BYLAWS OF THE MEDICAL STAFF
OF
UNM SANDOVAL REGIONAL MEDICAL CENTER, Inc.

SRMC Board
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UNM Sandoval Regional Medical Center
BYLAWS OF THE MEDICAL STAFF

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PREAMBLE

WHEREAS, the UNM Sandoval Regional Medical Center (the “Hospital”) is an operation of UNM Sandoval Regional Medical Center, Inc., a New Mexico non-profit and University Research Park and Economic Development Act corporation (“UNM SRMC”), which, in turn, is 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 institution 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 Hospital 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 professionalism 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 Medical Staff and the Allied Health Professional Medical Staff;

NOW, THEREFORE, the clinicians authorized to practice hereby organize themselves into a Medical Staff and Allied Health Professional Medical Staff in conformity with these Bylaws.

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. § 11151.

(c) “Clinical Service” means (1) the Clinical Service of Medicine includes but is not limited to the following specialties: Family Medicine, Hospitalists, Internal Medicine, Cardiology, Pulmonology, Neurology, Pediatrics, Psychiatry, Rheumatology, Gastroenterology; (2) the Clinical Service of Surgery, which includes but is not limited to the
following specialties: General Surgery, Orthopedics, Otolaryngology, Ophthalmology, Urology, OB/GYN; and (3) Hospital Based Clinical Services which includes but is not limited to the following specialties: Emergency Medicine, Anesthesiology, Laboratory/Pathology, and Radiology.

(d) “Dependent Practitioner” means a practitioner defined by New Mexico law or by hospital policy that requires oversight or direct supervision by a physician.

(e) “Governing Body” means the Board of Directors of UNM SRMC.

(f) “Licensed Independent Practitioner” (LIP) means a practitioner defined by New Mexico law or hospital policy that can deliver clinical care at the hospital independently without oversight or direct physician supervision.

(g) “Organized Medical Staff” refers to the self-governing medical staff that provides oversight of care, treatment and services 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, Consulting, Honorary Medical Staff, Telemedicine, Ambulatory and Allied Health Provider.

(h) “Professional review action” of a physician or physician member means an action or recommendation of the Medical Executive Committee (as defined in Section 7.007 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 the smooth, safe and uninterrupted operations of UNM SRMC; 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 the Hospital with respect to a physician, physician member, or other non-physician provider, 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 the Hospital and the governing body or any organization of the Hospital that conducts professional review activity, and includes any organization of the Medical Staff of the Hospital 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.
“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.

“Hospital” means UNM Sandoval Regional Medical Center the Hospital, and includes all its clinics, and inpatient and outpatient programs.

“Clinical Service Chief” refers to the head of the Medical Staff Member’s Clinical Service at the Hospital.

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 Hospital 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 Directors of UNM SRMC for the professional performance and ethical conduct of the Medical Staff Members; assure compliance with all third party regulatory and accreditation bodies.

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

(c) Assuring that patient care in the Hospital is maintained at a high level of patient satisfaction.

(d) Assuring that patient care in the Hospital is maintained at a high level of provider satisfaction.

(e) Assuring that patient care in the Hospital is maintained at a high level of employee satisfaction.

(f) Assuring that patient care in the Hospital is maintained at a high level of efficiency.

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

(h) Participating in the education and certification of healthcare professionals.
(i) Participating in programs of continuing medical education, both internal and external.

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

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

Section 1.002 Responsibilities. The responsibilities of the Medical Staff are to assure the quality and appropriateness of patient care rendered by all caregivers authorized to practice in the Hospital 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, Clinical 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) Review the levels of patient satisfaction through regular review, reports, and recommendations concerning the implementation, operation and outcomes of process improvements and other activities.
(i) 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 and ongoing professional review.

(j) 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.

(k) Performing focused professional review (FPPE/OPPE) 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.

(l) Developing, administering, and assuring compliance with these Bylaws, the Rules and Regulations of the Medical Staff, and other the Hospital policies related to patient care or the clinical enterprise.

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

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

(o) Assuring compliance with all documentation requirements including but not limited to consents, history and physicals, operative notes, discharge summaries and order authentication.

(p) Assure and maintain constructive relationships within and among the Medical Staff, Administration, Management, staff and all internal constituencies of UNM SRMC.

Section 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 the members of the Medical Staff.
SECTION 2

MEDICAL STAFF MEMBERSHIP

Section 2.001 Medical Staff Membership. Membership on the Medical Staff of the Hospital is a privilege which shall be extended only to professionally competent medical doctors ("MD"), doctors of osteopathy ("DO"), Doctor of Podiatric Medicine (DPM) licensed independent providers ("LIP") 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; and

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

(d) Members of the Medical Staff that are employees of UNM MMG, UNMH, UNM College of Pharmacy, UNM School of Medicine, UNM College of Nursing or UNM SRMC, must maintain employment as a condition of maintaining medical staff membership.

(e) Members of the Medical Staff engaged as independent contractors to the hospital, must surrender their Medical Staff membership when the contract is terminated.

Section 2.003 Board Certification. Physician members who are M.D.s must have completed the appropriate years of residency training, and must be board certified (the term, "board certification" as used in this Section includes sub-specialty board certification) in their primary area of practice as specified by the American Board of Medical Specialties. Physician Members who are D.O.s are required to be board certified and to have completed the appropriate years of residency training in their primary area of prac-
practice as specified by the American Osteopathic Association. Board certification must be awarded by a board approved by the American Board of Medical Specialties or the American Osteopathic Association. Foreign board certification can be accepted from the following countries: Canada, United Kingdom (England, Scotland, Ireland, and Wales), New Zealand, South Africa, or Australia. Board certification from countries not listed may be considered and approved by the Credentialing Committee pending confirmation by the MEC. In addition,

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

(b) Physician Members who have been certified in more than one specialty must maintain board certification in their primary area 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.

(c) A board-certified physician certified by the College of Family Physicians of Canada or by the American Board of Family Medicine may have completed only two years of residency, so long as this meets the requirements of their respective boards for certification.

(d) LIPs must be certified and credentialed by their respective credentialing body and continuously maintain such certification and credentialing in order to practice at UNM SRMC.

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 Hospital. 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. A provider who has failed three (3) attempts at board certification will no longer qualify for Medical Staff Membership under this exception. Providers have three opportunities to pass their Boards. If the provider does not pass the first attempt, the Boards must be retaken at their next
availability. If provider does not pass the second attempt, the Boards must be re-taken at their next availability. In this connection, the provider must complete, successfully, the Board Certification process within three (3) years from and after becoming eligible for Board Certification. Failure to achieve certification as provided in this Section shall be deemed an immediate voluntary resignation from the Medical Staff.

(b) **Pursuing Board Recertification:** An exception may be made for a Medical Staff Member applying for reappointment whose designated specialty board certification has lapsed, if the Member is actively pursuing recertification. Members applying under this exception must have successfully completed prior board certification in their designated specialty, and must provide either written documentation of active candidacy for recertification, or written attestation that they will take the Board examination at the next opportunity. A provider who has failed three attempts at recertification will no longer qualify for Medical Staff Membership under this exception. Providers have three opportunities to pass their Boards. If the provider does not pass the first attempt, the Boards must be retaken at their next availability. If the provider does not pass the second attempt, the Boards must be retaken at their next availability. In this connection, the provider must complete Board re-certification within three (3) years from and after commencing re-certification efforts. Failure to achieve re-certification as provided in this section shall be deemed an immediate voluntary resignation from the Medical Staff.

(c) **Unique Skill or Under Represented Specialties 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 Hospital. Written documentation of the specialty skill, and the Hospital need, must accompany the application. It is anticipated that qualification for the unique specialty skill exception will be infrequent. An *ad hoc* Committee appointed by Medical Executive formed pursuant to these Bylaws shall determine the merits of Unique Skill or Under Represented Specialties Exception Application.

(d) **Categories of Medical Staff appointees excluded from Board Certification:** Honorary, Ambulatory as well as Allied Health Professional (AHP) Medical Staff applicants are not required to attain or maintain Board Certification.

Section 2.005 **National Practitioner Data Bank.** The Hospital will request and consider information about the applicant provided through various reliable sources including, without limitation, the National Practitioner Data Bank.

