

**MEDICAL STAFF BYLAWS
OF
TEN MILE SURGERY CENTER, LLC**

The governance of the Medical Staff of Ten Mile Surgery Center, LLC (the “Center”) shall be in accord with these Bylaws promulgated upon recommendation of the Medical Executive Committee (“MEC”) and approved by the Board of Managers (“Board of Managers”), the Center’s governing body.

ARTICLE I – NAME, PURPOSE, MISSION AND USE OF BYLAWS

Section 1.1 – Name

The Medical Staff of the Center shall be governed by these Bylaws.

Section 1.2 – Purpose

The Center is created and operated exclusively for the purpose of providing quality ambulatory surgical care to patients in a facility in which surgical procedures can be safely carried out on an outpatient basis.

In line with this purpose, the Center shall:

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

Section 1.3 – Purpose Medical Staff

The purpose of this Medical Staff are to:

Bring the professionals who practice at the Center together into a cohesive body to promote good patient care.

- a. Screen and recommend applicants for Medical Staff membership.
- b. Review privileges of Members and Allied Health Professionals (“AHP”)
- c. Evaluate and assist to improve the work done by the Medical Staff through participation in the peer review process.
- d. Provide Education
- e. Provide recommendation to the Board of Managers
- f. Participate in the development and review of Center Policies.

Section 1.4 – Mission

To transform healthcare by redefining the surgical experience through compassion, transparency, and exceptional care.

Section 1.5 – Use of Bylaws

These Medical Staff Bylaws are expressions of the current requirements of the Center relating to applicants and Members of the Medical Staff and subject to change at any time. Members of the Medical Staff are defined to include as “practitioners” physician (MD), doctors of osteopathy (DO), doctors of podiatric medicine (DPM), Doctor of Dental Surgery (DDS) and doctors of dental medicine (DMD) who have current Medical Staff appointment and who may have clinical privileges granted by the Board of Managers to practice at the Center. These Medical Staff Bylaws do not constitute a contract of any kind whatsoever. These Bylaws shall be interpreted, applied, and enforced with the discretion of the Center as delegated by the Board of Managers.

ARTICLE II – ADMINISTRATION

Section 2.1 – Board of Managers Responsibilities

The Board of Managers is ultimately responsible for determining, implementing and monitoring policies governing the Center’s total operation and for ensuring that these policies are administered to provide quality medical treatment in a safe environment.

- a. Medical Staff: The board of managers is ultimately responsible for oversight of the activities of the Center’s Medical Staff. In fulfillment of this responsibility, and upon recommendation by the Medical Executive Committee the Board of managers shall approve the appointments, the Granting restriction or revocation of clinical privileges, all corrective action, and the involuntary termination of staff membership in coordination with the Medical Executive Committee. The Board of managers reserves the right to change these Bylaws when, after due course, the Medical Staff has failed to do so, when necessary, in order to comply with passage of law, change in accreditation standards or other changes in Federal or State law statutes.
- b. Administration The Board of managers is responsible for the appropriate management and administration of the Center. In fulfillment of this responsibility and the Board of managers shall employ or contract an appropriately qualified competent Administrator; establish an annual operations plan, which includes an annual budget; and establish such policies as are necessary to properly guide the Center’s operation.
- c. Quality Improvements: The Board of Managers is responsible for utilization quality appropriateness of procedures and the appropriateness of medical care rendered by and at the Center. In Improvement Program, which will effectively monitor the quality of care and utilization of facilities with reports of such activities, made to the Board of Managers at least annually.
- d. Standards: The Board of Managers is responsible for the maintenance of the Center program and services in line with community and other appropriate standards. In fulfillment of this responsibility, the Board of Managers directs that the Center meet and maintain standards for state licensure, participation in the Medicare program and accreditation by the Accreditation Association for Ambulatory Healthcare.

