivered personally to the addressee or sent by United States mail, first-class postage prepaid, addressed to the addressee at the last address as it appears in the official records of the Medical Staff or PSMC. (See also, the definitions of **Date of Receipt** and **Special Notice**.)

18. **Physician** means an individual with an M.D. or D.O. degree who is currently licensed to practice medicine.
19. **Practitioner** means, unless otherwise expressly limited, any currently licensed physician (M.D. or D.O.), dentist, oral surgeon, or podiatrist.
20. **Privileges** or **Clinical Privileges** means the permission granted to a Medical Staff member or to render specific patient services.
21. **Professional Review Committee** means a committee established pursuant to C.R.S. Section 12-36.5-102(6), et seq., to review and evaluate the competence, professional conduct of, or the quality and appropriateness of patient care provided by, persons licensed under Article 36 of Title 12 of the Colorado Revised Statutes. Further, such professional review committee shall be granted certain immunities, to the maximum extent allowed under law/regulation, from liability arising from actions taken within the scope of the committee's activities. The proceedings, recommendations, records, and reports of the Professional Review Committee (and the governing board with respect to its role for professional review) shall be confidential to the maximum extent allowed under law/regulation.
22. **Policies** refers to the Medical Staff Policies, to the extent any are adopted in accordance with these Bylaws unless specified otherwise.
23. **Special Notice** means a notice sent by certified or registered mail, return receipt requested. (See also, the definitions of **Date of Receipt** and **Notice** above.)
24. **Telemedicine** is the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video or data communications from a remote location.
25. **Upper San Juan Health Service District ("USJHSD")** means a health service district as described in C.R.S. Section 32-1-101, et seq. Upper San Juan Health Service District operates under the trade name of Pagosa Springs Medical Center. The Bylaws shall apply to all services offered under and through Upper San Juan Health Service District doing business as Pagosa Springs Medical Center.

Article 1 Name and Purposes

1.1 Name

The name of this organization shall be the Medical Staff of Pagosa Springs Medical Center.

1.2 Description

1.2-1 The Medical Staff organization is structured as follows: The members of the Medical Staff are assigned to a Staff category depending upon the nature of the Staff member's practice at PSMC. All members are assigned to one of the Staff categories described in Bylaws, Article 3, Categories of the Medical Staff.

1.2-2 Members are also assigned to one or more departments (as listed in Section 10.2-1 of these Bylaws), depending upon their specialties.

1.2-3 There are also Medical Staff committees, which perform staff-wide responsibilities, and which oversee related activities being performed by the departments.

1.2-4 Overseeing all of this is the Medical Executive Committee, comprised of the persons set forth in Section 9.3 of these Bylaws.

1.3 Responsibilities

1.3-1 The Medical Staff's responsibilities are to recommend appointments and reappointments to the Governing Body, and monitor quality of care via professional review activities. Within the scope of these responsibilities the Medical Staff is responsible to report to the Governing Body. These responsibilities include:

a. To provide quality patient care that is uniform and consistent. To provide for a level of professional performance that is consistent with generally accepted standards attainable within PSMC's means and circumstances.

b. To account to the Governing Body for the quality of patient care provided by all members authorized to practice at PSMC through the following measures:

1. Review and evaluation of the quality of patient care provided through valid and reliable patient care evaluation procedures;
2. An organizational structure and mechanisms that allow on-going monitoring of Medical Staff patient care practices;
3. A credentials program, including mechanisms of appointment, reappointment and the matching of clinical privileges to be exercised or specified services to be performed with the verified credentials and current demonstrated performance of the Medical Staff applicant or member;
4. A continuing education program based at least in part on needs demonstrated through the medical care evaluation program;
5. An organizational structure and mechanisms that allow on-going monitoring of Medical Staff professional behavior;

c. To recommend to the Governing Body action with respect to appointments, reappointments, staff category and department assignments, clinical privileges and corrective action.

d. To establish and enforce, subject to the Governing Body approval, professional standards related to the delivery of health care within PSMC.

e. To account to the Governing Body for the quality of patient care through regular reports and recommendations concerning the implementation, operation, and results of the quality review and evaluation activities.

f. To cooperate with other community health facilities and/or educational institutions or efforts.

g. To establish and amend from time to time as needed Medical Staff Bylaws or Medical Staff Policies, for the effective performance of Medical Staff responsibilities, as further described in these Bylaws.

h. To select and remove Medical Staff officers.

i. To assess Medical Staff dues (if any) and utilize Medical Staff dues as appropriate for the purposes of the Medical Staff.

Article 2 Medical Staff Membership

2.1 Nature of Medical Staff Membership

Being a member of the Medical Staff of PSMC does not make the Medical Staff member an employee or an independent contractor of PSMC; instead being a member of the Medical Staff means that a Practitioner, APP, or BHP has permission, in the form of a revocable license, to use PSMC's facilities for the treatment of patients. Medical Staff membership and/or privileges may be extended to and maintained by only those professionally competent practitioners, APPs, or BHPs who continuously meet the qualifications, standards, and requirements, unless otherwise waived, set forth in these Bylaws and the Policies. A practitioner~~,~~ APP, or BHP, including one who has a contract with PSMC to provide medical-administrative services, may provide services to patients at PSMC only if the practitioner, APP, or BHP is a member of the Medical Staff or has been granted privileges in accordance with these Bylaws and the Policies. Appointment to the Medical Staff shall confer only such privileges and prerogatives as have been established by the Medical Staff and granted by the Governing Body.

2.2 Qualifications for Membership

2.2-1 General Qualifications

Membership on the Medical Staff shall be extended only to practitioners, APPs, and BHPs who are professionally competent and continuously meet the qualifications, standards, and requirements set forth in the Medical Staff Bylaws and Policies. Medical Staff membership (except honorary Medical Staff) shall be limited to practitioners, APPs, and BHPs who are currently licensed or qualified to practice medicine, behavioral health, podiatry, or dentistry in Colorado.

2.2-2 Basic Qualifications

A practitioner, APP, and BHP must demonstrate compliance with all basic standards set forth in this Section in order to have an application for Medical Staff membership accepted for review. The practitioner, APP, or BHP must:

a. Qualify under Colorado law to practice with an out-of-state license or be licensed as follows:

1. Physicians must possess an unrestricted license, from the Colorado Medical Board, to practice medicine;

2. Dentists must be licensed to practice dentistry by the Colorado Board of Dental Examiners;

3. Podiatrists must be licensed to practice podiatry by the Colorado Board of Podiatric Medicine.

4. APPs and BHPs must be licensed to practice in their applicable discipline by the appropriate Colorado Board.

b. Except where not required for the Practitioner's privileges at PSMC (for example, without limitation, telemedicine, pathologist, radiologist), if practicing clinical medicine, dentistry, or podiatry, have a federal Drug Enforcement Administration number. Nurse Practitioners who

are in the process of obtaining Prescriptive Authority in the State of Colorado are exempt from this requirement until they are eligible to obtain a Federal DEA Registration.

c. Physicians and podiatrists must be certified by or currently qualify and eligible to take the board certification examination of a board recognized by the American Board of Medical Specialties, the American Board of Podiatric Surgery, the American Board of Orthopedic Podiatric Medicine, or a board or association with equivalent requirements approved by the Colorado Medical Board in the specialty that the practitioner will practice at PSMC. This section shall not apply to dentists. Certification requirements for APPs and BHPs are listed on their respective specialty-specific privilege form.

d. Be eligible to receive payments from the federal Medicare and state Medicaid programs.

e. Have liability insurance or equivalent coverage meeting the standards specified by the Governing Body.

f. Maintain ability to provide continuous care to his or her patients.

g. If requesting privileges only in services operated under an exclusive contract, be a member, employee or subcontractor of the group or person that holds the contract.

h. Provide an application (that will be generally subject to the approval of the Medical Executive Committee and the Governing Body)

i. Document his or her:

1. Adequate experience, education, and training in the requested privileges;
2. Current professional competence;
3. Good judgment; and
4. Adequate physical and mental health status (subject to any necessary reasonable accommodation) to demonstrate to the satisfaction of the Medical Staff that he or she is sufficiently healthy and professionally and ethically competent so that patients can reasonably expect to receive the generally recognized professional level of quality and safety of care for this community. Without limiting the foregoing, with respect to communicable diseases, practitioners, APPs, and BHPs are expected to know their own health status, to take such precautionary measures as may be warranted under the circumstances to protect patients and others present in PSMC, and to comply with all reasonable precautions established by PSMC and/or Medical Staff policy respecting safe provision of care and services at PSMC.

j. Be determined to:

1. Adhere to the lawful ethics of his or her profession;
2. Have a good reputation and character;
3. Be able to work cooperatively and harmoniously with others at PSMC so as not to adversely affect patient care or PSMC operations; and
4. Be willing to participate in and properly discharge Medical Staff responsibilities.

A practitioner, APP, or BHP who does not meet the standards in section 2.2-2 is ineligible to apply for Medical Staff membership, and the application shall not be accepted for review, except

that applicants for the honorary Medical Staff do not need to comply with any of the basic standards. If it is determined during the processing that an applicant does not meet all of the basic qualifications, the review of the application shall be discontinued. An applicant who does not meet the basic standards is *not* entitled to the procedural rights set forth in these Bylaws, but may submit an application for waiver together with the applicant's comments and a request for reconsideration of the specific standards which adversely affected such practitioner, APP, or BHP (additional information regarding waiver is noted in Section 2.2-3). Those comments and requests shall be reviewed by the Medical Executive Committee and the Governing Body, which shall have sole discretion to decide whether to consider any changes in the basic standards or to grant a waiver as allowed by Bylaws, Section 2.2-3, below.

2.2-3 Waiver of Qualifications

A practitioner, APP, or BHP who does not meet the qualifications for membership may submit a written request for waiver and a request for reconsideration of the specific standards which adversely affected such practitioner, APP, or BHP at the time of pre-application for initial appointment and upon every reappointment cycle. The Medical Executive Committee shall review the request for waiver and make a recommendation to the Governing Body. This recommendation shall include, at a minimum, the MEC's determination that the practitioner, APP, or BHP has demonstrated he or she has substantially comparable qualifications and that this waiver is necessary to serve the best interests of the patients and of PSMC. Even upon reappointment, there is no obligation to grant any such waiver, and practitioners, APPs, and BHPs have no right to have a waiver considered and/or granted. A practitioner, APP, or BHP who is denied a waiver or consideration of a waiver upon pre-application for initial appointment shall not be entitled to any hearing and appeal rights under these Bylaws.

2.3 Non-discrimination

Medical Staff membership or particular privileges shall not be denied on the basis of age, gender, religion, race, creed, color, national origin, or any physical or mental impairment and must adhere to applicable laws and PSMC Policy regarding non-discrimination, if, after any necessary reasonable accommodation, the applicant complies with the Bylaws and Policies of the Medical Staff of PSMC.

2.4 Administrative and Contract Practitioners, APPs, and BHPs

2.4-1 Employed or Contracted Practitioners, APPs, and BHPs with No Clinical Duties

A practitioner, APP, or BHP employed by or contracting with PSMC solely in an administrative capacity with no clinical duties or privileges is subject to the regular personnel policies of PSMC and to the terms of his or her contract or other conditions of employment and may be, but need not be, a member of the Medical Staff.

2.4-2 Employed or Contracted Practitioners, APPs, and BHPs Who Have Clinical Duties

a. A practitioner, APP, or BHP with whom PSMC contracts to provide services which involve clinical duties or privileges must be a member of the Medical Staff, achieving his or her status by the procedures described in these Bylaws and, if applicable, PSMC policies. Unless a written contract or agreement specifically provides otherwise or unless otherwise required by law, those privileges of such staff member will automatically terminate, without the right of access to the review, hearing, and appeal procedures of the Bylaws, Article 14, Hearings and Appellate

Reviews, upon termination or expiration of such practitioner, APP, or BHP's contract or agreement with PSMC.

b. Contracts may not reduce any hearing rights granted when an action will be taken that must be reported to the Colorado Medical Board or the National Practitioner Data Bank.

2.5 Basic Responsibilities of Medical Staff Membership

Except for honorary members, each Medical Staff member and each practitioner, APP, and BHP shall continuously meet all of the following responsibilities:

2.5-1 Provide his or her patients with care that is generally recognized professional level of quality and efficiency.

2.5-2 Abide by the Medical Staff Bylaws and Policies and all other lawful standards, Policies of the Medical Staff and PSMC.

2.5-3 Abide by all applicable laws and regulations of governmental agencies and comply with applicable accreditation standards.

2.5-4 Discharge such Medical Staff, department, committee and service functions for which he or she is responsible by appointment, election or otherwise.

2.5-5 Abide by all applicable requirements for timely completion and recording of a physical examination and medical history, as further described at Section 5.4-3.

2.5-6 Acquire a patient's informed consent for all procedures and treatments where required by law, PSMC policies, or by these Bylaws (Section 5.4-3) and abide by the procedures for obtaining such informed consent.

2.5-7 Prepare and complete, in a timely and accurate manner, the medical and other required records for all patients to whom the practitioner, APP, or BHP in any way provides services in PSMC, including compliance with such electronic health record (EHR) policies and protocols as have been implemented by PSMC.

2.5-8 Abide by the ethical principles of his or her profession.

2.5-9 Refrain from unlawful fee splitting or unlawful inducements relating to patient referral.

2.5-10 Refrain from any unlawful harassment or discrimination against any person (including any patient, PSMC employee, PSMC independent contractor, Medical Staff member, volunteer, or visitor) based upon the person's age, gender, religion, race, creed, color, national origin, health status, ability to pay, or source of payment, and adherence to applicable laws and PSMC policy regarding non-discrimination.

2.5-11 Refrain from delegating the responsibility for diagnosis or care of PSMC patients to a practitioner or APP and BHP who is not qualified to undertake this responsibility or who is not adequately supervised.

2.5-12 Coordinate individual patients' care, treatment and services with other practitioners and PSMC personnel, including, but not limited to, seeking consultation whenever warranted by the patient's condition or when required by the Policies of the Medical Staff.

2.5-13 Actively participate in and regularly cooperate with the Medical Staff in assisting PSMC to fulfill its obligations related to patient care, including, but not limited to, continuous organization-wide quality measurement, assessment, and improvement, peer review, utilization management, quality evaluation, Ongoing and Focused Professional Practice Evaluations and related monitoring activities required of the Medical Staff, and in discharging such other functions as may be required from time to time.

2.5-14 Upon request, provide information from his or her office records or from outside sources as necessary to facilitate the care of or review of the care of specific patients.

2.5-15 Communicate with appropriate Medical Staff Officers and/or department Medical Directors when he or she obtains credible information indicating that a fellow Medical Staff member may have engaged in unprofessional or unethical conduct or may have a health condition which poses a significant risk to the well-being or care of patients and then cooperate as reasonably necessary toward the appropriate resolution of any such matter.

2.5-16 Accept responsibility for participating in Medical Staff proctoring in accordance with the Policies of the Medical Staff.

2.5-17 Complete continuing medical education to be current in skills for practitioner, APP, or BHP's specialty as well as any required for practitioner, APP, or BHP's board specialty requirements.

2.5-18 Adhere to the PSMC Code of Conduct and the Medical Staff Standards (as further described in Section 2.6, below), so as not to adversely affect patient care or PSMC operations.

2.5-19 As applicable, participate in emergency service coverage and consultation panels as allowed and as required by Medical Staff Policies, PSMC policies or otherwise.

2.5-20 Agree to provide care to patients regardless of their ability to pay.

2.5-21 Participate in patient and education activities, as determined by the Medical Staff Policies, or the Medical Executive Committee.

2.5-22 Promptly notify, in writing, the Governing Board's designee (the CEO) **and** the Medical Staff's Chief of Staff, no later than ten (10) calendar days, following any action taken regarding the member's license, Drug Enforcement Administration registration, privileges at other facilities, changes in liability insurance coverage, any report filed with the National Practitioner Data Bank, or any other action or change in circumstances that could affect his/her qualifications for Medical Staff membership and/or clinical privileges at PSMC.

2.5-23 Continuously meet the qualifications for and perform the responsibilities of membership as set forth in these Bylaws. A member may be required to demonstrate continuing satisfaction of any of the requirements of these Bylaws upon the reasonable request of the Medical Executive Committee. To the extent permitted by law this shall include, but is not limited to, mandatory health or psychiatric evaluation and mandatory drug and/or alcohol testing, the results of which shall be reportable to the Medical Executive Committee.

2.5-24 Discharge such other staff obligations as may be lawfully established from time to time by the Medical Staff or Medical Executive Committee.

2.6 Standards of Conduct

Members of the Medical Staff are expected to adhere to the Medical Staff Standards of Conduct and the PSMC Code of Conduct including, but not limited to, the following:

2.6-1 General

a. It is the policy of the Medical Staff to require that its members fulfill their Medical Staff obligations in a manner that is within generally accepted bounds of professional interaction and behavior. The Medical Staff is committed to supporting a culture and environment that values integrity, honesty and fair dealing with each other, and to promoting a caring environment for patients, practitioners, employees and visitors.

b. Rude, combative, obstreperous behavior, as well as willful refusal to communicate (as well as incomplete or ambiguous communications) or comply with reasonable policies of the Medical Staff and PSMC may be found to be disruptive behavior. It is specifically recognized that patient care and PSMC operations can be adversely affected whenever any of the foregoing occurs with respect to interactions at any level, in that all personnel play an important part in the ultimate mission of delivering quality patient care.

c. In assessing whether particular circumstances in fact are affecting quality patient care or PSMC operations, the assessment need not be limited to care of specific patients, or to direct impact on patient health. Rather, it is understood that quality patient care embraces—in addition to medical outcome—matters such as timeliness of services, appropriateness of services, timely and thorough completion of medical records, timely and thorough communications with patients, their families, and their insurers (or third party payers) as necessary to effect payment for care, and general patient satisfaction with the services rendered and the individuals involved in rendering those services.

2.6-2 Conduct Guidelines

a. Upon receiving Medical Staff membership and/or privileges at the PSMC, the member enters a common goal with all members of the organization to endeavor to maintain the quality of patient care and appropriate professional conduct.

b. Members of the Medical Staff are expected to behave in a professional manner at all times and with all people—patients, professional peers, PSMC staff, visitors, and others in and affiliated with PSMC.

c. Interactions with all persons shall be conducted with courtesy, respect, civility and dignity. Members of the Medical Staff shall be cooperative and respectful in their dealings with other persons in and affiliated with PSMC.

d. Complaints and disagreements shall be aired constructively, in a nondemeaning manner, and through official channels.

e. Cooperation and adherence to the PSMC Code of Conduct and reasonable Policies of PSMC and the Medical Staff is required.

f. Members of the Medical Staff shall not engage in conduct that is offensive or disruptive, whether it is written, oral or behavioral.

2.6-3 Adoption of Policies

The Medical Executive Committee may promulgate Policies further illustrating and implementing the purposes of this Section including, but not limited to, procedures for investigating and addressing incidents of perceived misconduct, and, where appropriate, progressive or other remedial measures. These measures may include alternative avenues for medical or administrative disciplinary action, which in turn may include but are not limited to conditional appointments and reappointments, requirements for behavioral contracts, mandatory counseling, practice restrictions, and/or suspension or revocation of Medical Staff membership and/or privileges.

Article 3 Categories of the Medical Staff

3.1 Categories

Each Medical Staff member shall be assigned to a Medical Staff category based upon the qualifications defined in this Article 3. The members of each Medical Staff category shall have the prerogatives and carry out the duties defined in these Bylaws Section 3.4 and Policies. Action may be initiated to change the Medical Staff category or terminate the membership of any member who fails to meet the qualifications or fulfill the duties described in the Bylaws or Policies. Members who fail to achieve the minimum requirements of his/her category shall be automatically transferred to the appropriate category; the Medical Executive Committee is authorized to cause such transfers/assignments/changes. Transfers/assignments/changes in Medical Staff category shall not be grounds for a hearing unless they adversely affect the member's privileges.

3.2 Prerogatives and Exceptions

Regardless of the category of membership in the Medical Staff, podiatrists, and dentists:

3.2-1 May not hold any general Medical Staff office.

3.2-2 Shall have the right to vote only on matters within the scope of their licensure. Any disputes over voting rights shall be determined by the chair of the meeting, subject to final decision by the Medical Executive Committee.

3.2-3 Shall exercise privileges only within the scope of their licensure and as limited by the Medical Staff Bylaws and Policies.

