



**AMENDED AND RESTATED
BYLAWS OF THE MEDICAL STAFF**

**University of New Mexico Hospitals
 AMENDED AND RESTATED BYLAWS OF THE MEDICAL STAFF
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PREAMBLE

WHEREAS, the UNM Hospitals and clinics are a component part of the UNM Health Sciences Center, an academic medical center, a public operation of the Regents of the University of New Mexico, a body corporate and educational institutional organized under and pursuant to the Constitution and laws of the State of New Mexico; and

WHEREAS, it is recognized that the role of the UNM Hospitals and clinics includes:

- rendering high quality professional care to patients in accordance with the precepts of modern scientific medicine;
- educating physicians and other healthcare professionals;
- preserving, refining, and transmitting previously acquired scientific and clinical knowledge;
- acquiring new scientific and clinical knowledge that will ultimately improve the quality of patient care;
- maintaining a high degree of competence and professional behavior by each individual practitioner;
- improving health care throughout the State and Nation by providing programs of continuing education; and

WHEREAS, it is recognized that these roles may be best accomplished by coordinated action of the Organized Medical Staff

NOW, THEREFORE, the clinicians authorized to practice hereby organize themselves into an Organized Medical Staff in conformity with these Amended and Restated Bylaws of the Medical Staff, which supersede all previous Bylaws and Rules and Regulations.

DEFINITIONS

In these Bylaws:

(a) “Adversely affecting” includes the involuntary reduction, restriction, suspension, revocation, denial, or failure to renew clinical privileges or the denial or non-renewal of Membership in the Medical Staff. The term “adversely affecting” shall not include anything not enumerated in the Health Care Quality Improvement Act or any future amendments thereto. 42 U.S.C. Sec. § 11151.

(b) “Associate Department” means an organizational element of the College of Nursing and College of Pharmacy that serves departmental functions for the faculty of those colleges. Within the Bylaws when the term 'Department' is used it refers to clinical and associate departments unless otherwise specified. Associate Departments are designated or eliminated by the Medical Executive Committee in its reasonable discretion, or by amendment of these Bylaws.

(c) “Clinical Department” means one of the established Clinical Departments of the UNM School of Medicine, including but not limited to Anesthesiology & Critical Care Medicine, Dental Medicine, Dermatology, Emergency Medicine, Family & Community Medicine, Internal Medicine, Neurology, Neurosurgery, Obstetrics & Gynecology, Orthopedics & Rehabilitation, Pathology, Pediatrics, Psychiatry and Behavioral Sciences, Radiology, and Surgery.

(d) “Department Chair” refers to the chair of the Medical Staff Member’s clinical or associate Department. The Department Chair of a Clinical Department is appointed by the Dean of the UNM School of Medicine. Department Chairs of Associated Clinical Departments are appointed by the Dean of the College of Nursing and the Dean of the College of Pharmacy, respectively.

(e) “Governing Body” means the UNM Hospitals Board of Trustees, as constituted under and pursuant to Regents Policy 3.6 and that certain Lease Agreement for Operation and Lease of County Healthcare Facilities dated as of July 1, 1999, as amended by that certain First Amendment to Lease Agreement for Operation and Lease of County Healthcare Facilities dated as of November 18, 2004.

(f) “Organized Medical Staff” refers to the self-governing medical staff that provides oversight of care, treatment, and services provided by practitioners with privileges; provides a uniform quality of patient care, treatment and services; and reports to and is accountable to the governing body. It includes members of the Active, Courtesy and Honorary Medical Staff.

(g) “Physician” means doctors of medicine (“M.D.”), doctors of osteopathy (“D.O.”), and doctors of dentistry (“D.D.S. and D.M.D.”).

(h) “Professional review action” of a physician or physician member means an action or recommendation of the Medical Executive Committee (as defined in Section 8.007 of these Bylaws) or the Governing Body: (1) taken in the course of professional review activity; (2) based on the competence or professional conduct of a Medical Staff Member, which affects or could affect adversely the health or welfare of a patient or patients; and (3) adversely affects or may adversely affect the clinical privileges or Membership in the Medical Staff. Such term includes a formal recommendation of the Medical Executive Committee not to take action or make recommendations described in the previous sentence and also includes professional review activities relating to a professional review action.

(i) “Professional review activity” means an activity of UNMH with respect to a physician or physician Member (1) to determine whether the Member may have clinical privileges with respect to, or Membership in the Medical Staff; (2) to determine the scope or conditions of such privileges or Membership; or (3) to change or modify such privileges or Membership.

(j) “Professional review body” means UNMH and the governing body or any organization of the UNMH that conducts professional review activity, and includes any organization of the Medical Staff of the UNMH when assisting the governing body in a professional review activity. The term “organization” includes the term “committee” for purposes of this section.

(k) “Review organization” shall have the meaning ascribed to such term in N.M. STAT. ANN. § 41-9-1 et seq. (1978), or any successor statute thereto.

(l) “ROIA” means the New Mexico Review Organizations Immunity Act, as set forth in N.M. STAT. ANN. § 41-9-1 et seq. (1978), or any successor statute thereto.

(m) “UNMH” means the UNM Hospitals, including all its hospitals and clinics, and inpatient and outpatient programs.

(n) “UNM HSC Board of Directors” means the UNM Health Sciences Center Board of Directors, as constituted under and pursuant to Regents Policy 3.5.

SECTION 1

PURPOSES AND RESPONSIBILITIES

Section 1.001 **Purposes.** The purpose of the Medical Staff is to serve as the formal organizational structure within the UNMH through which the benefits of appointment to the Medical Staff may be obtained by individual practitioners and the obligations of Medical Staff appointment may be fulfilled and include the following:

(a) Serving as the primary means for accountability to the Board of Regents of the University of New Mexico or its delegates or designees for the professional performance and ethical conduct of the Medical Staff Members.

(b) Assuring that patient care in the UNMH is maintained at a high level of quality and efficiency.

(c) Providing a means for the Medical Staff to participate in UNMH’s policy making and planning.

(d) Participating in the education and certification of healthcare professionals.

(e) Participating in programs of continuing medical education, both internal and external.

(f) Ensuring that the scope of medical knowledge is broadened and deepened by the application of scientific inquisitiveness conducted in an ethical manner.

(g) Establishing and maintaining appropriate standards of professionalism and ethics.

Section 1.002 **Responsibilities.** The responsibilities of the Medical Staff are to review the quality and appropriateness of patient care rendered by all caregivers authorized to practice in the UNMH through the following measures:

(a) Development, implementation and operation of a credentialing and privileging program to provide a mechanism to appoint and reappoint applicants and a mechanism to match clinical privileges to be exercised, or specified services to be performed, with the verified credentials, experience, and competence of the applicant.

(b) A continuing education program, based upon the needs identified through clinical pertinence reviews and other quality maintenance programs.

(c) A utilization review program designed to allocate medical and other health services based on specific determinations of the medical needs of patients.

(d) An organizational structure to provide continuous monitoring of patient care practices.

(e) A continuous process improvement program based upon a review and evaluation of the quality of patient care.

(f) Recommending action with respect to appointments, reappointments, staff category, Departmental and service assignments, clinical privileges, and corrective measures to the Governing Body.

(g) Reviewing the quality and efficiency of care rendered to patients through regular review, reports and recommendations concerning the implementation, operation and outcomes of process improvements and other quality activities.

(h) Providing an educational environment wherein physicians and other healthcare professionals may have the opportunity to become highly skilled in their particular discipline and develop appropriate standards of professionalism and ethics, and where other healthcare professionals may return for continuing education.

(i) Creating and sustaining an environment for the preservation, refinement, and transmission of previously acquired scientific and clinical knowledge, and the acquisition of new scientific and clinical knowledge, thereby improving the quality of patient care.

(j) Performing focused professional review of Medical Staff Members by monitoring, analyzing and evaluating their conduct and performance, including at initial appointment, reappointment and throughout the entire period of Membership on the Medical Staff. When issues affecting the provision of safe, high quality patient care are identified, the Medical Staff will implement the criteria and procedures set forth in these Bylaws for undertaking professional review of its Members.

(k) Developing, administering, and seeking compliance with these Bylaws, the Rules and Regulations of the Staff, and other UNMH policies related to patient care or the clinical enterprise.

(l) Assisting in identifying community health needs, setting appropriate institutional goals, and implementing programs to meet those needs in collaboration with our community partners.

(m) Exercising the authority granted by these Bylaws to adequately fulfill the foregoing responsibilities.

(n) Creating standards for the clinical documentation including History and Physical Examination (H&P) and ensuring those standards are met throughout all UNM Hospitals, clinics, and inpatient and outpatient programs.

1.003 **Employment Matters Not Included.** These Bylaws and included processes and procedures apply only to Medical Staff credentialing and membership and are not meant to pertain to the employment status of or employment decisions relating to members of the Medical Staff.

SECTION 2

MEDICAL STAFF MEMBERSHIP

Section 2.001 **Medical Staff Membership.** Membership on the Medical Staff of the UNMH is a privilege which shall be extended only to professionally competent medical doctors (“MD”), doctors of osteopathy (“DO”), and doctors of dentistry (“DDS/DMD”) and other non-physician health care providers who continuously meet the qualifications, standards, and requirements set forth in these Bylaws. Appointment to and Membership on the Medical Staff shall be conferred on the appointee or Member only to the extent that clinical privileges and prerogatives have been granted by the Governing Body in accordance with these Bylaws.

Section 2.002 **Basic Qualifications for Membership and Responsibilities of Members.** Membership on the Medical Staff shall be extended to those MDs, DOs, and other non-physician healthcare professionals based upon:

(a) Individual qualifications of the applicant including documentation of experience, training, and competence to provide professional, high quality and efficient patient care.

(b) Ability to adhere strictly to the ethics of his/her respective profession, and participate in the discharge of medical staff responsibilities;

(c) Ability to adhere to and maintain appropriate professionalism as defined from time to time by applicable law, rules and regulations, UNMH's accreditation agencies, policies adopted by the Medical Executive Committee on behalf of the Medical Staff and UNMH policies, and to work cooperatively and respectfully with others on the Medical Staff as well as UNMH administration, nursing, and other staff;

(d) Maintaining continuous status as a full-time or part-time faculty Member of the UNM School of Medicine. The term "faculty" includes volunteer faculty and individuals with letters of academic title; provided, however, that courtesy medical staff, honorary medical staff, and allied health professionals are not required to be faculty Members;

(e) Is not currently excluded or precluded from participation in Medicare or Medicaid, or ineligible to participate in delegating credentialing, if applicable.

The board certification requirements detailed below in Section 2.003 will apply for all new applicants as of July 1, 2016, while current Medical Staff members will not be subject to these requirements until January 1, 2018.

Section 2.003 Board Certification Requirements. Physician members who are M.D.s must have completed a residency training program, and must be board certified (the term, "board certification" as used in this Section includes sub-specialty board certification) in their primary area(s) of practice as specified by the American Board of Medical Specialties. Physician Members who are D.O.s are required to have successfully completed a residency training program and be board certified in their primary area(s) of practice as specified by the American Osteopathic Association, or an alternate board certification body as approved by the Governing Body in specialty-specific clinical privileging documents. Board certification must be awarded by a board approved by the American Board of Medical Specialties or the American Osteopathic Association. Board certification from other countries may also be considered on an individual basis by the Medical Executive Committee, whose decision shall be final and without appeal. In addition,

(a) Physician Members must maintain board certification in their primary area(s) of practice or be in the process of recertification.

- i. Physician Members who are lifetime certificate holders are encouraged, but not required, to participate in Maintenance of Certification activities within their board specialty.

(b) Physician Members who have been certified in more than one specialty must maintain board certification in their primary area(s) of practice but may allow other board certifications to lapse. If board certification in his/her primary area of practice is dependent upon also maintaining another board certification, both certifications must be maintained.

Section 2.004 **Exceptions to Board Certification Requirement:** Carefully considered exceptions for physicians may be made on an individual basis. Substantiating documentation for the following exceptions must be included with the initial application for appointment or application for reappointment to the Medical Staff. All exceptions to the board certification requirement must be reviewed and approved through the regular credentialing and privileging process prior to granting the physician Medical Staff Membership and privileges at the UNMH. The following exceptions to the board certification requirement may be considered as part of the application for Medical Staff Membership:

(a) Pursuing Initial Board Certification: An exception may be made for a non-board certified provider applying for initial appointment to the Medical Staff. Providers applying under this exception must have successfully completed education and training requirements for their intended board certification, and must provide either written documentation of active candidacy for initial certification, or written attestation that they will take the Board examination (or other qualifying steps) at the next opportunity. This exception applies during the first six (6) years following completion of a residency or fellowship program and does not apply in the case of individuals who are no longer board eligible.

(b) Pursuing Board Recertification: If a member's board certification has lapsed, an exception may be made at Department recommendation for up to three (3) years from the time of certification lapse while members pursue recertification. Members applying under this exception must have successfully completed prior board certification in their designated specialty, and the Department must submit a focused professional practice evaluation documenting a pathway to recertification for the Medical Staff member with progressive milestones.

(c) Grandfather Exception: If, as of July 1, 1999, a provider was a non-board certified member of the Medical Staff and has maintained continuous Medical Staff membership without board certification since July 1, 1999, with the written recommendation of the appropriate Department Chair, a non-board certified provider may be allowed to continue as a Medical Staff Member with privileges and without board certification.

(d) UNMH Fellow Exception: A non-board certified, but board eligible and licensed Fellow may be appointed to the Medical Staff while in training in a

non-accredited fellowship program at UNMH. Upon completion of his/her training, he/she must meet the requirements of board certification as stated in these By-laws.

(e) Unique Specialty Skill Exception: A non-board certified provider may be appointed to the Medical Staff, if he/she has a specialty skill that is under-represented and needed by the UNMH. Written documentation of the specialty skill, and the UNMH need, must accompany the application. It is anticipated that qualification for the unique specialty skill exception will be rare.

(f) Other Exceptions: Requests for board certification exceptions not listed above may be considered at the discretion of the Credentials Committee and Medical Executive Committee. Refusals to waive board certification not detailed above are not subject to appeal nor to any reporting requirements as any such applicants will not have met the criteria for application to the Medical Staff. Circumstances (such as personal health, alternative pathways to board eligibility, etc.) are highly individual. Unique situations may be considered by the Credentials Committee at the recommendation of the Department Chair in extraordinary circumstances but shall not serve as precedent for any other applicant. More stringent board recertification requirements may be required by specific clinical privileges and /or implemented as part of a focused professional practice evaluation plan.

Section 2.005 **Multi Department Privileges**. Physician Members privileged in multiple Departments must be credentialed and privileged in the Department of their primary area of practice. The responsibility for evaluation at appointment and reappointment rests with the Department Chair of the primary Department to which they are assigned.

Section 2.006 **National Practitioner Data Bank**. UNMH will request and consider information about the applicant provided through various reliable sources including, without limitation, the National Practitioner Data Bank when clinical privileges are initially granted, at the time of renewal of privileges, and when a new privilege(s) is requested.

Section 2.007 (a) **Criminal History Screening**. UNMH may require fingerprints and other information necessary for a state or national criminal records background check. (b) **Other Publicly Available Information**. UNMH may otherwise conduct searches of publicly available information regarding applicants at appointment, reappointment, or such times as deemed relevant.

Section 2.008 **Effect of Other Affiliation**. No applicant is automatically entitled to Membership on the Medical Staff or to exercise clinical privileges merely because he/she is licensed to practice in this or in any other state, or because he/she is a Member of any professional organization, or because he/she is certified by any clinical board, or because he/she had, or presently has, staff Membership or privileges at another healthcare facility or in another practice setting.

Section 2.009 **Nondiscrimination.** Medical Staff Membership or particular clinical privileges shall not be denied on the basis of sex, sexual orientation, age, race, creed, color, national origin, or disability. The fundamental criteria for Medical Staff Membership or clinical privileges shall be directly related to the delivery of quality patient care, professional ability and judgment, clinical competence, professionalism, and ethics.

Section 2.010 **Duration of Medical Staff Appointments.** Initial appointments to the Medical Staff shall be for a period of not more than two years. Thereafter, Medical Staff Members shall be reappointed, after satisfactory completion of the reappointment process, for a period not to exceed two years. Interval reviews may take place as determined to be necessary by the Member's Department, the Office of Clinical Affairs, the Credentials Committee, the Medical Executive Committee, or the Dean.

SECTION 3

CATEGORIES OF THE ORGANIZED MEDICAL STAFF

Section 3.001 **Categories.** The Organized Medical Staff shall be divided into the following categories: Active, Courtesy, and Honorary, each of which is defined and described in this Section 3.

Section 3.002 **Active Medical Staff.** "Active Medical Staff" consists of physicians, dentists, podiatrists and doctoral-level clinical or counseling psychologists who meet qualifications for Medical Staff Membership and who regularly admit patients to, or are regularly involved in the care of patients at, the UNMH. Active Medical Staff are eligible to vote, hold elective office of the Medical Staff, serve on Medical Staff Committees, and exercise clinical privileges granted in accordance with these Bylaws; provided, however, that during the first twelve (12) months of appointment to the Active Medical Staff, the Member may not hold elective office or serve on the Medical Executive Committee (MEC), Credentials Committee, or Nominating Committee. As assigned, Active Medical Staff Members will provide continuous care and supervision of their patients within their area of professional competence or will arrange suitable alternatives for such care and supervision. Physician Members of the Active Medical Staff may admit patients to UNMH inpatient facilities and shall be considered attending medical providers. In addition,

(a) Members of the Active Medical Staff assume all the functions and responsibilities of Membership within the scope of their license, including routine and emergency care, clinical, administrative and consultation assignments and teaching assignments as determined by their clinical Chief of Service and/or Department Chair (if not the same individual) and in accordance with their clinical privileges.

(b) Active Medical Staff Members are appointed to a specific Clinical Department and exercise clinical privileges granted in accordance with these Bylaws.

(c) Active Medical Staff Members prescribe medication and treatment, order ancillary and other patient care services and perform patient care services within the scope of their license and in accordance with the scope of privileges granted to the practitioner.

(d) Active Medical Staff with co-management privileges (as defined in co-management privilege description) will only evaluate and treat patients in conjunction with a departmentally assigned co-managing physician-of-the-day with privileges in the same primary area of practice.

Section 3.003 Courtesy Medical Staff. “Courtesy Medical Staff” consists of those physicians, dentists, doctoral-level clinical or counseling psychologists, podiatrists and other licensed independent practitioners who meet qualifications for Medical Staff Membership, and who are involved in the basic care of patients at or in connection with or as a result of an agreement with UNMH. Members of the Courtesy Medical Staff do not have admitting privileges, are not required to attend Medical Staff meetings, and are not eligible to vote or to hold elective office. However, Courtesy Medical Staff may serve on Medical Staff Committees, except the Medical Executive Committee, the Credentials Committee, and the Nominating Committee. In addition,

(a) Courtesy Medical Staff Members are appointed to a specific Clinical Department or Associate Department, and exercise clinical privileges granted in accordance with these Bylaws;

(b) Courtesy Medical Staff may perform teaching, clinical research and patient care services within the scope of their license as assigned by their clinical Chief of Service and/or their Clinical Department or Associate Department Chair (if not the same) and in accordance with the scope of privileges granted to the practitioner.

(c) Courtesy Medical Staff requires Department Chair endorsement of both applicant and institutional clinical need.