Section 2.2 – Administrator

- a. Appointment: The Administrator who may be employed either by an outside organization or provided directly by the Center, and approved by the Board of Managers, shall be responsible for daily operation of the Center.
- b. Responsibilities: With respect the Medical Staff the duties of the Administrator include:
 - 1. Execute the mission and goals of the Center.
 - 2. Provide for careful maintenance of patient rights and responsibilities.
 - 3. Assist the Medical Staff in arranging for an appropriately trained, professional staff that provides safe, efficient quality patient care.
 - 4. Assist the Medical Staff in developing quality improvement, risk management and peer review programs in accordance with applicable standards.
 - 5. Ensure that all provision are made for ancillary services including laboratory radiology and pathology services; and assure that appropriate communication are in place for patient transfer
 - 6. Ensure that the Center does not discriminate on the basis of race, sex, national origin religion culture disability economic status of source of payment care.
 - 7. Formulate short- and long-range plans in accordance with the missions and goals of the Center.
 - 8. Serve management's representative to the MEC.
 - 9. Remain available to the Board of Managers
 - 10. Manage and provide oversight of fiscal and contracted services matters as they pertain to daily operations of the Center.

Section 2.3 – Medical Director

- a. Appointment: the Medical Director shall be appointed by the Board of Manager. The Medical Director shall perform the duties specified with his or her Medical Director contract with the Center and by these Bylaws. If there is a conflict between these Bylaws and the Medical Director's contract the contract shall control.
- b. Responsibilities: the Medical Director is vested with the following duties and prerogative subject to the discretion of the Board of Managers:
 - 1. Facilitate Medical Executive Committee meetings.
 - 2. Serve as a voting member of the MEC
 - 3. Facilitate adherence of the Medical Staff to these Bylaws
 - 4. Be chief spokesperson and enunciator of policy for the Medical Staff.
 - 5. Monitor adherence to policies with respect to patients' rights.
 - 6. Assist the Administrator in arranging for an appropriately trained, professional staff and capable of providing safe, efficient quality patient care.
 - 7. Assist the Administrator in developing a structure that clearly delineates the authority and responsibility of the Medical Staff within the Center
 - 8. Take the initiative in developing appropriate policies and procedures for the safe, effective conduct of business and provision of patientcare; and review all clinical policies and procedures of the Center. The Medical Director shall be specifically authorized to approve



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(after consultation with the appropriate MEC specialty representatives) and implements policies and procedures(subject to such subsequent MEC Review and ratification ,as the MEC Specialty representative deems advisable).

9. Take the Initiate in developing for consideration by the Medical Staff, quality improvement, risk management and peer review programs in accordance with applicable state and /or federal regulation and accreditation standards.
10. Advise the administrator in arranging for ancillary services including laboratory, radiology, and pathology services.
11. Carry out all other duties specifically entrusted to him/her by the MEC and Board of Managers.

ARTICLE III- MEDICAL STAFF MEMBERSHIP AND PRIVILEGES

Section 3.1 – Purpose and Responsibilities

The Board of Manages has created a medical Staff organization to be know as the Ten Mile Surgery Center ASC Ten Mile Medical Staff (“Medical Staff”), whose membership shall be comprised of all practitioners given privileges to attend patients at the Center. The Board of Managers by creation of the Medical Staff in these Bylaws provides a structure whereby the members can become an integral part of the Center and participate in the policy setting and decision -making process relating to Medical Staff delegates to the Medical Staff such responsibility to regulate matters relating to Medical Staff membership status clinical privileges and corrective action as is provided in these Bylaws and the Medical Staff delegates to its Medical Executive Committee and patient Care Committees (or such ad hoc committees as may be appointed in accordance with these Bylaws) the authority and responsibility to carry out their respective responsibilities including but not limited to:

- a. Reviewing analyzing and evaluating clinical practices to determine the quality of medical care.
- b. Making recommendation to the Administrator and Board of Managers for establishment maintenance and continuing improvement and enforcement of professional standards.
- c. Recommending the appointment and reappointment of qualified practitioners to the Medical Staff delineation of clinical privileges.
- d. Recommending the granting of clinical privileges to qualified Allied Health Professionals.
- e. Recommending the discipline of practitioners and AHPs for violation of these bylaws Federal or state laws, and any policy of the Center within the limitation of the authority delegated by the Board of Managers.