NOTE: APPs and BHPs have no right to be an officer of the Medical Staff or vote on any Medical Staff matter.

3.3 Assignment and Transfer in Staff Category. The MEC shall assign Medical Staff members to an applicable staff category of active, courtesy, honorary, telemedicine or APP/BHP. Any transfers of category shall occur pursuant to PSMC Medical Staff Policy.

Active Category shall be further defined as practitioners who, through clinical or administrative duties, perform work on-site an average of 700 or more hours per calendar year; however, any provider with active status in 2019 who does not meet this hourly requirement will be grandfathered to preserve his/her active status.

3.4 Summary of Prerogatives and Responsibilities of the Medical Staff

CATEGORY	ACTIVE	COURTESY	HONORARY	TELEMEDICINE	AHP/BHP
PREROGATIVES					
Admits, consults and refers inpatients and outpatients	Yes[1]	Yes[2]	No	No (Admission) /Yes (consults and refers patients)[3]	No (Admission) /Yes (consults and refers patients)[4]
Eligible for clinical privileges	Yes	Yes	No	Yes	Yes
Vote	Yes	No	No	No	No
Hold Office	Yes	No	No	No	No
RESPONSIBILITIES					
Consulting	Yes	Yes	No	Yes	Yes
Call	Yes[5]	No	No	No	Yes[6]
Attend Meetings	Yes	No	No	No	No
Pay Application Fee	Yes	Yes	No	Yes	Yes
Pay Dues	Yes	Yes	No	Yes	Yes
ADDITIONAL PARTICULAR QUALIFICATIONS					
Malpractice Insurance	Yes	Yes	No	Yes	Yes
File application and apply for reappointment	Yes	Yes	No	Yes	Yes

[1] Must reside within 100 miles of PSMC unless call coverage obligations require the staff member to be closer for call coverage obligations (see footnote 4 regarding call coverage obligations). In addition to Practitioner being within a category to admit, the Practitioner must have privileges to admit.

[2] If there are limitations on the number of patients cared for on an annual basis, this will be established by Policies. In addition to Practitioner being within a category to admit, the Practitioner must have privileges to admit.

[3] If there are limitations on the number of patients cared for on an annual basis, this will be established by the Policies.

[4] If there are limitations on the number of patients cared for on an annual basis, this will be established by the Policies.

[5] Call is an inherit obligation of all Active Staff and will be addressed on a department and/or an individualized basis.

[6] Call will be addressed on a department and/or an individualized basis.

Article 4 Procedures for Appointment and Reappointment

4.1 General

The Medical Staff shall consider each application for appointment, reappointment and privileges, and each request for modification of Medical Staff category using the procedure and the criteria and standards for membership and clinical privileges set forth in the Bylaws and the Policies. The Medical Staff shall perform this function also for practitioners who seek temporary privileges and for APPs and BHPs. The Medical Staff shall investigate each applicant for appointment or reappointment and make an objective, evidence-based decision based upon assessment of the applicant vis-à-vis PSMC's "general competencies," (as further described at Bylaws, Section 5.2), before recommending action to the Governing Body. The Governing Body shall ultimately be responsible for granting membership and privileges (provided, however, that these functions may be delegated to the Chief of Staff and Chief Executive Officer with respect to requests for temporary privileges). By applying to the Medical Staff for appointment or reappointment (or by accepting honorary Medical Staff appointment), the applicant agrees that regardless of whether he or she is appointed or granted the requested privileges, he or she will comply with the responsibilities of Medical Staff membership and with the Medical Staff Bylaws and Policies as they exist and as they may be modified from time to time.

4.2 Overview of the Process

The following chart depicts the basic steps of the appointment, reappointment, and temporary privileges processes.

APPOINTMENT AND REAPPOINTMENT		
Person or Body	**Function**	**Report to**
CEO	Determine whether to issue application for appointment or reappointment.	Governing Body
Medical Staff Office Manager	Collect, verify and organize application information.	Medical Executive Committee
Medical Executive Committee	If for initial appointment, review applicant's qualifications set forth in the Medical Staff Bylaws, any qualifications established by departments; Recommend appointment and privileges. If for reappointment, review applicant's performance problems, if any; review applicant's performance in accordance with the general standards set forth in the Medical Staff Bylaws and any standards established by departments; Recommend reappointment and privileges.	Governing Body
Governing Body	Review recommendations of the Medical Executive Committee; make decision to accept or not accept MEC recommendations.	Final Action.

TEMPORARY PRIVILEGES
Temporary privileges (if any) are addressed by Medical Staff Policy which policy is approved by the MEC and the Board of Directors.

4.3 Applicant's Burden

4.3-1 An applicant for appointment, reappointment, advancement, transfer, and/or privileges shall have the burden of producing accurate and adequate information for a thorough evaluation of the applicant's qualifications and suitability for the requested status or privileges, resolving any reasonable doubts about these matters and satisfying requests for information. Subject to any reporting obligations of PSMC, applicant's provision of information containing significant misrepresentations or omissions and/or a failure to sustain the burden of producing information may be deemed a voluntary withdrawal of applicant's application; alternatively, in the discretion of the Medical Executive Committee, such misrepresentations, omissions and/or failure to meet applicant's burden of producing information may be treated as grounds for denying an application or request. Applicant's burden may include submission to a physical or mental health examination at the applicant's expense, if deemed appropriate and requested by the Medical Executive Committee. The applicant may select the examining physician from an outside panel of three physicians chosen by the Medical Executive Committee.

4.3-2 Any individual or any committee charged under these Bylaws with responsibility of reviewing the appointment or reappointment application and/or request for clinical privileges may request further documentation or clarification. If the applicant or member fails to respond within one month, the application or request shall be deemed withdrawn, and processing of the application or request will be discontinued. Such a withdrawal shall not give rise to hearing and appeal rights pursuant to Bylaws, Article 14, Hearings and Appellate Reviews.

4.4 Application for Initial Appointment and Reappointment

4.4-1 Pre-Application Required

An applicant desiring appointment to the Medical Staff must request and obtain a pre-application form for Medical Staff appointment from PSMC's Medical Staff Office Manager; the applicant must complete the pre-application form in full and return it to PSMC's Medical Staff Office Manager. The specific contents of the pre-application form will be as determined, from time to time, by the CEO after consultation with the Medical Executive Committee. Completed pre-application forms will be reviewed by the CEO to determine whether the applicant shall be issued an Application for Medical Staff Appointment. When reviewing the completed pre-application form(s), the CEO will consult with the COS and the CMO to consider whether: (a) the pre-applicant has the requisite training and licensure; (b) PSMC has a need for the type of services the pre-applicant proposes to perform; and (c) PSMC has the appropriate facilities and support personnel for the privileges requested. If, after review of the pre-application, PSMC is willing to provide the pre-applicant with an Application for Medical Staff Appointment, then PSMC will also supply the applicant with a copy, or access to a copy of PSMC Medical Staff Bylaws.

4.4-2 Application Form

If applicant has completed the pre-application process (above) and has received an Application for Medical Staff Appointment, applicant shall complete the Application for Medical Staff Appointment, which includes applicant's agreement to disclosure of applicant's documents/information to PSMC, applicant's agreement to abide by the Medical Staff Bylaws and Policies (including the standards and procedures for evaluating applicants contained therein), and applicant's release of all persons and entities from any liability that might arise from their investigating and/or acting on the application. The information shall be verified and evaluated by the Medical Staff using the procedure and standards set forth in the Bylaws and Policies. Following its inquiry, the Medical Executive Committee shall recommend to the Governing Body whether to appoint, reappoint and/or grant specific privileges.

4.4-3 Basis for Appointment

a. Except telemedicine applicants (see subparagraph b, below), recommendations for appointment to the Medical Staff and for granting privileges shall be based upon appraisal of all information provided in the application (including, but not limited to, health status and written peer recommendations regarding the practitioner, APP, or BHP's current proficiency with respect to PSMC's general competencies, as further described at Bylaws, Section 5.2), the practitioner, APP, or BHP's training, experience, and professional performance (at PSMC, if applicable, and in other settings), whether the practitioner, APP, or BHP meets the qualifications and can carry out all of the responsibilities specified in these Bylaws and the Policies, and upon PSMC's patient care needs and ability to provide adequate support services and facilities for the practitioner, APP, or BHP. Recommendations from peers in the same professional discipline as the practitioner, APP, or BHP, and who have personal knowledge of the applicant, are to be included in the evaluation of the practitioner, APP, or BHP's qualifications.

b. Appointment and reappointment of telemedicine practitioners, APPs, or BHPs is based upon Medical Staff Policy.

4.4-4 Basis for Reappointment

Recommendation for reappointment to the Medical Staff and for renewal of privileges shall be based upon a reappraisal of PSMC's overall need for the services, PSMC's patient care needs and PSMC's ability to provide adequate support services, facilities, and financial resources for the services provided by practitioner, APP, or BHP. Further, recommendation will be based upon reappraisal of the staff member's health status, current proficiency in PSMC's general competencies (as further described at Bylaws, Section 5.2) in light of his/her performance at PSMC and in other settings. The reappraisal is to include confirmation of adherence to Medical Staff membership requirements as stated in these Bylaws, the Medical Staff Policies, the Medical Staff, and PSMC policies. Such reappraisal should also include relevant member-specific information from evaluations (generally described under Article 7 of these Bylaws) performance improvement activities and, where appropriate, comparisons to aggregate information about performance, judgment and clinical or technical skills. Where applicable, the results of specific peer review activities will also be considered. If sufficient peer review data is unavailable, peer recommendations may be used instead. Other past performance matters that will be taken into consideration include, but are not limited to, the following: prompt and satisfactory completion

of medical records; attendance, when required, at Medical Staff (including committees) meetings; ethical behavior; and use of PSMC in a manner consistent with applicable policies and laws. To facilitate the evaluation of reappointment, the MEC and Governing Body may approve an application and/or other forms and procedures to be completed by the member regarding changes to the member's qualifications since his/her last review and other matters that sufficiently address the basis for reappointment.

4.4-5 Duration of Appointment; Limitations on Extension of Appointment

a. Duration of Appointment. Appointments to any staff category shall be for a maximum period of twenty-four (24) months, except if reappointment is not accomplished due to no fault of the practitioner, APP, or BHP, then such appointment may be automatically extended for 60 days.

b. Limitations on Extension of Appointment. If the reappointment application has not been fully processed before the member's appointment expires, the membership status and privileges of such Medical Staff member shall not renew unless good cause exists for an extension.

4.4-6 Failure to Timely File Reappointment Application

Failure without good cause to timely file (sixty (60) or more days prior to the end of the current Medical Staff appointment) a completed application for reappointment shall result in the automatic non-renewal of the practitioner, APP, or BHP's privileges and prerogatives at the end of the current Medical Staff appointment, unless otherwise extended by the Medical Executive Committee with the approval of the Governing Body, pursuant to Bylaws, Section 4.4-5, above. Prior to non-renewal, the practitioner, APP, or BHP will be sent at least one letter warning the practitioner, APP, or BHP of the impending non-renewal. If an application for reappointment is not submitted or completed before the end of the current appointment, the practitioner, APP, or BHP shall be deemed to have resigned his/her privileges and membership in the Medical Staff, effective the date his/her appointment expired. In the event privileges and membership terminates for the reasons set forth herein, the practitioner shall not be entitled to any hearing or review. Members who are deemed to have voluntarily resigned under this provision will be processed as new applicants should they wish to reapply.

4.5 Approval Process for Appointments and Reappointments

4.5-1 Recommendations and Approvals

After receipt by the Medical Staff Office Manager of all required information for an application, the Medical Executive Committee shall review applications, engage in further consideration if appropriate regarding staff appointments, reappointments and clinical privileges; the Medical Executive Committee may, in its discretion, request review and recommendations from departments and/or committees formed (if any) to address credentialing. The Medical Executive Committee shall make a recommendation to the Governing Body that is either favorable, adverse or defers the recommendation. If the Medical Executive Committee's recommendation to the practitioner, APP, or BHP is adverse, the Medical Executive Committee shall also assess and determine whether the adverse recommendation is for a "medical disciplinary" cause or reason. A medical disciplinary action is one taken for cause or reason that involves that aspect of a practitioner, APP, or BHP's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care. All other actions are deemed administrative disciplinary actions. In some cases, the reason may involve both medical

disciplinary and administrative disciplinary cause or reason, in which case, the matter shall be deemed medical disciplinary for Bylaws, Article 14, Hearings and Appellate Reviews hearing purposes.

4.5-2 The Governing Body's Action

The Governing Body shall review any favorable recommendation from the Medical Executive Committee and take action by accepting, rejecting, modifying or sending the recommendation back for further consideration.

a. After notice, the Governing Body may also take action on its own initiative if the Medical Executive Committee does not give the Governing Body a recommendation in the required time. The Governing Body may also receive and take action on a recommendation following procedural rights described at Bylaws, Article 14, Hearings and Appellate Reviews.

b. The Governing Body shall make its final determination giving great weight to the actions and recommendations of the Medical Executive Committee. Further, the Governing Body determination shall not be arbitrary or capricious, and shall be in keeping with its legal responsibilities to act to protect the quality of medical care provided and the competency of the Medical Staff, and to ensure the responsible governance of PSMC.

4.5-3 Expedited Review

The Governing Body may, in its sole discretion upon review of facts and circumstances, use an expedited process for appointment, reappointment or when granting privileges.

4.5-4 Notice of Final Decision

The Chief Executive Officer shall cause his/her designee to give notice to the Medical Executive Committee and to the applicant of the Governing Body's final decision.

4.6 Leave of Absence from Medical Staff Membership

4.6-1 Routine Leave of Absence for Active and Courtesy Staff

Except as next provided with respect to military leave of absence, members may request a leave of absence, which must be approved by the Medical Executive Committee and cannot exceed twenty-four months. Reinstatement at the end of the leave must be approved in accordance with the standards and procedures set forth in the Policies for reappointment review. The member must provide information regarding his or her professional activities during the leave of absence. During the period of the leave, the member shall not exercise privileges at PSMC, and membership rights and responsibilities shall be inactive, but the obligation to pay dues, if any, shall continue unless waived by the Medical Executive Committee. Telemedicine Staff leave of absence will be addressed by the distant-site Telemedicine Hospital or Entity.

4.6-2 Military Leave of Absence

Requests for leave of absence to fulfill military service obligations shall be granted upon notice and review by the Medical Executive Committee. Reactivation of membership and clinical privileges previously held shall be granted, notwithstanding the provisions of Bylaws, Section 4.6-1, above, but may be granted subject to focused professional practice evaluation, as determined by the Medical Executive Committee.

4.7 Waiting Period after Adverse Action

4.7-1 Who is Affected

a. A waiting period shall apply to the following practitioners, APPs, or BHPs:

1. An applicant who:

i. Has received a final adverse decision regarding appointment; or
ii. Withdrew his or her application or request for membership or privileges following an adverse recommendation by the Medical Executive Committee or the Governing Body.

2. A former member who has:

i. Received a final adverse decision resulting in termination of Medical Staff membership and/or privileges; or
ii. Resigned from the Medical Staff or relinquished privileges while an investigation was pending or following the Medical Executive Committee or Governing Body issuing an adverse recommendation.

3. A member who has received a final adverse decision resulting in:

i. Termination or restriction of his or her privileges; or
ii. Denial of his or her request for additional privileges.

b. Ordinarily, the waiting period shall be 24 months. However, for practitioners, APPs, or BHPs whose adverse action included a specified period or conditions of retraining or additional experience, the Medical Executive Committee may exercise its discretion to allow earlier reapplication upon completion of the specified conditions. Similarly, the Medical Executive Committee may exercise its discretion, with approval of the Governing Body, to waive the 24-month waiting period in other circumstances where it reasonably appears, by objective measures, that changed circumstances warrant earlier consideration of an application.

c. An action is considered adverse only if it is based on the type of occurrences which might give rise to corrective action. An action is not considered adverse if it is based upon reasons that do not pertain to medical or ethical conduct, such as actions based on a failure to maintain a practice in the area (which can be cured by a move), to pay dues (which can be cured by paying dues), or to maintain professional liability insurance (which can be cured by obtaining the insurance).

4.7-2 Commencement Date of the Waiting Period

The waiting period commences on the latest date on which the application or request was withdrawn, a member's resignation became effective, or upon completion of:

a. All Medical Staff and PSMC hearings and appellate reviews, and

b. All judicial proceedings pertinent to the action served within two years after the completion of PSMC proceedings.

4.7-3 Effect of the Waiting Period

Except as otherwise allowed (per Bylaws, Section 4.7-1(b), above), practitioners, APPs, or BHPs subject to waiting periods cannot reapply for Medical Staff membership or the privileges affected by the adverse action for at least 24 months after the action became final. After the waiting period, the practitioner, APP, or BHP may reapply. The application will be processed like an initial application or request, plus the practitioner, APP, or BHP shall document that the basis for the adverse action no longer exists, that he or she has corrected any problems that prompted the

adverse action, and/or he or she has complied with any specific training or other conditions that were imposed.

4.8 Confidentiality; Impartiality

To maintain confidentiality and to ensure the impartial process of appointment and reappointment functions, participants in the credentialing process shall limit their discussion of the matters involved to the formal avenues provided in the Bylaws and Policies for processing applications for appointment and reappointment.

Article 5 Privileges

5.1 Exercise of Privileges

Except as otherwise provided in these Bylaws or the Policies, every Practitioner or APP and BHP providing direct clinical services at PSMC shall be entitled to exercise only those specialty-specific privileges granted to him or her. Practitioners, APPs, and BHPs who wish to participate in the delivery of telemedicine services (whether to patients of PSMC, or to patients of another facility that PSMC is assisting via telemedicine technology) must apply for and be granted setting and procedure-specific telemedicine privileges. (Additionally, Practitioners, APPs, and BHPs who are not otherwise members of PSMC's Medical Staff who wish to provide services via telemedicine technology must apply for and be granted membership and privileges as part of the Telemedicine Staff in order to provide services to patients of PSMC.)

5.2 Criteria for Privileges/General Competencies

5.2-1 Criteria for Privileges

Subject to the approval of the Medical Executive Committee and Governing Body, the Medical Staff will be responsible for developing criteria for granting specialty-specific privileges (including, but not limited to, identifying and developing criteria for any privileges that may be appropriately performed via telemedicine if the distant-site telemedicine entity does not have its own criteria or privilege forms). These criteria shall address PSMC's general competencies (as described below) and ensure uniform quality of patient care, treatment, and services. Insofar as feasible, affected APPs and BHPs shall participate in developing the criteria for privileges to be exercised by APPs and BHPs. Such criteria shall not be inconsistent with the Medical Staff Bylaws, Policies and/or State law/regulation (e.g., Physician Assistants are subject to supervision per Colorado Medical Board Rule 400; a CRNA at a Critical Access Hospital may administer anesthesia).

5.2-2 General Competencies

The Medical Staff shall assess all practitioners', APPs', and BHPs' current proficiency in the general competencies of the PSMC, which shall be established by the Medical Staff and shall include assessment of patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The Medical Staff shall define how to measure these general competencies as applicable to the privileges requested, and shall use them to regularly monitor and assess each practitioner's, APP's, and BHP's current proficiency.

5.3 Delineation of Privileges in General

5.3-1 Requests

Each application for appointment and reappointment to the Medical Staff must contain a request for the specific privileges desired by the applicant. A request for a modification of privileges must be supported by documentation of training and/or experience supportive of the request. The basic steps for processing requests for privileges are described at Bylaws, Section 4.2.

5.3-2 Basis for Privilege Determinations

Requests for privileges shall be evaluated on the basis of PSMC's needs and ability to support the requested privileges and assessment of the applicant's general competencies with respect to the requested privileges, as evidenced by the applicant's license, education, training, experience, demonstrated professional competence, judgment and clinical performance, (as confirmed by peers knowledgeable of the applicant's professional performance), health status, the documented results of patient care and other quality improvement review and monitoring, performance of a sufficient number of procedures each year to develop and maintain the applicant's skills and knowledge, and compliance with any specific criteria applicable to the privileges requested. Privilege determinations shall also be based on pertinent information concerning clinical performance obtained from other sources, especially other institutions and health care settings where an applicant exercises privileges.

5.3-3 Telemedicine Privileges

Granting of telemedicine privileges is based upon Medical Staff Policy.