Section 2.006 **Criminal History Screening.** The Hospital may require fingerprints and other information necessary for a state or national criminal records background check.
Section 2.007 **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 2.008 **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 2.009 **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 Clinical Service, the Medical Staff Office, the Credentials Committee, or the Medical Executive Committee.

Section 2.010 **Insurance.** Practitioners not employed by the UNM Health Sciences Center or the University of New Mexico Medical Group, Inc. shall provide evidence of and maintain professional liability coverage of a type and in an amount of $1mm/$3mm.

**SECTION 3**

**CATEGORIES OF THE MEDICAL STAFF**

Section 3.001 **Obligations of Staff Appointment.** Each Appointee granted Privileges under these Bylaws must:

(a) Provide his or her patients with generally recognized professional services consistent with the recognized standards of practice in the same or similar communities and the resources locally available.

(b) Comply with these Medical Staff Bylaws; the Medical Staff Rules & Regulations; the Hospital Code of Regulations, policies and procedures; the Hospital's Compliance Plan; and all other standards, policies and rules of the Medical Staff, the Hospital, and state and federal law.

(c) Perform any Medical Staff, committee, and Hospital functions for which he or she is responsible.
(d) Complete medical records and other records in such manner and within the time period required by the Hospital for all patients he or she admits or in any way provides care for in the Hospital.

(e) Abide by generally recognized standards of professional ethics and behavior.

(f) Satisfy the continuing education requirements as applicable and as established by the Medical Staff, regulatory or accrediting body.

(g) Abide by the terms of the Notice of Privacy Practices prepared and distributed to patients as required by the federal patient privacy regulations.

(h) A Practitioner’s failure to satisfy any of the aforementioned qualifications or obligations may be grounds for denial of reappointment to the Medical Staff, reduction in Medical Staff category, restriction or revocation of Privileges, or other corrective action as determined in a final action of the Board pursuant to Section 11 of these Bylaws.

Section 3.002 Categories: The Medical Staff shall be divided into the following categories: Active (which includes LIPs, licensed clinical psychologists, physician assistants, and anesthesia assistants), Courtesy (which includes LIPs, licensed clinical psychologists, physician assistants, and anesthesia assistants), Consulting, Telemedicine, Ambulatory, Honorary, and Allied Health Professionals.

Section 3.003 Active Medical Staff

(a) Qualifications: An active Medical Staff Appointee must:

   i. Provide continuous care to his or her patients according to coverage and call policies, and;

   ii. Have adequate volume during each Medical Staff Year or otherwise be regularly involved in the care of patients in the Hospital or at Hospital operated clinics, as defined by policy for each respective clinical section or service.

(b) Prerogatives: An active Medical Staff Appointee may:

   i. Exercise the Privileges granted to him or her except as otherwise provided in the Medical Staff Rules & Regulations.

   ii. Vote on matters presented at meetings of the Medical Staff and at all committee meetings of which he or she is a member, except as provided by resolution of the MEC and approved by the Board.
iii. Hold office in the Medical Staff or sit on, or act as chair of, any committee for which he or she is qualified unless otherwise determined by resolution of the MEC and as approved by the Board.

(c) Obligations: In addition to the basic obligations set forth in “Obligations of Staff Appointment”, an active Medical Staff Appointee must:

i. Contribute to the administration of the Medical Staff, including serving as a Medical Staff officer and on Hospital and Medical Staff committees as volunteered, appointed or elected.

ii. Participate in the performance improvement/quality assessment and utilization review activities required of the Medical Staff.

iii. Discharge the recognized function of Medical Staff appointment by engaging in the Medical Staff's teaching and continuing education programs, attending charity patients as required, consulting with other Medical Staff Appointees consistent with his or her scope of practice and delineated Privileges, supervising Practitioners during their provisional period, and fulfilling such other functions as may reasonably be required of Medical Staff Appointees.

iv. Attend regular and professional meetings of the Medical Staff and of any Medical Staff committees of which he or she is a member.

v. Serve on the on-call roster for the purpose of assignment to patients who do not have an attending Practitioner, and for providing coverage and back-up coverage in the Emergency Room as required by Hospital policy.

Section 3.004 **Courtesy Medical Staff**

(a) Qualifications: A Courtesy Medical Staff Appointee must:

i. Provide continuous care to his or her patients according to coverage policies, and;

ii. Be regularly involved in the care of patients in the Hospital and have adequate volume each Medical Staff Year, as defined by policy for each respective clinical section or service. If an Appointee to the courtesy Medical Staff exceeds the respective requirement of adequate volume during an appointment period, the Appointee shall be transferred to the active Medical Staff absent a showing by the Appointee that the number of encounters was unusual and would not be expected to occur in the upcoming appointment period.
iii. Demonstrate active participation in the active medical staff at another hospital requiring performance improvement/quality assessment activities similar to those at this Hospital or provides appropriate documentation of competency at the time of reappointment. This documentation can be data related to office practice patterns, outcomes data, insurance scorecards, professional letters of reference, CEU information and educational certificates.

(b) Prerogatives: A Courtesy Medical Staff Appointee may:

i. Exercise the Privileges granted to him or her as otherwise provided in the Medical Staff Rules and Regulations except that at times of full Hospital occupancy or a shortage of Hospital beds or other facilities, as determined by the Chief Executive Officer, the elective patient admissions of courtesy Medical Staff Appointees shall be subordinate to those of active Medical Staff Appointees.

ii. Not vote at Medical Staff meetings or hold office in the Medical Staff.

iii. Not serve on Medical Staff committees

iv. Not be obligated to attend Medical Staff meetings.

c) Obligations: A Courtesy Medical Staff Appointee member must meet the requirements as provided in “Obligations of Staff Appointment”, the courtesy Medical Staff Appointee is encouraged to attend regular or special Medical Staff meetings and may be asked to serve on committees but is not required to do so.

i. Permitted, but not required to serve on the on-call roster for the purpose of assignment to patients who do not have an attending Practitioner, and for providing coverage and back-up coverage in the Emergency Room as required by Hospital policy.

Section 3.005 Consulting Medical Staff

(a) Qualifications: A Consulting Medical Staff Appointee must meet the following criteria:

i. Demonstrate active participation on the active medical staff at another hospital requiring performance improvement/quality assessment activities similar to those of this Hospital.

(b) Prerogatives: A Consulting Medical Staff Appointee may:
i. Exercise the Privileges granted to him or her except as otherwise provided in the Medical Staff Rules & Regulations.

ii. Not admit patients to the Hospital, hold office on the Medical Staff, or participate in any vote during meetings of the Medical Staff.

iii. Act only in a consultative role and does not assume primary responsibilities of the patient unless mutually agreed upon by the attending physician and the consultant.

iv. Attend Medical Staff meetings, serve on committees, and may be required to attend committee or Clinical Service meetings, as so assigned.

(c) Obligations: A consulting Medical Staff shall meet the requirements as provided in “Obligations of Staff Appointment”, the consulting Medical Staff Appointee is encouraged to attend regular or special Medical Staff meetings and may be asked to serve on committees but is not required to do so.

Section 3.006 Honorary Medical Staff

(a) Qualifications: The Honorary Medical Staff shall consist of practitioners recognized for their excellent reputations, their contributions to health and medical sciences, and/or their long-standing service to the Hospital. Honorary Medical Staff Appointees shall be appointed by the Board upon recommendation of the Board or the active Medical Staff.

(b) Prerogatives: Honorary Medical Staff Appointees may not be granted or exercise any Privileges at the Hospital. They may, however, attend Medical Staff and Clinical Service meetings, and any Medical Staff or Hospital education activity. Honorary Medical Staff Appointees shall not be eligible to vote or hold office in the Medical Staff organization.

(c) Obligations: Honorary Medical Staff members shall have no assigned duties or responsibilities.

Section 3.007 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 the Hospital must be credentialed and privileged through the medical staff mechanisms set forth in these Bylaws. The Hospital may use credentialing information
from another Joint Commission accredited facility, which meets essentially the same standards as set forth in Sections 4 and 5 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. The Hospital may from time to time enter into contracts with Physicians for the provision of remote diagnostic services. The Physicians providing such services shall be assigned the Medical Staff category of Telemedicine.

(a) Qualifications: Each such Telemedicine Medical Staff Appointee must satisfy the general qualification requirements for Medical Staff appointment and the basic obligations of Medical Staff appointment. Telemedicine practitioners are subject to the credentialing and privileging processes of this organization.