Section 3.2 – Nature of Membership

- a. Membership on the Medical Staff is a privilege, and not a right, which shall be extended only to mentally and physically, healthy professionally competent, and appropriately licensed physician, Doctor of Dental Surgery or dental medicine and podiatrist who meet qualification as set forth in these Bylaws (collectively “Practitioners”).
- b. Acceptance of membership on the Medical Staff shall constitute the member’s agreement that he/she will abide by the Bylaws, Rules and regulation and the Policies and procedures of the Center as they may be amended from time to time; participate cooperatively in peer evaluation activities(both as a committee member and in conjunction with evaluation of

his/hers own performance or professional qualification); and obtain an appropriate informed consent as required for each medical intervention contemplated .

- c. Acceptance of membership on the Medical Staff shall constitute the staff member's agreement that he/ she will abide by the principles of medical ethics.
- d. Acceptance of membership on the Medical Staff shall constitute the staff member's acknowledgement and agreement that he/she filed a current and proper address of record with, and shall immediately notify the Center and the appropriate State licensing agency (e.g., State Medical Board, Board of Podiatric Medicine, etc.,) of any changes in his/her address of record, giving both the new and old address.
- e. Decisions related to appointment and/or clinical privileges at the Center are subject to the requirements of these Bylaws; however, they are not deemed members of the Medical Staff, and are not afforded the procedural rights set forth in these Bylaws with respect to hearing or otherwise.
- f. Allied Health Professionals (AHP's) who are granted clinical privileges at the Center are subject to the requirements of these Bylaws; however they are not deemed members of the Medical Staff, and are not afforded the procedural rights set forth in these Bylaws with respect to hearing or otherwise.

Section 3.3 – Qualification for Physician Membership

Any Physician (i.e., MD or DO) seeking Medical Staff membership, or any established Medical Staff membership, or any established Medical Staff member shall continuously possess and maintain the following qualification:

- a. Shall be a graduate of a recognized medical or osteopathic school with a current Doctor of Medicine (MD) degree.
- b. Shall hold a current license from the appropriate professional licensing board of the State of Idaho.
- c. Shall have a current DEA registration and Idaho Board of Pharmacy registration.
- d. Shall have and continue to maintain unrestricted privileges at a local Medicare participating hospital or provided a current agreement for hospital admission and follow-through care of patients.
- e. Shall document background, experience, and training (copies of certificate from medical school, internship, residency fellowship and Board Certification or Board eligibility; corresponding verification for these must be performed) and demonstrate adherence to the ethics of the profession.
- f. Shall carry professional liability insurance with a qualification carrier satisfactory to the Board of Managers with minimum limits of 1,000,000 per occurrence and 3,000,000 annual aggregates unless otherwise determined by the Board of Managers.
- g. Shall be eligible to participate in and receive payments from government health care programs, including Medicare and Medicaid.

Section 3.4 – Qualification for Anesthesiologist

Anesthesiologist

Shall meet the above -stated qualification for physician membership as states in Section 3.3; however, the following exceptions or additional requirements apply:

- a. Anesthesia services will be provided by competent and qualified anesthesiologist.
- b. Anesthesiologist need not maintain hospital privileges.
- c. Anesthesiologist shall abide by the American Society of Anesthesiologist Standards of Care and shall also abide and follow, but not by way of limitation, the anesthesia policies, and procedures of the Center.

Section 3.5 – Qualification for Podiatry Membership

Any podiatrist seeking medical Staff membership and any podiatrist Medical Staff membership shall continually possess and maintain the following qualification:

- a. Shall be graduated of podiatry school and hold a doctor of podiatric medicine (DPM) degree approves by the Idaho Board of Podiatric Medicine at the time of issuance.
- b. Shall hold a current unrestricted license to practice podiatry in the State of Idaho.
- c. Shall have a current DEA registration and Idaho Board pharmacy registration.
- d. Shall document background experience and training Board Certification or Board Eligibility and demonstrate adherence to the ethics of the profession.
- e. Shall have and continue to maintain unrestricted privileges at a local Medicare participating hospital limited to their scope of practice or provided a current agreement for hospital admission and follow -through care of patients.
- f. Shall carry professional liability insurance with a qualified carrier satisfactory to the Board of Managers with minimum limits of 1,000,000 per occurrence and 3,000,000 annual aggregates unless otherwise determined by Board of Managers.
- g. Shall provided professionally qualified on-call coverage for his/her patient who have had surgery at the Center.
- h. Shall be eligible to participate in and receive payments from government health care programs, including Medicare and Medicaid.