5.4 Admissions; Responsibility for Care; History and Physical Requirements; and Other General Restrictions on Exercise of Privileges by Medical Staff, APPs and Podiatrists, Oral Surgeons, and Dentists

5.4-1 Admitting Privileges

a. Only physicians (MDs or DOs) with admitting privileges may independently admit patients to the hospital.

5.4-2 Responsibility for Care of Patients

a. All patients admitted to PSMC must be under care of a member of the Medical Staff with appropriate privileges.

b. The admitting member of the Medical Staff shall establish, at the time of admission, the patient's condition and provisional diagnosis.

c. For patients admitted by or upon order of a dentist, oral surgeon, or podiatrist, members may not address care outside their scope of practice or clinical privileges, therefore, a physician member of the Medical Staff must assume responsibility for the care of the patient's medical or psychiatric problems that are present at the time of admission or which may arise during hospitalization which are outside of the podiatrist, oral surgeon, or dentist's lawful scope of practice or clinical privileges.

5.4-3 History and Physicals and Medical Appraisals

a. Members of the Medical Staff and Advanced Practice Professional staff, with appropriate privileges, may perform history and physical examinations. Pursuant to CMS Conditions of Participation PSMC maintains a record for each patient that includes, as applicable: history and physical, progress notes, discharge summary and informed consent.

b. When evidence of appropriate training and experience is documented, a podiatrist, oral surgeon, or dentist, with appropriate privileges, may perform the history or physical on his or her own patient. Otherwise, a physician member must conduct or directly supervise the admitting history and physical examination (except the portion related to dentistry or podiatry).

c. The admitting or referring member of the Medical Staff shall ensure the completion of a physical examination and medical history on all patients within 24 hours of admission (or registration for a surgery or procedure requiring anesthesia or moderate or deep sedation). This requirement may be satisfied by a complete history and physical that has been performed within the 30 days prior to admission or registration (the results of which are recorded in PSMC's medical record) so long as an examination for any changes in the patient's condition is completed and documented in PSMC's medical record within 24 hours of admission or registration.

d. Additionally, the history and physical must be updated within 24 hours prior to any surgical procedure or other procedure requiring general anesthesia or moderate or deep sedation. The practitioner responsible for administering anesthesia may, if granted clinical privileges, perform this updating history and physical.

5.4-4 Surgery and High Risk Interventions by Podiatrists, Oral Surgeons, or Dentists

a. Surgical procedures performed by dentists, oral surgeons, and podiatrists shall be under the overall supervision of the Surgery Department Medical Director or the Medical Director's designee and may be declined by the Surgery Department Medical Director if he/she determines such procedure is not appropriate for this facility.

b. Additionally, the findings, conclusions, and assessment of risk must be confirmed or endorsed by a physician member with appropriate privileges, prior to major high-risk (as defined by the Medical Staff) diagnostic or therapeutic interventions.

5.5 Temporary Privileges

NOTE: CMS is evaluating methods to address the granting of temporary privileges; should CMS issue a regulation or opinion letter that is inconsistent with these Bylaws, the Bylaws shall be restricted to comply with CMS regulation or opinion letter.

The process for granting Temporary Privileges shall follow an approved Medical Staff Policy due to the uncertainty of CMS Conditions of Participation regarding this topic.

5.6 Mass Casualty Events, Disaster Privileges, and Emergency Privileges

5.6-1 Mass Casualty Events - Temporary Release of Privilege Restrictions for Active Medical Staff.

A "Mass Casualty Event" is a circumstance where PSMC has more casualties than resources but such event may not rise to the level of a "disaster" as described in Section 5.6-2. In a Mass Casualty Event, PSMC's Chief Executive Officer, based upon recommendation of the Chief of Staff, the appropriate department Medical Director, and/or Chief Medical Officer, may temporarily release (on a Member by Member basis) the restrictions to privileges of Medical Staff so that such Medical Staff Members may do everything reasonably possible, within the scope of each Member's licensure, to address immediate patient needs. Any Member providing care at a Mass Casualty Event based upon such temporary

release of privilege restrictions shall yield care to another more qualified Member as one becomes available. To the extent possible, the Chief of Staff, department Medical Directors and/or Chief Medical Officer shall arrange for appropriate monitoring of Members providing care pursuant to a temporary release of privilege restrictions during a Mass Casualty Event. The Chief Executive Officer, based upon consultation with the Chief of Staff, will determine when the Mass Casualty Event has concluded; immediately upon such conclusion, all Medical Staff will be restored to the same restrictions to privileges as existed immediately prior to the Mass Casualty Event.

5.6-2 Disaster Privileges

In addition to the release of privilege restrictions described in 5.6-1 above, disaster privileges may be granted when PSMC's disaster plan has been activated and the organization is unable to handle the immediate patient needs. The following provisions apply:

a. Disaster privileges may be granted on a case-by-case basis by the Chief Executive Officer, based upon recommendation of the Chief of Staff (his/her designee or in the absence of the same, the appropriate department Medical Director), upon presentation of a valid government-issued photo identification issued by a state or federal agency **and** any of the following:

1. A current picture hospital identification card;
2. A current license to practice and primary source verification of the license;
3. Identification indicating that the practitioner or APP is a member of a Disaster Medical Assistance Team;
4. Identification indicating that the practitioner, APP, or BHP has been granted authority to render patient care in emergency circumstances, such authority having been granted by a federal, state, or municipal entity;
5. Presentation by current hospital or Medical Staff member(s) with personal knowledge regarding the practitioner, APP, or BHP's identity.

b. Persons granted disaster privileges shall wear identification badges denoting their status as a Disaster Medical Assistance Team member.

c. The Medical Staff office shall begin the process of verification of credentials and privileges as soon as the immediate situation is under control, using a process identical to that described in the Medical Staff Temporary Privileges Policy (except that the individual is permitted to begin rendering services immediately, as needed).

d. The Chief of Staff, department Medical Directors and/or the Chief Medical Officer shall arrange for appropriate concurrent or retrospective monitoring of the activities of practitioners, APPs, and BHPs granted disaster privileges.

e. In the event of disaster, any member of the Medical Staff shall be permitted to do everything reasonably possible, within the scope of their licensure, to save the life of a patient or to save a patient from serious harm. The member shall promptly yield such care to a qualified member when one becomes available. If additional practitioners, APPs, or BHPs are needed and available, the emergency credentialing procedure described herein shall be used to grant credentials to the practitioner, APP, or BHP.

5.6-3 Emergency Privileges

Emergency privileges are granted in three situations:

a. For a Medical Staff member to exceed his or her clinical privileges to save a patient from serious harm.

b. For any person to do whatever is reasonably possible to save a patient from serious harm.

c. For known practitioners to provide coverage of a clinical function that is devoid of coverage. The scope and time of these privileges is determined by the COS and CEO.

5.7 Transport and Organ Harvest Teams

Properly licensed practitioners or APPs who individually, or as members of a group or entity, have contracted with PSMC to participate in transplant and/or organ harvesting activities may exercise clinical privileges within the scope of their agreement with PSMC.

5.8 Dissemination of Privileges List

Documentation of current privileges (granted, modified, or rescinded) shall be disseminated to PSMC admissions/registration office and such other scheduling and health information services personnel as necessary to maintain an up-to-date listing of privileges for purposes of scheduling and monitoring to ensure that practitioners, APPs, and BHPs are appropriately privileged to perform all services rendered.

Article 6 Advanced Practice Professionals and Behavioral Health Providers

6.1 Qualifications of Advanced Practice Providers and Behavioral Health Providers

Advanced Practice Providers and Behavioral Health Providers(APPs and BHPs) are eligible for Medical Staff membership, but APPs and BHPs are not eligible to vote nor to hold office as Chief of Staff or Vice Chief of Staff. They may be granted membership and practice privileges if they hold a license, certificate or other credentials in a category of APPs and BHPs that the Governing Body (after securing Medical Executive Committee comments) has identified as eligible to apply for practice privileges, and only if the APPs and BHPs are professionally competent and continuously meet the qualifications, standards and requirements set forth in the Medical Staff Bylaws and Policies.

6.2 Categories

The Governing Body shall determine, based upon comments of the Medical Executive Committee and such other information as it has before it, those types of APPs and BHPs that shall be eligible to exercise privileges at PSMC. Such APPs and BHPs shall be subject to the supervision requirements developed by the Medical Executive Committee (or its designee committee), recommended by the Medical Executive Committee, and accepted by the Governing Body.

6.3 Privileges and Department Assignment

6.3-1 APPs and BHPs may exercise only those specialty-specific privileges granted to them by the Governing Body. The range of privileges for which each APP and BHP may apply, and any special limitations or conditions to the exercise of such privileges, shall be based on recommendations of the Medical Executive Committee and the final decision of the Governing Body.

6.3-2 An APP or BHP must apply and qualify for practice privileges. Practitioners who desire to supervise or direct APPs or BHPs who provide dependent services must apply and qualify for privileges to supervise approved APPs or BHPs. Applications for initial granting of practice privileges and biennial renewal thereof shall be submitted and processed in a similar manner to that provided in Article 4 and 5 hereof, unless otherwise specified in the Policies.

6.3-3 Each APP or BHP shall be assigned to the department or departments appropriate to his or her occupational or professional training and, unless otherwise specified in these Bylaws or the Policies, shall be subject to terms and conditions similar to those specified for practitioners as they may logically be applied to APPs or BHPs and appropriately tailored to the particular APP or BHP.

6.4 Prerogatives

The prerogatives which may be extended to an APP or BHP are as follows:

6.4-1 Provision of specified patient care services; which services may be provided independently or under supervision or direction as required by Colorado State law and/or PSMC Policy and consistent with the practice privileges granted to the APP or BHP and within the scope of the APP's or BHP's licensure or certification. Policies may be adopted to further describe matters related to such supervision and direction.

6.4-2 Service on the Medical Staff, department and PSMC committees.

6.5 Responsibilities

Each APP or BHP shall:

6.5-1 Meet those responsibilities required by the Policies and as specified for practitioners in Bylaws, Section 2.5, as they may be logically applied to reflect the more limited practice of the APP or BHP.

6.5-2 Retain appropriate responsibility within the APP's or BHP's area of professional competence for the care and supervision of each PSMC patient for whom the APP or BHP is providing services.

6.5-3 Participate in peer review and quality improvement and in discharging such other functions as may be required from time to time. Meet those responsibilities required by Medical Staff Policies and as specified in these Bylaws, Articles 7, 13, and 14.

6.6 Procedural Rights of Advanced Practice Providers and Behavioral Health Providers

6.6-1 Fair Hearing and Appeal

Denial, revocation, or modification of APP's or BHP's privileges shall be the prerogative of the Medical Executive Committee and the Governing Body. The procedural rights described at Bylaws, Article 14, Hearings and Appellate Reviews, shall apply.

6.6-2 Automatic Administrative Suspension, Limitation, or Termination

APPs and BHPs shall be subject to these Bylaws Section 13.3 Automatic Administrative Suspension or Limitation. Notwithstanding the provisions of Bylaws, Section 6.6-1, any APP or BHP, who is required by state law to be supervised, shall have their privileges automatically

terminated, without right of any review pursuant to Bylaws, Section 6.6-1 or any other Section of the Medical Staff Bylaws, in the event of the following:

a. The Medical Staff membership of the supervising practitioner is terminated, whether such termination is voluntary or involuntary. If the Medical Staff membership of the supervising practitioner is terminated, whether such termination is voluntary or involuntary, the APP's or BHP's privileges shall first be automatically suspended, without right of any review pursuant to Section 6.6.-1 or any other Section of the Medical Staff Bylaws, for a period of up to seven (7) calendar days. If by the end of such non-reportable 7-day suspension, the APP or BHP does not: (1) obtain a supervising practitioner with appropriate privileges at PSMC; and (2) complete all forms for change in supervisor and submit the same to the Medical Staff Office Manager, the APP or BHP's membership and/or privileges shall be automatically terminated. If during the 7-day period, the APP or BHP meets the two criteria (obtains a supervisor with privileges and completes/submits forms), then the APP's or BHP's privileges suspension shall continue until such substitution of supervisor is appropriately reviewed and approved by PSMC and applicable authorities.

b. The supervising practitioner no longer agrees to act as the supervising practitioner for any reason, or the relationship between the APP or BHP and the supervising practitioner is otherwise terminated, regardless of the reason therefore.

Where the APP or BHP's privileges are automatically terminated for reasons specified in Section 6.6-2(a), above, the APP or BHP may apply for reinstatement as soon as the APP or BHP has found another supervising practitioner who agrees to supervise the APP or BHP and receives privileges to do so. In this case, the Medical Executive Committee may, in its discretion, expedite the reapplication process.

Article 7 Performance Evaluation and Monitoring

7.1 General Overview of Performance Evaluation and Monitoring Activities

These Bylaws require that the Medical Staff develop ongoing performance evaluation and monitoring activities to meet two goals: (1) to continuously improve towards excellence in medical care; and (2) to improve team functions in providing medical care at PSMC. Further, performance evaluations help to ensure that decisions regarding appointment to membership on the Medical Staff and granting or renewing of privileges are, among other things, detailed, current, accurate, objective and evidence-based. Additionally, performance evaluation and monitoring activities help ensure timely identification of problems that may arise in the ongoing provision of services at PSMC. Problems identified through performance evaluation and monitoring activities are addressed via the appropriate performance improvement and/or remedial actions as described in Bylaws, Article 13, Performance Improvement and Formal Corrective Action.

7.2 Performance Monitoring Generally

7.2-1 Except as otherwise determined by the Medical Executive Committee and Governing Body, the Medical Staff shall regularly monitor all members' privileges in accordance with the provisions set forth in these Bylaws and such performance monitoring policies and/or rules as may be developed, from time to time, by the Medical Staff and approved by the Medical Executive Committee and the Governing Body.

7.2-2 Performance monitoring is not viewed as a disciplinary measure, but rather is an information-gathering activity. As more thoroughly set forth in Article 14, performance monitoring (and other actions that are not deemed "adverse") does not give rise to the procedural rights described in Bylaws, Article 14, Hearings and Appellate Reviews.

7.2-3 The Medical Staff shall clearly define how information gathered during performance monitoring shall be shared in order to effectuate change and additional action, if determined necessary.

7.2-4 Performance monitoring activities and reports shall be integrated into other quality improvement activities.

7.2-5 The results of any member-specific performance monitoring shall be considered when granting, renewing, revising or revoking clinical privileges of that practitioner, APP, or BHP.

7.2-6 PSMC Medical Staff complies with CMS Conditions of Participation regarding adverse events and complaints about telemedicine services.

7.3 Ongoing Professional Performance Evaluations

PSMC's Medical Staff shall conduct confidential peer review of all Medical Staff. PSMC's Medical Staff peer review process shall be set forth in Medical Staff policy, approved by both the MEC and Governing Body; such policy shall meet the minimum standards and criteria set forth in CMS' Conditions of Participation.

Article 8 Medical Staff Officers

8.1 Medical Staff Officers — General Provisions

8.1-1 Identification

a. There shall be the following "Elected Officers" of the Medical Staff:

1. Chief of Staff
2. Vice Chief of Staff

b. In addition, the Medical Staff's department/program Medical Directors described in Section 10.2-1 are deemed to be Medical Staff Officers for purposes of these Bylaws. The CMO is an ex-officio member of all Medical Staff Committees.

8.1-2 Qualifications

All Medical Staff officers shall:

a. Understand the purposes and functions of the Medical Staff and demonstrate willingness to ensure that patient welfare always takes precedence over other concerns;

b. Understand and be willing to work toward attaining PSMC's lawful and reasonable policies and requirements;

c. Have administrative ability as applicable to the respective office;

d. Be able to work with and motivate others to achieve the objectives of the Medical Staff and PSMC;

e. Demonstrate clinical competence in his or her field of practice;

f. Be a physician and an Active Medical Staff member (and remain in good standing as an Active Medical Staff member while in office); and

g. Not have any significant conflict of interest.

8.1-3 Disclosure of Conflict of Interest

a. All nominees for election or appointment to elected Medical Staff offices (including those nominated by petition of the Medical Staff pursuant to Bylaws, Section 8.2-1) shall, at least 20 days prior to the date of election or appointment, disclose in writing to the Medical Executive Committee those personal, professional, or financial affiliations or relationships of which they are reasonably aware that could foreseeably result in a conflict of interest with their activities or responsibilities on behalf of the Medical Staff. Generally, a conflict of interest arises when there is a divergence between an individual's private interests and his/her professional obligations, such that an independent observer might reasonably question whether the individual's professional actions or decisions are determined by those private interests. A conflict of interest depends on the situation and not on the character of the individual. The fact that an individual practices in the same specialty as a physician who is being reviewed does not by itself create a conflict of interest. The evaluation of whether a conflict of interest exists shall be interpreted reasonably by the persons involved, taking into consideration common sense and objective principles of fairness. The Medical Executive Committee shall evaluate the significance of such disclosures and discuss any significant conflicts with the nominee. If a nominee with a significant conflict remains on the ballot, the nature of his or her conflict shall be disclosed in writing and circulated with the ballot.

8.2 Method of Selection — Elected Officers

8.2-1 Nominations

a. Any person who meets the qualifications of 8.1-2 and wishes to serve as the Chief of Staff or the Vice-Chief of Staff may self-nominate by providing an email, at any time during the month of September in odd-years, to the Manager of the Medical Staff Office (or at any time when there is an impending vacancy of an Elected Officer position). If during the election process in the month of October, there are three or more nominees on the slate and one nominee withdraws, the Manager of the Medical Staff Office will restart the election process so that all qualifying Medical Staff have an opportunity to vote for the amended slate of candidates; the restart of the election process will alter the deadlines set forth herein to allow thirty-one days for the voting.

b. An election will occur for each Elected Officer position only if there is more than one nominee for that position. If there is only one nominee during the stated nomination period in 8.2-1 (a) for either the Chief of Staff or Vice Chief of Staff positions, then the single nominee shall be declared the officer effective January 1 of the following year without need for a vote by the Medical Staff.

8.2-2 Election

The election for Elected Officers shall be managed confidentially by the Manager of the Medical Staff Office. On the first business day of October in odd-years, the Manager of the Medical Staff

Office will issue a ballot (setting forth the names of all nominations submitted in accordance with 8.2-1) to Medical Staff members who have the right to vote (see chart at Section 3.4 of these Bylaws); said medical staff members will have until 5:00 p.m. MST on October 31st to cast votes. By November 7th in odd years, the Manager of the Medical Staff Office shall tally the votes and the persons receiving the most votes for Chief and Vice-Chief shall be declared the new officers as of the following January 1. If there is a tie, the Manager of the Medical Staff Office shall issue a new ballot with the names of only the two persons who tied for an office; such ballot must be issued by November 14th and must be returned to the Medical Staff Office no later than 5:00 p.m. MST on November 30th. Thereafter, the Manager of the Medical Staff Office shall tally the votes and declare the person receiving the most votes for the office as the new officer as of January 1. In the event there is a second tie, the physicians on MEC shall cast votes between the two candidates to break the tie.

8.2-3 Term of Office for Elected Officers

a. Officers shall be elected in the fall of odd-numbered years and shall take office the following January.

b. The term of office for Elected Officers shall be two years. There are no term limits for serving as a Medical Staff Officer.

8.3 Recall of Elected Officers

An Elected Medical Staff Officer may be recalled from office for any valid cause including, but not limited to, failure to carry out the duties of his or her office. Except as otherwise provided, recall of an Elected Officer may be initiated by the Medical Executive Committee or by a petition signed by at least 33-1/3 percent of the Medical Staff members eligible to vote for Elected Officers; but recall itself shall require a 66-2/3 percent vote of the Medical Staff members eligible to vote for general Medical Staff Officers.

8.4 Filling Vacancies

Vacancies created by resignation, removal, death, or disability shall be filled as follows:

8.4-1 A vacancy in the office of Chief of Staff shall be filled by special election held in general accordance with Bylaws, Section 8.2 except the specific months do not apply.

8.4-2 A vacancy in the office of Vice Chief of Staff shall be filled by special election held in general accordance with Bylaws, Section 8.2 except the specific months do not apply.