(b) Obligations: A Telemedicine Medical Staff Appointee must:

i. Participate in providing on-call coverage.

ii. Participate in the performance improvement / quality assessment and utilization review activities performed by the Medical Staff and/or through the contracted company’s process.

iii. Discharge the recognized functions of Medical Staff appointment by engaging in continuing education programs, consulting with other Medical Staff Appointees consistent with his or her scope of practice and delineated privileges, and fulfilling such other functions as may reasonably be required of Medical Staff Appointees.

(c) Prerogatives: A Telemedicine Medical Staff Appointee:

i. Exercise the Privileges granted to him or her except as otherwise provided in the Medical Staff Rules and Regulations.

ii. Has no privileges to admit patients to the Hospital.

iii. No vote at Medical Staff meetings or hold office in the Medical Staff.

iv. Not serve on Medical Staff committees.

v. Not obligated to attend Medical Staff meetings.

Section 3.008 Ambulatory Medical Staff.

(a) Qualifications: An Ambulatory Medical Staff Member appointee shall:
i. Consist of Medical Staff appointees who are not requesting hospital privileges but want to actively participate in UNM SRMC medical staff functions from time to time;

ii. Direct patients to the hospital through the referral of patients;

iii. Complete the Ambulatory Medical Staff application and verification process.

(b) Prerogatives: An Ambulatory Medical Staff Member may:

i. Visit patients and review their patient records;

ii. Not write orders, progress notes, participate in surgery or actively participate in the provision of patient care;

iii. May contribute to the organization and administrative affairs of the Medical Staff;

iv. May serve on committees as assigned;

v. Attend Medical Staff meetings and CME activities.

vi. Have no privileges to admit patients to the Hospital.

vii. No vote at Medical Staff meetings or hold office in the Medical Staff.

Section 3.009 Allied Health Professionals.

Non-physicians that choose to practice as a “Dependent Practitioner”; are not licensed in New Mexico to practice independently; or are restricted by policy to practice dependently may be granted membership to UNM SRMC’s Medical Staff as an “Allied Health Professionals” (AHP).

Applications for appointment and reappointment shall be processed in the same manner as stated in Section 4 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 the Hospital 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 the Hospital and Hospital-affiliated clinics within the scope of their license and in accordance with their clinical privileges, and exercise independent judg-
ment within the areas of their professional competence, licensure, and clinical privileg-
ing. In addition, Allied Health Professionals shall:

(a) Be appointed to work within a specified Clinical Service as the case
may be, and shall carry out their activities subject to the policies and procedures
of that Clinical Service 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 the Hospital 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 3.010 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 By-
laws, or by other policies of the Hospital.

SECTION 4

PROCEDURES FOR APPOINTMENT
AND REAPPOINTMENT TO THE MEDICAL STAFF

Section 4.001 General. The Medical Staff, through its designated Clinical Ser-
vices, committees, and officers, shall investigate and consider each application for ap-
pointment or reappointment to the Medical Staff and each request for modification of
Medical Staff appointment status and shall adopt and transmit recommendations there-
on to the Governing Body.

Section 4.002 Application Form. Each application for appointment and/or re-
appointment to the Medical Staff shall be in writing, submitted on the form prescribed
and approved by the Credentials Committee, and signed by the applicant.

Section 4.003 Effect of Application. By applying for appointment or reap-
pointment 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, hos-
pital 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 profession-
al ethical qualifications for staff appointment.

(c) Releases from any liability and holds harmless UNM SRMC, the
Governing Body, and their respective 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 pro-
fessional review body regarding the competence or professional conduct of the
applicant.

(e) Authorizes and consents to the Hospital representatives providing
other hospitals, medical associations, licensing boards, and other organizations
concerned with the applicant’s performance and the quality and efficiency of pa-
tient care with any information relevant to such matters the hospital may have
concerning him/her, and releases the Hospital representatives from liability for so
doing, provided that such furnishing of information is done in good faith and with-
out malice. For purposes of this Section, the term "the Hospital representatives"
includes the Governing Body, its Members and committees, all Medical Staff
Members, committees, Clinical Services, and Hospital and Nursing Administra-
tion which have responsibility for collecting or evaluating the applicant’s creden-
tials or acting upon his/her applications, and any designee of any of the forego-
ing.

Section 4.004 Applicant’s Burden. The applicant for appointment or reapp-
pointment shall have the burden of producing adequate information for a proper evalua-
tion of his/her experience, background, training, and demonstrated ability. Upon re-
quest of the Credentials Committee, the Medical Executive Committee, and/or the Gov-
erning 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 4.005 Verification of Information. The Medical Staff Office shall, in a
timely fashion, seek to collect and verify the references, licensure, work history, 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. Failure to provide requested information in the time allotted will be considered as a voluntary withdrawal of the application.

Section 4.006 **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 all 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, Clinical Service, and clinical privileges for which the applicant requests appointment;

(d) **References.** References from at least three peers who have worked with the applicant and observed his/her performance within the past five 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, behavior, professionalism, and systems-based practice. In addition, the applicant should include a letter of reference from the Chief of the applicant’s Clinical Service;

(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 alco-
hol, 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 training and experience, membership/fellowship in local, state or national professional organizations including any specialty board certification from any of the following: The American Board of Medical Specialties, The American Board of Podiatric Orthopedics and Primary Podiatric Medicine, The American Board of Oral and Maxillofacial Surgery, The American Osteopathic Association Yearbook, The American Board of Professional Psychology, American Academy of Nurse Practitioners, and/or other applicable certification;

(g) Verification of current and 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 Certificates, if applicable or if otherwise required by applicant’s Clinical Service Chief or by the Hospital;

(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 covered by professional liability insurance of at least $1mm per incident/$3mm aggregate, 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 U.S. Citizen or Permanent Resident of the United States;
(o) A statement that if an adverse ruling is made with respect to his/her staff appointment, staff status, and/or clinical privileges, the medical staff member reapplying for membership 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 Medical Staff Office.

Section 4.007 **Required Clinical Service Action Regarding Application for Initial Appointment.** The Clinical Service Chief shall review the application for initial appointment and supporting documentation, and may conduct a personal interview with the applicant, and transmit to the Credentials Committee a written report and recommendations as to Medical Staff appointment. If appointment is recommended, the Clinical Service Chief shall identify the Medical Staff category and Clinical Service affiliations, 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.

Section 4.008 **Applications for Reappointment.** At least ninety (90) days prior to the expiration date of a Medical Staff member’s present Medical Staff appointment, each Medical Staff Member will be provided with a reappointment application for use in considering reappointment.

Section 4.009 **Specific Information Requirements Regarding Application for Reappointment.** Each Staff Member who desires reappointment to the Medical Staff shall, at least ninety (90 days) prior to such expiration date, submit his/her completed reappointment application to the Medical Staff Office, 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) written references 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:
i. patient care;
ii. medical/clinical knowledge;
iii. practice-based learning and improvement;
iv. interpersonal and communication skills both in regards to other members of the Medical Staff but also the Hospital employees;
v. professionalism; and
vi. systems-based practice.

(d) 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;

(e) new or updated information about any privileges or medical staff Membership at any other hospital, clinic, or health care facility;

(f) new or updated information about any changes to licensure or certification in New Mexico or other states or jurisdictions;

(g) documented evidence that the applicant is covered by professional liability insurance of at least $1mm per incident/$3mm aggregate, 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;

(h) a current work permit or visa, if applicable;

(i) 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;

(j) continuing professional education credits obtained over the past two years conforming to the respective licensing board/agents rules governing continuing professional education;

(k) any focused professional review information as specified by the Medical Staff Office;

(l) any criminal charges, convictions or pleas of no contest that have occurred since the last appointment; filed or pending and except minor traffic violations; and
Section 4.010 Special Requirements for Part-Time Practitioners. The Credentials Committee may require part-time practitioners for whom the Hospital and/or the Medical Staff Office has no or insufficient clinical quality assessment or professionalism data to submit, in addition to the information specified in Section 4.009 above, a copy of quality data, peer evaluations with regard to professional conduct and a list of current clinical privileges granted from the facility where most clinical practice is conducted. Additionally, the applicant’s Clinical Service Chief will provide the Credentials Committee an individual assessment of the applicant’s performance and clinical competency, to be included with the application/reappointment packet.