Section 3.6 – Qualifications

Any dentist or dental surgeon seeking Medical Staff membership and any dentist or dental surgeon Medical Staff member shall possess the following qualification:

- a. Shall be graduated of dental or medical school and hold a Doctor of Dental Surgery (DDS) or Doctor of Dental Medicine (DMD) degree approved by the Idaho Board of Dentistry at the time of issuance.
- b. Shall hold a current license to practice dentistry in the Sate of Idaho.
- c. shall have a current DEA registration and Idaho Board pharmacy registration.
- d. shall have a current DEA registration and Idaho Board pharmacy registration.
- e. Shall have and continue to maintain unrestricted privileges at a local Medicare participating hospital limited to their scope of practice or provided a current agreement for hospital admission and follow -through care of patients.
- f. Shall carry professional liability insurance with a qualified carrier satisfactory to the Board of Managers with minimum limits of 1,000,000 per occurrence and 3,000,000 annual aggregates unless otherwise determined by Board of Managers.
- g. Shall be eligible to participate in and receive payments from government health care programs, including Medicare and Medicaid.

- h. Shall provide professionally qualified on-call for his/her patient who have had surgery at the Center.

Section 3.7 – Qualification for AHPs

The MEC may promulgate policies and procedures setting forth minimum qualification, sponsorship, and supervision requirements delineation of privileges and /or scope of practice and applicable performance standards for those categories of AHPs who can perform clinical procedures at the Center. In the absence of formal policies and procedures the MEC Shall be authorized to exercise reasonable discretion in granting AHP privileges setting forth sponsorship and establishing scope of practice and applicable performance standards in this Center. In no event shall an AHP be allowed to provide patient care services without point of source verification of such licenses and permits as may be required by law, or without being covered by acceptable levels of malpractice liability insurance as determined by the Board of Managers.

Section 3.8 – Additional Qualification

In addition to meeting the basic qualification set forth in section 3.3 to 3.7. all practitioners and AHPs must document or otherwise establish to the satisfaction of the medical Staff that he/she continuously satisfies all of the following qualification:

- a. Professional competence, including but not limited to appropriate training, experience demonstrated proficiency in the requested privileges and sound professional judgement.
- b. Adherence to applicable laws, regulation, and professional ethics
- c. Good reputation and character.
- d. Ability to work professionally and harmoniously with other Medical Staff members health care professionals, patients, and Center personnel.
- e. Commitment to provide quality health care, to fulfill the responsibilities of their profession and medical Staff membership, and to contribute to the overall functioning of the Medical Staff.
- f. Physical and mental health status sufficient to enable them to continuously meet the qualification for and responsibilities of Medical Staff membership, and to otherwise provide quality patient care.

Section 3.9 – Responsibilities of Medical Staff

Basic Responsibilities of Medical Staff Membership Staff Membership. Each member of the Medical Staff and each practitioner exercising temporary privileges shall continuously meet all the following responsibilities:

- a. Care for patients consistent with the generally recognized professional level of quality and efficiency in the community.
- b. Abide by all applicable laws and regulations relevant to the practitioner's professional services or conduct at the Center's the Bylaws rules and policies of the Medical Staff or the Center, including but not limited to the Center's compliance policy, ethical principles of the Practitioners professions and the standards of relevant accreditation agencies.
- c. Prepare and timely complete medical and other required records for all patients to whom the Practitioners provides services in the Center consistent with Medical Staff and Center rules

and policies, including rules and policies concerning the use of the Center's medical record system.