Section 3.004 Honorary Medical Staff. “Honorary Medical Staff” consists of those physicians, dentists, psychologists, and certain other clinical caregivers or health scientists who are not in active practice and who in the past have served the UNMH and/or the medical community in an exemplary fashion. Members of the Honorary Medical Staff do not have clinical privileges nor are they required to attend Medical Staff meetings. They are not eligible to vote or hold office. Honorary Medical Staff may serve as non-voting consultants on committees and may attend Medical Staff meetings. Honorary Medical Staff may participate in teaching and research activities at the UNMH if such activities do not require clinical privileges.

Section 3.005 Limitations of Prerogative. The prerogatives set forth under each Medical Staff category are general in nature and may be subject to limitation by special

conditions attached to a physician's, dentist's, psychologist's and other non-physician healthcare practitioners with staff Membership, by other sections of these Bylaws, or by other policies of the UNMH.

SECTION 4

ALLIED HEALTH PROFESSIONALS

Section 4.001 **Allied Health Professionals.** "Allied Health Professionals" (AHP) consists of clinicians whose primary license, certification, or professional degree is as an Anesthesiology Assistant-Certified (AAC), Clinical Nurse Specialists (CNS), Certified Nurse Practitioners (CNP), Certified Nurse Midwives (CNM), Certified Registered Nurse Anesthetists (CRNA), Physician Assistants-Certified (PA-C), Pharmacist Clinician (PhC), or Doctors of Oriental Medicine (DOM), Doctor of Chiropractor (DC) Licensed Optometrists (OD), and such other allied health professions as may be recognized by the Medical Staff from time to time as required by law, accreditation standards, or the discretion of the Medical Executive Committee.

Applications for appointment and reappointment shall be processed in the same manner as stated in Section 5 of these Bylaws. Each applicant must meet the basic qualifications set forth in Section 2.002 of these Bylaws and regularly be involved in the care of UNMH patients. Allied Health Professional Members shall not be eligible to vote or to hold office in the Medical Staff organization. Allied Health Professionals are non-physician licensed healthcare providers, whose training, experience and demonstrated current competence permit them to provide patient care in UNMH and affiliated clinics within the scope of their license, certification, or professional degree and in accordance with their clinical privileges, and exercise independent judgment within the areas of their professional competence, licensure, certification, and clinical privileging (including admitting privileges if any, in accordance with the clinical privilege descriptions). In addition, Allied Health Professionals shall:

- (a) Be appointed to work within a specified Clinical Department or Associate Department(s), as the case may be, and shall carry out their activities subject to the policies and procedures of that Department and the Medical Staff Bylaws;
- (b) Retain responsibility within his/her area of professional competence for the daily care and supervision of each patient of UNMH for whom he/she is providing care, or arrange in writing a suitable alternative for such care and supervision; and
- (c) Actively participate in quality improvement activities, educational activities, supervisory activities, and in discharging such other staff functions as may be required.

Section 4.002 **Other Health Professionals.** Other health professionals not identified as Allied Health Professional Members but requiring credentialing will be processed per written policy of the Medical Staff by the Office of Clinical Affairs.

SECTION 5

PROCEDURES FOR APPOINTMENT AND REAPPOINTMENT TO THE MEDICAL STAFF

Section 5.001 **General.** The Medical Staff, through its designated Departments, services, committees, and officers, shall investigate and consider each application for appointment or reappointment to the Medical Staff and each request for modification of Medical Staff appointment status and shall adopt and transmit recommendations thereon to the Governing Body.

Section 5.002 **Application Form.** Each application for appointment and/or reappointment to the Medical Staff shall be submitted electronically on the New Mexico Statewide application form and signed by the applicant.

Section 5.003 **Effect of Application.** By applying for appointment or reappointment to the Medical Staff, the applicant signifies that he or she is willing to appear for interviews in regard to his/her application and

(a) acknowledges and authorizes to the extent legally necessary, hospital representatives to consult with others who have been associated with him/her and/or who may have information bearing on his/her competence and qualifications including, without limitation, specified references, current and past employers, current and past hospitals at which he/she held clinical privileges, the National Practitioner Data Bank, the Office of the Inspector General, and such law enforcement agencies as are necessary for conducting a criminal records check.

(b) Consents to the inspection by hospital representatives of all records and documents that may be material to an evaluation of his/her professional qualifications and ability to carry out the clinical privileges he/she requests and the responsibilities of Medical Staff appointment, as well as of his/her professional ethical qualifications for staff appointment.

(c) Releases from any liability and holds harmless the UNMH, UNM, the Governing Body, its officers, employees, agents, attorneys and anyone who participates or assists with evaluating the applicant's credentials and/or conducting any professional review activities for their acts performed in good faith and without malice.

(d) Releases from any liability and holds harmless all individuals and organizations that provide information, in good faith and without malice, to a professional review body regarding the competence or professional conduct of the applicant.

(e) Authorizes and consents to UNMH representatives providing other hospitals, medical associations, licensing boards, and other organizations concerned with the applicant's performance and the quality and efficiency of patient care with any information relevant to such matters the hospital may have concerning him/her, and releases UNMH representatives from liability for so doing, provided that such furnishing of information is done in good faith and without malice. For purposes of this Section, the term "UNMH representatives" includes the Governing Body, its Members and committees, all Medical Staff Members, committees, and clinical Departments which have responsibility for collecting or evaluating the applicant's credentials or acting upon his/her applications, and any designee of any of the foregoing.

Section 5.004 **Applicant's Burden.** The applicant for appointment or reappointment shall have the burden of producing adequate information for a proper evaluation of his/her experience, background, training, and demonstrated ability. Upon request of the Credentials Committee, the Medical Executive Committee, or the Governing Body, the applicant shall produce information concerning his/her physical or mental health status. The applicant shall have the burden of resolving any doubts about any of his/her basic qualifications.

Section 5.005 **Verification of Information.** The Office of Clinical Affairs shall, in a timely fashion, seek to collect and verify the education, relevant training, licensure and current competence, and other evidence of qualification from the primary source or an approved source, request a report on the applicant from the National Practitioner's Data Bank and Office of the Inspector General, and shall promptly notify the applicant of any failure in such collection or verification efforts.

Section 5.006 **Specific Information Requirements Regarding Application for Initial Appointment.** The application for initial appointment shall, at a minimum, include the following information:

(a) Acknowledgment and Agreement. A statement that the applicant has received and read the Bylaws of the Medical Staff and that he/she agrees to be bound by the terms therein if he/she is granted an appointment and/or clinical privileges, and to be bound by the terms therein in all matters relating to consideration of his/her application without regard to whether or not he/she is granted appointment and/or clinical privileges;

(b) Qualifications. Detailed information concerning the applicant's qualifications, including proof of satisfaction of the basic qualifications and of any additional qualifications specified in these Bylaws for the particular Medical Staff category to which the applicant requests appointment;

(c) Requests. Specific requests stating the Medical staff category, Department, service, and clinical privileges for which the applicant requests appointment;

(d) Peer Evaluations. Peer Evaluations from at least three peers who have worked with the applicant and observed his/her performance within the past three years and who can provide information as to the applicant's training, experience, ability to perform privileges requested, and attest to competency in the following areas: patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;

(e) Professional Sanctions. Information indicating: Voluntary or involuntary termination of any medical staff appointment; voluntary or involuntary limitation, reduction, or loss of clinical privileges in any jurisdiction; disciplinary action by any licensure board, professional society, or peer review; voluntary or involuntary limitation, stipulation, suspension, revocation, investigation or currently pending investigation or challenges against licensure or professional credentials in any jurisdiction, voluntary or involuntary limitation, stipulation, suspension, termination, investigation or currently pending challenge against federal or state narcotics or pharmaceuticals registrations in any jurisdiction; suspension or termination of membership in local, state, or national medical or professional societies; current physical or mental condition that could impede the ability to safely and competently exercise the clinical privileges requested and responsibilities of Medical Staff appointment; and, when applicable, whether reasonable accommodations for a disability could be made; felony convictions; current or past alcohol, drug abuse or substance abuse problem; current or past use of illegal drugs; investigation and/or exclusion, suspension, debarment or ineligibility to participate in federal and/or state health care programs or criminal offense conviction related to the provision of health care items or services where reinstatement in federal and/or state health care programs after a period of exclusion, suspension, debarment or ineligibility has not occurred;

(f) Evidence of relevant education, training and experience, and any specialty board certification as outlined in Section 2.003, or required by clinical privilege criteria;

(g) Verification of current valid license to practice his/her profession within the State of New Mexico;

(h) Verification of his/her Federal and State of New Mexico Controlled Substance Registration, if applicable;

(i) Information as to any malpractice or professional liability claims, lawsuits, payments or settlements (either voluntarily or involuntarily) by or on behalf of the applicant;

(j) Satisfactory evidence of physical and mental health sufficient to safely and competently exercise the privileges requested and the responsibilities of Medical Staff appointment;

(k) Confirmation that clinical privileges are in good standing at the hospital designated by the applicant as the primary admitting facility, if applicable;

(l) Information about current or past privileges or staff appointment at any other hospital, clinic, or health care facility;

(m) Documented evidence that the applicant is adequately covered by professional liability insurance, if during the applicant's membership on the Medical Staff the applicant will not be covered by the Public Liability Fund administered by the New Mexico State Risk Management Division pursuant to the New Mexico Tort Claims Act;

(n) Work Permit or Visa, if applicant is not a US Citizen or Permanent Resident of the US;

(o) A statement that if an adverse ruling is made with respect to his/her staff appointment, staff status, and/or clinical privileges, the applicant will exhaust the administrative remedies afforded by these Bylaws before resorting to formal legal action;

(p) A signed copy of the Medicare Physician Acknowledgement Statement (as set forth in 42 C.F.R. § 412.46(b)); and

(q) Quality review information as specified and/or requested by the Office of Clinical Affairs.

Section 5.007 Required Department Action Regarding Application for Initial Appointment. The Chair of each Clinical Department or Associate Department shall review the application for initial appointment and supporting documentation, and transmit to the Credentials Committee recommendations as to Medical Staff appointment. If appointment is recommended, the Department Chair shall identify the Medical Staff category and recommend clinical privileges to be granted, any special conditions recommended to be attached to the appointment. The above shall include any agreement to implement a special period of focused professional evaluation, identifying the criteria,

method, and duration of the monitoring plan and whether circumstances require monitoring by an external source.

The Department verifies that the practitioner requesting approval is the same practitioner identified in the credentialing documents by viewing either a current picture hospital ID card or a valid picture ID issued by a state or federal agency and attests to such.

Section 5.008 **Applications for Reappointment.** At least one hundred and twenty (120) days prior to the expiration date of a Medical Staff member's present Medical Staff appointment, each Medical Staff Member will be provided with an electronic link to the credentialing application for reappointment.

Section 5.009 **Specific Information Requirements Regarding Application for Reappointment.** Each Staff Member who desires reappointment to the Medical Staff shall, at least one hundred and twenty (120) days prior to such expiration date, submit his/her completed reappointment application to the Office of Clinical Affairs, along with the following information:

- (a) a list of requested clinical privileges;
- (b) current information concerning the status of the Medical Staff member's board certification;
- (c) Verification of current valid license to practice his/her profession within the State of New Mexico;
- (d) Peer evaluations from at least two peers who have worked with the applicant and observed his/her performance within the past two (2) years and who can provide information as to the applicant's ability to perform privileges requested, ethical character, that the applicant has not practiced outside the scope of his/her privileges, and as to competency in the following areas:

patient care; medical/clinical knowledge; practice-based learning and improvement; interpersonal and communication skills both in regards to other members of the Medical Staff but also UNMH employees; professionalism; and systems-based practice.
- (e) new and/or updated information on any malpractice or professional liability claims, lawsuits, payments or settlements (either voluntarily or involuntarily) by or on behalf of the applicant;
- (f) new or updated information about any privileges or medical staff Membership at any other hospital, clinic, or health care facility;

- (g) new or updated information about any changes to licensure or certification in New Mexico or other states or jurisdictions;
- (h) documented evidence that the applicant is adequately covered by professional liability insurance, has not and will not during the term of reappointment be covered by the Public Liability Fund administered by the New Mexico State Risk Management Division pursuant to the New Mexico Tort Claims Act;
- (i) any change in work permit or visa status, if applicable;
- (j) any change in physical or mental health status that may impinge upon the applicant's ability to safely and competently exercise the privileges requested and the responsibilities of Medical Staff Membership;
- (k) continuing professional education credits obtained over the past two years conforming to the respective licensing board/agents rules governing continuing professional education;
- (l) any focused professional review information as specified by the Office of Clinical Affairs;
- (m) any criminal charges, convictions or pleas of no contest that have occurred since the last appointment; and
- (n) any other relevant information that could affect the Member's status or abilities.

Section 5.010 **Special Requirements for Low Volume Practitioners.** The Credentials Committee may require low volume practitioners for whom UNMH and/or the Office of Clinical Affairs has no or insufficient clinical quality assessment or professionalism data to submit, in addition to the information specified in Section 5.009 above, a copy of quality data, peer evaluations with regard to professional conduct and a list of current clinical activity from the facility where most clinical practice is conducted.

Section 5.011 **Effect of Failure to Timely Submit Reappointment Application.** Failure of a member of the Medical Staff, regardless of Medical Staff category, without good cause, to submit his or her reappointment application and the information required by Section 5.009 above within the time period specified in such Section shall result in automatic termination of Membership at the expiration of the Member's current term.

Section 5.012 **Required Department Action for Reappointment Applications.** The Department Chair shall review the reappointment application and supporting documentation, and shall transmit to the Office of Clinical Affairs a recommendation with re-

spect to the Medical Staff members reappointment to Medical Staff; whether such reappointment should be renewed with a modified Medical Staff category; and, whether such reappointment should be renewed with special conditions, and/or changes in the nature and extent of the clinical privileges to be afforded to the Medical Staff member.

Section 5.013 Credentials Committee Action. The Credentials Committee shall review each application for appointment and/or reappointment, the supporting documentation, the Department Chair's recommendations, and such other information available that may be relevant to consideration of the applicant's qualifications for the staff category, Department, and clinical privileges requested. The Credentials Committee shall then transmit to the Medical Executive Committee a written report and recommendation as to staff appointment/reappointment and, if appointment or reappointment, as the case may be, is recommended, as to Medical Staff category, clinical privileges to be granted, and any special conditions to be attached to the appointment or reappointment. Any Committee Member who disagrees with the actions or recommendations of the majority of the members of the Credentials Committee may reduce those minority views to writing and have them transmitted along with the majority report. If the Credentials Committee recommends that the Medical Executive Committee defer action on any application, the Credentials Committee shall make available to the Medical Executive Committee all documentation considered by the Credentials Committee. When the recommendation of the Credentials Committee may adversely affect an applicant for initial appointment or a Medical Staff Member, the Credentials Committee Chair shall immediately inform the Member, the Chief of Staff, and the applicable Department Chair.

Section 5.014 Medical Executive Committee Action. At its next regular meeting after receipt of the Credentials Committee report and recommendations as to initial appointment to the Medical Staff or reappointment to the Medical Staff or, if necessary under the circumstances, at a special meeting, the Medical Executive Committee shall consider such report and recommendations. The Medical Executive Committee shall then forward, to the Governing Body a written report and recommendation as to Medical Staff appointment or reappointment, as the case may be, and, if appointment or reappointment is recommended, as to Medical staff category and Department, clinical privileges to be granted, and any special conditions to be attached to the appointment or reappointment. The Committee may also defer action on the application. The reasons for each recommendation shall be stated and supported by reference to the completed application and all other documentation considered by the Committee.

Section 5.015 Effect of Medical Executive Committee Action.

(a) Deferral. Action by the Medical Executive Committee to defer the application for further consideration must be submitted for final resolution within sixty (60) days with a subsequent recommendation by the Medical Executive Committee as to whether the application for initial appointment or the reappointment application (along with specified clinical privileges) should be approved or rejected. If the Medical Executive Committee deems there is a need for new, additional, or clarifying information, the applicant shall be so notified. If this information has not

been provided within sixty (60) days of the applicant being notified, the application shall be deemed voluntarily withdrawn.

(b) Favorable Recommendation. When the recommendation of the Medical Executive Committee is favorable to the applicant, the Chief of Staff shall forward the recommendation to the Governing Body.

(c) Adverse Recommendation. When the recommendation of the Medical Executive Committee or the Credentials Committee is adverse to or adversely affects the applicant, the Chief of Staff shall immediately inform the applicant by written notice, and the applicant shall be entitled to the procedural rights provided and described in Sections 12.016, 12.017, 12.018, and Section 13 of these Bylaws.

Section 5.016 **Governing Body Action.**

(a) Review of Favorable Medical Executive Committee Recommendations. The Governing Body (or one of its standing or *ad hoc* committees as directed by the Governing Body) shall adopt or reject a favorable recommendation of the Medical Executive Committee as to an application for initial appointment or a re-appointment application; or the Governing Body (or one of its standing or *ad hoc* committees as directed by the Governing Body) may refer the application back to the Medical Executive Committee for further consideration, stating the reasons for referring the matter back to the Medical Executive Committee and setting a time limit within which a subsequent recommendation shall be made. If the Governing Body's action adversely affects the applicant or, in the case of a reappointment application, the Medical Staff member in question, shall be entitled to the procedural rights provided and described in Sections 12.014, 12.016, 12.017, 12.018, and 13 of these Bylaws. When the Governing Body makes a determination in respect of an application for initial appointment or a reappointment application that does not adversely affect the applicant or, in the case of a reappointment application, the Medical Staff member in question, such action shall serve as an immediate authorization for the practitioner to begin practice.

(b) Procedural Rights Regarding Adverse Medical Executive Committee Recommendations. In the case of a Medical Executive Committee recommendation that adversely affects the applicant or, in the case of a reappointment application, the Medical Staff member in question, the Governing Body shall take final action in the matter only after the applicant has exhausted or has waived his/her procedural rights as provided in Section 12.014, 12.016, 12.017, and 12.018 and, if required, Section 13 of these Bylaws. Action thus taken shall be the conclusive decision in respect of the affected Member final determination may be deferred by referring the matter back to the Medical Executive Committee for further consideration. Any such referral back to the Medical Executive Committee shall state the reasons therefor, shall set a time limit within which a subsequent recommendation to the Governing Body shall be made, and may include a directive that an additional hearing be conducted to clarify issues which are in doubt. After receipt of

such subsequent recommendation and any new evidence in the matter, the Governing Body shall make a final decision either to appoint the applicant to the Medical Staff or not to renew his/her Medical Staff Membership.

(c) Notice of Final Decision. In the case of favorable determination not involving the hearing and appellate review procedures identified in Sections 12.014, 12.016, 12.017, 12.018, and 13 of these Bylaws, the applicant shall be notified of the Governing Body's final decision by means of a written notice within 30 days of decision. In the case of an unfavorable determination that adversely affects the Member and which involves the hearing and appellate review procedures identified in Sections 12.014, 12.016, 12.017, 12.018, and 13 of these Bylaws, notice of the final decision shall be as specified therein. In the case of a favorable determination, the decision and notice to appoint or reappointment shall include the Medical Staff category to which the applicant or Medical Staff member, as the case may be, is appointed, the Department to which he/she is assigned; the clinical privileges he/she may exercise, and any special conditions attached to the appointment and/or reappointment.