Section 4.011 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 4.009 above within the time period specified in such Section shall result in automatic termination and voluntary resignation of Membership at the expiration of the Member's current term.

Section 4.012 Required Clinical Service Chief Action for Appointment/Reappointment Applications. The appropriate Clinical Service Chief shall review the appointment/reappointment application and supporting documentation, and shall transmit to the Medical Staff Office a written report and recommendation with respect to the Medical Staff members appointment/reappointment to Medical Staff; whether such reappointment should be renewed with a modified Medical Staff category (Clinical Service affiliation); and, whether such appointment/reappointment should be processed with special conditions, and/or changes in the nature and extent of the clinical privileges to be afforded to the Medical Staff member. The Clinical Service Chief may also recommend that the Medical Executive Committee defer action of a(n) appointment/reappointment application for a period not to exceed thirty (30) days while additional information is gathered; provided, that, if the Member’s current appointment to the Medical Staff would expire during such thirty (30) day period, then the reappointment cannot be deferred unless the reappointment is for a set period of time to allow the Clinical Service Chief to gather additional information.

Section 4.013 Credentials Committee Action. The Credentials Committee shall review each application for appointment and/or reappointment, the supporting documentation, the Clinical Service Chief’s report and recommendations, and such other information available that may be relevant to consideration of the applicant’s qualifications for the staff category, Clinical Service, 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. 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.

Section 4.014 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 Clinical Service, 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 4.015 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 of deferral 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 approved or rejected.

(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 affects an initial applicant, the Chief of Staff shall immediately inform the initial applicant by written notice, and the initial applicant shall not be entitled to the procedural rights provided and described in Sections 11.016, 11.017, 11.018, and 12 of these Bylaws. Only in the case of a reapplication to the Medical Staff, do these procedural rights apply.

Section 4.016 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, modify, or reject a favorable recommendation of the Medical Executive Committee as to an application for reappointment; 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 reappointment application, the Medical Staff member in question, shall be entitled to the procedural rights provided and described in Sections 11.016, 11.017, 11.018, 11.019, and 12 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 Member in the case of a reappointment application, the Governing Body shall take final action in the matter only after the Member has exhausted or has waived his/her procedural rights as provided in Section 11.016, 11.017, 11.018, and 11.019 and, if required, Section 12 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 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 11.016, 11.017, 11.018, 11.019, and 12 of these Bylaws, the Member 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 11.016, 11.017, 11.018, 11.019, and 12 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 Clinical Service 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 4.017 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 Clini-
cal Service Chief and the Credentials Committee shall act on a completed application within thirty (30) days after receiving it from the Medical Staff Office. The Medical Executive Committee shall review such application and make its recommendation to the Governing Body 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 4.009 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 4.018 Request for Modification of Appointment. A Medical Staff Member may, either in connection with reappointment or at any other time, request modification of his/her Staff category, Clinical Service assignment, or clinical privileges by submitting a written application and/or request to the Chief of his/her Clinical Service. If a request for expansion of clinical privileges, such application shall include documentation of relevant training and or experience. Such application shall be processed in substantially the same manner as application for reappointment.

Section 4.019 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 ninety (90) 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 Clinical Service Chief 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 4.020 Return from 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 4 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 11.016, 11.017, 11.018 and 11.019 of these Bylaws. A Med-
ical Staff Member who is deemed to have voluntarily resigned under this section is eligi-
ble to reapply for Medical Staff Membership pursuant to these Bylaws.

Section 4.021 Resignation from the Medical Staff. Any Member of the Medi-
cal Staff may resign from the Medical Staff upon written notice to his/her Clinical Service
Chief pursuant to the Hospital’s Medical Staff and/or Personnel Policies and Procedures
Manuals, as applicable. Additionally,

(a) A voluntary 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, 3.001 and 11.021 of these Bylaws.

(b) A Member is deemed to have voluntarily resigned from the Medical
Staff if a timely request as provided in Sections 4.020, 4.021, and 4.022 above
for a leave of absence or reinstatement of Medical Staff privileges and preroga-
tives 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 res-
ignation 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 Practi-
tioner Data Bank, the New Mexico Medical Board, or other agencies pursuant to
state or federal laws or regulations.

Section 4.022 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
Medical Staff Office within 24 hours of the arrest, notification of the indictment, or con-
viction, 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 Medical Staff Office. The Medical Staff Office 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 war-
ranted prior to the outcome of the legal action (if applicable) or if further action is war-
ranted 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 12 of these Bylaws.

SECTION 5
DETERMINATION OF CLINICAL PRIVILEGES

Section 5.001 Exercise of Privileges. Every Medical Staff Member or other professional providing direct clinical services at the Hospital 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 5.002 Criteria for Privileges. Subject to the approval of the Medical Executive Committee and the Governing Body, each Clinical Service will be responsible for developing criteria for granting setting-specific privileges. These criteria shall assure uniform quality of patient care, treatment, and services.

Section 5.003 Delineation of Privileges in General.

(a) Requests. Each application for appointment and reappointment to the Medical Staff must contain a request for the specific clinical privileges desired by the applicant using the delineation form adopted by the respective Clinical Service. A request by a Medical Staff Member for additional clinical privileges must include documentation of training, experience, and current clinical competency, supportive of the request.

(b) Basis for Privileges Determinations. Requests for clinical privileges shall be evaluated based on the practitioner’s education, training, experience, current competence, and demonstrated ability and judgment. 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 Hospital. 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 4 of these Bylaws.

Section 5.004 Temporary Privileges. Temporary clinical privileges may be granted for a period of time not to exceed thirty (30) days. Temporary privileges may be extended for two separate thirty (30) day intervals upon approval of the governing body.
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 5.005 **Temporary Privileges Application Process.** The responsible Clinical Service Chief must submit to the Medical Staff Office a written request for granting of temporary privileges to a designated practitioner. The designated practitioner must complete and submit to the Medical Staff Office a completed standard application for appointment on the medical staff and 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);

(d) full, unrestricted privileges at a hospital or other fully licensed and accredited facility (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;

(e) Information as to any malpractice or professional liability claims, lawsuits, or settlements (either voluntary or involuntary) by or on behalf of the applicant; and

(f) As to applicants who are not employed by the University of New Mexico, UNM Hospital, the UNM School of Medicine, the UNM College of Nursing, the UNM College of Pharmacy, or UNM Medical Group, Inc., documented evidence that the applicant is covered by medical malpractice or professional liability insurance in the amounts of $1mm/$3mm.

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

Section 5.006 **Temporary Privileges Approval Procedure.** The request for temporary privileges, along with the information described in Section 5.005 of these Bylaws, will be forwarded to the Chair of the Credentials Committee or designee, the Chair of the Medical Executive Committee or designee (Chief of Staff), the Chief Medical Officer of UNM SRMC and the President and CEO 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. 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 5.007 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 Chief Medical Officer or designee of UNM SRMC may, after consultation with the responsible Clinical Service Chief, or designee terminate any or all of such Member’s temporary privileges. In situations where the life or wellbeing 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 Sections 6 and 11.014 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 Clinical Service Chief.

Section 5.008 Automatic Termination of Temporary Privileges. Temporary privileges shall automatically terminate at the end of the designated period, unless affirmatively renew as provided in Section 5.006 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 4 of these Bylaws, and s/he has been granted privileges.

Section 5.009 Rights of the Member Holding Temporary Privileges. A Medical Staff Member shall not be entitled to the procedural rights provided under Sections 5 of these Bylaws because of his/her inability to obtain temporary privileges or because of any termination or suspension of temporary privileges.

Section 5.010 Disaster Privileges. For the purposes of these Bylaws, a “disaster” shall be deemed to exist whenever the UNM SRMC emergency management plan is activated, and the Chief Executive Officer and/or Chief Medical Officer of the Hospital (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 President and Chief Executive Officer and/or Chief Medical Officer of the Hospital (or his or her designee) determines that the pre-emergency Medical Staff is sufficient to meet immediate patient needs.