8.5 Duties of Officers

8.5-1 Chief of Staff

The Chief of Staff shall serve as the chief officer of the Medical Staff. The duties of the Chief of Staff shall include, but not be limited to:

a. Enforcing the Medical Staff Bylaws and Policies with the Medical Staff, promoting quality of care, implementing sanctions when indicated, and promoting compliance with procedural safeguards when 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. Serving as Chair of the Medical Executive Committee and the Professional Review Committee, and in that capacity shall be deemed the individual responsible for the organization and conduct of the Medical Staff;

d. Serving as an ex officio member of all other Medical Staff committees without vote, unless his or her membership in a particular committee is established by these Bylaws;

e. Other than MEC, professional review committee and department committees established by these Bylaws, appointing, in consultation with the MEC, the committee members for ad hoc or special Medical Staff committees.

f. Being a spokesperson for the Medical Staff with administration;

g. Regularly reporting to the Governing Body on the performance of Medical Staff functions and communicating to the Medical Staff any concerns expressed by the Governing Body;

h. In the interim between Medical Executive Committee meetings, performing those responsibilities of the committee that, in his or her reasonable opinion, must be accomplished prior to the next regular or special meeting of the committee;

i. Representing the views and policies of the Medical Staff to the Governing Body and to the Chief Executive Officer and serving as an ex-officio member of the Governing Body;

j. Being accountable to the Governing Body, in conjunction with the Medical Executive Committee, for the effective performance, by the Medical Staff, of its responsibilities with respect to quality and efficiency of clinical services at PSMC and for the effectiveness of the quality assurance programs; and

k. Performing such other functions as may be assigned to him or her by these Bylaws, the Medical Staff or the Medical Executive Committee.

8.5-2 Vice Chief of Staff

The Vice Chief of Staff shall assume all duties and authority of the Chief of Staff in the absence of the Chief of Staff. The Vice Chief of Staff shall be a member of the Medical Executive Committee, and shall perform such other duties as the Chief of Staff may assign or as may be delegated by these Bylaws or the Medical Executive Committee.

8.5-3 Delegated Duties to the Medical Staff Office Manager (or administrative support staff as agreed upon with the CEO):

The Chief of Staff delegates the following duties to a Medical Staff Office Manager (who is not a Medical Staff member, officer, nor ex officio member of the Medical Executive Committee):

a. Maintaining a roster of Medical Staff members;

b. Keeping accurate and complete minutes of all Medical Executive Committee and Medical Staff meetings;

c. Calling meetings and preparing agendas on behalf of the Chief of Staff or Medical Executive Committee;

d. Attending to correspondence and notices on behalf of the Medical Staff;

e. Receiving and causing to be safeguarded all funds of the Medical Staff;

f. Documenting requests for excused absences from meetings for consideration, as necessary, by the Medical Executive Committee; and

g. Performing such other duties as may be assigned from time to time by the Chief of Staff or Medical Executive Committee.

8.6 Chief Medical Officer

8.6-1 Appointment

The Chief Medical Officer is an at-will position appointed by the Governing Body (which the Governing Body may designate such duty to the Chief Executive Officer). In the absence of a CMO, the CEO may assume the committee participation set forth in 8.6-3.

8.6-2 Responsibilities

a. The Chief Medical Officer's duties shall be delineated by the Chief Executive Officer in keeping with the general provisions set forth in subparagraph (b) below.

b. In keeping with the foregoing, the Chief Medical Officer shall:

1. Serve as administrative liaison among PSMC administration, the Governing Body, outside agencies and the Medical Staff, as well as licensing and accreditation agencies;

2. Assist the Medical Staff in performing its assigned functions and coordinating such functions with the responsibilities and programs of PSMC; and

3. In cooperation and close consultation with the Chief of Staff and the Medical Executive Committee, provide direction to the performance of the Medical Staff Office and PSMC's quality improvement personnel.

8.6-3 Participation in Medical Staff Committees

The Chief Medical Officer:

a. Shall be an ex officio member—without vote—of all Medical Staff Committees except as otherwise established by these bylaws.

b. May attend any meeting of any department or section.

Article 9 Committees

9.1 General

9.1-1 Standing Medical Staff Committees

The standing committees of the Medical Staff shall be: (a) the Medical Executive Committee; (b) the Professional Review Committee; (c) clinical Department/Program specific committees; (d) and if needed, the Ethics Committee. The PSMC Medical Staff has no other committees unless formed pursuant to Medical Staff policy (as such policies are approved by MEC and the Governing Board).

9.1-2 Members of Medical Staff Committees

a. MEC members are as set forth in Section 9.3;

b. PRC members are set forth in Section 9.2;

c. Clinical Department/Program committees shall include the Medical Director, the Medical Staff members of the department, ex officio members, and the Medical Director invitees who are employed by PSMC and subject to confidentiality.

d. Ethics committee members are set from time to time by Medical Staff policy (as such policies are approved by MEC).

9.1-3 Action Through Subcommittees

Any standing committee may use subcommittees to help carry out its duties. The Medical Executive Committee shall be informed when a subcommittee is appointed. The Committee Chair may appoint individuals in addition to, or other than, members of the standing committee to the subcommittee after consulting with the Chief of Staff regarding Medical Staff members, and the Chief Executive Officer regarding PSMC staff.

9.1-4 Conduct and Records of Meetings

Committee meetings shall be conducted and documented in the manner specified for such meeting in Bylaws, Article 11, Meetings.

9.1-5 Attendance of Nonmembers

Any Medical Staff member who is in good standing may ask the Chair of any committee for permission to attend a portion of that committee's meeting dealing with a matter of importance to that practitioner, APP, or BHP. The Committee Chair shall have the discretion to grant or deny the request and shall grant the request only if the member's attendance will reasonably aid the committee to perform its function. If the request is granted, the invited member shall abide by all Bylaws and Policies applicable to that committee.

9.1-6 Conflict of Interest

a. In any instance where a Medical Staff member has or reasonably could be perceived to have a conflict of interest, as defined below, such individual shall not participate in the discussion or voting on the matter, and shall be excused from any meeting during that time. However, the individual with a conflict may be asked, and may answer, any questions concerning the matter before leaving. Any dispute over the existence of a conflict of interest shall be resolved by the chairperson of the committee, or, if it cannot be resolved at that level, by the Chief of Staff.

b. A conflict of interest arises when there is a divergence between an individual's private interests and his/her professional obligations, such that an independent observer might reasonably question whether the individual's professional actions or decisions are determined by those private interests. A conflict of interest depends on the situation and not on the character of the individual. The fact that an individual practices in the same specialty as a practitioner who is being reviewed does not by itself create a conflict of interest. The evaluation of whether a conflict of interest exists shall be interpreted reasonably by the persons involved, taking into consideration common sense and objective principles of fairness. The fact that any Medical Staff member chooses to refrain from participation, or is excused from participation, shall not be interpreted as a finding of actual conflict.

9.1-7 Accountability

All committees shall be accountable to the Medical Executive Committee.

9.2 Professional Review Committee

9.2-1 Composition

There shall be a Professional Review Committee ("PRC") as described in this Section 9.2 and the definition section of these Bylaws. The Professional Review Committee shall be the Chief of Staff, Vice Chief of Staff, Medical Directors, and CMO notwithstanding that the Trauma Program has program specific peer review that may or may not be sent to PRC.

9.2-2 Duties and Meeting Frequency

a. This committee shall serve as a focal point for furthering professional review, credentialing and quality improvement obligations as well as furthering an understanding of the roles, relationships, and responsibilities of the Governing Body, administration, and the Medical Staff with respect to the same. It may also serve as a forum for discussing any PSMC matters regarding the provision of patient care. It shall meet as often as necessary to fulfill its responsibilities. Any member of the committee shall have the authority to place matters on the agenda for consideration by the committee.

9.2-3 Accountability

The Professional Review Committee is directly accountable to the Medical Executive Committee and directly accountable to the Governing Body.

9.3 Medical Executive Committee

9.3-1 Composition

The Medical Executive Committee ("MEC") shall be composed of (a) the Elected Medical Staff officers (Chief of Staff and Vice Chief of Staff,); (b) the other Medical Staff officers described in Section 8.1-1 (the Medical Staff's department/program Medical Directors; and (c) at least one at-large representative selected per approved Medical Staff Policy. In addition, the Chief Medical Officer and the Chief Executive Officer of PSMC sit on the committee as ex officio members without vote. The Chief of Staff shall chair the Medical Executive Committee. Advanced Practice Providers and Behavioral Health Providers are permitted on the Medical Executive Committee, but a majority of the committee must be physicians.

9.3-2 Duties

The Medical Staff delegates to the Medical Executive Committee broad authority to oversee the operations of the Medical Staff. With the assistance of the Chief of Staff, and without limiting this broad delegation of authority, the Medical Executive Committee shall perform in good faith the duties listed below.

a. Supervise the performance of all Medical Staff functions, which shall include:

1. Issuing such directives as appropriate to ensure effective performance of all Medical Staff functions; and

2. Following up to ensure implementation of all directives.

b. Coordinate the activities of the committees and departments.

c. Ensure that the Medical Staff adopts Bylaws and Policies establishing the structure of the Medical Staff, the mechanism used to review credentials and to delineate individual privileges, the organization of the quality assessment and improvement activities of the Medical Staff as well as the mechanism used to conduct, evaluate, and revise such activities, the mechanism by

which membership on the Medical Staff may be terminated, and the mechanism for hearing procedures.

d. Based on input and reports from the departments and applicable committees (if any), ensure that the Medical Staff adopts Bylaws, Policies or regulations establishing criteria and standards, consistent with Colorado law, for Medical Staff membership and privileges (including, but not limited to, any privileges that may be appropriately performed via telemedicine), and for enforcing those criteria and standards in reviewing the qualifications, credentials, performance, and professional competence and character of applicants and staff members.

e. Ensure that the Medical Staff adopts Bylaws, Policies or regulations establishing clinical criteria and standards to oversee and manage quality assurance, utilization review, and other Medical Staff activities including, but not limited to, periodic meetings of the Medical Staff and its committees and departments and review and analysis of patient medical records.

f. Evaluate the performance of practitioners, APPs, or BHPs exercising clinical privileges whenever there is doubt about the ability to perform requested privileges by the an applicant or member.

g. Based upon input from the departments and applicable committees (if any), make recommendations regarding all applications for Medical Staff appointment, reappointment and privileges.

h. When indicated, initiate Focused Professional Practice Evaluations and/or pursue disciplinary or corrective actions affecting Medical Staff members.

i. With the assistance of the Chief of Staff, supervise the Medical Staff's compliance with:

1. The Medical Staff Bylaws and Policies;
2. PSMC's Bylaws and Policies;
3. State and federal laws and regulations; and
4. Accreditation requirements, as applicable.

j. Oversee the development of Medical Staff policies, approve (or disapprove) all such policies, and oversee the implementation of all such policies.

k. Implement, as it relates to the Medical Staff, the approved policies of PSMC.

l. With input from departments and applicable committees (if any), set objectives for establishing, maintaining and enforcing professional standards within PSMC and for the continuing improvement of the quality of care rendered at PSMC; assist in developing programs to achieve these objectives including, but not limited to, Ongoing Professional Practice Evaluations, as further described at Bylaws, Article 7, Performance Evaluation and Monitoring.

m. At the request of the Governing Body report through the Chief of Staff on the following:

1. That quality of care is consistent with professional standards; and
2. The *general* status of any Medical Staff disciplinary or corrective actions in progress.

n. Prioritize and ensure that PSMC-sponsored educational programs incorporate the recommendations and results of Medical Staff quality assessment and improvement activities.

o. Establish, as necessary, such ad hoc committees that will fulfill particular functions for a limited time and will report directly to the Medical Executive Committee.

p. Establish the date, place, time and program of the regular meetings of the Medical Staff.

q. Represent and act on behalf of the Medical Staff between meetings of the Medical Staff.

r. Take such other actions as may reasonably be deemed necessary in the best interests of the Medical Staff and PSMC.

The authority delegated pursuant to this Section 9.3-2 may be removed by amendment of these Bylaws. An amendment may be proposed by resolution of the Medical Staff, approved by a 2/3 vote of the eligible voting Medical Staff, taken at a general or special meeting noticed to include the specific purpose of removing specifically-described authority of the Medical Executive Committee. All amendments are subject to approval of the Governing Body.

9.3-3 Meetings

The Medical Executive Committee should be scheduled to meet on a monthly basis and shall meet at least ten times during the calendar year. A permanent record of its proceedings and actions shall be maintained.

Article 10 Departments

10.1 Organization of Clinical Departments of Pagosa Springs Medical Center

Upper San Juan Health Service District doing business as Pagosa Springs Medical Center encompasses different types of services including, without limitation, hospital services, clinic services, EMS and ambulance services. For purposes of these Bylaws, the clinic shall be referred to as a "department". Each department shall be organized as an integral unit of the Medical Staff and shall have a Medical Director as described in this Article 10.

10.2 Designation

10.2-1 Designation of Departments/Programs with MEC representation

The designated clinical departments/programs of PSMC that have Department Medical Director representation on MEC are:

- Acute Care (inpatient care) and other Medical Subspecialties (including Telemedicine);
- Primary Care (which means the rural health clinic for primary care):
- Emergency Department;
- Surgery Department; and
- Trauma Program.
- Any department subsequently added in accordance with Section 10.2-2.

10.2-2 Other Departments

There are many other clinical departments of PSMC as determined from time to time by PSMC administration. Such clinical departments do not have representation on MEC unless approved by amendment to these Bylaws.

10.3 Assignment to Departments

Each member shall be assigned membership in at least one department, but may also be granted membership and/or clinical privileges in other departments consistent with the practice privileges granted.

10.4 Functions of Departments

The departments shall fulfill the clinical, administrative, quality improvement/risk management/utilization management, and collegial and education functions described in PSMC policies and/or the Medical Staff Policies. When the department or any of its committees meets to carry out the duties described below, the meeting body shall be entitled to the protections and immunities afforded by federal law and Colorado Revised Statutes Sections 25-3-109 (Quality Improvement Matters) AND 12-36.5-104 (Peer Review) for peer review committees. Each department or its committees, if any, must meet regularly to carry out its duties.

10.5 Department Medical Director

10.5-1 Qualifications

Each Department Medical Director shall be an Active Medical Staff member and a practitioner, shall have demonstrated ability in at least one of the clinical areas covered by the department, and shall be willing and able to faithfully discharge the functions of his or her office. If there will be specific qualifications, the same shall be set forth in PSMC policies and/or the Medical Staff Policies.

10.5-2 Selection

Department Medical Directors shall be appointed by the Chief Executive Officer of PSMC.

10.5-3 Term of Office and Termination

Each Department Medical Director shall serve a term set forth by contract with PSMC unless the Medical Director's term is earlier terminated due to contract termination, resignation, loss of Medical Staff membership or privileges in that department. Department Medical Directors are eligible to succeed themselves.

10.5-4 Roles and Responsibilities of Department Medical Directors

Specific roles and responsibilities of Department Medical Directors shall be as set forth in the contract, PSMC policies and Medical Staff Policies. These roles and responsibilities include at least the following:

a. Clinically related activities of the department.

b. Continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges.

c. Recommending to the Medical Staff the criteria for clinical privileges that are relevant to the care provided in the department.

d. Recommending clinical privileges for each member of the department.

e. Assessing and recommending to the relevant PSMC authority off-site resources which are needed for patient care, treatment, and services and are currently not provided by the department or the organization.

f. Integration of the department or service into the primary functions of the organization.

g. Coordination and integration of interdepartmental and intradepartmental services.

h. Development and implementation of policies and procedures that guide and support the provision of care, treatment, and services.

i. Recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services.

j. Continuous assessment and improvement of the quality of care, treatment, and services.

k. Maintenance of quality assurance, as appropriate.

l. Orientation and continuing education of all Medical Staff in the department.

Article 11 Meetings

11.1 Medical Staff Meetings

11.1-1 Medical Staff Meetings

There shall be at least two meetings of the Medical Staff during each Medical Staff year, but the Chief of Staff may, in his/her discretion, require more Medical Staff meetings. The date, place and time of the meeting(s) shall be determined by the Chief of Staff. The Chief of Staff shall present a report on significant actions taken by the Medical Executive Committee during the time since the last Medical Staff meeting and on other matters believed to be of interest and value to the membership. No business shall be transacted at any Medical Staff meeting except that stated in the notice calling the meeting.

11.1-2 Special Meetings

Special meetings of the Medical Staff may be called at any time by the Chief of Staff, Medical Executive Committee, or Governing Body, or upon the written request of 10 percent of the voting members. The meeting must be called within 30 days after receipt of such request. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

11.1-3 Combined or Joint Medical Staff Meetings

The Medical Staff may participate in combined or joint Medical Staff meetings with staff members from other hospitals, health care entities, or Medical Societies; however, precautions shall be taken to ensure that confidential Medical Staff information is not inappropriately disclosed, and to ensure that this Medical Staff (through its authorized representative(s)) maintains access to, and approval authority of, all minutes prepared in conjunction with any such meetings.

11.2 Department and Committee Meetings

11.2-1 Regular Meetings

Departments and committees, by resolution, may provide the time for holding regular meetings and no notice other than such resolution shall then be required. Each department shall meet regularly, at least quarterly, to review and discuss patient care activities and to fulfill other departmental responsibilities.

11.2-2 Special Meetings

A special meeting of any department or committee may be called by, or at the request of, the Chair thereof, the Medical Executive Committee, Chief of Staff, or by 33-1/3 percent of the group's current members, but not fewer than three members. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

11.2-3 Combined or Joint Department or Committee Meetings

The departments or committees may participate in combined or joint department or committee meetings with staff members from other hospitals, health care entities or Medical Societies; however, precautions shall be taken to ensure that confidential Medical Staff information is not inappropriately disclosed, and to ensure that this Medical Staff (through its authorized representative(s)) maintains access to, and approval authority of, all minutes prepared in conjunction with any such meetings.

11.3 Notice of Meetings

Written notice stating the place, day and hour of any regular or special Medical Staff meeting or of any regular or special department or committee meeting not held pursuant to resolution shall be delivered either personally or by email to each person entitled to be present not fewer than two calendar days nor more than 45 days before the date of such meeting. Personal attendance at a meeting shall constitute a waiver of notice of such meeting.

11.4 Quorum

11.4-1 Medical Staff Meetings

The presence of *25* percent of the voting Medical Staff department members at any regular or special meeting shall constitute a quorum.

11.4-2 Committee Meetings

The presence of *50* percent of the voting members shall be required for Medical Executive Committee meetings. For other committees, a quorum shall consist of *30* percent of the voting members of a committee but in no event less than three voting committee members.

11.4-3 Department Meetings

The procedures for specific department meetings are established as set forth by Section 15.1-3.

11.5 Manner of Action

Except as otherwise specified, the action of a majority of the members present and voting at a meeting, at which a quorum is present at the start of the meeting, shall be the action of the group. A meeting at which a quorum is initially present may continue to transact business despite the subsequent departure/withdrawal of members from the meeting unless alternate specific requirement by these Bylaws exists. Committee action may be conducted by telephone or internet conference, which shall be deemed to constitute a meeting for the matters discussed in that telephone or internet conference. Valid action may be taken without a meeting if at least *five* days notice of the proposed action has been given to all members entitled to vote, and it is subsequently approved in writing setting forth the action so taken, which is signed by at least *66-2/3* percent of the members entitled to vote

11.6 Minutes

Minutes of all meetings shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. The minutes shall be signed by the applicable medical director or his or

her designee and made available to Medical Staff members or the Governing Body upon request. Each committee shall maintain a permanent file of the minutes of each meeting. Care should be taken to be sure minutes consider privacy and confidentiality obligations as minutes may be, except as otherwise limited by law.

11.7 Attendance Requirements

11.7-1 Regular Attendance Requirements

Each Active Member of the Medical Staff is required to attend not less than fifty percent (50%) of the staff meetings called during his/her 24-month appointment period. Attendance at Department Meetings and Medical Staff Meetings shall be counted to determine the fifty percent attendance requirement.

11.7-2 Failure to Meet Attendance Requirements

It shall be the individual responsibility of each Medical Staff member to fulfill his/her attendance requirements. Practitioners who have not met meeting attendance requirements before the end of the appointment/reappointment period may be reappointed for a maximum of twenty-four months, to the day, but on an administrative probationary status (not reportable to the NPDB). Depending upon the facts and circumstances, Practitioners who do not meet the meeting attendance requirements during the reappointment period might not be reappointed.