Section 5.017 Time Periods for Processing Applications for Initial Appointment and Reappointment Applications. Applications for initial Medical Staff appointments shall be considered in a timely and good faith manner by all individuals and groups required by these Bylaws to act thereon and, except for good cause, shall be processed within the time periods specified in this Section. In this connection, the Department Chair and the Credentials Committee shall act on a completed application within thirty (30) days after receiving it from the Office of Clinical Affairs. The Medical Executive Committee shall review such application and make its recommendation to the UNMH BOT within thirty (30) days after receiving the Credentials Committee report and recommendations. The Governing Body shall take final action on the application at its next regular meeting or, if the circumstances warrant, a special meeting of the Governing Body. With respect to applications for reappointment to the Medical Staff, such applications, assuming timely filing by the Medical Staff Member as set forth in Section 5.009 above, shall be considered in sufficient time to ensure that the Medical Staff Member's appointment to the Medical Staff does not lapse prior to determination by the Governing Body. The applicant or in the case of a reappointment application, the Medical Staff member, may request information regarding the status of his/her application at any time during the credentialing and privileging process.

Section 5.018 Expedited Review. Expedited review of applications for initial appointment to the Medical Staff and/or modification of appointment (as described in Section 5.019 below), will occur only in urgent situations as determined by the Office of Clinical Affairs. In this connection, applications for clinical privileges and appointment to the Medical Staff that have been deemed complete and without issue by the Credentials Committee or designee may, if it is determined by the Office of Clinical Affairs to be an urgent situation justifying expedited review, be presented to the Credentials Committee and MEC according to normal processes. The application will then be referred to an *ad hoc* sub-

committee of three voting Members of the Governing Body to grant Medical Staff Membership and clinical privileges and/or a Medical Staff member's requested modification of appointment. If the subcommittee unanimously approves, the applicant may begin practicing within the scope of his/her licensure and approved clinical privileges.

Section 5.019 Request for Modification or Expansion of Clinical Privileges. A Medical Staff Member may, either in connection with reappointment or at any other time, request modification or expansion of his/her clinical privileges. The Medical Staff Member must submit a modified clinical privilege description, recommended by the Department Chair, along with documentation of relevant training and or experience. Such request shall be processed for approval in substantially the same manner as application for reappointment.

Section 5.020 Voluntary Leave of Absence. A Medical Staff Member may obtain a voluntary leave of absence from the Medical Staff by submitting written notice to the Credentials Committee of the Medical Staff at least thirty (30) calendar days prior to the commencement of leave. The Credentials Committee shall determine, subject to the approval of the Medical Executive Committee, whether or not to grant the leave. The leave request must state the reason for the leave and the date the leave shall begin. The leave request must be approved in writing by the staff Member's Department Chair prior to being submitted to the Credentials Committee, and the written approval must accompany the written notice to the Credentials Committee. The leave may be for a period not to exceed two (2) years. While on an approved leave, a Medical Staff Member shall not have privileges to admit or treat patients, nor have any other of the prerogatives or responsibilities of Medical Staff Membership.

Section 5.021 Military Leave of Absence. Requests for leave of absence to fulfill military service obligations shall be granted, upon notice to and review by the staff Member's Department Chair, the Credentials Committee, the Medical Executive Committee, and the Governing Body. Reactivation of appointment and clinical privileges previously held shall be granted, notwithstanding the provisions of Section 5.022.

Section 5.022 Return from Voluntary Leave of Absence. A Member requesting reinstatement to the Medical Staff after a Leave of Absence must submit to the Credentials Committee a reappointment application if within two year reappointment cycle or initial application if leave has exceeded a two year period. The Member must follow the procedures in Sections 5 for reappointment to the Medical Staff. Failure, without good cause, to submit a timely request for leave to the Credentials Committee may, at the discretion of the Medical Executive Committee, be deemed a voluntary resignation from the Medical Staff and the Member shall not, as a result, be entitled to the procedural rights provided in Sections 12.014, 12.016, 12.017 and 12.018 of these Bylaws. A Medical Staff Member who is deemed to have voluntarily resigned under this section is eligible to reapply for Medical Staff Membership pursuant to these Bylaws.

Section 5.023 Resignation from the Medical Staff. Any Member of the Medical Staff may resign from the Medical Staff upon written notice to his/her Department Chair

pursuant to the *UNM Faculty Handbook*, *UNM Business Policies and Procedures Manual*, or the *UNMH Personnel Policies and Procedures Manual*, as applicable. Additionally,

(a) A resignation shall be deemed to have occurred when the Member no longer meets eligibility criteria for medical staff appointment as stated in Sections 2.002 and 3.003 of these Bylaws.

(b) A Member is deemed to have resigned from the Medical Staff if a timely request as provided in Sections 5.020, 5.021, and 5.022 above for a leave of absence or reinstatement of Medical Staff privileges and prerogatives has not been submitted as provided in those Sections.

(c) A Member of the Medical Staff is expected to have satisfactorily completed any clinical and record-keeping responsibilities at the time his/her resignation becomes effective.

(d) Resignation of a Member of the Medical Staff during the course of a professional review action may trigger reporting obligations to the National Practitioner Data Bank, the New Mexico Medical Board, or other agencies pursuant to state or federal laws or regulations.

Section 5.024 **Telemedicine.** Telemedicine is the provision of health care over a distance, using telecommunications technology. Practitioners who, through the use of telemedicine services and technology, formally render a diagnosis or otherwise provide clinical treatment to a patient at UNMH must be credentialed and privileged through the medical staff mechanisms set forth in these Bylaws. UNMH may use credentialing information from another Joint Commission accredited facility, which meets essentially the same standards as set forth in Sections 5 and 6 of these Bylaws. The decision to grant privileges will be made as set forth in these Bylaws. Consideration of appropriate utilization of telemedicine by the telemedicine practitioner is encompassed in clinical credentialing and privileging decisions. Telemedicine clinical services and privileges provided by UNMH Medical Staff to, or for the benefit of, other facilities and providers will be recommended by the organized medical staff.

Section 5.025 **Criminal Arrest or Conviction.** In the event a Member of the Medical Staff is arrested or indicted for alleged criminal acts or is convicted of criminal acts, the Medical Staff Member must report the arrest, indictment or conviction to the Office of Clinical Affairs within 24 hours of the arrest, notification of the indictment, or conviction, or before engaging in any subsequent patient care, whichever comes first. An investigation into the circumstances of the arrest, indictment or conviction shall be made by the Office of Clinical Affairs. The Office of Clinical Affairs shall report the results of any such investigation to the Medical Executive Committee who shall review the circumstances leading to the arrest, indictment or conviction and will determine if further action is warranted prior to the outcome of the legal action (if applicable) or if further action is warranted subsequent to conviction. If the Medical Executive Committee recommends an action that adversely affects the Medical Staff Member, this shall entitle the Member

subject to such action to notification and the right to a hearing and appeal as provided in Section 13 of these Bylaws. Nothing in this section shall be construed so as to prohibit summary suspension of the member in accordance with these Bylaws.

SECTION 6

DETERMINATION OF CLINICAL PRIVILEGES

Section 6.001 **Exercise of Privileges.** Every Medical Staff Member or other professional providing direct clinical services at UNMH by virtue of Medical Staff appointment or otherwise shall, in connection with such practice, be entitled to exercise only those clinical privileges or services specifically granted to him/her.

Section 6.002 **Criteria for Privileges.** Subject to the approval of the Medical Executive Committee and the Governing Body, the Departments, individually and collaboratively, will be responsible for developing criteria for granting privileges. These criteria shall assure uniform quality of patient care, treatment, and services.

(a) The Credentials Committee and Medical Executive Committee will recommend privilege criteria, only after consideration that there is sufficient space, equipment, staffing and financial resources to support the privilege.

(b) The hospital consistently determines the resources needed for each requested privilege.

Section 6.003 Delineation of Privileges in General.

(a) Requests. Each application for appointment and reappointment to the Medical Staff, or request for expansion of privileges, must contain a request for the specific clinical privileges as outlined in the clinical privilege description. Documentation as outlined on the clinical privilege description, should be submitted to support the request.

(b) Basis for Privileges Determinations. Requests for clinical privileges shall be evaluated based on the criteria outlined in the clinical privilege description and the practitioner's education, training, experience, current competence, and demonstrated ability to perform the privilege requested. The basis for privilege determination to be made in connection with periodic reappointment or otherwise shall include observed clinical performance and the documented results of quality improvement data and other quality improvement activities required by these Bylaws to be conducted by the UNMH. Privilege determination shall also be based on pertinent information concerning current clinical competency, obtained from all relevant sources, including other institutions and healthcare settings where a practitioner exercises clinical privileges. This information shall be added to and maintained in the credential file established for each staff Member. The applicant must

provide information regarding any previously successful or currently pending challenges to any licensure or registration or the voluntary relinquishment of such licensure or registration; the voluntary or involuntary termination of any medical staff Membership; voluntary or involuntary limitation, reduction or loss of clinical privileges.

(c) Procedure. All requests for clinical privileges shall be processed pursuant to the procedures for appointment or reappointment to the Medical Staff provided in Section 5 of these Bylaws.

Section 6.004 **Temporary Privileges.** Temporary clinical privileges may be granted for a period of time not to exceed sixty (60) days, subject to renewal up to a one hundred and twenty (120) day period. Temporary privileges may be granted for urgent patient care needs for a specific patient or procedure or for a specified period of time and purpose.

Section 6.005 **Temporary Privileges Application Process.** The responsible Department Chair must submit to the Clinical Affairs Office a written request for granting of temporary privileges to a designated practitioner. Designated practitioners for temporary privileges to care for a specific patient, when there is no other UNMH medical staff member that can meet that need as detailed by the Department Chair, must submit an application for such. All other designated practitioners must complete and submit to the Office of Clinical Affairs a completed standard application for appointment on the medical staff. There must first be verification of:

(a) current and unrestricted New Mexico clinical licensure without current or previously successful challenge;

(b) relevant training or experience;

(c) recent clinical practice relevant to the requested privileges (within six (6) months of the date of application); and ability to perform the requested privileges.

(d) full, unrestricted privileges at a hospital or other facility accredited by The Joint Commission (unless waived) and that the applicant has not been the subject of involuntary termination of medical staff Membership at another organization, or involuntary limitation, reduction, denial, or loss of clinical privileges at another organization.

In addition, the results of the National Practitioners Data Bank and applicable New Mexico clinical licensing board queries have been obtained and evaluated.

Section 6.006 **Temporary Privileges Approval Procedure.** The request for temporary privileges, along with the information described in Section 6.005 of these Bylaws, will be forwarded to the Chair of the Credentials Committee, or designee, and the Chair

of the Medical Executive Committee (Chief of Staff) or designee (the reviewing officers shall be referred to herein as the "Temporary Privileges Review Committee"), for review and consideration of the temporary privilege request. Final approval of Temporary Privileges is by the University of New Mexico Hospital CEO or designee. There is no right to temporary privileges. Accordingly, temporary privileges should not be granted by the Temporary Privileges Review Committee unless the available information supports, with reasonable certainty, a favorable determination regarding the requesting applicant's qualifications, ability, and judgment to exercise the privileges requested. If the available information is inconsistent or casts any reasonable doubts on the applicant's qualifications, action of the request for temporary privileges may be deferred until the doubts have been satisfactorily resolved. Approval by the Temporary Privileges Review Committee of a request for temporary privileges must be by a unanimous vote thereof. A determination to grant temporary privileges shall not be binding or conclusive with respect to an applicant's pending request for appointment to the Medical Staff.

Section 6.007 Involuntary Termination of Temporary Privileges. On the discovery of any information or the occurrence of any event that raises concerns about a Medical Staff Member's qualifications, ability to exercise any or all of the temporary privileges granted, or about the Member's professionalism, the Associate Dean for Clinical Affairs may, after consultation with the responsible Department Chair or the appropriate Executive Medical Director, terminate any or all of such Member's temporary privileges. In situations where the life or well being of a patient is determined to be endangered by continued treatment by the Member with temporary privileges, the termination may be effected by any person entitled to impose summary suspensions under Section 7 of these Bylaws. In the event of any such termination, the Member's patients then in the hospital or under care in the outpatient clinics shall be assigned to another practitioner by the responsible Department Chair.

Section 6.008 Automatic Termination of Temporary Privileges. Temporary privileges shall automatically terminate at the end of the designated period, unless affirmatively renewed as provided in Section 6.007 of these Bylaws, or earlier terminated at the time when the Medical Staff Member's application for membership on the Medical Staff has been processed and reviewed according to Section 5 of these Bylaws, and he/she has been granted privileges.

Section 6.009 Rights of the Member Holding Temporary Privileges. A Medical Staff Member shall not be entitled to the procedural rights provided under Sections 5 and 6 of these Bylaws because of his/her inability to obtain temporary privileges or because of any termination or suspension of temporary privileges.

Section 6.010 Disaster Privileges. For the purposes of these Bylaws, a "disaster" shall be deemed to exist whenever the UNMH emergency management plan is activated, and the Chief Medical Officer of UNMH (or his or her designee) determines that the existing Medical Staff is insufficient to meet immediate patient needs. The emergency ends when the emergency management plan is deactivated, or when the Chief Medical Officer

of UNMH (or his or her designee) determines that the pre-emergency Medical Staff is sufficient to meet immediate patient needs.

Section 6.011 Procedure for Granting Disaster Privileges. During a disaster, the Associate Dean for Clinical Affairs and/or his/her designee(s) may grant disaster privileges to qualified, licensed volunteering practitioners who are not already Members of the UNMH Medical Staff. Prior to engaging in clinical care, the volunteering practitioner will be required to complete and sign a Disaster/Emergency Privileges Form and provide the Office of Clinical Affairs:

- (a) a copy of his or her duly issued state clinical license, or license number if a copy is not available,
- (b) a valid photo identification issued by a state or federal governmental authority (i.e., driver's license or passport), and
- (c) one or more of the following:
 - (i) a current hospital photo ID card that clearly identifies professional designation;
 - (ii) a current license to practice;
 - (iii) acceptable primary source verification of a current license to practice;
 - (iv) identification indicating that the practitioner is a clinician Member of a state or federal disaster medical assistance team;
 - (v) identification indicating that an appropriate governmental agency has granted the practitioner authority to provide patient care in disaster circumstances;
 - (vi) verification of the practitioner's identity by a current Medical Staff Member or hospital clinical employee who possesses personal knowledge regarding the volunteer's competence to provide the requested privileges.

The Office of Clinical Affairs will verify from the primary source the practitioner's license and query the National Practitioner Data Bank for actions or sanctions as soon as the immediate situation is under control, and sufficient resources and communication capability exist to do so.

Section 6.012 No Faculty Appointment Required for Disaster Privileges. Volunteering practitioners granted disaster privileges will not be required to hold a UNM faculty appointment. Volunteering practitioners will be assigned to the appropriate SOM

clinical Department and will practice under the direction and supervision of an active Member of the Medical Staff who is appropriately credentialed and privileged to supervise the volunteering practitioner's clinical activities. Supervision will be by direct observation, mentoring, clinical record review, or other appropriate means.

Section 6.013 Issuance of Appropriate Identification. Practitioners granted disaster privileges will be issued appropriate means to identify to others that they have been granted disaster privileges.

Section 6.014 Termination of Disaster Privileges. Disaster privileges will remain in effect until (a) the emergency has ended, or (b) the practitioner voluntarily surrenders the privileges (preferably in writing), or (c) the Department Chair and either the appropriate Executive Medical Director or the Associate Dean for Clinical Affairs, agree that the practitioner's services are no longer needed, or (d) when privileges are terminated as per section 6.015 below.

Section 6.015 Involuntary Termination of Disaster Privileges. On the discovery of any information or the occurrence of any event that raises concerns about a practitioner's qualifications, ability to exercise any or all of the disaster privileges granted, or about the practitioner's professionalism, the Associate Dean for Clinical Affairs may, after consultation with the responsible Department Chair or the appropriate Executive Medical Director, terminate any or all of such practitioner's disaster privileges. In situations where the life or well being of a patient is determined to be endangered by continued treatment by the practitioner, the termination may be effected by any person entitled to impose summary suspensions under Section 7 of these Bylaws. In the event of any such termination, the practitioner's patients then in the hospital or under care in the outpatient clinics shall be assigned to another practitioner by the responsible Department Chair.

Section 6.016 Disaster Privileges: Rights of the Practitioner. A practitioner shall not be entitled to the procedural rights afforded by these Bylaws because of his/her inability to obtain disaster privileges or because of any termination or suspension of disaster privileges. The granting of disaster privileges does not extend to the practitioner any additional rights or privileges of medical staff Membership, including but not limited to service on medical staff committees or voting rights.

Section 6.017 Interdisciplinary Privileging Questions. Any conflict regarding specific medical privileges should be resolved between the Medical Staff Member requesting privileges and his/her Department Chair prior to application to the Credentials Committee for clinical privileges. In addition, whenever possible jurisdictional disputes related to privileges considered to be within the province of more than one Clinical Department should be resolved among the affected Departments Chairs before an application for clinical privileges is submitted to the Credentials Committee for review and recommendation. Should an irreconcilable impasse occur, the Chief of Staff will appoint an *ad hoc* Committee of not less than five Members of the Medical Staff. In the case of a conflict between a Department Chair and a Medical Staff Member, the Committee will include one Member from the Department and one Member representing the Medical

Staff Member. In the case of a conflict among Departments, the *ad hoc* Committee Membership will include one Member representing each involved Department. The Chair of the Credentials Committee will preside over the *ad hoc* Committee. The recommendation(s) of the *ad hoc* Committee will be brought to the Medical Executive Committee for discussion and revision. The Medical Executive Committee will then submit its recommendations to the Governing Body for a final decision.

Section 6.018 History and Physical Examination (H&P) The History and Physical Examination (H&P) shall be performed and recorded by a doctor of medicine or osteopathy, or, for patients admitted only for oromaxillofacial surgery, by an oromaxillofacial surgeon. All or part of the H&P may be delegated to other practitioners in accordance with New Mexico law and UNMH policy. The H&P must be completed no more than 30 days before or 24 hours after an admission or registration, but prior to surgery or a procedure requiring anesthesia services. An updated examination must be completed and documented within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, when the medical history and physical examination are completed within 30 days before admission or registration. The applicable Medical Staff policy is *Documentation of Clinical Activities by UNMH Medical Staff and House Staff*.

SECTION 7

OFFICERS OF THE MEDICAL STAFF

Section 7.001 Dean of the School of Medicine. The Dean of the UNM School of Medicine (the "Dean") will coordinate all Medical Staff activities and will work closely with the Chancellor, the Senior Associate Dean for Clinical Affairs, and/or the Chief Executive Officer of UNMH, in those areas requiring both administrative and professional judgment.

Section 7.002 Chief Medical Officer. The Chief Medical Officer is directly responsible for all medical aspects of the operations at UNMH. The Chief Medical Officer is an ex officio Member with a vote on all committees of the Medical Staff.

Section 7.003 Associate Dean for Clinical Affairs. The Associate Dean for Clinical Affairs is directly responsible for day-to-day oversight and assessment of the quality of health care delivered by Members in UNMH clinical facilities and in other clinical facilities as assigned by UNMH. The Associate Dean for Clinical Affairs is also responsible for the functions of the Office of Clinical Affairs not otherwise delegated to the Executive Medical Directors. The Associate Dean for Clinical Affairs will enforce these Bylaws, the Medical Staff Rules and Regulations, Medical Staff Policies and Procedures, and any applicable UNMH policies affecting Members of the Medical Staff. The Associate Dean for Clinical Affairs is an ex officio Member with a vote on all committees of the Medical Staff. The Associate Dean for Clinical Affairs will serve as vice chair of the Medical Executive Committee and will prepare the agenda for all meetings thereof in consultation

with the Chief of Staff. The Associate Dean for Clinical Affairs shall also serve as Chair of the Credentials Committee, unless the Senior Associate Dean for Clinical Affairs otherwise designates.