Section 5.011 Procedure for Granting Disaster Privileges. During a disaster, the Chief Medical Officer of UNM SRMC and/or his/her designee(s) may grant disaster privileges to qualified, licensed volunteering practitioners who are not already Members of the Hospital Medical Staff. Prior to engaging in clinical care, the volunteering practi-
tioner will be required to complete and sign a Disaster/Emergency Privileges Form and provide the Medical Staff Office:

(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 Medical Staff Office 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 5.012 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 5.013 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 Clinical Service Chief and the Chief Medical Officer of UNM SRMC agree that the practitioner’s services are no longer needed, or (d) when privileges are terminated as per section 5.015 below.
Section 5.014 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 Chief Medical Officer of UNM SRMC may, after consultation with the responsible Clinical Service Chief terminate any or all of such practitioner’s disaster privileges. In situations where the life or wellbeing 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 11.014 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 Clinical Service Chief.

Section 5.015 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 5.016 History & Physical Examination. A medical history and physical examination (HP) for each patient shall be done no more than 30 days before or twenty four (24) hours after an admission or registration, but prior to surgery or other procedure requiring anesthesia services and placed in the patient’s medical record within twenty four (24) hours after admission. The HP must be in the medical record prior to any high-risk procedure.

(a) An HP completed within 30 days prior to admission or registration shall include an entry in the medical record documenting an examination for any change in the patient’s current medical condition completed by a doctor of medicine or osteopathy, oromaxillofacial surgeon or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

(b) This examination and update of the patient’s current medical condition shall be completed and placed in the medical record within twenty four (24) hours after admission or registration, but prior to surgery or other procedure requiring anesthesia services.

(c) A doctor of medicine or osteopathy, oromaxillofacial surgeon shall do the HP described above. Alternatively, a physician’s assistant or advance practice nurse may perform a history and physical if permitted by New Mexico State law and scope of practice. The responsible physician must review and approve the history and physical as specified by the medical staff.

(d) The content of the HP examination will be determined by an assessment of the patient’s condition and any co-morbidities in relation to the reason for admission or surgery. This HP examination must be in the medical record prior to any high-risk procedure, surgery or other procedure requiring anesthesia services and within 24 hours of admission or registration.
SECTION 6
OFFICERS OF THE MEDICAL STAFF

Section 6.001 **Chief Medical Officer.** The CMO is directly responsible for day-
to-day oversight and assessment of the quality of health care delivered by Members in
UNM SRMC clinical facilities and in other clinical facilities as assigned by UNM SRMC. The CMO will enforce these Bylaws, the Medical Staff Rules and Regulations, Medical Staff Policies and Procedures, and any applicable UNM SRMC policies affecting Members of the Medical Staff. The CMO is an ex officio Member with a vote on all commit-
tees of the Medical Staff and reports to the HSC Executive Executive Physician-in-Chief and the CEO of UNM SRMC.

Section 6.002 **Chief of Staff.** The Chief of Staff is M.D. or D.O. As the Chief Of-
ficer of the Medical Staff, Chief of Staff shall perform the following duties without limita-
tion:

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, ex-
cept where otherwise indicated, designating the chairs of these commit-
tees;

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 pro-
fessional and public relations;

vi. Representing the views and policies of the Medical Staff to the Governing Body and to the President and Chief Executive Officer of UNM SRMC; and

vii. Performing such other functions as may be assigned to him or her by these Bylaws, the Medical Staff, the Medical Executive Commit-
tee, or as may be delegated by the Board of Trustees.

viii. Serves as an member of the governing board with voting privileges.
Section 6.003 **Vice Chief of Staff.** The Vice Chief of Staff is a M.D. or D.O. The Vice Chief of Staff shall first be elected serve as the Vice Chief of Staff, and shall take office as Chief of Staff when the term of the prior Chief of Staff ends via end of term or otherwise. The Vice Chief of Staff shall be elected by the Members of Active Medical Staff based upon the nomination of the Nominating Committee identified in Section 7.010 of these Bylaws. The election of the Vice Chief of Staff shall be by ballot, and the outcome shall be determined by a majority of the votes cast by ballot. The term of office of the Chief of Staff and Vice Chief of Staff will be two years.

The Vice Chief of Staff will preside over the Medical Executive Committee meetings absent the Chief of Staff 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 6.004 **Immediate Past Chief of Staff.** The immediate past Chief of Staff will serve for a two-year term as Member-at-large of the Medical Executive Committee.

Section 6.005 **Clinical Service Chiefs.** The Clinical Service Chief in each of the respective departments of Medicine, Hospital-Based Medicine and Surgery will be identified by the Nominating Committee elected to office for a two-year term by the Active Medical Staff members of his/her Clinical Service. The Clinical Service Chief of Surgery will be elected to a one year term in 2012 and for a two-year term thereafter. Roles and responsibilities for the Clinical Service Chief include but are not limited to overseeing the clinical activities of the department, surveillance of the professional performance of the department’s clinicians, recommending privileges, department orientation and other duties to ensure the safe, efficient departmental operation.

Section 6.006 **Removal from Office and Vacancies in Office.** The Chief of Staff, Vice Chief of Staff, or the Clinical Service Chief may be removed from office by the affirmative vote of two-thirds (2/3) of the Members of the Active Medical Staff 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. A vacancy in the office of Chief of Staff will be filled by the Vice Chief of Staff. A vacancy in the office of Vice Chief of Staff will be filled by the Medical Executive Committee by appointment of a Member of the Medical Executive Committee. The appointee will serve the remainder of the term of the Vice Chief of Staff if less than six months. If the remainder of the term is more than six months, a special election shall be held as soon as practicable, but no later than three months following the office becoming vacant.

Section 6.007 **Recall of Medical Executive Committee Members** (a) Except as otherwise provided, recall of a Medical Executive Committee Member 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 7

COMMITTEES OF THE MEDICAL STAFF

Section 7.001 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 Clinical Service to perform specified tasks. Any committee — whether Medical Staff-wide or Clinical Service 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 7.002 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 annually.

Section 7.003 Appointment of Members. 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, allied health professionals; and representatives from the Hospital departments such as administration, nursing services, or health information services.

Section 7.004 Application of ROIA. Each committee established to perform Medical Staff functions described in ROIA, shall constitute a “Review Organization.”

Section 7.005 Quorum for Committee Meetings. Unless otherwise stated, the presence of one-half (50%) 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 7.006 Medical Executive Committee.

(a) Voting Members. The Medical Executive Committee will be comprised of the following voting Members: Chief of Staff (as Chair), the Vice Chief of Staff, the Immediate Past Chief of Staff, the Clinical Service Chief of Medicine, the Clinical Service Chief of Surgery, the Clinical Service Chief of Hospital Based Services, the Chief Medical Officer, the Chief Nursing Officer, and four at-large members of the UNM SRMC Active Medical Staff (at least one of whom must be
a Licensed Independent Provider), HSC Executive Physician-in-Chief (Ex-Officio) and an At-Large Member that is a Community Practitioner. If any of the foregoing voting members designate another member of the Active Medical Staff to serve in his or her temporary absence, such a designee member of the Medical Executive Committee shall not have voting rights.

(b) Ex-Officio Members. The President and CEO of UNM SRMC, the Chief Medical Officer of the UNM Health Sciences Center or his/her designee, and two chairs from the UNM School of Medicine appointed by the UNM Board of Directors shall be ex officio members of the MEC with no voting rights.

(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 Hospital;

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 Clinical Sections and the Hospital clinical facilities through the review, approval or adoption of the Medical Staff policies, procedures, and guidelines;

iv. provide input regarding Hospital policies and procedures;

v. act for the Medical Staff between meetings of the Medical Staff, within the limits of the Medical Staff Bylaws, policies, and procedures;

vi. receive and act upon reports and recommendations from the Services, 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;

vii. act as liaison between the Medical Staff, Hospital administration and the Governing Body;

viii. make recommendations to the Governing Body regarding Medical Staff 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;

ix. 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;

x. act in regular or special session at the request of the Credentials Committee, Chief of Staff, or the Chief Medical Officer of UNM SRMC when necessary in cases of suspension, termination of appointment, or restriction of privileges of Members of the Medical Staff or others with clinical privileges;

xi. 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 Professionalism and Rehabilitation Committee;

xii. support the accreditation and certification programs and activities of the Hospital;

xiii. provide consultation regarding proposed changes in operational aspects of the Hospital clinical care; and

xiv. support strategic initiatives of UNM Sandoval Regional Medical Center as identified by Hospital administration and the Board of Directors.

(d) Term of Office. The Terms of office for members on the Medical Executive Committee will be two (2) years.