11.7-3 Special Appearance

A professional review committee (for purposes of this section, shall be comprised of all members of the Medical Executive Committee), at its discretion, may require the appearance of a practitioner, APP, or BHP during a review of the clinical course of treatment regarding a patient. If possible, the Chair of the meeting should give the practitioner, APP, or BHP at least five days advance written notice of the time and place of the meeting. In addition, whenever an appearance is requested because of an apparent or suspected deviation from standard clinical practice, special notice shall be given and shall include a statement of the issue involved and that the practitioner, APP, or BHP's appearance is mandatory. Failure of a practitioner, APP, or BHP to appear at any meeting with respect to which he or she was given special notice shall (unless excused by the Medical Executive Committee upon a showing of good cause) result in an automatic suspension of the practitioner, APP, or BHP's privileges for at least two weeks, or such longer period as the Medical Executive Committee deems appropriate.

11.8 Conduct of Meetings

Unless otherwise specified, meetings shall be conducted according to a parliamentary procedure (record of agenda, minutes, affirming/opposing votes); however, technical failures to follow such rules shall not invalidate action taken at such a meeting.

Article 12 Confidentiality, Immunity, Releases and Indemnification

12.1 General

Except as limited by applicable laws, the Medical Staff, department and/or committee minutes, files and records — including information regarding any member or applicant to this Medical Staff — shall be confidential. Such confidentiality shall also extend to information of like kind that may be provided by third parties. This information shall become a part of the Medical Staff committee files and shall not become part of any particular patient's file or of the general PSMC records. Dissemination of such

information and records shall be made only where expressly required by law or as otherwise provided in these Bylaws.

12.2 Breach of Confidentiality

Inasmuch as effective credentialing, quality improvement, 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, and inasmuch as practitioners and others participate in credentialing, quality improvement, and peer review activities with the reasonable expectations that this confidentiality will be preserved and maintained, any breach of confidentiality of the discussions or deliberations of Medical Staff, departments or committees, except as affirmatively required by law or in conjunction with another health facility, professional society or licensing authority for peer review activities, is outside appropriate standards of conduct for this Medical Staff and will be deemed disruptive to the operations of PSMC. If it is determined that such a breach has occurred, the Medical Executive Committee may undertake such corrective action as it deems appropriate.

12.3 Access to and Release of Confidential Information

12.3-1 Access for Official Purposes

Medical Staff records, including confidential committee records and credentials files, shall be accessible by:

a. Committee members, and their authorized representatives, for the purpose of conducting authorized committee functions.

b. Medical Staff and department officials, and their authorized representatives, for the purpose of fulfilling any authorized function of such official.

c. The Chief Executive Officer, the Governing Body, and their authorized representatives, for the purpose of enabling them to discharge their lawful obligations and responsibilities.

12.3-2 Member's Access

a. A Medical Staff member shall be granted access to their individual PSMC credential file, subject to the following provisions:

1. Anything within the file that pertains to peer review, peer references, affiliation verifications, and the National Practitioners Data Report will be removed from the file by the Medical Staff Office Manager prior to access by the Medical Staff Member.

2. Notice of a request to review the file shall be given by the member to the Chief of Staff (or his or her designee) at least three days before the requested date for review.

3. The member may review and receive a copy of only those documents, provided by or addressed personally to the member. If requested by a member, a summary of all other information, including peer review committee findings, letter of reference, proctoring reports, complaints, etc., may be provided to the member, in writing, by the designated officer of the Medical Staff within a reasonable period of time (not to exceed two weeks). Such summary shall disclose the substance, but not the source, of the information summarized. If the member requests documents and/or summaries as described in this subparagraph, such release could undermine the confidentiality of the content of PSMC's professional review files and PSMC shall not be liable to member or otherwise for breaches in confidentiality.

4. The review by the member shall take place in the Medical Staff office (or conference room), during normal work hours, with an officer or designee of the Chief of Staff present.

5. In the event a Notice of Charges, as referenced in these Bylaws, Section 14.5-3, is filed against a member, access to that member's credentials file shall be governed by Bylaws, Section 14.5-9.

b. A member may be permitted to request correction of information as follows:

1. After review of his or her file, a member may address to the Chief of Staff a written request for correction of information in the credentials file. Such request shall include a statement of the basis for the action requested.

2. The Chief of Staff shall review such a request within a reasonable time and shall recommend to the Professional Review Committee and/or Medical Executive Committee whether to make the correction as requested, and the Professional Review Committee and/or Medical Executive Committee shall make the final determination.

3. The member shall be notified promptly, in writing, of the decision of the Professional Review Committee and/or Medical Executive Committee.

4. In any case, a member shall have the right to add to his or her credentials file a statement responding to any information contained in the file. Any such written statement shall be addressed to the Medical Executive Committee, and shall be placed in the credentials file immediately following review by the Medical Executive Committee.

12.4 Immunity and Releases

12.4-1 Immunity from Liability for Providing Information or Taking Action

Each representative of the Medical Staff and PSMC and all third parties shall be exempt from liability to an applicant, member or practitioner for damages or other relief by reason of providing information to a representative of the Medical Staff, PSMC, or any other health-related organization concerning such person who is, or has been, an applicant to or member of the Medical Staff or who did, or does, exercise privileges or provide services at PSMC or by reason of otherwise participating in a Medical Staff or PSMC credentialing, quality improvement, or peer review activities.

12.4-2 Activities and Information Covered

a. **Activities**

The immunity provided by this Bylaws, Article 12, shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with this or any other health-related institution's or organization's activities concerning, but not limited to:

1. Applications for appointment, privileges, or specified services;

2. Periodic reappraisals for reappointment, privileges, or specified services;

3. Corrective action;

4. Hearings and appellate reviews;

5. Quality improvement review, including patient care audit;

6. Peer review;

7. Utilization reviews;
8. Morbidity and mortality conferences; and
9. Other PSMC, department or committee activities related to monitoring and improving the quality of patient care and appropriate professional conduct.

b. **Information**

The acts, communications, reports, recommendations, disclosures, and other information referred to in this Bylaws, Article 12, may relate to a practitioner, APP, or BHP's professional qualifications, clinical ability, judgment, character, physical and mental health, emotional stability, professional ethics or other matter that might directly or indirectly affect patient care.

12.5 Releases

Each practitioner, APP, and BHP shall, upon request of PSMC, execute general and specific releases in accordance with the tenor and import of these Bylaws, Article 12; however, execution of such releases shall not be deemed a prerequisite to the effectiveness of these Bylaws, Article 12.

12.6 Cumulative Effect

Provisions in these Bylaws and in Medical Staff application forms relating to authorizations, confidentiality of information, and immunities from liability shall be in addition to other protections provided by law and not in limitation thereof.

Article 13 Performance Improvement and Formal Corrective Action

13.1 Peer Review Philosophy

13.1-1 Role of Medical Staff in Organization-wide Quality Improvement Activities

The Medical Staff is responsible to oversee the quality of medical care, treatment and services delivered at PSMC. An important component of that responsibility is the oversight of care rendered by members practicing at PSMC. The following provisions are designed to achieve quality improvements through collegial peer review and educative measures whenever possible, but with recognition that, when circumstances warrant, the Medical Staff is responsible to embark on performance improvement measures and/or corrective action as necessary to achieve and ensure quality of care, treatment and services. Toward these ends:

a. Members of the Medical Staff are expected to actively and cooperatively participate in a variety of peer review activities to measure, assess and improve performance of their peers at PSMC.

b. The initial goals of the peer review processes are to prevent, detect and resolve problems and potential problems through routine collegial monitoring, education and counseling. However, when necessary, corrective measures, which may or may not include formal investigation and/or discipline, must be implemented and monitored for effectiveness.

c. Peers in the departments and committees are responsible for carrying out delegated review and quality improvement functions in a manner that is consistent, timely, defensible, balanced, useful and ongoing. The term "peers" generally requires that a majority of the peer reviewers be physicians and, where possible, at least one member practicing the same specialty as the member being reviewed. Notwithstanding the foregoing, DOs and MDs shall be deemed to hold the "same licensure" for purposes of participating in peer review activities.

d. The departments and committees may be assisted by the Chief Medical Officer.

13.1-2 Performance Improvement Plans

The Medical Staff Officers, CMO, or Medical Staff committees may counsel, educate, issue letters of warning or censure, or focused professional practice evaluation in accordance with Medical Staff Policy in the course of carrying out their duties without initiating formal corrective action. Comments, suggestions and warnings may be issued orally or in writing. The practitioner, APP, or BHP shall be given an opportunity to respond in writing and may be given an opportunity to meet with the Professional Review Committee or its designee(s). Any performance improvement plans, monitoring, Level I and Level II proctoring, required training or counseling shall be documented in the member's file. Medical Executive Committee approval is not required for such actions, although the actions shall be reported to the Medical Executive Committee. The actions shall not constitute an adverse restriction of privileges and as such ***performance improvement plans are not grounds for any formal hearing or appeal rights under Bylaws, Article 14, Hearings and Appellate Reviews***.

13.1-3 Criteria for Initiation of Formal Corrective Action Investigation

A formal corrective action investigation may be initiated whenever reliable information indicates a member or APP or BHP may have exhibited acts, demeanor or conduct, either within or outside of PSMC, that is reasonably likely to be:

a. Detrimental to patient safety or to the delivery of quality patient care within PSMC;

b. Unethical;

c. Contrary to the Medical Staff Bylaws or Policies;

d. Below applicable professional standards;

e. Disruptive of Medical Staff or PSMC operations; or

f. An improper use of PSMC resources.

Generally, reasonable attempts for performance improvement will precede *formal* corrective action; however, attempts at performance improvement (e.g., Variance reporting, peer review, performance improvement plan) are not required or in any way a mandatory condition prior to formal corrective action. Formal corrective action will be initiated whenever circumstances reasonably appear to warrant it. Any recommendation of formal corrective action must set forth the facts and be provided to the Medical Executive Committee for determination.

13.1-4 Medical Executive Committee Determination of Formal Corrective Action

a. The Professional Review Committee, the Chief of Staff, any other Medical Staff officer, any Department Medical Director, the Governing Body or the Chief Executive Officer may provide facts to the Medical Executive Committee with a request for formal corrective action. Only the Medical Executive Committee determines whether to proceed with further investigation and/or formal corrective action.

b. The Chief of Staff shall notify the Chief Executive Officer, or his or her designee in his or her absence, and the Professional Review Committee and shall continue to keep them fully informed of all action taken. In addition, the Chief of Staff shall immediately forward all necessary information to the committee or person that will conduct any investigation, provided, however, that the Chief of Staff or the Medical Executive Committee may dispense with further

investigation of matters deemed to have been adequately investigated by a committee pursuant to Bylaws, Section 13.1-4(d), below, or otherwise.

c. If the Medical Executive Committee concludes action is indicated but that no formal investigation is necessary, it may proceed to take action without a formal investigation.

d. If the Medical Executive Committee concludes a further formal investigation is warranted, it shall direct a formal investigation to be undertaken. The Medical Executive Committee may conduct the investigation itself or may assign the task to an appropriate officer or standing or ad hoc committee to be appointed by the Chief of Staff. The investigating body should not include persons with a conflict of interest (e.g., business partners, or relatives) of the individual being investigated. Additionally, the investigating person or body may, but is not required to, engage the services of one or more outside reviewers as deemed appropriate or helpful in light of the circumstances. If the investigation is delegated to an officer or committee other than the Medical Executive Committee, such officer or committee shall proceed with the investigation in a prompt manner, using best efforts to complete the expedited initial review within the time frame set out for formal investigation in the Bylaws, Section 13.1-6, below, and shall forward a written report of the investigation to the Medical Executive Committee as soon as practicable. The report may include recommendations for appropriate corrective action. If the Medical Executive Committee delegates any portion of an investigation, such delegation shall be deemed a part of the work of the Medical Executive Committee and will be afforded the greatest confidentiality permitted by law.

e. The Medical Executive Committee will provide written notice to the member being investigated at the time the investigation is initiated in the form of return receipt certified mail or overnight courier service. Prior to any adverse action being approved, the Medical Executive Committee shall ensure that the member being investigated was given an opportunity to provide information in a manner and upon such terms as the Medical Executive Committee, investigating body, or reviewing committee deems appropriate. The investigating body or reviewing body may, but is not obligated to, interview persons involved; however, such an interview shall not constitute a hearing as that term is used in Bylaws, Article 14, Hearings and Appellate Reviews, nor shall the hearings or appeals Policies apply.

f. Despite the status of any investigation, at all times the Medical Executive Committee shall retain authority and discretion to take whatever action may be warranted by the circumstances, including summary action.

13.1-5 Medical Executive Committee Action

a. As soon as practicable after the conclusion of the investigation, the Medical Executive Committee shall take action including, without limitation, the following:

1. Determining no corrective action should be taken and, if the Medical Executive Committee determines there was no credible evidence for the complaint in the first instance, clearly documenting those findings in the member's file;

2. Deferring action for a reasonable time;

3. Issuing letters of admonition, censure, reprimand or warning, although nothing herein shall be deemed to preclude department or Committee Chairs from issuing informal performance improvement plans outside of the mechanism for corrective action. In the event such letters

are issued, the affected member may make a written response which shall be placed in PSMC's confidential professional review file for the member;

4. Imposition of terms of probation or special limitation upon continued Medical Staff membership or exercise of privileges including, without limitation, requirements for co-admissions, mandatory consultation or monitoring;

5. Reduction, modification, suspension or revocation of privileges. If suspension is recommended, the terms and duration of the suspension and the conditions that must be met before the suspension is ended shall be stated;

6. Reductions of membership status or limitation of any prerogatives directly related to the member's delivery of patient care;

7. Suspension, revocation or probation of Medical Staff membership. If suspension or probation is recommended, the terms and duration of the suspension or probation and the conditions that must be met before the suspension or probation is ended shall be stated;

8. Referring the member for evaluation and follow-up as appropriate; and

9. Taking other actions deemed appropriate under the circumstances.

b. If the Medical Executive Committee takes any action that would give rise to a hearing pursuant to Bylaws, Section 14.2, it shall also make a determination whether the action is a "medical disciplinary" action or an "administrative disciplinary" action. A medical disciplinary action is one taken for cause or reason that involves that aspect of a practitioner, APP, or BHP's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care. All other actions are deemed administrative disciplinary actions. In some cases, the reason may involve both medical disciplinary and administrative disciplinary cause or reason, in which case, the matter shall be deemed medical disciplinary for Bylaws, Article 14, Hearings and Appellate Reviews, hearing purposes.

c. And, if the Medical Executive Committee makes a determination that the action is medical disciplinary, it shall also determine whether the action is taken for any of the reasons required to be reported to the Colorado Medical Board, the National Practitioners Data Bank or otherwise.

13.1-6 Time Frames

Insofar as feasible under the circumstances, formal investigations and reviews should be conducted and completed, from the commencement of a formal investigation, within 90 days.

13.1-7 Procedural Rights

a. If, after receipt of a request for formal corrective action pursuant to Bylaws, Section 13.1-4, above, the Medical Executive Committee determines that no corrective action is required or only a letter of warning, admonition, reprimand or censure should be issued, the decision shall be transmitted to the Governing Body, or upon request of the Governing Body to the CEO. The Governing Body (or CEO, as applicable) may affirm, reject or modify the action. The Governing Body (or CEO, as applicable) shall give great weight to the Medical Executive Committee's decision and initiate further action only if the failure to act is contrary to the weight of the evidence that is before it, and then only after it has consulted with the Medical Executive Committee and the Medical Executive Committee still has not acted. The decision

shall become final if the Governing Body affirms it or takes no action on it within 70 days after receiving the notice of decision.

b. If the Medical Executive Committee recommends an action that is a ground for a hearing under Bylaws, Section 14.2, the Chief of Staff shall give the practitioner, APP, or BHP special notice of the adverse recommendation and of the right to request a hearing. The Governing Body may be informed of the recommendation, but shall take no action until the member has either waived his or her right to a hearing or completed the hearing.

13.1-8 Initiation by Governing Body

a. The Medical Staff acknowledges that the Governing Body must act to protect the quality of medical care provided and the competency of its Medical Staff, and to ensure the responsible governance of PSMC in the event that the Medical Staff fails in any of its substantive duties or responsibilities.

b. Accordingly, if the Medical Executive Committee fails to investigate or take disciplinary action, contrary to the weight of the evidence, the Governing Body (on its own or by and through the CEO) may direct the Medical Executive Committee to initiate an investigation or disciplinary action, but only after consulting with the Medical Executive Committee. If the Medical Executive Committee fails to act in response to that Governing Body direction, the Governing Body may, in furtherance of the Governing Body's ultimate responsibilities and fiduciary duties, engage consultant(s) to investigate and may initiate corrective action, but must comply with applicable provisions of Bylaws, Article 13, Performance Improvement and Formal Corrective Action, and Article 14, Hearings and Appellate Reviews. The Governing Body shall inform the Medical Executive Committee in writing of what it has done.

13.2 Summary Restriction or Suspension

13.2-1 Criteria for Initiation

a. Whenever a practitioner, APP, or BHP's conduct is such that a failure to take action may result in an imminent danger to the health of any individual, the Chief of Staff, the Medical Executive Committee, the Professional Review Committee, the Department Medical Director in which the member holds privileges, or the Chief Executive Officer may summarily restrict or suspend the Medical Staff membership or privileges of such member.

b. Unless otherwise stated, such summary restriction or suspension (summary action) shall become effective immediately upon imposition, and the person or body responsible shall promptly give special notice to the member and written notice to the Governing Body, the Medical Executive Committee, the Chief Executive Officer, and the Medical Staff Office. The special notice shall fully comply with the requirements of Bylaws, Section 13.2-1(d), below.

c. The summary action may be limited in duration and shall remain in effect for the period stated or, if none, until resolved as set forth herein. Unless otherwise indicated by the terms of the summary action, the member's patients shall be promptly assigned to another member by the department Medical Director or by the Chief of Staff considering, where feasible, the wishes of the patient and the affected member in the choice of a substitute member.

d. Within one working day of imposition of a summary suspension, PSMC shall provide verbal notice (or reasonable attempts of verbal notice) to the affected Medical Staff member of suspension; PSMC shall mail written notice within three calendar days of imposition of

suspension. This initial written notice shall include a statement of facts demonstrating that the suspension was reasonable and warranted because failure to suspend or restrict the member's privileges summarily could reasonably result in an imminent danger to the health of any individual. The statement of facts provided in this initial notice shall also include a summary of one or more particular incidents giving rise to the assessment of imminent danger. This initial notice shall not substitute for, but is in addition to, the notice required under Bylaws, Section 14.3-1 (which applies in all cases where the Medical Executive Committee does not immediately terminate the summary suspension).

e. The notice of the summary action given to the Medical Executive Committee shall constitute a request to initiate corrective action and the procedures set forth in Bylaws, Section 13.1, shall be followed.

13.2-2 Medical Executive Committee Action

Within one week after such summary action has been imposed, a meeting of the Medical Executive Committee or an ad hoc committee appointed by the Chief of Staff shall be convened to review and consider the action. Upon request, the member may attend and make a statement concerning the issues under investigation, on such terms and conditions as the Medical Executive Committee may impose, although in no event shall any meeting of the Medical Executive Committee, with or without the member, constitute a "hearing" within the meaning of Bylaws, Article 14, Hearings and Appellate Reviews, nor shall any procedural Policies apply. The Medical Executive Committee may thereafter continue, modify or terminate the terms of the summary action. It shall give the practitioner, APP, or BHP special notice of its decision, within three calendar days of the meeting, which shall include the information specified in Bylaws, Section 14.3-1 if the action is adverse.

13.2-3 Procedural Rights

If the summary action constitutes a suspension or restriction of clinical privileges required to be reported to the Colorado Medical Board or National Practitioner Data Bank, or if the suspension lasts for more than 14 (fourteen) days, the member shall be entitled to the procedural rights afforded by Bylaws, Article 14, Hearings and Appellate Reviews.

13.2-4 Initiation by Governing Body

a. If no one authorized under Bylaws, Section 13.2-1(a), above, to take a summary action is available to summarily restrict or suspend a member's membership or privileges, the Governing Body (or its designee) may immediately suspend or restrict a member's privileges if a failure to act immediately may result in imminent danger to the health of any individual, provided that the Governing Body (or its designee) made reasonable attempts to contact the Chief of Staff and the Chair of the department to which the member is assigned before acting.

b. Such summary action is subject to ratification by the Medical Executive Committee. If the Medical Executive Committee does not ratify such summary action within two working days, excluding weekends and holidays, the summary action shall terminate automatically.