Section 7.004 Chief of Staff. The Chief of Staff is the Chief Officer of the Medical Staff. The duties of the Chief of Staff shall include, without limitation, the following:

- (i) Calling, presiding at, and being responsible for the agenda of all annual or special meetings of the Medical Staff;
- (ii) Serving as the chair of the Medical Executive Committee;
- (iii) Appointing Members of standing and special committees of the Medical Staff (except as otherwise specified in these Bylaws) and, except where otherwise indicated, designating the chairs of these committees;
- (iv) Serving as an ex officio Member with a vote on all standing Medical Staff committees unless his or her membership in a particular committee is required by these Bylaws;
- (v) Being a spokesperson for the Medical Staff in external professional and public relations;
- (vi) Serving as liaison to the Governing Body;
- (vii) Representing the views and policies of the Medical Staff to the Governing Body and to the Chief Executive Officer of UNMH; and
- (viii) Performing such other functions as may be assigned to him or her by these Bylaws, the Medical Staff, the Medical Executive Committee, or as may be delegated by the Dean, the Senior Associate Dean for Clinical Affairs, or Associate Dean for Clinical Affairs.

The Chief of Staff shall be elected by the Members of Active Medical Staff based upon the nomination of the Nominating Committee identified in Section 8.013 of these Bylaws. The election of the Chief of Staff shall be by ballot, and the outcome shall be determined by a majority of the votes cast by ballot. In this connection, members of the Active Medical Staff will be granted access to the electronic voting system for selection of a Chief of Staff. Official results of the election will be announced electronically. The term of office of the Chief of Staff will be two years (January 1 – December 31).

Section 7.005 Role of the Immediate Past Chief of Staff. The immediate past Chief of Staff will serve for a two-year term as a voting member of the Medical Executive Committee. The immediate past Chief of Staff will preside over the Medical Executive Committee meetings if the then sitting Chief of Staff is not available, and assume other

necessary roles of the Chief of Staff when the Chief of Staff is not available (i.e., summary suspension, investigation, etc.).

Section 7.006 Removal from Office. The Dean is appointed by, and may be removed by, the Chancellor. The Chief Medical Officer is appointed by and may be removed by the Executive Physician in Chief. The Associate Dean for Clinical Affairs is appointed by, and may be removed by, the Executive Physician in Chief. The Chief of Staff may be removed from office by the affirmative vote of two-thirds of the Members of the Active Medical Staff by electronic ballot or at a regular or special meeting of the Medical Staff at which a quorum is present, provided such proposed action is included in the notice of the meeting. Removal of a Chief of Staff will not be effective unless ratified by the Medical Executive Committee. A vacancy in the office of Chief of Staff will be filled by the Medical Executive Committee by appointment of a Member of the Active Medical Staff. The appointee will serve the remainder of the term of the Chief of Staff. Without further action pursuant to these Bylaws, removal from office does not affect the Medical Staff appointment or clinical privileges of the physician.

Section 7.007 Recall of Medical Executive Committee Members. (a) Except as otherwise provided, recall of an at-large member of the Active Medical Staff may be initiated by a majority of the Medical Executive Committee or shall be initiated by a petition signed by at least one-third (1/3) of the members of the Medical Executive Committee eligible to vote. Recall shall be considered at a Special Meeting called for that purpose. Recall shall require a two thirds (2/3) vote of the Medical Staff who actually cast votes at the Special Meeting. (b) Without further action pursuant to these Bylaws, removal from office does not affect the Medical Staff appointment or clinical privileges of the physician.

SECTION 8

COMMITTEES OF THE MEDICAL STAFF

Section 8.001 General Designation. The Committees of the Medical Staff described in these Bylaws and the rules shall be standing committees of the Medical Staff. Special or ad hoc committees may be created by the Medical Executive Committee or a department to perform specified tasks. Any committee – whether Medical Staff-wide or department or other clinical unit, or standing or ad hoc – that is carrying out all or any portion of a function or activity required by these Bylaws is deemed a duly appointed and authorized committee of the Medical Staff.

Section 8.002 Reporting of Activities of the Committees. All Medical Staff Committees shall maintain a permanent record of their meetings. All standing and special committees will report their activities including any recommendation, to the Medical Executive Committee. All committees shall meet as frequently as necessary to discharge their responsibilities, but at least quarterly, except where authorized to meet less frequently.

Section 8.003 **Appointment of Members.** Chairs of committees must be Members of the Active Medical Staff. Unless otherwise specified, the chair and members of all committees shall be appointed by, and may be removed by, the Chief of Staff, subject to consultation with, and approval by, the Medical Executive Committee. Except as otherwise provided in these Bylaws, committees established to perform Medical Staff functions required by these Bylaws may include any category of Medical Staff members; house staff, allied health professionals; and representatives from UNMH departments such as administration, nursing services, or health information services.

Section 8.004 **Application of ROIA.** Each committee established to perform Medical Staff functions described in ROIA, shall constitute a “Review Organization.”

Section 8.005 **Quorum for Committee Meetings.** Unless otherwise stated, the presence of one-third (33%) of the voting members of a committee will constitute a quorum, and except as otherwise provided in these Bylaws, the act of a majority of the voting members present at a meeting at which there is established a quorum shall be the act of the committee.

Section 8.006 **Attendance Expectations.** Members of the Active Medical Staff are expected to attend 75 percent of their assigned committee meetings. Repeated absence, unless excused by the committee chair, may be deemed a resignation from the committee, if recommended by the committee chair in writing to, and approved by, the Chief of Staff.

Section 8.007 **Medical Executive Committee.**

(a) Voting Members. The Medical Executive Committee will be comprised of the following voting Members: Chief of Staff (as Chair), Health System Executive Physician in Chief, Executive Physician for UNM Health System, the UNMH Chief Medical Officer, the Associate Dean for Clinical Affairs, the immediate past Chief of Staff, up to five (5) Executive Medical Directors, as appointed by the Chief Medical Officer, the Chairs of all Clinical Departments, the Chief Medical Officer of the Cancer Center, the Associate Dean for Graduate Medical Education, four (4) at-large members of the Active Medical Staff in good standing, and the chair of the Credentials Committee. If any of the foregoing voting members designate another member of the Active Medical Staff to serve in his or her stead, such a designate member of the Medical Executive Committee shall not have voting rights.

(b) Ex Officio Non-Voting Members. The Medical Executive Committee will also have the following non-voting Members: the Chief of Staff-Elect following biennial election results, the Dean of the School of Medicine, Health System Chief Quality Officer, Executive Director for Quality Outcomes, the Chief Executive Officer/UNMH, the Chief Operations Officer of UNMH, the Clinical Operations Director of the Cancer Center, a resident physician representative(s) appointed by the Chief of Staff, UNMH Chief Nursing Officer, UNMH Administrator for Professional

and Support Services, UNMH Administrator for Ambulatory Services, UNM Health System Clinics Executive Physician, the UNMMG and SRMC Chief Medical Officers, the UNMMG and SRMC Chief Executive Officers, and the Chairs of all Associate Departments, and a physician representative from the HSC Office of Professionalism. Deans and Chancellors of the School of Medicine who are active members of the UNMH medical staff may also participate in a non-voting capacity.

(c) Duties of the Medical Executive Committee. The duties of the MEC, as delegated by the Medical Staff, shall be to:

(i) identify, review and approve the standards of medical practice for the UNMH;

(ii) develop, approve, and recommend to the Medical Staff and the Governing Body the *Medical Staff Bylaws*. The *Bylaws* establish a framework for self-governance of the Medical Staff and accountability to the Governing Body;

(iii) coordinate the medical activities of the various Departments and UNMH clinical facilities through the review, approval or adoption of UNMH or Medical Staff policies, procedures, and guidelines;

(iv) act for the Medical Staff between meetings of the Medical Staff, within the limits of the *Medical Staff Bylaws*, policies, and procedures;

(v) Receive and act upon reports and recommendations from the Departments, committees, work groups, programs and officers of the Medical Staff concerning patient care, clinical pertinence review, and other quality maintenance activities and the discharge of their delegated administrative responsibilities;

(vi) act as liaison between the Medical Staff and the Governing Body;

(vii) make recommendations to the Governing Body regarding policies and procedures; Medical Staff structure, Membership, and governance; review of credentials and delineation of privileges; organization of quality review and assessment activities of the Medical Staff, as well as mechanisms for acting on the recommendations of those review and assessment activities; professional review, disciplinary action, or restriction or termination of privileges of Medical Staff Members;

(viii) act on the recommendations of the Credentials Committee concerning appointment and reappointment to the Medical Staff, professional review activities; and transmit recommendations to the Governing Body;

(ix) act in regular or special session at the request of the Credentials Committee, Associate Dean for Clinical Affairs, Chief of Staff, or Dean when necessary in cases of suspension, termination of appointment, or restriction of privileges of Members of the Medical Staff or others with clinical privileges;

(x) review and act on recommendations received from the Physician Health and Rehabilitation Committee, and, when necessary, making recommendations to the Governing Body based on recommendations from the Physician Health and Rehabilitation Committee;

(xi) support the accreditation program and activities of the UNMH;
and

(xii) provide consultation regarding proposed changes in operational aspects of UNMH clinical care.

(d) Term of Office. The Terms of office for Members-at-large on the Medical Executive Committee will be two (2) years. Resident physician Members will be appointed annually.

(e) Replacement of Members-at-Large. In the event of resignation from the MEC or other reason for extended absence from the Medical Executive Committee, the Member-at-Large vacancy will be filled at the discretion of the Chief of Staff to complete the ongoing two-year term.

(f) Meetings. The Medical Executive Committee shall meet at least six (6) times each year as regular meetings. Special meetings of the Medical Executive Committee may be called only by the Dean, the Senior Associate Dean for Clinical Affairs, the Associate Dean for Clinical Affairs, or the Chief of Staff and may be called at any time. Notice of every special meeting shall be sent in writing to each member of the Medical Executive Committee not less than three (3) business days before the meeting. Notice of special meetings do not need to state the purpose or purposes for which the meeting is called, but shall state the time and place of the meeting. Notice is deemed given if made to the members of the Medical Executive Committee by electronic communication. In all cases, the Medical Executive Committee will maintain a permanent record of its proceedings and actions.

Section 8.008 **Credentials Committee.**

(a) Composition. The Credentials Committee will be comprised of the Associate Dean for Clinical Affairs as Chair, or his/her designate, and other Medical Staff Members as are appointed. The Chief Nursing Officer or designee is an ex officio member with full voting rights.

(b) Committee Members may be appointed to the Credentials Committee by either the Chief of Staff or the Chair of the Credentials Committee.

(c) Duties. The duties of the Credentials Committee include coordinating and reviewing credentials investigations and recommendations including:

(i) Reviewing and evaluating the qualifications of each applicant for initial appointment, reappointment, or modification of appointment and for clinical privileges, including obtaining and considering the recommendations of the appropriate Departments;

(ii) Submitting a quarterly report, in accordance with Sections 5 and 6 of these Bylaws, to the Medical Staff Executive Committee on the qualifications of each applicant for Staff Membership or particular clinical privileges and of each Allied Health Professional for specified services. Such report shall include recommendations with respect to appointment, Medical Staff category, Department affiliation, clinical privileges or specified services, and special conditions attached thereto;

(iii) Investigating, reviewing and reporting on matters, including the clinical, ethical or professional conduct of any Member of the Medical Staff or other UNMH clinical practitioner, when assigned or referred to it by the Associate Dean for Clinical Affairs, the Dean, the Chief of Staff, or the Medical Executive Committee; and

(iv) Performing such other duties as may be assigned to it by the Medical Executive Committee.

(d) Term of Office. Credentials Committee appointments will be for two year renewable terms.

(e) Meetings. The Credentials Committee will meet at least quarterly as regular meetings. Special meetings of the Credentials Committee may be called only by the Dean, the Senior Associate Dean for Clinical Affairs, the Associate Dean for Clinical Affairs, the Chief of Staff or the Chair and may be called at any time. Notice of every special meeting shall be sent in writing to each member of the Credentials Committee not less than three (3) business days before the meeting. Notice of special meetings do not need to state the purpose or purposes for which the meeting is called, but shall state the time and place of the meeting. Notice is deemed given if made to the members of the Credentials Committee by electronic communication. In all cases, the Credentials Committee will maintain a permanent record of its proceedings and actions.

Section 8.009 **Pharmacy and Therapeutics Committee.**

(a) Composition. The Pharmacy and Therapeutics Committee will be comprised of at least nine (9) Active and/or Allied Health Professional Medical Staff Members; the UNMH Pharmacy Director and Assistant Pharmacy Director; one or more representative from the UNMH Nursing Service; and representatives from UNMH Food and Nutrition Services, and the UNM Cancer Center, the Carrie Tingley Hospital program, Children's Psychiatric Center, and the Adult Psychiatric Center.

(b) Duties. The duties of the Pharmacy and Therapeutics Committee are to develop and maintain surveillance over drug utilization policies and practices including:

(i) Assisting in the formulation of broad professional policies regarding the evaluation, appraisal, selection, use, safety procedures, and all other clinical matters relating to drugs in the UNMH;

(ii) advising the Medical Staff and the UNMH's pharmaceutical Department on matters pertaining to the choice of available drugs;

(iii) making recommendations concerning drugs to be stocked on the nursing unit floors and by other services;

(iv) developing and reviewing periodically a formulary or drug list for use in the UNMH;

(v) evaluating clinical data concerning new drugs or preparations requested for use in the UNMH; and

(vi) establishing standards concerning the use and control of recognized drugs.

(c) The Pharmacy and Therapeutics Committee will maintain a permanent record of all activities relating to the Pharmacy and Therapeutics Committee functions and duties and will submit periodic reports and recommendations to the Medical Executive Committee through the Quality Oversight Committee concerning drug utilization policies and practices in UNMH.

(d) Terms of Office. Pharmacy and Therapeutics Committee appointments will be for one year renewable terms.

(e) Meetings. The Pharmacy and Therapeutics Committee will meet at least six (6) times each year as regular meetings. Special meetings of the Pharmacy and Therapeutics Committee may be called only by the Dean, the Senior Associate Dean for Clinical Affairs, the Associate Dean for Clinical Affairs, the

Chief of Staff or the Chair and may be called at any time. Notice of every special meeting shall be sent in writing to each member of the Pharmacy and Therapeutics Committee not less than three (3) business days before the meeting. Notice of special meetings do not need to state the purpose or purposes for which the meeting is called, but shall state the time and place of the meeting. Notice is deemed given if made to the members of the Pharmacy and Therapeutics Committee by electronic communication.

Section 8.010 Cancer Committee.

(a) Composition. This is a standing, multidisciplinary committee, comprised of Active Medical Staff members and other representatives from the University of New Mexico Hospitals and the University of New Mexico Cancer Center, to include but not be limited to: representatives from diagnostic imaging, radiation oncology, rehabilitation services, nutrition services, quality management, psychosocial support services, pathology, cancer liaison physicians, cancer program administration, oncology nursing, social work, tumor registry, palliative team care, clinical research, and genetics. Others can be included as the discretion of the Committee depending upon the needs of various programs.

(b) Duties.

(i) The Committee is responsible for goal setting, planning, initiating, implementing, evaluating and improving all cancer related activities in the program. The committee will oversee: program management, clinical services, continuum of care services, patient outcomes and data quality.

(ii) The Committee will participate in UNMH quality monitoring activities, including regular reporting to the UNMH Quality Oversight Committee.

(iii) The Committee is also responsible for the development and dissemination of a report of patient or program outcomes. This report may be published in electronic or printed form. This report must be distributed to an audience external to the faculty and medical staff.

(c) Terms of Office. Cancer Committee appointments will be for one year renewable terms.

(d) Meetings. The Cancer Committee will meet at least quarterly as regular meetings. Special meetings of the Cancer Committee may be called only by the Dean, the Senior Associate Dean for Clinical Affairs, the Associate Dean for Clinical Affairs, the Chief of Staff or the Committee Chair and may be called at any time. Notice of every special meeting shall be sent in writing to each member of the Cancer Committee not less than three (3) business days before the meeting. Notice of special meetings do not need to state the purpose or purposes for which the meeting is called, but shall state the time and place of the meeting. Notice is deemed given if made to the members of the Cancer Committee by electronic communication. In all cases, the Cancer Committee will maintain a permanent record of its proceedings and actions.

Section 8.011 **Surgical Services Operations Committee.**

(a) Composition. The Surgical Services Operations Committee shall be comprised of:

- (i) a surgeon who shall serve a two-year term as committee chair;
- (ii) an anesthesiologist who shall serve as committee vice chair (with vote);
- (iii) eleven (11) appointed members from the Departments of Dental Medicine, Neurosurgery, Obstetrics & Gynecology, Orthopedics, and Surgery (with vote);
- (iv) the Executive Medical Director for Surgical Services and the Medical Directors of the Main OR, OSIS, and BBRP OR (with vote);
- (v) the UNMH Chief Executive Officer, UNMH Chief Medical Officer, and UNMH Chief Nursing Officer (without vote).

(b) Duties. The Surgical Services Operations Committee responsibilities include the following:

- (i) Oversight of perioperative services, including three (3) operating rooms (main, BBRP, OSIS), pre- and post-anesthesia care units, and pre-admission testing;
- (ii) Improve the effectiveness and efficiency of all surgery-related services by establishing, coordinating, and monitoring policies related to those services.

(c) Terms of Office. Surgical Services Operations Committee appointments will be for one year renewable terms.

(d) Meeting. Surgical Services Operations Committee will meet at a minimum at least twelve (12) times a year and will maintain a permanent record of its proceedings and actions.

(e) The Surgical Services Operations Committee shall function in accordance with the committee charter.

Section 8.012 **CPR Committee.**

(a) Composition. The CPR Committee will consist of appropriate physicians, nurses, pharmacists, and technical support staff from various Departments and hospital areas. Representation from the UNMH Rapid Response Team will be included.

(b) Duties. The CPR Committee is responsible for quality review and improvement of UNMH cardiopulmonary resuscitation events (“codes”). Duties include review of code sheets to identify any issues regarding appropriate care, documentation, or other problem areas that may need attention or intervention, and facilitation of changes to policies, documents, education, and equipment to improve outcomes when patients, visitors, or staff are critically ill.

(c) Terms of Office. CPR Committee appointments will be for one year renewable terms.

(d) Meetings. The CPR Committee will meet monthly and will maintain a permanent record of its proceedings and actions.

Section 8.013 **Nominating Committee.**

(a) Composition. The Nominating Committee will be comprised of two Members from the Active Medical Staff and three Members of the Medical Executive Committee. The appointments will be made by the Chief of Staff in consultation with the Associate Dean for Clinical Affairs.

(b) Duties. The duties of the Nominating Committee will be to:

(i) select Members of the Active Medical Staff for the annual election of four (4) Members-at-large to serve on the Medical Executive Committee, and nominees from the Active Medical Staff for the biennial election of the Chief of Staff;

(ii) submit the slate of nominees proposed by it to the Medical Executive Committee along with a notice calling for the Chief of Staff to call the Annual Meeting of the Medical Staff; and

(iii) conduct the elections electronically and authenticate at each Annual Meeting of the Medical Staff.

(c) Terms of Office. The Nominating Committee appointments will have term as designated by the Chief of Staff.

(d) Meetings. The Nominating Committee will meet as necessary and no more than fifteen weeks before the Annual Meeting of the Medical Staff and will make its report available to the Chief of Staff and the Associate Dean for Clinical Affairs for distribution to the Medical Executive Committee.