(e) Meetings. The Medical Executive Committee shall meet at least ten (10) times each year as regular meetings. Special meetings of the Medical Executive Committee may be called only by the Chief of Staff, the Chief Medical Officer or the President and Chief Executive Officer of UNM SRMC 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 7.007 **Credentials Committee.**

(a) **Composition.** The Credentials Committee will be chaired by the Vice Chief of Staff, and six (6) other Active Medical Staff Members appointed for two years. The Chief Medical Officer is an ex officio member with full voting rights.

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

iii. 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 Clinical Services;

iv. Submitting a monthly report, in accordance with Sections 4 and 5 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, Clinical Service affiliation, clinical privileges or specified services, and special conditions attached thereto;

v. Investigating, reviewing and reporting on matters, including the clinical, ethical or professional conduct of any Member of the Medical Staff or other the Hospital clinical practitioner, when assigned or referred to it by the Chief of Staff or the Chief Medical Officer of UNM SRMC, or the Medical Executive Committee; and

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

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

(d) **Meetings.** The Credentials Committee will meet at least monthly. Special meetings of the Credentials Committee may be called by the Chief of Staff, or the Chief Medical Officer of UNM SRMC, 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 7.008 Pharmacy and Therapeutics Committee.

(a) **Composition.** The Pharmacy and Therapeutics Committee will be comprised of at least two (2) Active and/or Allied Health Professional Medical Staff Members; the UNM SRMC Pharmacy Director and one or more representative from the Hospital Nursing Service as designated by the Chief Nursing Officer; and the UNM SRMC Director of Food and Nutrition Services.

(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 Hospital;

   ii. advising the Medical Staff and the Hospital’s pharmacy 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 Hospital;

   v. evaluating clinical data concerning new drugs or preparations requested for use in the Hospital; 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 Committee concerning drug utilization policies and practices in the Hospital.**

(d) **Terms of Office.** Pharmacy and Therapeutics Committee appointments will be for two 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 Chief of Staff, the Chief Medical Officer of UNM SRMC, 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 7.010 Nominating Committee.

(a) Composition. The Nominating Committee will be comprised of the Chief of Staff, Vice Chief of Staff, one (1) member from the Active Medical Staff and the Chief Medical Officer. The appointments will be made by the Chief of Staff in consultation with the Chief Medical Officer of UNM SRMC.

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

i. prepare a slate of nominees in subsequent elections to fulfill the roles of expired terms and vacancies.

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 and authenticate the elections 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 Chief Medical Officer for UNM SRMC for distribution to the Medical Executive Committee.
Section 7.011 **Professionalism and Rehabilitation Committee.**

(a) **Composition.** The Professionalism and Rehabilitation Committee will be comprised of seven (7) members of the Active Medical Staff in good standing. The appointments will be made by the Chief of Staff in consultation with the Chief Medical Officer of UNM SRMC. Consideration for membership of this Committee will be given to Members who provides 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 Professionalism and Rehabilitation Committee will be to provide advice, consultation, and recommendations to the Medical Executive Committee, the Credentials Committee, Medical Staff Members, clinical Services, clinical programs, administrators, or other elements of the Hospital who request the 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 committee. The committee will have no specified authority to enforce its recommendations.

(c) **Terms of Office.** The term of office for appointees to the Professionalism and Rehabilitation Committee is two years. Members may be reappointed at the discretion of the Chief of Staff in consultation with the Chief Medical Officer of UNM SRMC.

(d) **Meetings.** The Professionalism and Rehabilitation Committee will meet as necessary. It will strive to meet within three (3) working days of a request for consultation. The Clinical Service Chief 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 committee.
Section 7.012 Quality/Peer Review Committee.

(a) Composition. The Quality/Peer Review Committee will be comprised of the Chief Medical Officer, the Chief Executive Officer of UNM SRMC, the Chief Nursing Officer; the Clinical Service Chiefs of Medicine, Surgery and Hospital Based Services, two at-large members from the Medical Staff and the Chief of Staff. The Quality Committee shall work with appropriate Medical Staff committees related to its duties.

(b) Subcommittees. The Quality/Peer Committee may also appoint subcommittees, which will be co-chaired by a UNM SRMC representative and a Medical Staff leader appointed by the Quality 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 Committee. As appropriate, the subcommittees and Medical Staff committees will refer potential quality of care issues related to an individual practitioner to the Medical Staff Office, or in the case of a UNM SRMC employee to the Chief Nursing Officer or to other appropriate the Hospital 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 Committee will be responsible for:

i. Monitoring and reporting clinical quality assurance/quality improvement activity throughout the Hospital;

ii. Reviewing and resolving clinical quality assurance/quality improvement operational and policy matters that may arise;
(d) Evaluating clinical quality assurance/performance improvement activity both quantitatively and qualitatively; assuring implementation of appropriate corrective action; and making appropriate recommendations for policy changes to the Medical Executive Committee or other the Hospital committees and programs; and Reporting to the Medical Executive Committee and to the Governing Body on the Quality Committee’s actions and functions.

(e) Reporting. The Quality Committee will provide a quarterly report to the Medical Executive Committee and to the Governing Body concerning activities, findings, and recommendations of the Committee; compliance with the Hospital 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.

(f) Meetings. The Quality Committee will meet quarterly. Special meetings of the Quality Committee may be called only by the Chief of Staff or the co-Chairs of the Quality Committee and may be called at any time. Notice of every special meeting shall be sent in writing to each member of the Quality 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 Committee by electronic communication. In all cases, the Quality Committee will maintain a permanent record of its proceedings and actions.

Section 7.013 Health Information/Utilization Review

(a) Composition: The Health Information/Utilization Review Committee will be comprised of a chair appointed by the Chief of Staff and at least 3 other Medical Staff Members as appointed for two years. Additional Hospital staff from Health information, Case Management, Finance and Nursing are also appointed to this committee.

(b) Duties: The committee shall:

i. Review records with regard to continuity of care;
ii. Clinical pertinence
iii. Required documentation
iv. Compliance to applicable requirements of the utilization review plan
v. Determine whether underutilization and/or overutilization has an impact upon the quality of patient care

(c) Term of office: Health Information/Utilization Review Committee appointments will be for two year renewable terms.

(d) Meetings: the Health Information/Utilization Review Committee will meet at least quarterly.
Section 7.014 **Medical Staff Representation on Other Committees.** Members of the Medical Staff may be assigned to serve on other Hospital Committees. Appointment to such committees may be made by the Chief of Staff or Chief Medical Officer. There shall be Medical Staff representation in any Hospital deliberations affecting the discharge of Medical Staff responsibilities.

**SECTION 8**

**CLINICAL SERVICES**

Section 8.001 **Organization of Clinical Services.** Each Clinical Service shall be organized as a separate part of the Medical Staff and shall have a Clinical Service Chief elected from the members its Active Medical Staff memberships.

Section 8.002 **Designation of Clinical Services.** The current Clinical Services are: Medicine, Surgery and Hospital Based.

Section 8.003 **Responsibilities of the Clinical Services.**

(a) **Patient Care.** Each Clinical Service 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 Clinical Service and its Members. To carry out this responsibility, each Clinical Service shall adhere to the requirements of Sections 8.003(b) through 8.003(j) of these Bylaws.

(b) **Clinical Pertinence.** Each Clinical Service shall conduct retrospective clinical pertinence reviews for the purpose of analyzing, and evaluating the quality of care within the Clinical Service. The number of such reviews to be conducted shall not be less than the number required by accrediting bodies, or, if higher, the number required by law. Each Clinical Service 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 Clinical Service. Practitioners shall be subject to review by each Clinical Service in which they exercise clinical privileges and shall also be subject to such reviews as the Clinical Service may conduct.

(c) **Clinical Privileges.** Establish guidelines for the granting of clinical privileges within the Clinical Service and submit recommendations for Medical Staff appointments and delineation of clinical privileges for all Clinical Service Members and other appropriate professionals in the Clinical Service as required under Sections 4 and 5 of these Bylaws.

(d) **Education.** Conduct, participate in, and/or make recommendations regarding continuing education 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 Rules and Regulations and hospital policies and procedures.

(f) Professionalism. Foster and enforces atmosphere of professional decorum within and among all Medical Staff and Hospital Departments.