13.3 Automatic Administrative Suspension or Limitation

In the following instances, the member's privileges or membership shall be automatically suspended or limited as described and all such suspensions shall be subject to Section 13.3-8 hereof:

13.3-1 Licensure

a. **Revocation, Suspension or Expiration.** Whenever a member's license or other legal credential authorizing practice in this state is revoked, suspended or expired without an application pending for renewal, Medical Staff membership and privileges shall be automatically revoked as of the date such action becomes effective.

b. **Restriction.** Whenever a member's license or other legal credential authorizing practice in this state is limited or restricted by the applicable licensing or certifying authority, any privileges which are within the scope of such limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective and throughout its term.

c. **Probation.** Whenever a member is placed on probation by the applicable licensing or certifying authority, his or her membership status and privileges shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its term.

d. **Obligation to Immediately Notify PSMC**. Every member of the Medical Staff agrees, as a condition of appointment, to notify PSMC's CEO and the Medical Staff Office Manager within twenty-four (24) hours of the effective date of any revocation, restrictions, suspension, probation or otherwise.

13.3-2 Drug Enforcement Administration Certificate

a. **Revocation, Suspension, and Expiration.** Whenever a member's Drug Enforcement Administration certificate is revoked, limited, suspended or expired, the member shall automatically and correspondingly be divested of the right to prescribe medications covered by the certificate as of the date such action becomes effective and throughout its term.

b. **Probation.** Whenever a member's Drug Enforcement Administration certificate is subject to probation, the member's right to prescribe such medications shall automatically become subject to the same terms of the probation as of the date such action becomes effective and throughout its term.

c. **Obligation to Immediately Notify PSMC**. Every member of the Medical Staff agrees, as a condition of appointment, to notify PSMC's CEO and the Medical Staff Office Manager within twenty-four (24) hours of the effective date of any revocation, restrictions, suspension, probation or otherwise.

13.3-3 Failure to Satisfy Special Appearance Requirement

A member who fails without good cause to appear and satisfy the requirements of Bylaws, Section 11.7-3 shall automatically be suspended from exercising all or such portion of privileges as the Medical Executive Committee specifies.

13.3-4 Medical Records

Medical Staff members are required to complete medical records in a timely fashion as prescribed by the Professional Review Committee. Failure to timely complete medical records may result in an administrative suspension after notice is given. Such suspension shall apply to the Medical Staff member's right to admit, treat or provide services to new patients in PSMC, but shall not affect the right to continue to care for a patient the Medical Staff member has already admitted or is treating; provided, however, members whose privileges have been suspended for delinquent records may admit and treat new patients in life-threatening situations. The suspension shall

continue until the medical records are completed. In addition to the provisions of Section 13.3-8, the Medical Executive Committee, may impose monetary fine(s) for delinquent medical records.

13.3-5 Cancellation of Professional Liability Insurance

Failure to maintain professional liability insurance as required by these Bylaws shall be grounds for automatic suspension of a member's privileges. Failure to maintain professional liability insurance for certain procedures shall result in the automatic suspension of privileges to perform those procedures. The suspension shall be effective until appropriate coverage is reinstated, including coverage of any acts or potential liabilities that may have occurred or arisen during the period of any lapse in coverage.

Every member of the Medical Staff agrees, as a condition of appointment, to notify PSMC's CEO and the Medical Staff Office Manager within twenty-four (24) hours of the effective date of any termination, cancellation, reduction or limitation of professional liability insurance coverage.

13.3-6 Failure to Pay Dues or Fines

If the member fails to pay required dues or fines within 30 days after written warning of delinquency, a practitioner, APP, or BHP's Medical Staff membership and privileges shall be automatically suspended and shall remain so suspended until the practitioner, APP, or BHP pays the delinquent dues.

13.3-7 Exclusion from Federally Funded Health Care Programs

Exclusion from federally funded health care programs including Medicare and Medicaid will result in the member's medical staff appointment and clinical privileges being automatically suspended. By accepting medical staff appointment, each member agrees to notify the PSMC's CEO and Medical Staff Office Manager, within twenty-four (24) hours of the effective date of any exclusion from federally funded programs. Each staff member further agrees to notify the PSMC's CEO and Medical Staff Office Manager, with seven (7) calendar days of any investigation undertaken by appropriate authority for potential exclusion from any federally funded programs.

13.3-8 Correction of Deficiencies or Deemed Voluntary Resignation with Automatic Termination

If within ninety (90) days of the automatic administrative suspension per sections 13.3-1 through 13.3-7 (administrative suspension is not reportable), the member is unable to (or does not) provide sufficient documented proof of the correction of the deficiencies, occurrences, or problems that lead/resulted in the suspension, such lack of correction will be deemed a voluntary resignation from the Medical Staff and membership shall automatically terminate (or partially terminate, if the suspension was a partial suspension). Thereafter, reinstatement to the Medical Staff shall require application and compliance with the appointment procedures applicable to initial applicants.

13.3-9 Notice of Automatic Suspension or Action

PSMC shall provide notice of an automatic suspension or action to the affected individual, and regular notice of the suspension shall be given to the Medical Executive Committee, Chief Executive Officer and Governing Body, but such notice shall not be required for the suspension to become effective. Patients affected by an automatic suspension shall be assigned to another member by the Department Medical Director or Chief of Staff. The wishes of the patient and

affected practitioner, APP, or BHP shall be considered, where feasible, in choosing a substitute member.

13.3-10 Action Based upon Actions Taken by Another Peer Review Body after a Hearing

a. The Medical Executive Committee shall be empowered to investigate and potentially impose any adverse action that has been taken by another peer review body after a hearing at/by that other peer review body that meets applicable legal requirements for a Medical Staff hearing. Such an adverse action may be any action taken by the other peer review body, including, but not limited to, denying membership and/or privileges, restricting privileges or terminating membership and/or privileges. Also, the action that will be the basis of the action must have become final within the past 36 months. The action may be taken only after PSMC has completed its own investigation; it is not necessary to await a final disposition in any judicial proceeding that may be brought challenging that other peer review body's action.

b. The practitioner, APP, or BHP shall not be entitled to any hearing or appeal at PSMC unless the Medical Executive Committee takes an action that is more restrictive than the final action taken by the other peer review body. Any hearing and appeal that is requested by the practitioner, APP, or BHP shall not address the merits of the action taken by the original peer review body, which were already reviewed at the other peer review body's hearing, and shall be limited to only the question of whether the action is more restrictive than the other peer review body's action. The practitioner, APP, or BHP shall not be entitled to challenge the peer review action unless he or she successfully overturns the other peer review action in court.

c. Nothing in this Section shall preclude the Medical Staff or Governing Body from taking a more restrictive action than another peer review body based upon the same facts or circumstances.

13.4 Interview

Any interviews conducted under Article 13 shall neither constitute nor be deemed a hearing as described in Bylaws, Article 14, Hearings and Appellate Reviews, shall be preliminary in nature, and shall not be conducted according to the procedural Policies applicable with respect to hearings. A record of the matters discussed and the findings resulting from an interview shall be kept.

13.5 Confidentiality

To maintain confidentiality, participants in the corrective action process shall limit their discussion of the matters involved to the formal avenues provided in these Bylaws for peer review and discipline.

Article 14 Hearings and Appellate Reviews

14.1 General Provisions

14.1-1 Review Philosophy

The intent in adopting these hearing and appellate review procedures is to provide for a fair review of decisions that adversely affect practitioners, APPs, and BHPs (as defined below), and at the same time to protect the peer review participants from liability. It is further the intent to establish flexible procedures which do not create burdens that will discourage the Medical Staff and Governing Body from carrying out peer review.

Accordingly, discretion is granted to the Medical Staff and Governing Body to create a hearing process which provides for the least burdensome level of formality in the process and yet still

provides a fair review and to interpret these Bylaws in that light. The Medical Staff, the Governing Body, and their officers, committees and agents hereby constitute themselves as peer review bodies under the federal Health Care Quality Improvement Act of 1986 and claim all privileges and immunities afforded by the federal and state laws.

14.1-2 Exhaustion of Remedies

If an adverse action as described in Bylaws, Section 14.2 is taken or recommended, the practitioner, APP, or BHP must exhaust the remedies afforded by these Bylaws before resorting to legal action.

14.1-3 Intra-Organizational Remedies

The hearing and appeal rights established in the Bylaws are strictly adjudicative rather than legislative in structure and function. The hearing committees have no authority to adopt or modify Policies and standards or to decide questions about the merits or substantive validity of Bylaws, or Policies. However, the Governing Body may, in its discretion, entertain challenges to the merits or substantive validity of Bylaws or Policies and decide those questions. If the only issue in a case is whether a Bylaw or policy is lawful or meritorious, the practitioner, APP, or BHP is not entitled to a hearing or appellate review. In such cases, the practitioner, APP, or BHP must submit his challenges first to the Governing Body and only thereafter may he or she seek judicial intervention.

14.1-4 Definitions

Except as otherwise provided in these Bylaws, the following definitions shall apply under this Article:

a. Body whose decision prompted the hearing refers to the Medical Executive Committee in all cases where the Professional Review Committee or authorized Medical Staff officers, members or committees took the action or rendered the decision which resulted in a hearing being requested. It refers to the Governing Body in all cases where the Governing Body or its authorized officers, directors or committees took the action or rendered the decision which resulted in a hearing being requested.

b. Practitioner, as used in this Article, refers to the practitioner who has requested a hearing pursuant to Bylaws, Section 14.3-2 of this Article.

c. APP or BHP, as used in this Article, refers to the APP or BHP who has requested a hearing pursuant to Bylaws, Section 14.3-2 of this Article.

14.1-5 Substantial Compliance

Technical, insignificant or nonprejudicial deviations from the procedures set forth in these Bylaws shall not be grounds for invalidating the action taken.

14.2 Grounds for Hearing

Except as otherwise specified in these Bylaws (including those Exceptions to Hearing Rights specified in Bylaws, Section 14.12, of this Article), a formal corrective action *that is reportable to the National Practitioner Data Bank and/or the Colorado Medical Board* constitutes grounds for a hearing including, without limitation, the following:

14.2-1 Denial of Medical Staff applications for membership and/or privileges (denial of pre-applications do not constitute grounds for a hearing).

14.2-2 Denial of Medical Staff reappointment and/or renewal of privileges.

14.2-3 Reportable revocation, suspension, restriction, involuntary reduction of Medical Staff membership and/or privileges.

14.2-4 Involuntary imposition of significant consultation or Level III proctoring requirements, as described in the Medical Staff Proctoring Policy, that cannot be completed prior to the time frame required for obligatory reporting to the Colorado Medical Board (i.e., Level I and Level II proctoring requirements, as well as transitory restrictions that do not require reporting to the Colorado Medical Board or the National Practitioner Data Bank do not entitle the practitioner, APP, or BHP to a hearing).

14.2-5 Summary suspension of Medical Staff membership and/or privileges for more than fourteen days during the pendency of corrective action and hearings and appeals procedures.

14.2-6 Any other "medical disciplinary" action or recommendation that must be reported to the Colorado Medical Board or to the National Practitioner Data Bank.

14.3 Requests for Hearing

14.3-1 Notice of Action or Proposed Action

a. In all cases in which action has been taken or a recommendation made as set forth in Bylaws, Section 14.2, the practitioner, APP, or BHP shall be given special notice of the recommendation or action and of the right to request a hearing pursuant to Bylaws, Section 14.3-2, below. The notice must state:

1. What action has been proposed against the practitioner, APP, or BHP;
2. Whether the action, if adopted, must be reported under applicable law or regulation;
3. A brief indication of the reasons for the action or proposed action;
4. That the practitioner, APP, or BHP may request a hearing;
5. That a hearing must be requested within 30 days; and
6. That the practitioner, APP, or BHP has the hearing rights described in the Medical Staff Bylaws, including those specified in Bylaws, Section 14.5, Hearing Procedure.

b. The notice shall also advise the practitioner, APP, or BHP that he or she may request mediation of the dispute pursuant to Bylaws, Section 14.4, of these Bylaws and that mediation must be requested, in writing, within 10 days of the date of receipt of the notice sent.

14.3-2 Request for Hearing

a. The practitioner, APP, or BHP shall have 30 days following receipt of special notice of such action to request a hearing. The request shall be in writing addressed to the Chief of Staff with a copy to the Chief Executive Officer. If the practitioner, APP, or BHP does not request a hearing within the time and in the manner described, the practitioner, APP, or BHP shall be deemed to have waived any right to a hearing and accepted the recommendation or action involved. Such final recommendation shall be considered by the Governing Body within 70 days and shall be given great weight by the Governing Body, although it is not binding on the Governing Body.

b. The practitioner, APP, or BHP shall state, in writing, his or her intentions with respect to attorney representation at the time he or she files the request for a hearing. Notwithstanding the foregoing and regardless of whether the practitioner, APP, or BHP elects to have attorney representation at the hearing, the parties shall have the right to consult with legal counsel to prepare for a hearing or an appellate review.

c. Any time attorneys will be allowed to represent the parties at a hearing, the Hearing Officer shall have the discretion to limit the attorneys' role to advising their clients rather than presenting the case.

14.4 Mediation of Peer Review Disputes

14.4-1 Mediation is a process in which a neutral person facilitates communication between the Professional Review Committee or Medical Executive Committee and a practitioner, APP, or BHP to assist them in reaching a mutually acceptable resolution of a peer review controversy in a manner that is consistent with the best interests of patient care.

14.4-2 The parties are encouraged to consider mediation when it would be productive in resolving the dispute.

14.4-3 In order to obtain consideration of mediation, the practitioner, APP, or BHP must request mediation in writing, as defined herein, within 10 days of his/her receipt of a notice of action or proposed action that would give rise to a hearing pursuant to Bylaws, Section 14.2.

14.4-4 If the practitioner, APP, or BHP and the Professional Review Committee or Medical Executive Committee agree to mediation, all deadlines and time frames relating to the fair hearing process shall be tolled while the mediation is in process, and the practitioner, APP, or BHP agrees that no damages may accrue as the result of any delays attributable to the mediation.

14.4-5 Mediation cannot be used by either the Medical Staff or the practitioner, APP, or BHP as a way of unduly delaying the corrective action/fair hearing process. Accordingly, unless both the Medical Staff and the practitioner, APP, or BHP agree otherwise, mediation must commence within 30 days of the practitioner, APP, or BHP's request and must conclude within 30 days of its commencement. If the mediation does not resolve the dispute, the fair hearing process will promptly resume upon completion of the mediation.

14.4-6 The parties shall cooperate in the selection of a mediator (or mediators). Mediators should be both familiar with the mediation process and knowledgeable regarding the issues in dispute. The mediator may also serve as the Hearing Officer at any subsequent hearing, subject to the agreement of the parties which may be given prior to the mediation or after, with the parties to decide when they will agree on this issue. The costs of mediation shall be shared fifty percent by the Medical Staff and fifty percent by the practitioner, APP, or BHP. The inability of the Medical Staff and the practitioner, APP, or BHP to agree upon a mediator within the required time limits shall result in the termination of the mediation process and the resumption of the fair hearing process.

14.4-7 Once selected, the mediator and the parties, working together, shall determine the procedures to be followed during the mediation. Either party has the right to be represented by legal counsel in the mediation process.

14.4-8 All mediation proceedings shall be confidential except that communications that confirm that mediation was mutually accepted and pursued may be disclosed as proof that otherwise applicable time frames were tolled or waived. Any such disclosure shall be limited to that which is necessary to confirm mediation was pursued, and shall not include any points that are substantive in nature or address the issues presented. Except as otherwise permitted in this Section, no other evidence of anything said at, or any writing prepared for or as the result of, the mediation shall be used in any subsequent fair hearing process that takes place if the mediation is not successful.

14.5 Hearing Procedure

14.5-1 Hearings Prompted by Governing Body Action

If the hearing is based upon an adverse action by the Governing Body, the chair of the Governing Body shall fulfill the functions assigned in this Section to the Chief of Staff, and the Governing Body shall assume the role of the Medical Executive Committee. The Governing Body may, but need not, grant appellate review of decisions resulting from such hearings.

14.5-2 Time and Place for Hearing

Upon receipt of a request for hearing, the Chief of Staff shall schedule a hearing and, within 30 days from the date he or she received the request for a hearing, give special notice to the practitioner, APP, or BHP of the time, place and date of the hearing. The date of the commencement of the hearing shall be not less than 30 days nor more than 60 days from the date the Chief of Staff received the request for a hearing.

14.5-3 Notice of Charges

Together with the special notice stating the place, time and date of the hearing, the Chief of Staff shall state clearly and concisely in writing the reasons for the adverse proposed action taken or recommended, including the acts or omissions with which the practitioner, APP, or BHP is charged and a list of the charts in question, where applicable. A supplemental notice may be issued at any time, provided the practitioner, APP, or BHP is given sufficient time to prepare to respond.

14.5-4 Hearing Committee

a. When a hearing is requested, the Chief of Staff shall appoint a Hearing Committee which shall be composed of not less than three members who shall gain no direct financial benefit from the outcome and who have not acted as accuser, investigator, fact finder, initial decision maker or otherwise have not actively participated in the consideration of the matter leading up to the recommendation or action. Knowledge of the matter involved shall not preclude a member of the Medical Staff from serving as a member of the Hearing Committee. In the event that it is not feasible to appoint a Hearing Committee from the active Medical Staff, the Chief of Staff may appoint members from other Medical Staff categories or practitioners, APPs, or BHPs who are not Medical Staff members. Such appointment shall include designation of the chair. When feasible, the Hearing Committee shall include at least one member who has the same healing arts licensure as the practitioner, APP, or BHP and who practices the same specialty as the practitioner, APP, or BHP. The Chief of Staff may appoint alternates who meet the standards described above and who can serve if a Hearing Committee member becomes unavailable.

b. Alternatively, an arbitrator may be used who is selected using a process mutually accepted by the body whose decision prompted the hearing and the practitioner, APP, or BHP. The arbitrator need not be either a health professional or an attorney. The arbitrator shall carry out all of the duties assigned to the Hearing Officer and to the Hearing Committee.

c. The Hearing Committee, or the arbitrator, if one is used, shall have such powers as are necessary to discharge its or his or her responsibilities.

14.5-5 The Hearing Officer

a. The use of a Hearing Officer to preside at a hearing is mandatory. The appointment of a Hearing Officer shall be by the Chief Executive Officer, as a representative of the Medical Executive Committee, as follows:

1. Together with the notice of a hearing, the practitioner, APP, or BHP shall be provided a list of at least three but no more than five potential Hearing Officers meeting the criteria set forth in Bylaws, Section 14.5-5(b), below.

2. The practitioner, APP, or BHP shall have five work days to accept any of the listed potential Hearing Officers, or to propose at least three but no more than five other names of potential Hearing Officers meeting the criteria set forth in Bylaws, Section 14.5-5(b), below.

3. If the practitioner, APP, or BHP is represented by counsel, the parties' counsel may meet and confer in an attempt to reach accord in the selection of a Hearing Officer from the two parties' lists.

4. If the parties are not able to reach agreement on the selection of a Hearing Officer within five working days of receipt of the practitioner, APP, or BHP's proposed list, PSMC's Chief Executive Officer shall select an individual from the composite list.