Section 8.014 **Medical Staff Professionalism Committee.**

(a) Composition. The Medical Staff Professionalism (MSP) Committee will be comprised of seven respected Members of the Active Medical Staff in good standing. The appointments will be made by the Chief of Staff in consultation with the Senior Associate Dean for Clinical Affairs (or his/her designate). Consideration for membership of this Committee will be given to Members who provide the committee with sufficient expertise to address matters involving substance abuse and recovery; gender and minority issues; graduate medical education; mental health; and surgery.

(b) Duties. The duties of the MSP Committee will be to provide advice, consultation, and recommendations to the Medical Executive Committee, the Credentials Committee, Medical Staff Members, clinical Divisions, clinical Departments, clinical programs, administrators, or other elements of the UNMH who request the MSP Committee's assistance in addressing Medical Staff Member professionalism issues. The committee shall also direct an education program designed to inform Medical Staff Members and other organized staff about illness and impairment recognition and at-risk criteria. Advice, consultation, and recommendations will be provided at the discretion of the MSP Committee. The MSP Committee will have no specified authority to enforce its recommendations.

(c) Terms of Office. The term of office for appointees to the MSP Committee is two years. Members may be reappointed at the discretion of the Chief of Staff in consultation with the Senior Associate Dean for Clinical Affairs (or his/her designate).

(d) Meetings. The MSP Committee will meet as necessary. It will strive to meet within three (3) working days of a request for consultation. The Department Chair of the Medical Staff Member being reviewed will be invited to attend any meeting(s) during which the Medical Staff Member is being reviewed. Upon request of the Chief of Staff, the Office of University Counsel will provide support and advice to the MSP Committee.

Section 8.015 Medical Staff Health and Rehabilitation Committee.

(a) Composition. The Health and Rehabilitation Committee will be comprised of at least two (2) Active Medical Staff Members and at least one (1) Allied Health Professional Medical Staff Member. Other Members of the Committee may include a representative from the Department an affected practitioner practices in, and a Medical Review Officer from the Monitored Treatment Program (MTP). Upon request of the Chief of Staff, the Office of University Counsel will provide support and advice to the Health and Rehabilitation Committee.

(b) Duties. The purpose and responsibilities of the Health and Rehabilitation Committee are as follows:

(i) To investigate any practitioner who self discloses or who is identified by the Department Chair or other person who reports a history of, treatment for and/or current impairment by reason of substance abuse, organic dysfunction, mental illness or any condition or situation contributing negatively to the performance of the applicant's duty of care to such a degree as to endanger the well-being of patients, be judged blatantly unprofessional, or endanger the life and well-being of the applicant;

(ii) To confidentially investigate any information concerning any Medical Staff Member or Allied Health Professional who is impaired or alleged to be impaired;

(iii) To investigate every report of alleged impairment at the discretion of the Health and Rehabilitation Committee. Such investigation shall require notification of the Medical Staff or Allied Health Professional Member under investigation and may, without limitation, include:

(1) Interviewing the allegedly impaired practitioner or Allied Health Professional;

(2) Interviewing people providing reports of suspected impairment;

(3) Requiring the practitioner or Allied Health Professional who is undergoing or has undergone treatment for an impairment to demonstrate that treatment has been successfully completed;

(4) Requiring evidence of continuing compliance with an after-care contract or consent agreement;

(5) Requiring reports indicating that the practitioner or Allied Health Professional's ability to practice has been assessed and that he/she has been found capable of practicing according to acceptable and prevailing standards of care and report such actions to the Associate Dean for Clinical Affairs, and to the Credentials Committee; and/or

(6) Requiring that the practitioner or Allied Health Professional enter into a written agreement with the Committee with conditions imposed by the Committee before granting or continuing staff Membership, privileges, or permission to practice.

(iv) To monitor the status of each recovering Medical Staff or Allied Health Professional Member designated as "impaired." This monitoring system shall be individualized at the discretion of the Committee according to the needs of the situation as judged by the Committee in periodic review. Status reports of progress must be documented to the Committee. Such monitoring may, without limitation, include:

(1) Requiring compliance with a written agreement entered into by the practitioner or Allied Health Professional with a treatment provider or with the Committee;

(2) Requiring compliance with a treatment program;

(3) Requiring submission to the Committee, for a designated period of time, of reports made under penalty of perjury stating the professional's progress;

(4) Reporting its findings for every impaired professional investigated under this section by submitting a report of the Committee's investigation, evaluation, and monitoring actions to the affected Member's Chair, the Associate Dean for Clinical Affairs, and the Credentials Committee;

(5) Developing health educational programs for the Medical Staff and School of Medicine staff to increase awareness of the symptoms of dependency, the need to report such observation and the methodology for reporting;

(6) Developing programs that will provide assistance to the impaired professional during the rehabilitation process; and

(7) Submitting reports of its deliberations and actions relating to completion or failure of rehabilitation to the Associate Dean for Clinical Affairs, and to the Credentials Committee.

(e) Terms of Office. The term of office for appointees to the Health and Rehabilitation Committee is two years. Members may be reappointed at the discretion of the Chief of Staff in consultation with the Senior Associate Dean for Clinical Affairs (or his/her designate).

(f) Meetings. The Health and Rehabilitation Committee will meet as necessary and will maintain a permanent record of its proceedings and actions.

Section 8.016 **Quality Oversight Committee.**

(a) Composition. The Quality Oversight Committee will be comprised of the UNMH Chief Medical Officer (co-chair), the Chief Executive Officer of UNM Hospitals (co-chair), two Members of the Governing Body; the Associate Dean for Clinical Affairs; up to four Executive Medical Directors as appointed by the Chief Medical Officer; the UNMH Chief Nursing Officer; the Clinical Department Chairs of Internal Medicine, Pediatrics, Surgery, and Psychiatry and Behavioral Sciences; and the Chief of Staff. Members may also include medical directors, executive directors, nurse managers, hospital administrators, or other Department Chairs as appointed by the Quality Oversight Committee Chairs. The Quality Oversight Committee shall work with appropriate Medical Staff committees related to its duties.

(b) Subcommittees. The Quality Oversight Committee may also appoint subcommittees, which will be co-chaired by a UNM Hospitals representative and a Medical Staff leader appointed by the Quality Oversight Committee co-chairs. These subcommittees will work collaboratively with multi-disciplinary care providers involved with specific patient population and/or key hospital function to plan and implement systemic performance improvement activities. These subcommittees, along with the appropriate Medical Staff committees, are responsible to identify and implement improvements in the delivery of care based upon data analysis, external benchmark data, and quality indicators. Key focus areas may include clinical quality, patient safety, and patient service. These subcommittees will report goals and accomplishments on a periodic basis to the Quality Oversight Committee. As appropriate, the subcommittees and Medical Staff committees will refer potential quality of care issues related to an individual practitioner to the Office of Clinical Affairs, or in the case of a UNM Hospitals employee to the UNMH Chief Nursing Officer or to other appropriate UNMH leadership. The subcommittees and

Medical Staff committees are the primary forums to identify and drive performance improvement through process improvement and evaluation of quality data.

(c) Duties. The Quality Oversight Committee will be responsible for:

(i) Monitoring and reporting clinical quality assurance/quality improvement activity throughout UNMH;

(ii) Reviewing and resolving clinical quality assurance/ quality improvement operational and policy matters that may arise;

(iii) Evaluating clinical quality assurance/performance improvement activity both quantitatively and qualitatively;

(iv) Assuring implementation of appropriate corrective action; and

(v) Making appropriate recommendations for policy changes to the Medical Executive Committee or other UNMH committees and programs; and

(vi) Reporting to the Medical Executive Committee and to the Governing Body on the Quality Oversight Committee's actions and functions.

(d) Reporting. Quarterly, the Quality Oversight Committee will provide a report to the Medical Executive Committee and to the Governing Body concerning activities, findings, and recommendations of the Committee; compliance with the UNMH Performance Improvement Plan; identifying problem areas requiring corrective action, if any; and other matters as requested by the Medical Executive Committee or the Governing Body.

(e) Meetings. The Quality Oversight Committee will meet at least quarterly as its regular meetings. Special meetings of the Quality Oversight Committee may be called only by the Dean, the Senior Associate Dean for Clinical Affairs, the Associate Dean for Clinical Affairs, the Chief of Staff or the co-Chairs of the Quality Oversight Committee and may be called at any time. Notice of every special meeting shall be sent in writing to each member of the Quality Oversight Committee not less than three (3) business days before the meeting. Notice of special meetings do not need to state the purpose or purposes for which the meeting is called, but shall state the time and place of the meeting. Notice is deemed given if made to the members of the Quality Oversight Committee by electronic communication. In all cases, the Quality Oversight Committee will maintain a permanent record of its proceedings and actions.

Section 8.017 **Joint Conference Committee**

(a) **Composition.** The Joint Conference Committee shall consist of the Chair of the POC, the Chief of Staff, three (3) other members of the Governing Body appointed by the Chair of the Governing Body, the CMO of UNMH, the Chair of the affected clinical department, and any other Ad hoc member agreed upon and appointed by the Chair of POC and Chief of Staff.

(b) **Term of Office.** Terms of Office for committee members will be for one year, or until completion of assignment. Members may be appointed for additional terms.

(c) **Duties.** This committee shall provide a Forum for discussion of mutual problems and solutions related to credentialing and privileging between the Medical Staff and the governing body. It shall serve to recommend resolution to the governing body and the Medical Staff when either the governing body or the Medical Staff decline to act on requests for credentials or privileges.

Section 8.018 Medical Staff Representation on Other Committees. Members of the Medical Staff may be assigned to serve on other UNMH Committees. Appointment to such committees may be made by the Chief of Staff, Dean, Executive Physician in Chief, Associate Dean for Clinical Affairs, Executive Medical Director for Inpatient Services, Executive Medical Director for Ambulatory Services, Executive Medical Director for Children's Services, or Executive Medical Director for Patient Safety and Quality Improvement. There shall be Medical Staff representation in any Hospital deliberations affecting the discharge of Medical Staff responsibilities.

Section 8.019 **Bylaws Committee**

(a) **Composition.** The Bylaws Committee shall consist of the Chief of Staff, the Immediate Past Chief of Staff, the Associate Dean for Clinical Affairs, the Executive Medical Director Medical Staff Affairs, and three (3) additional Active Staff members, and a representative from the HSC Office of University Counsel who will provide support and advice to the committee. The chair and committee members shall be appointed by the Chief of Staff, subject to consultation with, and approval by, the Medical Executive Committee.

(b) **Term of Office.** Terms of Office for committee members shall be for one year renewable terms.

(c) **Duties.** The Bylaws Committee shall review the Medical Staff Bylaws and other related documents (including, but not limited to, the Medical Staff Rules and Regulations) and make recommendations for appropriate amendments and revisions.

(d) Meetings. The committee shall meet at least annually, shall maintain a permanent record of its proceedings and recommendations, and shall make a written report thereof after each meeting to the Medical Executive Committee.

Section 8.020 **Ethics Committee.**

(a) Composition. This is a standing, multidisciplinary committee, comprised of Active Medical Staff members and other representatives from the University of New Mexico Hospitals, to include but not be limited to: representatives from Pediatrics, Emergency Medicine, Geriatrics, Neurology, Neurosurgery, Oncology, Clinical Psychology, Social Work, Nursing, Administration, Graduate Medical Education, Pharmacy, and Pastoral Services. The Office of University Counsel will provide support and advice to the Ethics Committee upon request. Others can be included at the discretion of the Committee depending upon the needs of various issues.

(b) Duties. The purpose and responsibilities of the Ethics Committee are as follows:

(i) To serve as a consultative resource for the medical, nursing, allied health care staffs, patients and/or families in dealing with ethical questions related to inpatient or outpatient medical care and treatment and especially the care of the seriously ill.

(ii) To serve as an advisory body for the professional and administrative staffs in the formulation and periodic review of policies and/or guidelines concerned with ethical issues in health care, research or health education.

(iii) To provide a forum for inter-disciplinary dialogue relative to ethical questions and concerns which arise in the hospital and are not addressed systematically by other committees.

(iv) To encourage and assist in the development and dissemination of ethical educational programs and material for, and to, medical nursing, allied health, administrative departments, and appropriate community groups.

(c) Terms of Office. Ethics Committee appointments will be for two year renewal terms.

(d) Meetings. The Ethics Committee shall meet subject to the call of the Chancellor, the Senior Associate Dean for Clinical Affairs, the Associate Dean for Clinical Affairs, the Chief of Staff or the Committee Chair and may be called at any time. The Ethics Committee will maintain a permanent record of its proceedings and actions.

SECTION 9

CLINICAL AND ASSOCIATE DEPARTMENTS

Section 9.001 **Organization of Clinical and Associate Departments** Each clinical or associate Department shall have a Department Chair who is appointed by the Dean of the School of Medicine. The departmental organization of the Medical Staff (as it pertains to Clinical Departments) will correspond to the departmental, and if applicable, the divisional organization of the UNM School of Medicine.

(a) Qualifications of Department Chairs. Each Clinical Department Chair or designee must be:

(i) Certified by an appropriate specialty board, or otherwise possessing documentation of comparable competence affirmatively established through the credentialing process.

(ii) A Member in good standing of the Active Medical Staff.

(b) Roles and Responsibilities of Clinical Department Chairs. The roles and responsibilities of the Department Chairs include, but are not limited to:

(i) Clinical, administrative, and professional activities of the Department and its members;

(ii) Assurance of sufficient and effective continuing surveillance of the professional performance of all Members of the Department;

(iii) Recommending to the Medical Staff the criteria for clinical privileges that are relevant to the care provided in the departments;

(iv) Recommending clinical privileges for each member of the Department;

- (v) Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the Department of the organization;
- (vi) Integration of the Department into the primary functions of the organization;
- (vii) Coordination and integration of interdepartmental and intradepartmental services;
- (viii) Development and implementation of policies and procedures that guide and support the provision of care, treatment, and services;
- (ix) Recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services;
- (x) Input into the determination of the qualifications and competence of Department or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services;
- (xi) Continuous assessment and improvement of the quality of care, treatment, and services;
- (xii) Maintenance of quality control programs, as appropriate;
- (xiii) Orientation and continuing education of all persons in the Department;
- (xiv) Recommending space and other resources needed by the Department.

Section 9.002 Designation of Clinical Departments and Associate Departments.

(a) Clinical Departments. The current clinical Departments are: Anesthesiology & Critical Care Medicine, Dental Medicine, Dermatology, Emergency Medicine, Family & Community Medicine, Internal Medicine, Neurology, Neurosurgery, Obstetrics & Gynecology, Orthopedics & Rehabilitation, Pathology, Pediatrics, Psychiatry and Behavioral Sciences, Radiology, and Surgery.

(b) Associate Departments. The Medical Staff delegates to the Medical Executive Committee the right to name Associate Departments as they deem necessary and proper for the functioning of the Medical Staff.

Section 9.003 Responsibilities of the Clinical Departments and the Associate Departments.

(a) Patient Care. Each Department shall implement and conduct specific review and evaluation of activities that contribute to the preservation and improvement of the quality and efficiency of patient care provided by that Department and its Members. To carry out this responsibility, each Department shall adhere to the requirements of Sections 9.003(b) through 9.003(j) of these Bylaws.

(b) Clinical Pertinence. Each Department shall conduct retrospective clinical pertinence reviews for the purpose of analyzing, and evaluating the quality of care within the Department. The number of such reviews to be conducted shall not be less than the number required by The Joint Commission, or, if higher, the number required by law. Each Department shall review all clinical work performed under its jurisdiction whether or not any particular practitioner whose work is subject to such review is a Member of that Department. Practitioners shall be subject to review by each Department in which they exercise clinical privileges and shall also be subject to such reviews as the Department may conduct.

(c) Clinical Privileges. Establish guidelines for the granting of clinical privileges within the Department and submit recommendations for Medical Staff appointments and delineation of clinical privileges for all Department Members and other appropriate professionals in the Department as required under Sections 5 and 6 of these Bylaws.

(d) Education and Research Programs. Conduct, participate in, and/or make recommendations regarding continuing education programs and research programs, to include changes in and results of patient care review and evaluation activities.

(e) Bylaws Compliance. Monitor, on a continuing and concurrent basis, adherence to Medical Staff Bylaws, Medical Staff policies and procedures and Department policies, sound principles of clinical practice, fire, infectious disease, and other regulations designed to promote patient safety, coordinate the patient care provided by the Department's Members with nursing and ancillary patient care services and with administrative support services.

(f) Professionalism. Foster an atmosphere of professional decorum within the Department appropriate to the healing arts.

(g) Professional Performance Reviews. Maintain ongoing review of professional performance of all Department Members and others with clinical privileges in the Department and report regularly on such performance to the Credentials Committee or other appropriate committees or bodies of the UNMH. Such reports shall include findings of the Department's review and evaluation activities, to include focused professional practice evaluations, actions taken thereon, and

the results of such actions; recommendations for maintaining and improving the quality of care provided in the Department and the UNMH; and such other matters as may be requested from time to time by the Medical Executive Committee.

(h) Departmental Meetings. Hold Departmental meetings at least monthly for the purpose of receiving, reviewing and considering clinical pertinence review findings and the result of the Department's other review, evaluation and education activities and of performing or receiving reports on other Department and staff functions. A record of these meetings specifying corrective action for quality and efficiency of patient care issues shall be maintained.

(i) Other Mechanisms. Establish such committees or other mechanisms as are necessary and desirable to properly perform the functions assigned to it.

(j) Student, Resident, and Fellow Education. Provide a suitable environment for the education of medical students, interns, residents, fellows, and other healthcare professionals. In order to perform this function the Departments will coordinate their efforts under the direction and guidance of the Dean of the School of Medicine or his/her designee.

SECTION 10

MEETINGS OF THE MEDICAL STAFF

Section 10.001 **Annual Meetings of the Medical Staff.** A regular annual meeting of the Medical Staff shall be held not later than the 31st day of October of each year. The officers elected at any such regular annual meeting will take office on the first day of January of the following year. Notice of the annual meeting shall be sent in writing to each member of the Medical Staff at least thirty (30) days before the meeting. Notice is deemed given if made to the members of the Medical Staff by electronic communication. This meeting and any others may be attended in person or virtually by the voting members of the Medical Staff.

Section 10.002 **Order of Business and Agenda.** The order of business and agenda at the annual meeting shall be determined by the Chief of Staff.

Section 10.003 **Special Meetings.** Special meetings of the Medical Staff may be called at any time by the Dean, the Chief of Staff, or the Medical Staff Executive Committee. Notice of every special meeting shall be sent in writing to each member of the medical staff not less than ten (10) business days before the meeting. Notice of special meetings do not need to state the purpose or purposes for which the meeting is called, but shall state the time and place of the meeting. Notice is deemed given if made to the members of the Medical Staff by electronic communication.

Section 10.004 **Regular Committee and Department Meetings.** There shall be at least monthly Departmental or major clinical service meetings for the review of care and treatment of patients served by the Departments. A record shall be maintained which shall include resultant recommendations.

Section 10.005 **Quorum and Voting.**

(a) Medical Staff Meetings. The presence of twelve and one-half percent (12.5%) percent of the voting Members of the Medical Staff at either a regular annual or special meeting of the Medical Staff shall constitute a quorum for the purpose of conducting business. A quorum once attained continues until adjournment despite voluntary withdrawal of enough Active Medical Staff Members to leave less than a quorum. The act of a majority of the Active Medical Staff Members present at the meeting at which a quorum is present will be the act of the Medical Staff.