(g) Professional Performance Reviews. Maintain Ongoing Performance Reviews as well as maintain ongoing review of professional performance of all Clinical Service Members and others with clinical responsibilities in the Clinical Service and report regularly on such performance to the Credentials Committee or other appropriate committees or bodies of the Hospital. Such reports shall include findings of the Clinical Service Chief’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 by the Clinical Service and the Hospital; and such other matters as may be requested from time to time by the Medical Executive Committee.

(h) Clinical Service Meetings. Clinical Service meetings shall meet at least annually. 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.

SECTION 9

MEETINGS OF THE MEDICAL STAFF

Section 9.001 Annual Meetings of the Medical Staff. A regular annual meeting of the Medical Staff shall be held yearly. The officers elected at any such regular annual meeting will take office following the conclusion of the election. 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 9.002 Order of Business and Agenda. The order of business and agenda at the annual meeting shall be determined by the Chief of Staff and Chief Medical Officer.

Section 9.003 Special Meetings. Special meetings of the Medical Staff may be called at any time by the Chief of Staff, the Chief Medical Officer or the President and Chief Executive Officer of UNM SRMC, or the Medical Staff Executive Committee. No-
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 9.004 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 9.005 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 9.006 Clinical Services Meetings. There shall be a quarterly held by each Clinical Service for the review of care and treatment of patients served by the Clinical Services. A record shall be maintained which shall include resultant recommendations.

Section 9.007 Regular Attendance. Members of the Active Medical Staff and Allied Health Professional Medical Staff are encouraged 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 Service Chief. All other members of the Medical Staff shall be invited and are encouraged to attend Medical Staff meetings.
SECTION 10

CONFIDENTIALITY, IMMUNITY, AND RELEASE

Section 10.001 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 UNM SRMC 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.

Section 10.002 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. § 11151 (11), and/or a “review organization” as defined in these Bylaws and ROIA. Such committee or sub-committee, any person acting as a Member or employee of the committee or sub-committee, 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 10.003 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, Clinical Service, or committee activities related to monitoring and maintaining quality patient care and appropriate professional conduct.

Section 10.004 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 10.005 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 11

PROFESSIONAL REVIEW AND CORRECTIVE ACTION

Section 11.001 Condition of Privileges. As a condition of privileges conferred, every provider privileged to practice at the Hospital 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 the Hospital professional review body/investigator.

Section 11.002 General Provisions.

(a) Professional review applies only to Members of the Active, Consulting, Telemedicine and Courtesy Medical Staff. Review of an AHP's performance may be performed through processes of the Medical Staff or according to Hospital policy.
(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 Hospital.

(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 12 of these Bylaws within ninety (90) days of the service of notice as provided in section 11.017 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 Medical Executive Committee, any Committee formed pursuant to this Section 11 of these Bylaws and the Governing Body.

Section 11.003 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, constitutes 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 11.004 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 the Hospital; or is otherwise disruptive to the Hospital 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 Chief Medical Officer of
UNM SRMC, the Hospital 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. § 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 11.005 Request for Professional Review. A professional review of a Member may be requested by the Chief of Staff, the Chief Medical Officer of UNM SRMC, a Clinical Service Chief, or a chairperson of any standing committee of the Medical Staff. Any Member in good standing or UNM SRMC employee may recommend to the Chief of Staff, the Chief Medical Officer of UNM SRMC, a Clinical Service 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 affected Member, and the affected Member’s Clinical Service Chief.

Section 11.006 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 Clinical Service Chief. 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 Clinical Service Chief, the date of review by the Medical Executive Committee shall be set for a different date.

Section 11.007 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 Chief Medical Officer of UNM SRMC, or to an *ad hoc* Investigatory Committee as described in Section 11.008 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 Chief Medical Officer of UNM SRMC 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 Chief Medical Officer of UNM SRMC or his/her designee.

(b) Action by the Chief Medical Officer of UNM SRMC 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 12 of the Bylaws. The Chief Medical Officer of UNM SRMC or his/her designee will report on such review and actions at the next regularly scheduled Medical Executive Committee meeting.

Section 11.008 **Investigatory Committee.** If, pursuant to Section 11.007 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 Clinical Service Chief;

ii. One Member nominated by the Chief Medical Officer of UNM SRMC;
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 will nominate the third Member;

iv. If the Clinical Service Chief, Chief of Staff or the Chief Medical Officer of UNM SRMC 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 President and Chief Executive Officer of UNM SRMC 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 Chief Medical Officer of UNM SRMC, and the affected Member’s Clinical Service Chief;

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 12 of these Bylaws and the hearing procedures afforded in Section 12 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 11.009 **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 Clinical Service Chief; and to the Chief Medical Officer of UNM SRMC.

Section 11.010 **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 the Hospital or in the best interests of patient care at the Hospital or at other clinical facilities as assigned by the Hospital, including summary suspension, termination of the investigative process or other action.

Section 11.011 **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 11.007 and 11.008 of these Bylaws, the report from the Chief Medical Officer of UNM SRMC resulting from the referral contemplated in Section 11.007 of these Bylaws, or the report of an assigned outside reviewer resulting from the referral contemplated in Section 11.007 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 11.012 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 11.007 and 11.008 of these Bylaws, a report from the Chief Medical Officer of UNM SRMC resulting from referral to the same contemplated in Section 11.007 of these Bylaws, or a report of an assigned outside reviewer resulting from referral the same contemplated in Section 11.007 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 11.013 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 11.012.
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 11.012 above, with copies to the Chief Medical Officer of UNM SRMC, the affected Member’s Clinical Service Chief, and the affected Member’s Medical Staff credentialing file.

Section 11.014 Summary Suspension or Restriction.

(a) **In General.** Two of the following have the authority and must be in agreement to summarily suspend a member of the medical staff: the Chief of Staff, the Vice Chief of Staff, the Chief Medical Officer of UNM SRMC, the President and CEO and/or the Medical Executive Committee. A summary suspension invoked by two of those named above is to prevent the substantial likelihood of imminent injury or danger to the health or safety of any patient, employee, or other persons at the Hospital. A summary suspension includes all patient care at the Hospital or at other clinical facilities as assigned by the Hospital and may include 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 Service Chief, the Chief Medical Officer of UNM SRMC, and the Chief of Staff. 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

(e) Clinical Service Chief or designee (or, in the case of a Member who is an Allied Health Professional, the affected Member’s immediate supervisor), will provide for alternative medical coverage for the suspended Member’s clinical responsibilities at the Hospital.

(f) **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 11.016, 11.017, and 11.018 of these Bylaws.
(g) **Right to Rescind Summary Suspension or Restriction.** The Chief of Staff or the Chief Medical Officer of UNM SRMC may rescind summary suspension or restriction with notice to the person or body that originally imposed the suspension or restriction, and to the affected Member, and the affected Member’s Clinical Service Chief.

(h) **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 11.007 through 11.012, 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 11 or 12 or both of these Bylaws. The Medical Executive Committee may recommend action to continue, modify or terminate the summary restriction or suspension and, through the Chief of Staff, shall promptly notify the affected Member, and the Chief Medical Officer of UNM SRMC, of its recommended action.

(i) **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 11.014(g), 11.016, 11.017, and 11.018 of these Bylaws shall be deemed to be no longer necessary and no such hearing will be held.

(j) **Recommendation of Action by the Medical Executive Committee.** After a hearing conducted as described and provided in Section 12 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 12 of these Bylaws. The terms of the summary suspension or restriction will remain in effect pending a final decision by the Governing Body.

(k) **When No Hearing Requested.** If no hearing as described and provided for in Sections 11.014, 11.016, 11.017, and 11.018 and 12 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 11.015 Report to the Governing Body. The Chief of Staff and/or the Chief Medical Officer, 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 11.016 Right to Invoke Hearing and Appeal Procedures. In the event the recommended action of the Medical Executive Committee adversely affects the affected Member, such affected Member will be entitled to invoke the hearing and appeal procedures as set forth in Sections 11.017, 11.018, and 12 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 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 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 11.017 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 11.013, 11.014, 11.016, 11.019 and 12 of these Bylaws with respect to an affected Member 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;

(b) the reasons for the proposed action of the Medical Executive Committee;

(c) that the affected Member 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 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 and the Medical Executive Committee, 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

(3) before an ad hoc Hearing Committee appointed by the Medical Executive Committee as provided under Section 12 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 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 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 as 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 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 11.018 **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 11.016 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 11.022 of these Bylaws.