5. Unless a Hearing Officer is selected pursuant to stipulation of the parties, he/she shall be subject to reasonable voir dire (questioning regarding the suitability and qualifications to be the Hearing Officer).

b. The Hearing Officer shall be an attorney at law qualified to preside over a quasi-judicial hearing, but attorneys from a firm regularly utilized by PSMC, the Medical Staff or the involved Medical Staff member or applicant for membership, for legal advice regarding their affairs and activities shall not be eligible to serve as Hearing Officer. While the Hearing Officer may be paid for his/her services, the Hearing Officer shall gain no direct financial benefit from the outcome. Further, the Hearing Officer must not act as a prosecuting officer or as an advocate.

c. The Hearing Officer shall preside over the voir dire process and may question Hearing Committee members directly, and shall make all rulings regarding service by the proposed hearing committee members or the Hearing Officer. The Hearing Officer shall endeavor to ensure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained. The Hearing Officer shall be entitled to determine the order of or procedure for presenting evidence and argument during the hearing and shall have the authority and discretion to make all rulings on questions which pertain to matters of law, procedure or the admissibility of evidence.

d. The Hearing Officer's authority shall include, but not be limited to, making rulings with respect to requests and objections pertaining to the production of documents, requests for continuances, designation and exchange of proposed evidence, evidentiary disputes, witness issues including disputes regarding expert witnesses, and setting reasonable schedules for timing and/or completion of all matters related to the hearing.

e. If the Hearing Officer determines that either side in a hearing is not proceeding in an efficient and expeditious manner, the Hearing Officer may take such discretionary action as seems warranted by the circumstances, including, but not limited to, limiting the scope of examination and cross-examination and setting fair and reasonable time limits on either side's presentation of its case. Under extraordinary circumstances, the Hearing Officer may recommend termination of the hearing; however, the Hearing Officer may not unilaterally terminate the hearing and may only issue an order that would have the effect of terminating the hearing (a "termination order") at the direction of the Hearing Committee. The terminating order shall be in writing and shall include documentation of the reasons therefore. If a terminating order is against the Medical Executive Committee, the charges against the practitioner, APP, or BHP will be deemed to have been dropped. If, instead, the terminating order is against the practitioner, APP, or BHP, the practitioner, APP, or BHP will be deemed to have waived his/her right to a hearing. The party against whom termination sanctions have been ordered may appeal the terminating order to PSMC's Governing Body. The appeal must be requested within 10 days of the terminating order, and the scope of the appeal shall be limited to reviewing the appropriateness of the terminating order. The appeal shall be conducted in general accordance with the provisions of Bylaws, Section 14.6. If the order is found to be unwarranted, the Hearing Committee shall reconvene and resume the hearing. If the Governing Body determines that the terminating order should not have been issued, the matter will be remanded to the Hearing Committee for completion of the hearing.

f. Upon adjournment of the evidentiary portion of the hearing, the Hearing Officer shall meet with the members of the Hearing Committee to assist them with the process for their review of the evidence and preparation of the report of their decision. Upon request from the Hearing Committee members, the Hearing Officer may remain during the Hearing Committee's full deliberations. During the deliberative process, the Hearing Officer shall act as legal advisor to the Hearing Committee, but shall not be entitled to vote.

g. In all matters, the Hearing Officer shall act reasonably under the circumstances and in compliance with applicable legal principles. In making rulings, the Hearing Officer shall endeavor to promote a less formal, rather than more formal, hearing process and also to promote the swiftest possible resolution of the matter, consistent with the standards of fairness set forth in these Bylaws. When no attorney is accompanying any party to the proceedings, the Hearing Officer shall have authority to interpose any objections and to initiate rulings necessary to ensure a fair and efficient process.

h. To the extent that any provision in this Section of these Bylaws may conflict with any other provision of the Bylaws (e.g. granting certain duties and authority to the Chair of the Hearing Committee), this provision shall preempt and control.

14.5-6 Representation

The practitioner, APP, or BHP shall have the right, at his or her expense, to attorney representation at the hearing. If the practitioner, APP, or BHP elects to have attorney representation,

the body whose decision prompted the hearing may also have attorney representation. Conversely, if the practitioner, APP, or BHP elects not to be represented by an attorney in the hearing, then the body whose decision prompted the hearing shall not be represented by an attorney in the hearing. When attorneys are not present, the practitioner, APP, or BHP and the body whose decision prompted the hearing may be represented at the hearing only by a practitioner licensed to practice in the State of Colorado who is not also an attorney.

14.5-7 Failure to Appear or Proceed

Failure without good cause of the practitioner, APP, or BHP to personally attend and proceed at a hearing in an efficient and orderly manner shall be deemed to constitute voluntary acceptance of the recommendations or actions involved.

14.5-8 Postponements and Extensions

Once a request for hearing is initiated, postponements and extensions of time beyond the times permitted in these Bylaws may be permitted upon a showing of good cause, as follows:

a. Until such time as a Hearing Officer has been appointed, by the Hearing Committee or its Chair acting upon its behalf; or

b. Once appointed, by the Hearing Officer.

14.5-9 Discovery

a. **Rights of Inspection and Copying.** The practitioner, APP, or BHP may inspect and copy (at his or her expense) any documentary information relevant to the charges that the Medical Staff has in its possession or under its control. The body whose decision prompted the hearing may inspect and copy (at its expense) any documentary information relevant to the charges that the practitioner, APP, or BHP has in his or her possession or under his or her control. The requests for discovery shall be fulfilled as soon as practicable. Failures to comply with reasonable discovery requests at least 30 days prior to the hearing shall be good cause for a continuance of the hearing.

b. **Limits on Discovery.** The Hearing Officer shall rule on discovery disputes the parties cannot resolve. Discovery may be denied when justified to protect peer review or in the interest of fairness and equity. Further, the right to inspect and copy by either party does not extend to confidential information referring to individually identifiable practitioners, APPs, or BHPs other than the practitioner, APP, or BHP under review nor does it create or imply any obligation to modify or create documents in order to satisfy a request for information.

c. **Ruling on Discovery Disputes.** In ruling on discovery disputes, the factors that may be considered include:

1. Whether the information sought may be introduced to support or defend the charges;
2. Whether the information is exculpatory in that it would dispute or cast doubt upon the charges or inculpatory in that it would prove or help support the charges and/or recommendation;
3. The burden on the party of producing the requested information; and
4. What other discovery requests the party has previously made.

d. **Objections to Introduction of Evidence Previously Not Produced for the Medical Staff.** The body whose decision prompted the hearing may object to the introduction of the evidence that was not provided during an appointment, reappointment or privilege application review or during corrective action despite the requests of the peer review body for such information. The information will be barred from the hearing by the Hearing Officer unless the practitioner, APP, or BHP can prove he or she previously acted diligently and could not have submitted the information.

14.5-10 Pre-Hearing Document Exchange

At the request of either party, the parties must exchange all documents that will be introduced at the hearing. The documents must be exchanged at least 10 days prior to the hearing. A failure to comply with this rule is good cause for the Hearing Officer to grant a continuance. Repeated failures to comply shall be good cause for the Hearing Officer to limit the introduction of any documents not provided to the other side in a timely manner.

14.5-11 Witness Lists

Not less than 15 days prior to the hearing, each party shall furnish to the other a written list of the names and addresses of the individuals, so far as is then reasonably known or anticipated, who are expected to give testimony or evidence in support of that party 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. The failure to have provided the name of any witness at least 10 days prior to the hearing date at which the witness is to appear shall constitute good cause for a continuance.

14.5-12 Procedural Disputes

a. It shall be the duty of the parties to exercise reasonable diligence in notifying the Hearing Officer of any pending or anticipated procedural disputes as far in advance of the scheduled hearing as possible in order that decisions concerning such matters may be made in advance of the hearing. Objections to any pre-hearing decisions may be succinctly made at the hearing.

b. The parties shall be entitled to file motions as deemed necessary to give full effect to rights established by the 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.

14.5-13 Record of the Hearing

A court reporter shall be present to make a record of the hearing proceedings and the pre-hearing proceedings if deemed appropriate by the Hearing Officer. The cost of attendance of the court reporter shall be borne by PSMC, but the cost of the transcript, if any, shall be borne by the party requesting it. The practitioner, APP, or BHP is entitled to receive a copy of the transcript upon paying the reasonable cost for preparing the record. The Hearing Officer may, but shall not be

required to, order that oral evidence shall be taken only on oath administered by any person lawfully authorized to administer such oath.

14.5-14 Rights of the Parties

Within reasonable limitations, both sides at the hearing may ask the Hearing Committee members and Hearing Officer questions which are directly related to evaluating their qualifications to serve and for challenging such members or the Hearing Officer, call and examine witnesses for relevant testimony, introduce relevant exhibits or other documents, cross-examine or impeach witnesses who shall have testified orally on any matter relevant to the issues, and otherwise rebut evidence, receive all information made available to the Hearing Committee, and to submit a written statement at the close of the hearing, as long as these rights are exercised in an efficient and expeditious manner. The practitioner, APP, or BHP may be called by the body whose decision prompted the hearing or the Hearing Committee and examined as if under cross-examination. The Hearing Committee may interrogate the witnesses or call additional witnesses if it deems such action appropriate.

14.5-15 Rules of Evidence

Judicial Rules of evidence and procedure relating to the conduct of the hearing, examination of witnesses, and presentation of evidence shall not apply to a hearing conducted under these Bylaws, Article 14. Any relevant evidence, including hearsay, shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law.

14.5-16 Burdens of Presenting Evidence and Proof

a. At the hearing, the body whose decision prompted the hearing shall have the initial duty to present evidence for each case or issue in support of its action or recommendation. The practitioner, APP, or BHP shall be obligated to present evidence in response.

b. An applicant for membership and/or privileges shall bear the burden of persuading the Hearing Committee, by a preponderance of the evidence, that he or she is qualified for membership and/or the denied privileges. The practitioner, APP, or BHP must produce information which allows for adequate evaluation and resolution of reasonable doubts concerning his or her current qualifications for membership and privileges.

c. Except as provided above for applicants for membership and/or privileges, throughout the hearing, the body whose decision prompted the hearing shall bear the burden of persuading the Hearing Committee by a preponderance of the evidence, that its action or recommendation was reasonable and warranted.

14.5-17 Adjournment and Conclusion

The Hearing Officer may adjourn the hearing and reconvene the same without special notice at such times and intervals as may be reasonable and warranted with due consideration for reaching an expeditious conclusion to the hearing.

14.5-18 Basis for Decision

The decision of the Hearing Committee shall be based on the evidence and written statements introduced at the hearing, including all logical and reasonable inferences from the evidence and the testimony.

14.5-19 Presence of Hearing Committee Members and Vote

A majority of the Hearing Committee must be present throughout the hearing and deliberations. In unusual circumstances when a Hearing Committee member must be absent from any part of the proceedings, he or she shall not be permitted to participate in the deliberations or the decision unless and until he or she has read the entire transcript of the portion of the hearing from which he or she was absent. The final decision of the Hearing Committee must be sustained by a majority vote of the number of members appointed.

14.5-20 Decision of the Hearing Committee

Within 30 days after final adjournment of the hearing, the Hearing Committee shall render a written decision. Final adjournment shall be when the Hearing Committee has concluded its deliberations. A copy of the decision shall be forwarded to the Chief Executive Officer, the Medical Executive Committee, the Governing Body, the Medical Staff Office Manager and by special notice to the practitioner, APP, or BHP. The report shall contain the Hearing Committee's findings of fact and a conclusion articulating the connection between the evidence produced at the hearing and the decision reached. Both the practitioner, APP, or BHP and the body whose decision prompted the hearing shall be provided a written explanation of the procedure for appealing the decision. The decision of the Hearing Committee shall be considered final, subject only to such rights of appeal or Governing Body review as described in these Bylaws.

14.6 Appeal

14.6-1 Time for Appeal

Within 40 days after receiving the decision of the Hearing Committee, either the practitioner, APP, or BHP or the Medical Executive Committee may request an appellate review; any party requesting appellate review shall make the request in writing and cause it to be delivered to the Chief of Staff, the Chief Executive Officer and the other side in the hearing. If appellate review is not requested within such period, that action or recommendation shall thereupon become the final action of the Medical Staff.

14.6-2 Time, Place and Notice

If an appellate review is to be conducted, the Appeal Board shall, within 30 days after receiving a request for appeal, schedule a review date and cause each side to be given notice (with special notice to the practitioner, APP, or BHP) of the time, place, and date of the appellate review. The appellate review shall commence within 60 days from the date of such notice provided. The time for appellate review may be extended by the Appeal Board for good cause.

14.6-3 Appeal Board

The Governing Body may sit as the Appeal Board, or it may appoint an Appeal Board which shall be composed of not less than three members of the Governing Body. Knowledge of the matter involved shall not preclude any person from serving as a member of the Appeal Board, so long as that person did not take part in a prior hearing on the same matter. The Appeal Board may select an attorney to assist it in the proceeding. If an attorney is selected, he or she may act as an appellate Hearing Officer and shall have all of the authority of and carry out all of the duties assigned to a Hearing Officer as described in this Article 14. That attorney shall not be entitled to vote with respect to the appeal. The Appeal Board shall have such powers as are necessary to discharge its responsibilities.

14.6-4 Appeal Procedure

The proceeding by the Appeal Board shall, at the discretion of the Appeal Board, either be a de novo hearing or an appellate hearing based upon the record of the hearing before the Hearing Committee, provided that the Appeal Board may accept additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available in the exercise of reasonable diligence and subject to the same rights of cross-examination or confrontation provided at the hearing; or the Appeal Board may remand the matter to the Hearing Committee for the taking of further evidence and for decision. Each party shall have the right to be represented by legal counsel or any other representative designated by that party in connection with the appeal. The appealing party shall submit a written statement concisely stating the specific grounds for appeal. In addition, each party shall have the right to present a written statement in support of his, her or its position on appeal. The appellate Hearing Officer may establish reasonable time frames for the appealing party to submit a written statement and for the responding party to respond. Each party has the right to personally appear and make oral argument. The Appeal Board may then, at a time convenient to itself, deliberate outside the presence of the parties.

14.6-5 Decision

a. Within 30 days after the adjournment of the appellate review proceeding, the Appeal Board shall render a final decision in writing. Final adjournment shall not occur until the Appeal Board has completed its deliberations.

b. The Appeal Board may affirm, modify, reverse the decision or remand the matter for further review by the Hearing Committee or any other body designated by the Appeal Board.

c. The Appeal Board shall give great weight to the Hearing Committee recommendation, and shall not act arbitrarily or capriciously. Unless the Appeal Board elects to conduct a de novo review, the Appeal Board shall sustain the factual findings of the Hearing Committee if they are supported by substantial evidence. The Appeal Board may, however, exercise its independent judgment in determining whether a practitioner, APP, or BHP was afforded a fair hearing, whether the decision is reasonable and warranted in light of the supported findings, and whether any bylaw, rule or policy relied upon by the Hearing Committee is unreasonable or unwarranted. The decision shall specify the reasons for the action taken and provide findings of fact and conclusions articulating the connection between the evidence produced at the hearing and the appeal (if any), and the decision reached, if such reasons, findings and conclusions differ from those of the Hearing Committee.

d. The Appeal Board shall forward copies of the decision to each side involved in the hearing.

e. The Appeal Board may remand the matter to the Hearing Committee or any other body the Appeal Board designates for reconsideration or may refer the matter to the full Governing Body for review. If the matter is remanded for further review and recommendation, the further review shall be completed within 30 days unless the parties agree otherwise or for good cause as determined by the Appeal Board.

14.7 Administrative Action Hearings

The following modifications to the hearing process apply when the Medical Executive Committee (or Governing Body) has taken or recommended an action described in Bylaws, Section 14.2 for a non-medical disciplinary cause or reason. Such actions shall be deemed administrative disciplinary actions.

14.7-1 Administrative Action Hearing

The affected practitioner, APP, or BHP shall be entitled to an administrative action hearing, conducted in accordance with Bylaws, Section 14.5, except as follows:

a. At the election of the body whose decision prompted the hearing, the hearing shall be conducted by an arbitrator, meeting the qualifications of Bylaws, Section 14.5-4(b), and selected by mutual agreement of the parties, if agreement can be reached within 10 days, failing which the arbitrator shall be selected by the body whose decision prompted the hearing.

b. The arbitrator shall have all of the rights and responsibilities of a Hearing Officer and a Hearing Committee, as described in Bylaws, Section 14.5.

c. At the election of the body whose decision prompted the hearing, both parties shall have the right to be represented by an attorney, whether or not the other party elects to be represented by an attorney. The parties shall be notified of this election at the time the practitioner, APP, or BHP is notified of his/her right to a hearing. If attorney representation is permitted, the parties shall promptly notify each other of their elections regarding attorney representation, together with the name and contact information of their attorneys.

14.7-2 Nonreportability of Administrative Actions

Administrative disciplinary actions are not reportable to the Colorado Medical Board or the National Practitioner Data Bank.

14.7-3 Nonwaiver of Protections

Notwithstanding the foregoing, it is understood that circumstances precipitating administrative disciplinary actions may nonetheless involve or affect quality of care at PSMC (e.g., conduct that does or may impair the ability of others to render quality care, or that affects patients' perceptions of the quality of care rendered at PSMC). Processing a matter as an administrative disciplinary action does not waive any protections that may be available under Colorado or federal law for peer review actions taken in furtherance of quality of care or services provided at PSMC.

14.8 Right to One Hearing

No practitioner, APP, or BHP shall be entitled to more than one evidentiary hearing and one appellate review on any matter which shall have been the subject of adverse action or recommendation.

14.9 Confidentiality

All proceedings conducted under Article 14 of these Bylaws will be private unless otherwise provided by law. To maintain confidentiality in the performance of peer review, disciplinary and credentialing functions, participants in any stage of the hearing or appellate review process shall limit their discussion of the matters involved to the formal avenues provided in the Medical Staff Bylaws.

14.10 Release

By requesting a hearing or appellate review under these Bylaws, a practitioner, APP, or BHP agrees to be bound by the provisions in the Medical Staff Bylaws relating to immunity from liability for the participants in the hearing process.

14.11 Governing Body Committees

In the event the Governing Body should delegate some or all of its responsibilities described in these Bylaws, Article 14 to its committees (including a committee serving as an Appeal Board), the

Governing Body shall nonetheless retain ultimate authority to accept, reject, modify or return for further action or hearing the recommendations of its committee.

14.12 Exceptions to Hearing Rights

14.12-1 Exclusive Use, PSMC Contract Practitioners, APPs, or BHPs

a. **Exclusive Use**

The procedural rights of Bylaws, Article 14 do not apply to a practitioner, APP, or BHP whose application for Medical Staff membership and privileges was denied or whose privileges were terminated on the basis that the privileges he or she seeks are granted only pursuant to an exclusive use policy. Such practitioners, APPs, or BHPs shall have the right, however, to request that the Governing Body review the denial, and the Governing Body shall have the discretion to determine whether to review such a request and, if it decides to review the request, to determine whether the practitioner, APP, or BHP may personally appear before and/or submit a statement in support of his or her position to the Governing Body.

b. **PSMC Contracts With Practitioners, APPs, or BHPs**

The hearing rights of Bylaws, Article 14 do not apply to practitioners, APPs, or BHPs who have contracts with PSMC to provide clinical services. Removal of these practitioners, APPs or BHPs from office and of any exclusive privileges (but not their Medical Staff membership) shall instead be governed by the terms of their individual contracts and agreements with PSMC. The hearing rights of Bylaws, Article 14 shall apply if an action is taken which must be reported (to the Colorado Medical Board and/or to the National Practitioner Data Bank) and/or if the practitioner, APP, or BHP's Medical Staff membership status or privileges that are independent of the practitioner, APP, or BHP's contract are removed or suspended.

14.12-2 Denial of Applications for Failure to Meet the Minimum Qualifications

Practitioners, APPs, or BHPs shall not be entitled to any hearing or appellate review rights if their membership, privileges, applications or requests are denied because of their failure to have a current Colorado license to practice medicine, dentistry, or podiatry; to maintain an unrestricted Drug Enforcement Administration certificate (when it is required under these Bylaws or the Policies); to maintain professional liability insurance as required by the Policies; or to meet any of the other basic standards specified in Bylaws, Section 2.2-2 or to file a complete application.

14.12-3 Automatic Suspension or Limitation of Privileges

a. No hearing is required when a member's license or legal credential to practice has been revoked or suspended as set forth in Bylaws, Section 13.3-1. In other cases described in Bylaws, Section 13.3-1 and Section 13.3-2, the issues which may be considered at a hearing, if requested, shall not include evidence designed to show that the determination by the licensing or credentialing authority or the Drug Enforcement Administration was unwarranted, but only whether the member may continue to practice at PSMC with those limitations imposed.

b. Practitioners, APPs, or BHPs whose privileges are automatically suspended and/or who have resigned their Medical Staff membership for failing to satisfy a special appearance (Bylaws, Section 13.3-3), failing to complete medical records (Bylaws, Section 13.3-4), failing to

maintain malpractice insurance (Bylaws, Section 13.3-5), failing to pay dues (Bylaws, Section 13.3-6), or failing to comply with particular government or other third party payor Policies(Bylaws, Section 13.3-7) are not entitled to any hearing or appellate review rights except when a suspension for failure to complete medical records will exceed 30 days in any 12-month period, and it must be reported to the Colorado Medical Board or National Practitioner Data Bank.

Article 15 General Provisions

15.1 Policies

15.1-1 Overview and Relation to Bylaws

These Bylaws describe the fundamental principles of Medical Staff self-governance and accountability to the Governing Body. Accordingly, the key standards for Medical Staff membership, appointment, reappointment and privileging are set out in these Bylaws. Additional provisions, including, but not limited to, procedures for implementing the Medical Staff standards may be set out in Medical Staff Policies, or in policies adopted or approved as described below. Upon proper adoption, as described below, all such Policies shall be deemed an addendum to the Medical Staff Bylaws.