(b) Each Active Medical Staff Member will have one vote.

(c) In addition, when the Medical Executive Committee determines that matters, such as the election of officers, need to be determined by a vote of the Active Medical Staff Members, but that a meeting is not necessary or not practicable for such a vote, the Medical Executive Committee may authorize voting by the Active Medical Staff Members by electronic ballot, subject to the same notice provisions provided in these Bylaws for meetings. In that event, the act of a majority of the Members of the Active Medical Staff voting by electronic ballot will be the act of the Medical Staff.

Section 10.006 **Minutes of Meetings of the Medical Staff.** Minutes of all meetings shall include a record of attendance and the recommendation to be considered for action, if any. Copies of such minutes shall be approved by the attendees, forwarded to the Medical Staff Executive Committee, and made available to the staff. A permanent file of the minutes of each meeting shall be maintained.

Section 10.007 **Regular Attendance.** Members of the Active Medical Staff and Allied Health Professional Medical Staff are requested to attend the annual meeting of the Medical Staff, and are encouraged to attend all other business and special meetings of the Medical Staff. Members who are unable to attend such meetings should notify their Clinical Department Chair. The Members of the Honorary and Courtesy Medical Staffs are encouraged to attend Medical Staff meetings.

SECTION 11

CONFIDENTIALITY, IMMUNITY, AND RELEASE

Section 11.001 **Confidentiality of Information.** Information with respect to any Medical Staff Member that is submitted, collected or prepared by any representative of this or any other health care facility or organization or Medical Staff Member for the purpose of achieving and maintaining quality patient care, reducing morbidity and mortality, or contributing to clinical research shall be confidential to the fullest extent required by law. In this connection,

(a) The information shall be disseminated within the UNM only to those persons involved in fulfilling the purpose for which the information was prepared or obtained.

(b) The information shall not become part of any particular patient's file or of the general hospital record.

(c) The UNM Hospital shall disclose information as described in this Section outside of UNM Health System only as required by state and federal laws and regulations; or for purposes of accreditation or licensure; or for purposes of audits of delegated credentialing by contracted health plans.

(d) Disclosure of information and data to one or more review organization committees established by the UNM Health System (including, without limitation, the UNM Health System Credentials Verification Office) as are necessary and appropriate for the UNM Health System to fulfill its role and responsibility as an association of health care providers as defined in Section 41-0-2 of the New Mexico Review Organization Immunity Act.

Section 11.002 **Confidentiality Relating to Professional Review Activities.** Any committee or sub-committee of the Medical Staff which conducts "professional review activities" as defined in these Bylaws, or which assists in conducting "professional review activities," shall constitute a "professional review body" as defined in these Bylaws and the Health Care Quality Improvement Act, 42 U.S.C. Section 11151 (11), and/or a "review organization" as defined in these Bylaws and ROIA. Such committee or subcommittee, any person acting as a Member or employee of the committee or subcommittee, any person who acts under a contract or other formal agreement with the body, any person who participates with or assists the committee or subcommittee, and any person who acts in an advisory capacity to or who furnishes counsel or services to such committee or subcommittee, shall be entitled to all privileges and immunities afforded under applicable state and federal laws and regulations. All data and information acquired by a "review organization" as defined in these Bylaws and ROIA in the exercise of its duties and functions, and what transpired at a meeting of a "review organization," shall be held in confidence and shall not be disclosed to anyone, except to the extent necessary to carry out one or more of its purposes or in a judicial appeal from the action of a review organization,

or as otherwise required by state or federal laws or regulations.

Section 11.003 **Activities Covered by this Section.** The confidentiality provided by this Section 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:

- (a) Applications for appointment, clinical privileges, or specified services.
- (b) Periodic reappraisals for reappointment, clinical privileges, or specified services.
- (c) Professional review activities or corrective action.
- (d) Hearings and appellate reviews.
- (e) Clinical pertinence reviews.
- (f) Utilization reviews.
- (g) Other hospital, Department, service, or committee activities related to monitoring and maintaining quality patient care and appropriate professional conduct.

Section 11.004 **Information.** For the purpose of this Section, "information" means the acts, communications, reports (including the report to and from the National Practitioner Data Bank), recommendations, disclosures, and other information referred to which may relate to a Medical Staff Member's professional qualifications, clinical ability, judgment, character, physical and mental health, emotional stability, professional ethics, or any other matter that might directly or indirectly affect patient care.

Section 11.005 **Cumulative Effect.** Provisions in these Bylaws and in application forms relating to authorizations, confidentiality of information and immunities from liability shall be in addition to other protections provided by state and federal law and not in limitation thereof.

SECTION 12

PROFESSIONAL REVIEW AND CORRECTIVE ACTION

Section 12.001 **Condition of Privileges.** As a condition of privileges conferred, every provider privileged to practice at UNMH agrees to participate in and be subject to quality assurance and professional review activities wherein the quality of patient care, professionalism, and ethical conduct of a privileged provider is reviewed; to serve as a

reviewer in appropriate cases; and to provide information when requested by a UNMH professional review body/investigator.

Section 12.002 **General Provisions.**

(a) Professional review applies only to Members of the Organized Medical Staff ("Member") and to applicants for Membership in the Active and Courtesy Medical Staff ("Applicant"). The hearing and appeal procedures for any other providers practicing at UNMH clinical facilities will be in accordance with the UNM Business Policies and Procedures Manual, the UNM Hospital Personnel Policies and Procedures, or UNMH Policies and Procedures, as applicable.

(b) When warranted, nothing in these Bylaws will preclude collegial or informal efforts to address questions or concerns related to aspects of a Member's practice and conduct that may adversely affect patient care at the UNMH.

(c) It is the goal of this Section to provide prompt, thorough, and fair resolution to matters addressed through this Section. Therefore, a reasonable effort shall be made to conclude the review processes referenced in this Section and in Section 13 of these Bylaws within ninety (90) days of the service of notice as provided in section 12.017 herein. The Medical Executive Committee shall have the authority to adopt policies, procedures, and guidelines in order to effectuate this goal.

(d) All Medical Staff professional review will be conducted in accordance with the Medical Staff Bylaws and all applicable state and federal laws and regulations.

(e) Professional review actions will be reported as required to the appropriate state licensing board or the National Practitioner Data Bank, as required by the Health Care Quality Improvement Act or other applicable federal or state laws or regulations.

(f) The affected Member may engage legal counsel, at the affected Member's expense, to advise and assist the affected Member at any stage of the proceedings described in these Bylaws. The affected Member shall not have the right to have legal counsel participate by speaking on his or her behalf during a professional review activity or other proceedings described in these Bylaws, except as specifically provided for by these Bylaws or at the sole discretion of the involved Dean, the Medical Executive Committee, any Committee formed pursuant to this Section 12 of these Bylaws and the Governing Body.

Section 12.003 **Professional Review.** The Governing Body, the Medical Executive Committee, or any other committee of the Medical Staff, and/or the Governing Body, authorized to conduct "professional review activity" as defined in these Bylaws, consti-

tutes a “professional review body” as defined in the Bylaws and in HCQIA, and/or a “review organization” as defined in the Bylaws and in ROIA. Every “professional review body” will be accorded all privileges and immunities afforded to it under state and federal laws, rules, and regulations.

Section 12.004 **Focus of and Standards for Professional Review.** A professional review of a Member may be undertaken in furtherance of quality of patient care whenever the patient care activities or conduct of a Member are considered to adversely affect or potentially adversely affect the health, safety or welfare of a patient through delivery of patient care in UNMH; or is otherwise disruptive to UNMH clinical operations; or is considered to be in violation of the Medical Staff Bylaws or Rules and Regulations, or is below the standards of conduct, practice, professionalism or ethics defined by the Medical Staff, any Medical Staff committee, the Dean, the Associate Dean for Clinical Affairs, the UNMH Code of Conduct, national professional organizations, or any state licensure act or regulations that may be applicable to the affected Member. More specifically, to satisfy the standards for professional review actions as set forth in HCQIA, 42 U.S.C. Section 11112 (a), the Medical Staff acknowledges that a professional review action must be taken:

- (a) in the reasonable belief that the action was in the furtherance of quality health care;
- (b) after a reasonable effort to obtain the facts of the matter;
- (c) after adequate notice and hearing procedures are afforded to the physician involved or after such other procedures as are fair to the affected Member under the circumstances; and
- (d) in the reasonable belief that the action was warranted by the facts known after such reasonable effort to obtain facts and after meeting the requirements of Section, *et seq.* A professional review action shall be presumed to have met the preceding standards necessary for the liability protections afforded under HCQIA unless the evidence establishes that such standards have not been met.

Section 12.005 **Request for Professional Review.** A professional review of a Member may be requested by the Dean, the Associate Dean for Clinical Affairs, the Chief of Staff, a Department Chair or clinical division chief, or a chairperson of any standing committee of the Medical Staff. Any Member in good standing may recommend to the Dean, the Associate Dean for Clinical Affairs, the Chief of Staff, a Department Chair or a clinical division chief, or a Medical Staff Standing Committee chairperson, that a professional review be requested. The written request for professional review of a Member will be delivered to the Chief of Staff on behalf of the Medical Executive Committee and supported by reference to specific grounds for the request, with copies to the Dean of the School of Medicine, the Associate Dean for Clinical Affairs, the affected Member, and the affected Member’s Department Chair.

Section 12.006 **Notice of Professional Review.** The Chief of Staff, on behalf of the Medical Executive Committee, will provide immediate written notice of a request for professional review to the affected Member and to the applicable Department Chair. The notice will state the date and time of the next regularly scheduled Medical Executive Committee meeting at which time the request will be reviewed, unless by mutual consent of the Chief of Staff, the affected Member, and the Department Chair, the date of review by the Medical Executive Committee shall be set for a different date.

Section 12.007 **Medical Executive Committee Response to Request for Professional Review.** At the Medical Executive Committee meeting, the Medical Executive Committee may in its sole and absolute discretion, if it reasonably determines that it needs further information prior to taking or not taking a professional review action as described in this Section, refer the request for a professional review for investigation to an independent outside reviewer, to the Associate Dean for Clinical Affairs, or to an *ad hoc* Investigatory Committee as described in Section 12.008 of these Bylaws. Alternatively, the Medical Executive Committee may, in its sole and absolute discretion, resolve to do nothing with the request or may do as follows:

(a) When, in the opinion of the Medical Executive Committee, allegations in a written request for professional review of a Member do not rise to a level ordinarily requiring invocation of professional review and/or corrective action, the Medical Executive Committee may refer the matter to the Associate Dean for Clinical Affairs or his/her designee for further evaluation, with an opportunity for the affected Member to be heard in a manner to be decided by the Associate Dean for Clinical Affairs or his/her designee.

(b) Action by the Associate Dean for Clinical Affairs or his/her designee resulting from such inquiries may not adversely affect the Member, his or her membership on the Medical Staff, or the exercise of his or her privileges beyond thirteen (13) days without further investigation and action of the Medical Executive Committee as set forth more fully in this Section.

(c) Documentation regarding the act or omission leading to any such evaluation under this sub-section will be maintained in the affected Member's credentialing file and may be considered in any subsequent credentialing review or professional review of the Member, along with the provider's compliance or failure to comply with the corrective action. The affected Member will not be entitled to hearing or appeal procedures as set forth in this Section of the Bylaws or in Section 13 of the Bylaws. The Associate Dean for Clinical Affairs or his/her designee will report on such review and actions at the next regularly scheduled Medical Executive Committee meeting.

Section 12.008 **Investigatory Committee.** If, pursuant to Section 12.007 of these Bylaws, the Medical Executive Committee determines to refer a request for professional review of a Member for investigation to an *ad hoc* Investigatory Committee, the following procedure applies:

(a) Composition. The *ad hoc* Investigatory Committee will consist of three Active Medical Staff Members in good standing appointed by the Medical Executive Committee, who are not in direct economic competition with the affected Member, and who have or have had no personal involvement in the matter referred, to be selected as follows:

(i) One Member nominated by the affected Member's Department Chair or the Chair's designee;

(ii) One Member nominated by the Associate Dean for Clinical Affairs or such Associate Dean's designee;

(iii) One Member nominated by the affected Member. If the affected Member is unwilling or unable to make such a nomination, the Chief of Staff or his/her designee will nominate the third Member.

(iv) If the Department Chair, Chief of Staff or Associate Dean for Clinical Affairs has an immediate personal involvement in the matter referred, not including conflict with the affected Member during the normal exercise of the responsibilities of his/her position, the Dean or his/her designee will nominate a Member for that person.

(v) The selections will take place within ten (10) calendar days of the Medical Executive Committee's decision to refer the matter to an *ad hoc* Investigatory Committee. If a member selection has not taken place within such ten (10) calendar days, the Chief of Staff may, at his/her sole discretion, either extend the time for selection up to another 10 (ten) days, or may himself/herself select the member(s) of such *ad hoc* Investigatory Committee.

(b) The *ad hoc* Investigatory Committee so appointed by the Medical Executive Committee will:

(i) select a chair from among them, who will be responsible for:

(1) maintaining an orderly conduct of the review;

(2) scheduling interviews of percipient witnesses and arranging documents for review by the Committee;

(3) signing correspondence, including the Committee's report of findings and recommendations to the MEC;

(4) performing such other duties or acts on behalf of the Committee as may be necessary;

(5) overseeing deliberations and the drafting of a written report of the Committee's findings and recommendations and submission of the same to the MEC, through the Chief of Staff, with copies to the affected Member, the Associate Dean for Clinical Affairs, and the affected Member's Department Chair;

(ii) review ROIA, HCQIA, and other applicable state and federal laws and regulations, and the Bylaws with an attorney designated by the Office of University Counsel;

(iii) schedule and conduct interviews and review of documents, if appropriate and necessary, in a timely fashion. Interviews, except of the affected Member, may be conducted by individual Members of the *ad hoc* Investigatory Committee and reported to the full Committee. The affected Member will be afforded the opportunity to provide information to the *ad hoc* Investigatory Committee in a manner and upon such terms as the committee deems appropriate (including but not limited to written submission or interview). The affected Member is not entitled to have legal counsel present at an interview by the *ad hoc* Investigatory Committee. The investigation shall not constitute a "hearing" as that term is used in Section 13 of these Bylaws and the hearing procedures afforded in Section 13 of these Bylaws do not apply. An audio recording of the affected Member's interview will be made and a copy provided to the affected Member, if requested;

(iv) after completion of such interviews and document reviews, deliberate concerning the matter referred and within fifteen (15) days of the completion of such deliberation, submit the *ad hoc* Investigatory Committee's written findings and recommendations in a report to the Chief of Staff.

Section 12.009 **Chief of Staff to Forward Report.** The Chief of Staff will immediately forward a copy of the *ad hoc* Investigatory Committee's report to the affected Member by U.S. mail, hand-delivery, or other manner reasonably expected to provide actual notice; to the Member's Department Chair; and to the Associate Dean for Clinical Affairs.

Section 12.010 **Authority of Medical Executive Committee.** The Medical Executive Committee shall at all times during the pendency of any investigation retain authority and discretion to take whatever action that may be warranted to prevent the substantial likelihood of imminent injury or danger to the health or safety of any patient, employee, or other persons at UNMH or in the best interests of patient care at the UNMH or at other clinical facilities as assigned by the UNMH, including summary suspension, termination of the investigative process or other action.

Section 12.011 **Review by Medical Executive Committee.** The Medical Executive Committee will review the report of findings and recommendations submitted by the

ad hoc Investigatory Committee appointed pursuant to Sections 12.007 and 12.008 of these Bylaws, the report from the Associate Dean for Clinical Affairs resulting from the referral contemplated in Section 12.007 of these Bylaws, or the report of an assigned outside reviewer resulting from the referral contemplated in Section 12.007 of these Bylaws, as the case may be, at its next regularly scheduled meeting or at a special. If any Member of the Medical Executive Committee has any personal involvement or interest in the matter being investigated or any other conflict of interest, that Member shall not sit on the committee during the discussion of corrective action, nor shall such Member vote or take any action, formal or informal, which may influence the decision for corrective action.

Section 12.012 **Recommendation of Action by Medical Executive Committee.** Within thirty (30) days of receipt of a report with findings and recommendations of an *ad hoc* Investigatory Committee appointed pursuant to Sections 12.007 and 12.008 of these Bylaws, a report from the Associate Dean for Clinical Affairs resulting from referral to the same contemplated in Section 12.007 of these Bylaws, or a report of an assigned outside reviewer resulting from referral the same contemplated in Section 12.007 of these Bylaws, as the case may be, the Medical Executive Committee, based upon such findings and recommendations, shall recommend action which may include, without limitation:

- (a) determining that no corrective action be taken;
- (b) deferring action for a reasonable time where circumstances warrant;
- (c) issuing letters of admonition, warning, reprimand, or censure. In the event such letters are issued, they will be included in the affected Member's medical staff and promotion files, and the affected Member may make a written response, which shall be placed in the Member's medical staff and promotion files;
- (d) directing the Medical Staff Member to undergo a medical and/or psychiatric examination by a physician chosen by the Medical Executive Committee to include treatment and/or counseling if recommended by the physician or other medical professional chosen by the Medical Executive Committee;
- (e) recommending the imposition of terms of probation or limitation upon continued Medical Staff Membership or the exercise of clinical privileges including, without limitation, requirements for co-admission, mandatory consultation or monitoring;
- (f) recommending reduction, modification, suspension or revocation of clinical privileges;
- (g) recommending reduction or limitation of any prerogatives directly related to Medical Staff membership; or
- (h) recommending suspension, modification, probation, or revocation of Medical Staff Membership.

Section 12.013 Notice of Recommended Action. The Chief of Staff, on behalf of the Medical Executive Committee, will deliver notice of the Medical Executive Committee's recommended action in respect of a decision made under Section 12.012 above to the affected Member in a writing, delivered by certified or registered U.S. mail, return receipt requested, to the last address provided by the Member, by verified hand-delivery to the Member, or other means reasonably expected to provide actual notice to the Member within ten (10) business days of the Medical Executive Committee meeting at which the recommendation was adopted as described in Section 12.012 above, with copies to the Dean, the Associate Dean for Clinical Affairs, the affected Member's Department Chair, and the affected Member's Medical Staff credentialing file.

Section 12.014 Summary Suspension or Restriction.

(a) In General. The Dean, the Associate Dean for Clinical Affairs, or the Chief of Staff have the authority to take immediate action to prevent the substantial likelihood of imminent injury or danger to the health or safety of any patient, employee, or other persons at UNMH or in the best interests of patient care at UNMH or at other clinical facilities as assigned by UNMH, by summarily suspending or restricting all or any portion of the clinical privileges of a Member without the benefit of a hearing or personal appearance.

(b) Effectiveness of the Summary Suspension or Restriction. The summary suspension or restriction will become effective upon the date specified in the notice or, if no date is specified, then immediately.

(c) Notice to the Affected Member. The person imposing the summary suspension or restriction will provide written notice of the suspension or restriction, including a summary of specific grounds for the action, to the affected Member, the affected Member's Clinical or Associate Department Chair, the Associate Dean for Clinical Affairs, the Chief of Staff, and the Dean. The Chief of Staff will inform the Medical Executive Committee of the suspension or restriction at its next regularly scheduled meeting or at a special meeting thereof called for that purpose.

(d) Interim Patient Care Coverage Requirements. The affected Member's Department Chair or designee (or, in the case of a Member who is an Allied Health Professional not belonging to a School of Medicine Department, the affected Member's immediate supervisor), will provide for alternative medical coverage for the suspended Member's clinical responsibilities at UNMH.