Section 11.019 **Notice of Hearing.** If a hearing is requested by the affected Member on a timely basis under Section 11.016 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 11.016 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 11.020 **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 11.021 **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 the Hospital 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 Chief Medical Officer of UNM SRMC or his/her designate that the Member has fourteen (14) calendar days to comply with the Hospital clinical documentation policies and requirements or administrative suspension may be imposed. The Chief Medical Officer of UNM SRMC or his/her designate will provide the Medical Staff Member and the Medi-
cal Staff Member’s Clinical Service Chief with a copy of the written warning. If the Chief Medical Officer of UNM SRMC or his/her designate subsequently initiates an administrative suspension, he/she will provide the Medical Staff Member and the Medical Staff Member’s Clinical Section Chief with immediate written notification of the administrative suspension. The suspension will be in effect until all medical records are completed. If the Medical Staff Member has more than thirty (3) administrative suspensions 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 Service Chief.

(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 Chief Medical Officer of UNM SRMC and the Medical Staff Member’s Clinical Service Chief 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 Service Chief. 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 Chief Medical Officer of UNM SRMC and to the Member’s Clinical Service Chief. 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 Service Chief.

(c) **Drug Enforcement Administration Certificate.** Whenever a Medical Staff Member’s DEA certificate is revoked, suspended, stayed, restricted, or subject to probation, such action, and its terms shall automatically apply to his/her clinical privileges to prescribe, dispense, or administer medications covered by that certificate. If a Medical Staff Member’s DEA certificate expires without renewal, the Member’s clinical privileges to prescribe, dispense, or administer medications covered by that certificate 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 Chief Medical Officer of UNM SRMC and to the Member’s Clinical Service Chief.
(d) **Loss of Privileges at Other Health Care Organization.** A Medical Staff Member who, 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 Chief Medical Officer of UNM SRMC and the Medical Staff Member’s Clinical Service Chief.

(e) **Loss of Faculty Appointment/Employment.** A Medical Staff member who holds a faculty appointment or employment per Section 2.002(d) and loses this faculty appointment or employment at the UNMMG, UNMH, UNM College of Pharmacy, UNM School of Medicine, or UNM College of Nursing will automatically lose his/her UNM SRMC Medical Staff membership, Section 4.022(a) 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 affected Medical Staff member may re-apply as a community-based, independent practitioner.

(f) **Exclusion from 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 Chief Medical Officer of UNM SRMC and to his/her Clinical Service Chief. 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.** A Medical Staff Member who is excluded from participation in a federal and/or state health care program, 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 Service Chief. 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 11.016, 11.017, 11.018 or 12 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 immediate-
ly be given by the Chief of Staff or the Chief Medical Officer of UNM SRMC, to the Medical Staff Member and the Medical Staff Member’s Clinical Service Chief. 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 Service Chief. 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 11.016, 11.017, 11.018, and 12 of these Bylaws.

(g) There shall be no right to the hearing and appeal procedures as set forth in Sections 11.014, 11.016, 11.017, 11.018, and 12 of these Bylaws as a result of a Medical Staff Member’s automatic suspension/termination of privileges as described in this Section 11.021.

Section 11.022 Effectiveness of Decisions. After a hearing as provided in Sections 11.016, 11.017, 11.018, and 12 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 12 of these Bylaws. If the affected Member has been summarily suspended, the suspension will continue in effect until final decision of the Governing Body.

Section 11.023 Effect of Reduction, Suspension, or Revocation of Privileges on Medical Staff Membership. Revocation of all clinical privileges automatically results in loss of Medical Staff Membership.

(a) 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 Hospital 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 12

FAIR HEARING AND APPEAL
Section 12.001  **General Appellate Review Procedures.** Any hearing or appellate review will be conducted in accordance with procedures set forth in this Section 12 of these Bylaws.

Section 12.002  **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 12.003  **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 11 and 12 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 12. 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 promptly upon acceptance of appointment.

Section 12.004  **Notice of Hearing**

(a)  **Scheduling of Hearing; Notice to be Provided to Member.** If a hearing is requested by the affected Member 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 11.002(c) of these Bylaws, through the Chief of Staff, who will notify 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 to the Member or other means reasonably expected to provide actual notice to the Member;
(b) **Contents of Notice of Hearing.** The notice of hearing to the affected Member 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 11.016 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 12.005 **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 \textit{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 \textit{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 to prove by a preponderance of the evidence that the recommended adverse action is not justified.

(i) Witnesses; Examination; Cross-Examination. Subject to reasonable limitations as imposed by the Arbitrator, Hearing Officer or \textit{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 \textit{ad hoc} hearing committee chair, as the case may be, in a timely fashion. The decision of the arbitrator, Hearing Officer or the \textit{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 \textit{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 12.006 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 12.007 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 rise 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 Chief Medical Officer of UNM SRMC, and to the affected Member’s Clinical Service Chief.

**Section 12.008 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 12.006 of these Bylaws. The Chief Medical Officer of UNM SRMC 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 reasona-
ble means expected to provide actual notice to the affected Member, at the earliest practicable date after the Medical Executive Committee renders its decision.

Section 12.009 Right of Appeal.

(a) General. If the Medical Executive Committee’s recommended action adversely affects a 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 Chief Medical Officer of UNM SRMC, as provided in Section 12.009 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 Chief Medical Officer of UNM SRMC, 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 12.010 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 12.011.

Section 12.011 Process for Appellate Review. If the Chief Medical Officer of UNM SRMC 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 Chief Medical Officer of UNM SRMC 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 Chief Medical Officer of UNM SRMC 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 Chief Medical Officer of UNM SRMC. The Chief Medical Officer of UNM SRMC 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 Chief Medical Officer of UNM SRMC, 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 12.010, 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 Chief Medical Officer of UNM SRMC, 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 12.009 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 12, “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 Hospital.

(i) Legal Counsel for the Appellate Review Committee. The Appellate Review Committee will be assisted by counsel provided 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 12.012 Final Decision by the Governing Body. The report submitted by the Appellate Review Committee will be received by the Governing Body. Upon receipt, the Governing Body will approve, modify, or deny the recommendation. 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 Chief of Staff. In turn, the Chief of Staff will provide notice of the Governing Body’s final decision to the affected Member by certified or registered U.S. mail, return receipt re-
quested, 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 12.013 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 12.014 Post-Appeal Actions. After a final decision by the Governing Body, the Chief of Staff and/or the Chief Medical Officer 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 Hospital is contractually required to report.

SECTION 13

GENERAL PROVISIONS

Section 13.001 Medical Staff Rules and Regulations. Subject to approval by the Governing Body, 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 majority vote of those present (in person, or through simulcast) and eligible to vote. The preceding also applies to urgent rules and regulations.

Section 13.002 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 13.003 Construction of Terms and Headings. Words used in these Bylaws shall be read as the masculine or feminine gender 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 13.004 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 13.005 **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 25% 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 Medical Executive Committee, and the safety and quality of patient care. Unresolved differences shall be submitted to the Governing Body for final resolution.

**SECTION 14**

**ADOPTION AND AMENDMENT OF BYLAWS**

Section 14.001 **Medical Staff Responsibility and Authority.** The Medical Staff shall have the responsibility and delegated authority to formulate, adopt, and recommend to the Governing Body, 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 Governing Body. Such responsibility and authority shall be exercised in good faith and in a reasonable, timely, and responsible manner, reflecting the interests of providing patient care of the quality characteristic of an academic medical center maintaining a harmony of purpose and effort with the Governing Body and with the community.

Section 14.002 **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 percent (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) **Board of Directors.** Bylaws and amendments shall be adopted by the affirmative vote of a majority of the members of the Board of Directors.

Section 14.003. **Urgent Amendment to Bylaws.** In cases of urgent, documented need, the Medical Staff Rules and Regulations 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 medical staff will be immediately notified of such provisional amendment by the MEC. The medical staff has the opportunity for retrospective review of and comment on the provisional amendment.
If there is no conflict between the organized medical staff and the MEC, the provisional amendment stands. If there is 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 temporary 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 14.002.

Section 14.004 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 Services) shall be considered non-substantive shall not require a vote of the medical staff.

Section 14.005 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 Board of Directors of the Governing Body.

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

ADOPTED by the Board of Directors of UNM Sandoval Regional Medical Center, Inc.

Dated: 07/27/2016