15.1-2 General Medical Staff Policies

Medical Staff Policies must be approved by the MEC and accepted or approved by the Governing Board. New policies may emanate from any responsible committee, department, medical staff officer, or by petition signed by at least fifty-one percent of the voting members of the Medical Staff. The Medical Staff shall initiate and adopt such Policies as it may deem necessary and shall periodically review and revise its Policies to comply with current Medical Staff practice. If there is a conflict between the Bylaws and the Policies, the Bylaws shall prevail.

15.1-3 Department Procedures

Each department may formulate its own Procedures for conducting its affairs and discharging its responsibilities. Additionally, PSMC administration may develop and recommend proposed department Procedures, and in any case should be consulted as to the impact of any proposed department Procedures on PSMC operations and feasibility. Such Procedures shall not be inconsistent with the Medical Staff or PSMC Bylaws, Procedures or other policies.

15.1-4 Conflict Management

In the event of conflict between the Medical Executive Committee and the Medical Staff (as represented by written petition signed by at least thirty-three and 1/3 of the voting members of the Medical Staff) regarding a proposed or adopted policy, or other issue of significance to the Medical Staff, the Chief of Staff shall convene a meeting with the petitioners' representative(s). The foregoing petition shall include a designation of three to five members of the voting Medical Staff who shall serve as the petitioners' representative(s). The Medical Executive Committee shall be represented by an equal number of Medical Executive Committee members. The Medical Executive Committee's and the petitioners' representative(s) shall exchange information relevant to the conflict and shall work in good faith to resolve differences in a manner that respects the positions of the Medical Staff, the leadership responsibilities of the Medical Executive Committee, and the safety and quality of patient care at PSMC. Resolution at this level requires a majority vote of the Medical Executive Committee's representatives at the meeting and a

majority vote of the petitioner's representatives. Unresolved differences shall be submitted to the Governing Body for its consideration in making its final decision with respect to the proposed policy, or issue.

15.2 Forms

Application forms and any other prescribed forms required by these Bylaws or approved Medical Staff policies for use in connection with Medical Staff appointments, reappointments, delineation of privileges, corrective action, notices, recommendations, reports and other matters shall be approved by the Medical Executive Committee and the Governing Body. Upon adoption, they shall be deemed part of the Medical Staff Policies. All Forms may be amended by approval of the Medical Executive Committee and the Governing Body.

15.3 Dues

By approved policy, the Medical Executive Committee shall have the power to establish reasonable annual dues, if any, for each category of Medical Staff membership, and to determine the manner of expenditure of such funds received. However, such expenditures must be appropriate to the purposes of the Medical Staff.

15.4 Medical Screening Exams

15.4-1 All patients who present to PSMC, including the Emergency Department, and who request examination and treatment for an emergency medical condition or active labor, shall be evaluated for the existence of an emergency medical condition or, where applicable, active labor. This screening examination may be performed in accordance with PSMC approved policies and procedures.

15.4-2 Medical screening examinations and emergency services shall be provided in compliance with all applicable provisions of state and federal law, and PSMC policies and procedures respecting Emergency Medical Services.

15.5 Legal Counsel

The Medical Staff may, at its expense, retain and be represented by independent legal counsel. Further, by mutual agreement with PSMC administration, the Medical Staff may work cooperatively with PSMC's legal counsel.

15.6 Authority to Act

Any member who acts in the name of this Medical Staff without proper authority shall be subject to such disciplinary action as the Medical Executive Committee may deem appropriate.

15.7 Disputes with the Governing Body

In the event of a dispute between the Medical Staff and the Governing Body relating to the independent rights of the Medical Staff, the following procedures shall apply.

a. **Invoking the Dispute Resolution Process**

1. The Medical Executive Committee may invoke formal dispute resolution, upon its own initiative, or upon written request of 25 percent of the members of the active staff.

2. In the event the Medical Executive Committee declines to invoke formal dispute resolution, such process shall be invoked upon written petition of 50 percent of the members of the active staff.

b. **Dispute Resolution Forum**

1. The initial forum for dispute resolution shall be two representatives of the MEC determined by the Chief of Staff and two representatives of the Governing Board determined by the Board Chair, which shall meet and confer.

However, upon request of at least 2/3 of the members of the Medical Executive Committee and 2/3 of the members of the Governing Board, the meet and confer will be conducted by a meeting of the full Medical Executive Committee and the full Governing Body (such event would require notice of a public meeting of the Governing Board).

2. A neutral mediator acceptable to both the Governing Body and the Medical Executive Committee may be engaged to further assist in dispute resolution upon request of:

i. At least a majority of the Medical Executive Committee plus two members of the Governing Body; or
ii. At least a majority of the Governing Body plus two members of the Medical Executive Committee.

c. The parties' representatives shall convene as early as possible, shall gather and share relevant information, and shall work in good faith to manage and, if possible, resolve the conflict. If the parties are unable to resolve the dispute the Governing Body shall make its final determination upon consideration of relevant PSMC governance, the fiduciary duties of the Governing Board, and the recommendations of the Medical Executive Committee.

15.8 No Retaliation

Neither the Medical Staff, its members, committees or department heads, the Governing Body, its administrative officers, or any other employee or agent of PSMC or Medical Staff, shall discriminate or retaliate, in any manner, against any patient, PSMC employee, member of the Medical Staff, or any other health care worker of the health facility because that person has done either of the following:

a. Presented a grievance, complaint, or report to the facility, to an entity or agency responsible for accrediting or evaluating the facility, or the Medical Staff of the facility, or to any other governmental entity.

b. Has initiated, participated, or cooperated in an investigation or administrative proceeding related to, the quality of care, services, or conditions at the facility that is carried out by an entity or agency responsible for accrediting or evaluating the facility or its Medical Staff, or governmental entity.

Article 16 Adoption and Amendment of Bylaws

16.1 Medical Staff Responsibility and Authority

16.1-1 The Medical Staff shall have the initial responsibility and delegated authority to formulate, adopt and recommend Medical Staff Bylaws and amendments which shall be effective when approved by the Governing Body. Such responsibility and authority shall be exercised in good faith and in a reasonable, timely and responsible manner, reflecting the interests of providing patient care of the generally recognized level of quality and efficiency, and maintaining a harmony of purpose and effort with the Governing Body. Amendments may be proposed as set forth in Sections 16.1-2 and 16.1-3 . Additionally, PSMC administration may develop and recommend proposed Bylaws, amendments or policies (generally by taking such proposals to the MEC for consideration), and in any case should be consulted as to the impact of any proposed Bylaws on PSMC operations, compliance with laws and feasibility.

16.1-2 Amendments to the Bylaws may be proposed by the MEC using the following process:

1. A vote of a majority of the MEC approves the amendments proposed by the MEC.
2. The MEC issues the proposed amendments to the eligible voting Active Medical Staff for a comment period of at least 30 days with a stated deadline (the MEC may, in its discretion, include a report or commentary about the proposed amendments and the process).
3. Following the expiration of the Medical Staff comment period, the MEC reviews the comments of Medical Staff and determines, by majority vote, whether to make any further proposed amendments to the Bylaws (any further amendments by the MEC does not trigger an additional comment period).
4. The MEC (through the Clerk to the Board) submits the proposed amendments to the Governing Body for a comment period of at least 30 days with a stated deadline. Each Board member will provide written comment (affirming assent, objection, questions, concerns or "no comment") to the Clerk of the Board; nothing herein precludes the Governing Body from discussing such comments at a duly noticed meeting of the Governing Body.
5. The Medical Staff Office Manager shall compile all comments of the Board members in an efficient order (which may be by Board member and/or may be by section if several members have comment on a particular section).
6. Following the expiration of the Governing Body comment period, the MEC reviews the comments of the Governing Body and determines, by majority vote, whether to make any further proposed amendments to the Bylaws (any further amendments by the MEC does not trigger an additional comment period).

7. The Medical Staff Office Manager shall commence the time period to vote via email to each eligible Active Medical Staff member who shall each have fifteen days to provide his/her vote to the Medical Staff Office Manager. The MSO Manager's email shall distribute the following: (a) the ballot; (b) the proposed Bylaw amendments; (c) the MEC's report or commentary regarding the proposed amendments; (d) the compiled comments of the Board members regarding the proposed amendments; and (e) information on the process and the deadline for voting. The eligible Active Medical Staff members may request from the MSO a hard copy of the emailed documents.

8. Following the 15-day voting period (or sooner if all votes are earlier received), if the Medical Staff Office Manager confirms an affirmative approval of a majority of the actually voting eligible Active Medical Staff members, then such proposed amendments shall by submitted (through the Clerk to the Board) for a vote by the Governing Body at a duly noticed meeting. If there is not approval of a majority of the actually voting eligible Active Medical Staff members, then the proposed amendments fail.

9. Such proposed amendments are approved only upon the affirmative vote of a majority of the members of the Governing Body actually voting on the matter at a duly noticed public meeting of the Governing Body.

16.1-3 Amendments to the Bylaws may be proposed by signed petition of 33.33% of the eligible voting Active Medical Staff using the following process:

1. A signed petition of 33.33% of the eligible voting Active Medical Staff (hereinafter the "Petitioning Medical Staff") proposes amendments and provides a written statement of the proposed amendments to the MEC.

2. The Petitioning Medical Staff shall provide the MEC with a comment period of at least 30 days with a stated deadline (the Petitioning Medical Staff may, in its discretion, include a report or commentary about the proposed amendments and the process).

3. Following the expiration of the Medical Staff comment period, the Petitioning Medical Staff reviews the comments of MEC and determines, by majority vote, whether to make any further proposed amendments to the Bylaws (any further amendments by the Petitioning Medical Staff does not trigger an additional comment period).

4. The Petitioning Medical Staff (through the Clerk to the Board) submits the proposed amendments and comments of the MEC to the Governing Body for a comment period of at least 30 days with a stated deadline. Each Board member will provide written comment (affirming assent, objection, questions, concerns or "no comment") to the Clerk of the Board; nothing herein precludes the Governing Body from discussing such comments at a duly noticed meeting of the Governing Body.

5. The Medical Staff Office Manager shall compile all comments of the Board members in an efficient order (which may be by Board member and/or may be by section if several members have comment on a particular section).

6. Following the expiration of the Governing Body comment period, the Petitioning Medical Staff reviews the comments of the Governing Body and determines, by majority vote, whether to make any further proposed amendments to the Bylaws (any further amendments by the Petitioning Medical Staff does not trigger an additional comment period).

7. The Medical Staff Office Manager shall commence the time period to vote via email to each eligible Active Medical Staff member who shall each have fifteen days to provide his/her vote to the Medical Staff Office Manager. The MSO Manager's email shall distribute the following: (a) the ballot; (b) the proposed Bylaw amendments; (c) the Petitioning Medical Staff's report or commentary regarding the proposed amendments; (d) the commentary of the MEC; (e) the compiled comments of the Board members regarding the proposed amendments; and (f) information on the process and the deadline for voting. The eligible Active Medical Staff members may request from the MSO a hard copy of the emailed documents.

8. Following the 15-day voting period (or sooner if all votes are earlier received), if the Medical Staff Office Manager confirms an affirmative approval of a majority of the actually voting eligible Active Medical Staff members, then such proposed amendments shall by submitted (through the Clerk to the Board) for a vote by the Governing Body at a duly noticed meeting. If there is not approval of a majority of the actually voting eligible Active Medical Staff members, then the proposed amendments fail.

9. Such proposed amendments are approved only upon the affirmative vote of a majority of the members of the Governing Body actually voting on the matter at a duly noticed public meeting of the Governing Body.

16.2 Governing Body May Impose Conditions For Failure of Medical Staff to Exercise Its Duty

In recognition of the ultimate legal and fiduciary responsibility of the Governing Body, the organized Medical Staff acknowledges, in the event the Medical Staff has unreasonably failed to exercise its responsibility and after notice from the Governing Body to such effect, including a reasonable period of time for response, the Governing Body may impose conditions on the Medical Staff that are required for continued state licensure, approval by accrediting bodies, or to comply with law or a court order. In such event, Medical Staff recommendations and views shall be carefully considered by the Governing Body in its actions.

16.3 Technical and Editorial Corrections

The Medical Executive Committee shall have the power to approve technical corrections, such as reorganization or renumbering of the Bylaws, or to correct punctuation, spelling or other errors of grammar expression or inaccurate cross-references. No substantive amendments are permitted pursuant to this Section. Corrections may be effected by motion and acted upon in the same manner as any other motion before the Medical Executive Committee. After approval, such corrections shall be communicated in writing to the Medical Staff and to the Governing Body. Such corrections are effective upon adoption by the Medical Executive Committee; provided however, they may be rescinded by vote of the Medical Staff or the Governing Body within 120 days of the date of adoption by the Medical Executive Committee. (For purposes of this Section, "vote of the Medical Staff" shall mean a majority

of the eligible votes actually cast, provided at least 10 percent of the eligible voting members of the Medical Staff cast ballots.)

MINUTES OF REGULAR BOARD MEETING
Tuesday, February 22, 2022
5:30 PM
The Board Room
95 South Pagosa Blvd., Pagosa Springs, CO 81147

The Board of Directors of the Upper San Juan Health Service District (the *"Board"*) held its regular board meeting on February 22, 2022, at Pagosa Springs Medical Center, The Board Room, 95 South Pagosa Blvd., Pagosa Springs, Colorado as well as via Zoom video communications.

Directors Present: Chair Greg Schulte, Treasurer/Secretary Mark Zeigler, and Director Kate Alfred.

Present via Zoom: Director Jason Cox Director Dr. Jim Pruitt and Director Karen Daniels.

Present via Phone: Vice-Chair Matt Mees

Director(s) Absent: None

1) CALL TO ORDER

a) Call for quorum: Chair Schulte called the meeting to order at 5:30 p.m. MST and Clerk to the Board, Heather Thomas, recorded the minutes. A quorum of directors was present and acknowledged.

b) Board member self-disclosure of actual, potential or perceived conflicts of interest: There were none.

c) Approval of the Agenda: The Board then noted approval of the agenda as presented.

2) PUBLIC COMMENT

There was none.

3) PRESENTATION: 2021 Accomplishments

CEO, Dr. Rhonda Webb, requested to present the 2021 Accomplishments in conjunction with her CEO report. Chair Schulte affirmed the request.

CEO Dr. Webb reviewed and discussed the included report of 2021 Accomplishments.

CEO Dr. Webb then discussed the following:

- COVID-19 cases are decreasing. Some of the registered nurses that were provided by the state of Colorado's Homeland Security have been sent home. Because of this, the mAB (monoclonal antibody) infusion treatments will be provided through the Emergency Department, as needed.
- About the beginning of March, the COVID Aspen Rooms (the patient care area used for fast tracked urgent response to COVID) will move from the current location of the Cancer Center to the Emergency Department. If COVID cases continue to stay low, in later March, the Aspen

Rooms will move to the Clinic. Pending continued decrease in COVID-19 cases, in early April, the Oncology Department is scheduled to move back to the Cancer Center (from its current temporary location in the clinic employee break room). All changes are subject to reported COVID-19 case numbers.

In closing, CEO Dr. Webb presented a video presentation of PSMC's staff wearing t-shirts, generously provided by the Pagosa Springs Medical Center Foundation.

4) REPORTS

a) Oral Reports

i) Chair Report

Chair Schulte advised the Board he was contacted by Dan Hayworth of the Archuleta County School District Board to discuss workforce housing. Chair Schulte advised the Board that he had attended one of the school board meetings and further provided his sentiments on the discussions from that meeting regarding workforce housing, as well as general opinions regarding the subject of the lack of workforce housing. Questions were asked and answered.

ii) CEO Report

The report was presented during the presentation agenda item.

iii) Executive Committee

There was no report.

iv) Foundation Committee

CAO, Ann Bruzzese, reported that the Foundation Committee met earlier this day and approved to transfer donation funds for the 3D Mammography, pending acceptance of Resolution 2022-05 by the Board. The Foundation Committee also approved the annual memorandum regarding enterprise tax credits.

Director Dr. Pruitt added that the Foundation Committee also discussed the actual level of renovation that is needed for the 3D Mammography, noting the possibility of renovating as a non-operating room site as long as it continues to be designated as mammography, which could save a considerable amount of money that the Board had budgeted toward renovation.

v) Facilities Committee

Director Daniels discussed the included report regarding the recent meeting of the Facilities Committee on February 17, 2022.

CEO Dr. Webb noted the issue of corrections to OR humidity as discussed in the Facilities Committee meeting has now been resolved.

Questions were asked and answered.

vi) Strategic Planning Committee

There was no report.

vii) Finance Committee & Report

Controller, Steve Wagoner, presented and discussed the PowerPoint presentations regarding financials for January 2022.

Questions were asked and answered.

Treasurer-Secretary Zeigler, on behalf of the Finance Committee, noted recommendation for acceptance of the January 2022 financials as presented.

b) Written Reports

i) Operations Report

There were no questions.

ii) Medical Staff Report

Director Dr. Pruitt asked a question regarding the proposed edit in the Medical Staff bylaws

regarding specific mental health credentialing changes. COS Dr. John Wisneski, CEO Dr. Webb CNO Kathee Douglas, and CAO Bruzzese answered.

Director Dr. Pruitt then asked COS Dr. Wisneski to introduce the three physicians listed as initial appointments on the Med Staff report.

5) EXECUTIVE SESSION

Director Alfred motioned to enter into executive session Upon motion seconded by Treasurer-Secretary Zeigler, the Board entered into executive session at 6:23 p.m. MST, pursuant to the following subparagraphs of C.R.S. Section 24-6-402(4):

- (c): matters to remain confidential pursuant to other federal or state statute – specifically confidential quality and peer review stats that are confidential per state statutes C.R.S. Section 25-3-109, et seq. and C.R.S. Section 12-36.5-101 et seq.
- (f)(I) personnel matters – specifically the annual evaluation of the CEO who has been previously informed of the meeting; and, as and if needed,
- (b): to receive legal advice on specific legal questions.

Directors present in executive session were: Chair Schulte, Vice-Chair Mees, Treasurer-Secretary Zeigler, Director Dr. Pruitt, Director Alfred, Director Daniels, and Director Cox.

Others present in executive session pertaining to subparagraph of C.R.S. Section 24-6-402(4)(c) regarding matters to remain confidential pursuant to other federal or state statute – specifically confidential quality and peer review stats that are confidential per state statutes C.R.S. Section 25-3-109, et seq. and C.R.S. Section 12-36.5-101 et seq. were, CEO Rhonda Webb, CAO Ann Bruzzese, Medical Staff Office Manager Krista Starr, Board Clerk Heather Thomas.

Others present in executive session pertaining to subparagraph of C.R.S. Section 24-6-402(4)(b) to receive legal advice on specific legal questions were, CEO Rhonda Webb, CAO Ann Bruzzese, Board Clerk Heather Thomas.

Chair Schulte adjourned the executive session at 7:16 p.m. MST.

6) DECISION AGENDA

a) Resolution 2022-03

Director Alfred motioned to accept Resolution 2022-03 regarding acceptance of PSMC's annual report of 2021 peer review activities. Upon motion seconded by Treasurer-Secretary Zeigler, the Board unanimously adopted said resolution.

b) Resolution 2022-04

Director Daniels motioned to accept Resolution 2022-04 regarding adjustment to CEO contract to be consistent with latest case law. Upon motion seconded by Director Alfred, the Board unanimously adopted said resolution.

c) Resolution 2022-05

Treasurer-Secretary Zeigler motioned to approve Resolution 2022-05 regarding approval to proceed with purchasing 3D Mammography equipment from Hologic and make the associated facility renovations. Upon motion seconded by Director Dr. Pruitt, the Board unanimously adopted said resolution.

7) CONSENT AGENDA

Director Alfred motioned to approve the Board Member absences (there was none), regular meeting minutes of 01/25/2022, and the Medical Staff report recommendations for new or renewal of provider privileges.

Upon motion seconded by Treasurer-Secretary Zeigler, the Board unanimously approved said consent agenda items.

8) OTHER BUSINESS

There was no other business.

9) ADJOURN

There being no further business, Chair Schulte adjourned the regular meeting at 7:22 p.m. MST.

Respectfully submitted by:
Heather Thomas, serving as Clerk to the Board