(e) Hearing Rights With Respect to Summary Suspension or Restriction. Except as provided otherwise in these Bylaws, only when the suspension or restriction of clinical privileges of an Active or Courtesy Member continues or is imposed for a period of greater than fourteen (14) consecutive calendar days, will

that affected Member be entitled to request a hearing as provided in Section 12.016, 12.017, and 12.018 of these Bylaws.

(f) Right to Rescind Summary Suspension or Restriction. The Dean of the School of Medicine, the Associate Dean for Clinical Affairs, or the Chief of Staff may rescind summary suspension or restriction with notice to the person or body that originally imposed the suspension or restriction, the MEC, the affected Member, and the affected Member's Clinical or Associate Department Chair.

(g) Medical Executive Committee Review. Within thirty (30) days following the imposition of a summary restriction or suspension, the Medical Executive Committee shall review and consider the action. When necessary, the Medical Executive Committee shall have the option, but not the obligation, to direct a further investigation of the issues or circumstances underlying the summary suspension or restriction in accordance with the procedures and processes identified in Sections 12.007 through 12.012, inclusive, of these Bylaws. In no event shall any meeting of the Medical Executive Committee or the investigating committee, with or without the attendance of the affected Member, constitute a "hearing" as that term is used in either Sections 12 or 13 or both of these Bylaws. The Medical Executive Committee may recommend action to continue, modify or terminate the summary restriction or suspension and shall promptly notify the affected Member, the Dean, and the Associate Dean for Clinical Affairs of its recommended action.

(h) Effect of Termination of Summary Suspension or Restriction within Initial Imposition Period. If summary suspension or restriction is terminated within fourteen (14) consecutive calendar days after imposition, a hearing requested pursuant to Sections 12.014(g), 12.016, 12.017, and 12.018 of these Bylaws shall be deemed to be no longer necessary and no such hearing will be held.

(i) Recommendation of Action by the Medical Executive Committee. After a hearing conducted as described and provided in Section 13 of these Bylaws, the Medical Executive Committee may recommend action to continue, modify or terminate the terms of the summary suspension or restriction, or may recommend to the Governing Body that the affected Member's clinical privileges be restored, restricted, reduced, or revoked. If the Medical Executive Committee recommends an action that adversely affects the affected Member's membership on the Medical Staff or the exercise of his or her privileges, the affected Member will be entitled to request an appellate review in accordance with Section 13 of these Bylaws. The terms of the summary suspension or restriction will remain in effect pending a final decision by the Governing Body.

(j) When No Hearing Requested. If no hearing as described and provided for in Sections 12.014, 12.016, 12.017, and 12.018 and 13 of these Bylaws is requested by the affected Member within the time specified therein, and the summary suspension or restriction continues beyond fourteen (14) calendar days, the Medical Executive Committee may recommend action to continue, modify or

terminate the terms of the summary suspension or restriction, or the Medical Executive Committee may recommend to the Governing Body that the affected Member's clinical privileges be revoked, and the affected Member shall have no right of hearing or of appeal.

Section 12.015 **Report to the Governing Body.** The Dean or designee, or the Associate Dean for Clinical Affairs or designee, will report any Medical Executive Committee recommended action that adversely affects the affected Member to the Governing Body in closed or executive session during the Governing Body's next regularly scheduled meeting.

Section 12.016 **Right to Invoke Hearing and Appeal Procedures.** In the event the recommended action of the Medical Executive Committee adversely affects the affected Member or Applicant, such affected Member or Applicant will be entitled to invoke the hearing and appeal procedures as set forth in Sections 12.017, 12.018, and 13 of these Bylaws. More specifically, any recommended action by the Medical Executive Committee which, if adopted by the Governing Body or its designee, would involuntarily terminate a Member's membership on the Medical Staff, deny an Applicant's appointment to the Medical Staff, deny a Member's reappointment to the Medical Staff, reduce, modify, suspend, or revoke the Member's clinical privileges for more than fourteen (14) days, will entitle the applicant or the affected Member to invoke hearing and appeal procedures provided in the Bylaws. All other actions recommended by the Medical Executive Committee, including but not limited to a verbal admonishment, letter of admonition, letter of reprimand, imposition of probation or requirement of medical or behavioral consultation, restriction or suspension of privileges for less than fourteen (14) days, imposition of a focused professional review or assessment of an affected Member's clinical or professional performance on an interval less than the two (2) year reappointment cycle, or imposition of a monitoring program which may include regular meetings with a designated monitor, will be final and shall not, under any circumstance, give rise to a right to a hearing or appeal as set forth in these Bylaws.

Section 12.017 **Adequate Notice and Hearing Standard.** The Medical Executive Committee shall be deemed to have met the adequate notice and hearing requirement in connection with Sections 12.013, 12.014, 12.016, 12.019 and 13 of these Bylaws with respect to an affected Member or Applicant (as the case may be) if the notice of proposed action from the Chief of Staff to the affected Member contains the following information:

- (a) that a professional review action or denial of appointment or reappointment has been proposed to be taken against the affected Member or Applicant;
- (b) the reasons for the proposed action of the Medical Executive Committee;
- (c) that the affected Member or Applicant has the right to request a hearing on the proposed action;

(d) any time limit (not less than 30 days) within which to request such a hearing; and

(e) a summary of the affected Member's or Applicant's rights in the hearing including the following:

(i) the hearing shall be held as determined by the Medical Executive Committee no less than 30 days following the notice and to conclude within 60 days of being convened, at the election of the Medical Executive Committee, before either

(1) an arbitrator mutually acceptable to the affected Member or Applicant and the MEC, or

(2) a hearing officer who is appointed by the Medical Executive Committee and who is not in direct economic competition with the affected Member or Applicant; or

(3) before an *ad hoc* Hearing Committee appointed by the Medical Executive Committee as provided under Section 13 of these Bylaws;

(ii) the right of the affected Member to a hearing may be forfeited if the affected Member fails, without good cause, to appear at the hearing;

(iii) in the hearing, the affected Member or Applicant has the right

(1) to representation by an attorney or other person of his/her choice;

(2) to have a record made of the proceedings, copies of which may be obtained by the affected Member or Applicant upon payment of reasonable charges associated with the preparation thereof;

(3) to call, examine, and cross-examine witnesses;

(4) to present evidence determined to be relevant by the hearing officer, arbitrator, or hearing officer designated by an *ad hoc* Hearing Committee, as the case may be, regardless of its admissibility in a court of law; and

(5) to submit a written statement at the close of the hearing; and

(iv) upon completion of the hearing, the affected Member or Applicant has the right

(1) to promptly receive the written report and recommendations of the arbitrator, the hearing officer, or the ad hoc Hearing Committee, as the case may be under the circumstances (the "Fair Hearing Report"), including a statement of the basis for the Fair Hearing Report; and

(2) to promptly receive the written decision of the Medical Executive Committee after having taken into consideration the Fair Hearing Report, including a statement of the basis for the decision.

Section 12.018 **Effect of Failure to Timely Request a Hearing.** If the affected Member does not timely exercise his or her right to a hearing under Section 12.016 of these Bylaws, the Medical Executive Committee shall forward its recommended action(s) to the Governing Body for review and final action in accordance with Section 12.022 of these Bylaws.

Section 12.019 **Notice of Hearing.** If a hearing is requested by the affected Member on a timely basis under Section 12.016 of these Bylaws with respect to a recommendation of the Medical Executive Committee as to which a right to a hearing exists under and pursuant to Section 12.016 of these Bylaws, the Chief of Staff shall provide the affected Member with notice stating the place, time and date of the hearing, which date shall not be less than thirty (30) calendar days after the date of the notice, along with a list of the witnesses (if any) expected to testify at the hearing on behalf of the Medical Executive Committee.

Section 12.020 **Reservation of Rights re Medical Executive Committee Timeliness.** The Medical Executive Committee's failure to meet any conditions of timeliness or to meet a particular time deadline set forth in these Bylaws shall not, in itself, constitute a failure on the part of the Medical Executive Committee to meet the standards of this Section or to have deprived the affected Member of his or her due process rights under these Bylaws or under HCQIA.

Section 12.021 **Administrative or Automatic Relinquishment of Privileges or Limitation of Medical Staff Member.** The following shall result in administrative or automatic relinquishment or revocation of a Medical Staff Member's Membership and/or clinical privileges and shall not entitle the affected Medical Staff Member to rights provided under these Bylaws.

(a) Medical Records. Failure to comply with UNMH clinical documentation policies and requirements may result in the administrative suspension of a Medical Staff Member, provided that the suspension must be preceded by a written warning to the Member from the Associate Dean for Clinical Affairs or his/her designate that the Member has fourteen (14) calendar days to comply with UNMH

clinical documentation policies and requirements or administrative suspension may be imposed. The Associate Dean for Clinical Affairs or his/her designate will provide the Medical Staff Member and the Medical Staff Member's clinical or associate Department Chair with a copy of the written warning. If the Associate Dean for Clinical Affairs or his/her designate subsequently initiates an administrative suspension, he/she will provide the Medical Staff Member and the Medical Staff Member's clinical or associate Department Chair with immediate written notification of the administrative suspension. The suspension will be in effect for the time specified in the notice of suspension, but may not exceed ten (10) consecutive calendar days. If the Medical Staff Member has more than thirty (30) administrative suspension days in a consecutive twelve (12) month period, that Member shall be deemed to have automatically and voluntarily resigned from the Medical Staff, said resignation to take effect upon acceptance by the Member's Clinical or Associate Department Chair.

(b) Licensure. Action by a state licensing board revoking or suspending a Medical Staff Member's license, or the expiration of such licensure, will automatically suspend the Medical Staff Member's clinical privileges. A Medical Staff Member whose license has been so revoked or suspended must immediately report such action to the Associate Dean for Clinical Affairs and the Medical Staff Member's Clinical or Associate Department Chair of such action against his/her license or license expiration. A Medical Staff Member's failure to report such information shall be deemed to be automatic and voluntary resignation by the Member from the Medical Staff, said resignation to take effect upon acceptance by the Member's Clinical or Associate Department Chair. Following receipt of such report, the Medical Executive Committee will review the Medical Staff Member's qualifications and the Medical Executive Committee will make recommendations to the Governing Body regarding the Medical Staff Member's privileges and Medical Staff appointment. Action by a state licensing board restricting or stipulating a Medical Staff Member's license, or placing the Member on probationary status, must be immediately reported by the Member to the Associate Dean for Clinical Affairs and to the Member's Clinical or Associate Department Chair. A Medical Staff Member's failure to report such an action on the Member's license shall be deemed as is deemed to be automatic and voluntary resignation by the Member from the Medical Staff, said resignation to take effect upon acceptance by the Member's Clinical or Associate Department Chair.

(c) Drug Enforcement Administration Certificate, New Mexico Controlled Substance Registration. Whenever a Medical Staff Member's DEA certificate or CSR is revoked, suspended, stayed, restricted, or subject to probation, such action, and its terms shall automatically apply to his/her ability to prescribe, dispense, or administer medications covered by that certificate. If a Medical Staff Member's DEA certificate or CSR expires without renewal, the Member's ability to prescribe, dispense, or administer medications covered by that DEA certificate or CSR shall be automatically suspended until the Member has provided sufficient evidence of a certificate renewal. Any such revocation, suspension, stay, or restriction must

be immediately reported by the Medical Staff member to the Associate Dean for Clinical Affairs and to the Member's Clinical or Associate Department Chair.

(d) Loss of Faculty Appointment. An Active Medical Staff or Courtesy Medical Staff Member who loses his/her faculty or staff appointment will automatically lose his/her Medical Staff membership without further action required of the Medical Executive Committee or Governing Body without right to a hearing or appeal procedures provided by these Bylaws. The Medical Staff Member will be accorded appropriate due process procedures pursuant to the *UNM Faculty Handbook*, *UNM Business Policies and Procedures Manual*, or the *UNMH Personnel Policies and Procedures Manual*, as applicable.

(e) Loss of Privileges at Other Health Care Organization. A Medical Staff Member who, as a condition of employment with the UNM, has clinical privileges at another health care organization, and whose clinical privileges are reduced, suspended, or revoked by that other health care organization, must immediately report such action to the UNM Associate Dean for Clinical Affairs and the Medical Staff Member's UNM Clinical or Associate Department Chair.

(f) Exclusion from, or Ineligibility for, federal and/or state health care programs, investigation, and conviction of crimes.

(i) Responsibilities of a Medical Staff Member. Within 72 hours of a Medical Staff Member becoming aware that he/she is under investigation for possible violations of federal and/or state health care program requirements, or any criminal laws, or that he/she has been excluded from participation in a federal and/or state health care program, he/she must give written notice of such investigation or exclusion to the Associate Dean for Clinical Affairs and to his/her Clinical or Associate Department Chair. A Medical Staff Member who is under such a criminal investigation shall be responsible for retaining his or her legal counsel and for any legal fees and costs associated with the investigation and any subsequent legal proceedings.

(ii) Revocation or Ineligibility. A Medical Staff Member who is excluded from, or ineligible for, participation in a federal and/or state health care program or delegated health plan contracts, or who is convicted of any felony whether or not related to the provision of health care, shall be deemed to have automatically and voluntarily resigned from the Medical Staff without any further action required of the Medical Executive Committee or the Governing Body, said resignation to take effect upon acceptance by the Member's clinical or associate Department Chair. The Medical Staff Member shall be responsible for any fines or fees imposed as a result of such exclusion, imprisonment, probation, or diversion program. The Medical Staff Member shall have no right nor be entitled to hearing or appeal procedures as described and set forth in Sections 12.016, 12.017, 12.018

or 13 of these Bylaws as a result of such a revocation of clinical privileges and Medical Staff Membership.

(iii) Notice; Patient Care; Further Corrective Action. Whenever a Medical Staff Member's privileges are automatically suspended/terminated in whole or in part, notice of such suspension/termination shall immediately be given by the Chief of Staff or the Associate Dean for Clinical Affairs, to the Medical Staff Member and the Medical Staff Member's Clinical or Associate Department Chair. Giving such notice is not, however, required in order for the automatic suspension/termination to become effective. In the event of such automatic suspension/termination, the Medical Staff Member's patients shall be assigned to another Medical Staff Member by the Member's clinical or associate Department Chair. Within thirty (30) days after automatic suspension/termination of a Medical Staff Member's privileges, the Medical Executive Committee shall convene to review and consider facts, and may recommend such other and further corrective action as it deems appropriate following the procedures set forth in Sections 12.016, 12.017, 12.018, and 13 of these Bylaws.

(g) Loss of Board Certification. Revocation of board certification for cause by a certifying board of the American Board of Medical Specialties or American Osteopathic Association, for reasons other than failure to meet requirements for Maintenance of Certification, shall constitute a voluntary resignation of Medical Staff membership and clinical privileges at such time as an order of revocation shall be final.

(h) There shall be no right to the hearing and appeal procedures as set forth in Sections 12.014, 12.016, 12.017, 12.018, and 13 of these Bylaws as a result of a Medical Staff Member's automatic suspension/termination of privileges as described in this Section 12.021.

Section 12.022 **Effectiveness of Decisions.** After a hearing as provided in Sections 12.016, 12.017, 12.018, and 13 of these Bylaws, the decision of the Medical Executive Committee adversely affecting the affected Member's membership on the Medical Staff or the exercise of his or her privileges will be effective upon final action of the Governing Body, subject to any appeal rights set forth in Section 13 of these Bylaws. If the affected Member has been summarily suspended, the suspension will continue in effect until final decision of the Governing Body, subject to any appeal rights set forth in Section 13 of these Bylaws.

Section 12.023 **Effect of Reduction, Suspension, or Revocation of Privileges on Medical Staff Membership.**

(a) Revocation of all clinical privileges automatically results in loss of Medical Staff Membership.

(b) Reduction, suspension, or revocation of clinical privileges for a period greater than thirty (30) calendar days; or the acceptance of the surrender of clinical privileges by a Medical Staff Member while under investigation by the UNMH relating to possible incompetence or improper professional conduct, or in return for not conducting such an investigation or proceeding, shall be reported to the appropriate licensing board and/or the National Practitioner Data Bank, as required by professional ethical considerations, and applicable laws, rules, and regulations.

SECTION 13

FAIR HEARING AND APPEAL

Section 13.001 **General Appellate Review Procedures.** Any hearing or appellate review will be conducted in accordance with procedures set forth in this Section 13 of these Bylaws; provided, however, that any appeal to the Regents shall be governed by the provisions of Regents' Policy 1.5.

Section 13.002 **Exhaustion of Remedies.** If an adverse action as described in Sections 11 and 12 of these Bylaws is taken or recommended, the affected Member must exhaust the remedies afforded by these Bylaws before resorting to legal action.

Section 13.003 **Appointment of an Arbitrator, a Hearing Officer, or a MEC *ad hoc* Hearing Committee.**

(a) Appointment of Fair Hearing Adjudicator(s). If a hearing is requested by the affected Member on a timely basis in accordance with Sections 12 and 13 of these Bylaws, the Medical Executive Committee, in its sole and absolute discretion, will appoint either an arbitrator, a Hearing Officer, or a MEC *ad hoc* Hearing Committee to administer the fair hearing process contemplated in this Section 13. A Hearing Officer or Arbitrator duly appointed shall be considered a committee of one.

(b) Composition of an *ad hoc* Hearing Committee. If the Medical Executive Committee determines to appoint an *ad hoc* Hearing Committee, that committee shall consist of three Members of the Active Medical Staff who are not in direct economic competition with the affected Member. No Member who was actively involved in the investigation of the matter or who participated in the decision

of the Medical Executive Committee as to which the hearing is requested, will be appointed a Member of the MEC *ad hoc* Hearing Committee.

(c) Selection of Chair of *ad hoc* Hearing Committee. If the Medical Executive Committee appoints an *ad hoc* Hearing Committee, that committee will select one of its Members to serve as the Chair who will preside over the hearing. The identities of the members of the Hearing Committee and Chair shall be made known to the Member or Applicant promptly upon acceptance of appointment.

Section 13.004 **Notice of Hearing**

(a) Scheduling of Hearing; Notice to be Provided to Member. If a hearing is requested by the affected Member or Applicant on a timely basis in accordance with these Bylaws, the arbitrator, the Hearing Officer, or the *ad hoc* Hearing Committee, as the case may be, will schedule a hearing, with a view to complying with the timeline set forth in Section 12.002(c) of these Bylaws, through the Associate Dean for Clinical Affairs, who will notify the affected Member or Applicant by certified or registered U.S. mail, return receipt requested, to the last address provided by the Member, by verified hand-delivery to the Member or Applicant, or other means reasonably expected to provide actual notice to the Member or Applicant;

(b) Contents of Notice of Hearing. The notice of hearing to the affected Member or Applicant shall set forth:

(i) the reasons for the proposed action;

(ii) the place, time and date of the hearing, which date shall not be less than thirty (30) calendar days after the date of the notice or as is practicable or as negotiated by the parties;

(iii) a list of the witnesses (if any) expected to testify at the hearing on behalf of the MEC; and

(iv) a summary of the affected Member's rights at the hearing, as described in Section 12.016 of these Bylaws.

(v) the identity(ies) of the Hearing Committee and Chair or the arbitrator or Hearing Officer, as the case may be.

Section 13.005 **Conduct of Hearing and Pre-Hearing Procedures.** The hearing shall be conducted and the pre-hearing procedures administered as follows:

(a) No Proxy Voting. In the event that the Medical Executive Committee shall have made the determination to appoint an *ad hoc* Hearing Committee to

administer and preside over the hearing, no member of the *ad hoc* Hearing Committee may participate or vote by proxy.

(b) Record of Proceedings. An audio recording or a transcript prepared by a Certified Shorthand Reporter shall be made of the hearing and copies made available to the parties, upon payment by the party requesting copies of reasonable charges associated with the preparation thereof.

(c) Personal Presence Requirement. The personal presence of the affected Member is required at the hearing. If the affected Member fails to appear at the hearing, without good cause, his/her right to a hearing may be forfeited, as determined at the sole discretion of the Medical Executive Committee, and the affected Member will be deemed to have accepted the adverse recommendation of the Medical Executive Committee.

(d) Postponements. The arbitrator, Hearing Officer or the *ad hoc* Hearing Committee, as the case may be, may grant postponements of a hearing only for good cause, as determined at the sole discretion of such arbitrator, Hearing Officer or *ad hoc* Committee.

(e) Representation by Legal Counsel. The affected Member may retain an attorney, at the affected Member's expense, to represent him/her at the hearing, or may select a Medical Staff Member in good standing or a Member of the affected Member's local professional society to assist the affected Member at the hearing, including but not limited to the direct examination and cross-examination of witnesses.

(f) Order of Procedure. The arbitrator, Hearing Officer, or *ad hoc* committee Chair will preside over the hearing, determine and maintain order of procedure, and ensure that all participants have a reasonable opportunity to submit evidence.

(g) Evidence. Evidence determined to be relevant by the Arbitrator, Hearing Officer or *ad hoc* committee Chair may be presented at the hearing, regardless of whether such evidence would be admissible in a court of law. Before the hearing, the affected Member and the Medical Executive Committee may submit memoranda concerning any issue, which memoranda will become part of the hearing record.

(h) Burden of Proof. The Medical Executive Committee must present evidence in support of the Medical Executive Committee's adverse recommended action. The burden of proof shall be upon the Member or Applicant to prove by a preponderance of the evidence that the recommended adverse action is justified.

(i) Witnesses; Examination; Cross-Examination. Subject to reasonable limitations as imposed by the Arbitrator, Hearing Officer or *ad hoc* committee Chair,

as the case may be, all parties may call and examine witnesses, introduce evidence, cross-examine the other party's witnesses, challenge the other party's witnesses, and rebut evidence. Witnesses will be sworn by a person authorized to administer oaths in the State of New Mexico before testifying.

(j) Pre-Hearing Discovery. Discovery prior to the hearing is limited as the hearing is administrative and advisory in nature. No discovery (i.e., depositions, interrogatories, requests for admission, document production, etc.) as ordinarily contemplated in state or federal litigation matters will be permitted except as expressly provide in this section of the Bylaws. Witness interviews, other than that of medical staff members, are at the discretion of the proposed witness. No depositions are permitted except under extraordinary circumstances. Any discovery disputes shall be addressed by the arbitrator, Hearing Officer or the *ad hoc* hearing committee chair, as the case may be, in a timely fashion. The decision of the arbitrator, Hearing Officer or the *ad hoc* hearing committee chair, as the case may be, is final.

(k) Exchange of Evidence. Five (5) business days prior to the hearing, the Medical Executive Committee and the affected Member will each submit to the Arbitrator, Hearing Officer, or *ad hoc* committee Chair, as the case may be, and exchanged with each other a list of witnesses they intend to call at the hearing as well as copies of any documentary evidence they intend to present during the hearing.

(l) Closing Written Statement. The affected Member and the Medical Executive Committee will each be permitted to submit a written statement at the end of the hearing, or within a reasonable number of days after the hearing as specified by the Arbitrator, Hearing Officer, or *ad hoc* committee Chair, as the case may be. A copy of the written statement shall also be provided to the opposing party.

(m) Recesses. The Arbitrator, Hearing Officer, or *ad hoc* Hearing Committee Chair, as the case may be, may recess and reconvene hearings for the convenience of the participants or for obtaining new evidence.

(n) Concluding the Hearing. After all relevant evidence has been presented, as determined by the Arbitrator, Hearing Officer, or *ad hoc* committee Chair, as the case may be, the hearing will be closed. The Arbitrator, Hearing Officer, or *ad hoc* Committee, as the case may be, will deliberate in closed session, without the parties present. Upon conclusion of the closed session, the hearing will terminate.

Section 13.006 **MEC Representation at the Hearing.** The Medical Executive Committee will appoint a voting member of the Medical Executive Committee to represent the Medical Executive Committee at the hearing, to present facts in support of the Medical Executive Committee's adverse recommended action, and to call, examine, and cross-

examine witnesses. To the extent that the affected Member retains legal counsel to represent him or her at the hearing, the Medical Executive Committee may be represented at the hearing by an attorney in or retained through the Office of University Counsel.

Section 13.007 Report and Recommendation. The Arbitrator, Hearing Officer or *ad hoc* Hearing Committee, as the case may be, will deliver his, her or its written report and recommendations with respect to the recommended action of the Medical Executive Committee giving rising to the hearing, along with a copy of the hearing record, to the Medical Executive Committee, through the Chief of Staff or his/her designee, within ten (10) business days after termination of the hearing, with a copy delivered to the affected Member, to the Associate Dean for Clinical Affairs, and to the affected Member's Clinical Department Chair.

Section 13.008 Action on the Report and Recommendation. At its next regular meeting, at a special meeting called for that purpose, or as soon thereafter as practicable, the Medical Executive Committee will consider and act upon the report and recommendations submitted to Medical Executive Committee as provided in Section 13.006 of these Bylaws. The Associate Dean for Clinical Affairs will inform the affected Member of the Medical Executive Committee's decision, in writing, delivered by certified or registered U.S. mail, return receipt requested, to the last address provided by the affected Member, by verified hand-delivery to the Member, or by other reasonable means expected to provide actual notice to the affected Member, at the earliest practicable date after the Medical Executive Committee renders its decision.

Section 13.009 Right of Appeal.

(a) General. If the Medical Executive Committee's recommended action adversely affects an applicant for membership on the Medical staff or an affected Member's membership on the Medical Staff or the exercise of his or her privileges, the Member may appeal that recommended action to the Governing Body, through the Associate Dean for Clinical Affairs, as provided in Section 13.009 of these Bylaws.

(b) Manner of Requesting Appellate Review. The affected Member shall request such an appellate review by delivering, by first class U.S. Mail or hand-delivery, a written request for such review to the Governing Body, through the Associate Dean for Clinical Affairs, within fifteen (15) calendar days after the affected Member receives notice of an adverse Medical Executive Committee recommended action.

(c) Effect of Failing to Request Appellate Review. If the affected Member does not submit a written request for appellate review within fifteen (15) calendar days after the Member receives the Medical Executive Committee's adverse recommended action, the Member will be deemed to have waived the Member's right to an appellate review and to have accepted the adverse recommended action.

Section 13.010 **Nature of Appellate Review by the Governing Body.** If an affected Member timely requests an appellate review and the matter is subject to an appellate review, the appellate review will be based only upon the hearing record on which the Medical Executive Committee's adverse recommended action is based, supplemented only by written statements of the affected Member and the Medical Executive Committee. If the affected Member desires to be afforded the opportunity to have oral arguments, the affected Member must include within the request for appellate review a request that the Governing Body also hear oral arguments. The right to oral argument is within the sole and absolute discretion of the Appellate Review Committee contemplated and formed under Section 13.011.

Section 13.011 **Process for Appellate Review.** If the Associate Dean for Clinical Affairs receives a timely request for appellate review, such appellate review will be administered by the Governing Body, as follows:

(a) Notice to the Governing Body of Pendency of Appeal and Delivery of the Record. The Associate Dean for Clinical Affairs will provide notice of the request for appellate review to the Governing Body at its next regular meeting or as soon thereafter as practicable. As soon as practicable thereafter, the Associate Dean for Clinical Affairs shall cause a complete copy of the record of the proceedings before the Medical Executive Committee with respect to which the affected Member has requested appellate review to be provided to the Chair of the Governing Body.

(b) Appointment of Appellate Review Committee. The Governing Body will appoint three (3) of its Members as an Appellate Review Committee to hear the appeal and conduct the appellate review.

(c) Scheduling of Appellate Review. The Governing Body will schedule a date for review, including a time and place for oral arguments, if requested by the affected Member and granted by the Governing Body, and will notify the affected Member through the Dean or the Associate Dean for Clinical Affairs. The Associate Dean for Clinical Affairs will promptly notify the affected Member of the date, time and place of the Governing Body's scheduled appellate review, in writing, delivered by certified or registered U.S. mail, return receipt requested, to the last address provided by the Member, verified hand-delivery, or other means reasonably expected to provide actual notice to the Member. In this connection, the date for the appellate review will be not less than thirty (30) calendar days from the date of the Governing Body's notice to the affected Member.

(d) Access to the Record. The affected Member will have access to the report, record, and audio recording, if any, of the hearing.

(e) Written Statement of the Affected Member. Within ten (10) working days from the date of the notice of the appellate review, the affected Member may

submit to the Appellate Review Committee and the Medical Executive Committee representative, through the Associate Dean for Clinical Affairs, a written statement specifying the substantive and procedural matters with which the affected Member disagrees and the reasons for such disagreement. The written statement may address any matters raised at any step in the process related to the appeal, and the affected Member may retain legal counsel, at the expense of the affected Member, to assist in preparation of the statement.

(f) Written Statement of the Medical Executive Committee. If the affected Member elects to submit the written statement contemplated under Section 13.010, the Medical Executive Committee may, within ten (10) working days after receipt of the affected Member's statement, submit a written response to the Governing Body, through the Associate Dean for Clinical Affairs, who will provide a copy to the Appellate Review Committee and to the affected Member. The copy to the affected Member will be delivered by certified or registered U.S. mail, return receipt requested, to the last address provided by the Member, by verified hand-delivery or by other means reasonably expected to provide actual notice to the Member.

(g) The Review. At the scheduled time for the review, the Appellate Review Committee will review the record of the hearing, consider the written statements, if any, submitted by the affected Member and the MEC, and hear oral argument, if requested by the affected Member as provided in Section 13.009 and granted, for the purpose of determining if the Medical Executive Committee's adverse recommended action is not clearly erroneous (a definite and firm conviction that a mistake has been committed) and not arbitrary or capricious. For purposes of this Section 13, "substantial evidence" means such relevant evidence as a reasonable person might accept as adequate to support a conclusion.

(h) Oral Argument. If a request for oral argument is made by the affected Member and granted by the Appellate Review Committee, the affected Member and the representative of the Medical Executive Committee may address the Appellate Review Committee regarding the Medical Executive Committee's adverse recommended action and to answer questions proffered by the Appellate Review Committee. If the Appellate Review Committee hears oral argument, the affected Member may retain legal counsel, at the affected Member's expense, to attend the hearing to provide advice to the affected Member, but such legal counsel may not participate in the appellate review, unless permitted by the Appellate Review Committee, in its sole discretion. In this connection, the Appellate Review Committee may also permit the Medical Executive Committee to obtain the assistance of an attorney in or retained by the Office of University Counsel.

(i) Legal Counsel for the Appellate Review Committee. The Appellate Review Committee will be assisted by counsel provided by the Office of University Counsel during the course of the appeal procedure.

(j) New or Additional Matters. New or additional matters not raised during the Medical Executive Committee hearing or otherwise reflected in the hearing record may be introduced during appellate review only under very unusual circumstances, and in the sole discretion of the Appellate Review Committee.

(k) Deliberation and Report and Recommendation. After oral argument, the Appellate Review Committee will deliberate in closed session. As soon after the close of deliberations as is possible but no later than thirty (30) calendar days thereafter, the Appellate Review Committee will submit a written report and recommendations to the Governing Body.

Section 13.012 **Final Decision by the Governing Body.** The Governing Body will issue a final written decision on the matter, including a statement of the basis for its decision, as soon as practicable after receipt of the Appellate Review Committee's recommendations. The Governing Body will provide notice of their decision to the Medical Executive Committee and the affected Member through the Associate Dean for Clinical Affairs. In turn, the Associate Dean for Clinical Affairs will provide notice of the Governing Body's final decision to the affected Member by certified or registered U.S. mail, return receipt requested, to the last address provided by the Member, by verified hand-delivery, or by other means reasonably expected to provide actual notice to the Member.

Section 13.013 **Appeal to the UNM Board of Regents.** The final decision will be effective and final on the date of the Governing Body's decision, or at a time certain as specified therein; subject to further appeal to the Board of Regents under and pursuant to Regents' Policy 1.5. All such further appeals shall not be of right and shall be conducted solely under the provisions of Regents' Policy 1.5.

Section 13.014 **Single Right to Relief.** Notwithstanding any other provision of these Bylaws, no Member will be entitled, as a matter of right, to more than one hearing and one appellate review on any matter that is the subject of a professional review action by the Medical Executive Committee.

Section 13.015 **Post-Appeal Actions.** After a final decision by the Governing Body and expiration of the time periods set forth Regents' Policy 1.5 with no further appeal having been lodged within the time periods set forth therein or the Regents having declined to hear the appeal or the time period for decision in Regents' Policy 1.5 having expired, the Associate Dean for Clinical Affairs will report any adverse professional review action against the privileges of the affected Member as required by HCQIA or other applicable laws or regulations to the appropriate licensing board, the National Practitioner Data Bank, and/or to other parties, including other entities and agencies to whom the UNMH is contractually required to report.

SECTION 14

GENERAL PROVISIONS

Section 14.001 **Medical Staff Rules and Regulations.** Subject to approval by the Governing Body, as the case may be, if required, the Medical Staff shall adopt such rules and regulations as may be necessary to implement more specifically the general principles found within these Bylaws. These rules and regulations shall relate to the proper conduct of Medical Staff organizational activities as well as embody the level of practice that is to be required of each Member of the Medical Staff. Such rules and regulations shall be a part of these Bylaws, except that they may be amended or repealed at any regular meeting of the Medical Executive Committee at which a quorum is present and without previous notice, or at any special meeting on notice, by a two-thirds vote of those present (in person, or through simulcast) and eligible to vote. The preceding also applies to urgent rules and regulations.

Section 14.002 **Forms.** Application forms and any other prescribed forms required by these Bylaws for use in connection with staff appointments, reappointments, delineation of clinical privileges, corrective action, notices, recommendations, reports, and other matters, shall be adopted after considering the advice of the Medical Executive Committee.

Section 14.003 **Construction of Terms and Headings.** Words used in these Bylaws shall be read as gender neutral and as the singular or plural, as the context requires. The captions or headings (in bold type) in these Bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision of these Bylaws.

Section 14.004 **Transmittal of Reports.** Reports and other information, which these Bylaws require the Medical Staff to transmit to the Governing Body, shall be deemed so transmitted when delivered unless otherwise specified.

Section 14.005 **Conflict Resolution.** In the event of conflict between the Medical Executive Committee and the Medical Staff (as represented by written petition signed by at least 50 voting members of the Medical Staff) regarding a proposed or adopted Rule and Regulation or policy, the Chief of Staff shall convene a meeting with the petitioners. The MEC and the petitioners 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 MEC, and the safety and quality of patient care. Unresolved differences shall be submitted to the Governing Body or the Chancellor for final resolution.

SECTION 15

ADOPTION AND AMENDMENT OF BYLAWS

Section 15.001 **Medical Staff Responsibility and Authority.** The Medical Staff shall have the responsibility and delegated authority to formulate, adopt, and recommend to the Governing Body and, ultimately, the Board of Regents, Medical Staff Bylaws and Amendments (including a proposal to amend a revocation of the power and duties of the Medical Executive Committee) thereto which shall be effective when approved by the Board of Regents or its delegatee. 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 quality characteristic of an academic medical center maintaining a harmony of purpose and effort with the Governing Body, the Board of Regents and with the community.

Section 15.002 **Methodology.** The Medical Staff Bylaws will be reviewed biennially. This review may take place when the Medical Staff Bylaws are adopted, amended, or repealed. This amending process will be approved by the following action:

(a) **Quorum.** Twelve and one half per cent (12.5%) of the Medical Staff eligible to vote on this matter shall constitute a quorum for recommending an amendment to these Bylaws. The result of the vote shall be determined by simple majority. Bylaw revisions and amendments shall be sent electronically to such Members for approval and vote. Voting shall also be by electronic means.

(b) **Governing Body.** Bylaws and amendments shall be adopted by the affirmative vote of a majority of the members of the Governing Body.

Section 15.003. **Urgent Amendment to Bylaws.** In cases of urgent, documented need, the Bylaws may be provisionally amended by a two-thirds (2/3) affirmative vote at a regular or special meeting of the MEC with subsequent approval by the Governing Body. In such cases, the Organized Medical Staff will be immediately notified of such provisional amendment by the MEC. The Organized Medical Staff has the opportunity for retrospective review of and comment on the provisional amendment. If there is no conflict over the provisional amendment, the process for resolving conflict between the Organized Medical Staff and the MEC is implemented. If necessary, a revised amendment is then submitted to the Governing Body for action. Such provisional amendments shall be submitted to the Medical Staff at the next Annual or Special Meeting at which time they shall either be affirmed or disbanded according to the voting procedure described in Section 15.002.

Section 15.004 **Petitions and Motions for Bylaws Changes and Amendments.** A petition for changes or amendments to these Bylaws may be made by members of the Medical Staff when twelve and one half percent (12.5%) of the voting-eligible Medical Staff have indicated their assent to the change or amendment by signing an electronic or paper petition and submitting same to the Medical Executive Committee. The Medical

Executive Committee may, by motion and majority assent, submit changes or amendments to these Bylaws. Amendments or changes submitted by valid petition or the MEC shall then be presented to and voted on by the Medical Staff as indicated in this section.

Section 15.005 **Notification Process for Additions and Amendments to the Bylaws.** Any substantive change to the Medical Staff Bylaws and Rules and Regulations will be distributed to all Members of the Medical Staff. Organizational changes that affect membership on the Medical Executive Committee (other than those affecting inclusion or exclusion of Chiefs of the clinical departments) shall be considered non-substantive shall not require a vote of the medical staff.

Section 15.006 **Notice of Revisions.**

(a) Revisions will be forwarded to all Members of the Medical Staff no more than thirty (30) calendar days after receipt of approval from the Governing Body.

(b) A revised copy of the Medical Staff Bylaws will be posted on the UNMH intranet no more than thirty (30) calendar days after receipt of approval from the Governing Body.

APPROVALS:

Adopted by the Medical Staff on November 23, 2011
Adopted by the UNMH Performance Oversight Committee on February 17, 2012
Adopted by the UNM Hospitals Board of Trustees on January 27, 2012
Revised by the UNM Hospitals Board of Trustees on February 24, 2012
Revised by the UNM Hospitals Board of Trustees on January 31, 2014
Revised by the UNM Hospitals Board of Trustees on November 21, 2014
Revised by the UNM Hospitals Board of Trustees on November 20, 2015
Revised by the UNM Hospitals Board of Trustees on July 29, 2016
Revised by the UNM Hospitals Board of Trustees on April 28, 2017
Revised by the UNM Hospitals Board of Trustees on September 28, 2018

SIGNATURES:

_____	_____
Jennifer K. Phillips, MD Chief of the UNMH Medical Staff	Date

_____	_____
Raymond Loretto, DVM, Chair Board Quality and Safety Committee	Date

_____	_____
Jerry McDowell, PhD, Chair UNM Hospitals Board of Trustees	Date