- d. Ensure that a physical examination and medical is performed for all patients before a surgery or procedure requiring anesthesia services as required by state or federal laws or regulations. The history and physic must be performed by a physician or other person qualified under state law and consistent with medical Staff rules and policies.
- e. Maintain the privacy of protected health information as required by applicable laws, regulation rules and policies.
- f. Work professionally and cooperatively with others (including but not limited medical visitors) so as not to adversely affect patient care, proper functioning of the Medical Staff, or Center operation
- g. Refrain from any harassment or discrimination against any person based upon the person's age sex, religion race creed, color national origin, disability or to the extent proscribed by law the person's ability to pay or source of payment.
- h. Refrain from unlawful fee splitting; unlawful inducements relating to patient referrals; or referrals for services in violation of applicable laws regulation.
- i. Refrain from delegating the responsibility for diagnosis or care Center patients to a Practitioner, AHP or other health care professional who is not qualified to undertake the responsibility or who is not adequately supervised.
- j. To the extent possible seek consultation whenever warranted by the patient's condition; unusual circumstances or when otherwise required by Medical Staff rules and policies.
- k. Properly discharge such medical Staff functions committee duties and services obligations for which the Practitioner is responsible by appointment election or otherwise.
- l. Consistent with the member's category and privileges, actively participate and regularly cooperate with the Medical Staff in fulfilling the Medical Staff's purposes and responsibilities, including but not limited to participating in activities relating to credentialing, performance evaluation proctoring, quality improvement, education regulatory compliance and governance.
- m. Upon request and to the extent allowed by law, provided information from the Practitioner's office records or from outside sources as necessary to facilitate the care or review of the care of specific patients, or payment for the care of specific patients.
- n. Promptly communicate with appropriate Medical Staff officers and/or committee chairs when the practitioners obtain credible information indicating that a Medical Staff member ,AHP, or other health care professional may have engaged in unprofessional or unethical conduct; may have violated or failed to satisfy the requirements of Medical Staff bylaws, rules or policies; or may have an impairment that poses a significant risk to the well-being or care of patients; and then cooperate as reasonably necessary toward the appropriate resolution of any such matter.
- o. Participate in and complete continuing medical education that meets all licensing requirements and is appropriate to the Practitioner's specialty.
- p. Continuously meet the qualification for and performed for and performed the responsibilities of membership as set forth in these bylaws and any associated rules and policies and demonstrate ongoing compliance if requested MEC.
- q. Promptly inform the Medical Staff of any material change in the information submitted by the Practitioner upon appointment and reappointment; any changes in the member's qualification as set forth in these bylaws; or any other issues that may materially affect the member's ability

to meet qualifications or requirements for Medical Staff membership or otherwise render patient care.

Section 3.10 – Categories of Medical Staff Membership

Any Practitioners appointed or re-appointed to Medical Staff membership shall be appointed in accordance with their specialty in the following Medical Staff categories:

- a. Active Staff shall consist of Practitioner (MD, DO, DPM, DDS, DMD) maintaining unmonitored Medical Staff privileges at the Center.
- b. Temporary Staff Shall consist of Practitioners (MD, DO, DPM, DDS, DMD) who apply for and have been granted temporary privileges as describe in Section3.17(a)

Section 3.11 – Duration of Initial Appointment to Medical Staff

The initial appointment for Active Staff shall be for three years. At least one hundred twenty (120) days before the end of each term, the practitioner must apply for reappointment. This includes timely submission of redocuments (refer to Section 3.14)

Section 3.12 – Procedure for Initial Appointment to Medical Staff

- a. Content of Application: A completed application packet for appointment shall include, but is not necessarily limited to the following:
 1. A completed and signed application for appointment, using the prescribe form.
 2. A signed consent authorizing the Center to complete a background investigation of his/her qualification for staff membership.
 3. A signed released from liability for any person or organization providing relevant information in good faith concerning the applicant's qualifications as well as Center's good faith credentialing and professional review activities.
 4. A signed and completed request for delineation of privileges("DOP")
 5. Adequate documentation to satisfy status:
 - (a.) Current license issued by the appropriate professional licensing board in the State of Idaho
 - (b.) Current DEA registration and a copy of the required corresponding Idaho Board of Pharmacy registration.
 - (c.) Current proof of insurance with limits as established by the Board of Managers.
 - (d.) Copies of certificates of education residency fellowship. Board certification or letter starting Board eligibility and professional training; corresponding verification for these must be done.
 - (e.) As applicable, copies of certificates of specialty or subspecialty coursework of verification of the same.
 - (f.) Such other information as the MEC or Board of managers determines relevant to reasonable for evaluation of the applicant's qualification. This

includes but is not limited to: documentation of current proficiency in the requested procedures during the immediately preceding three (3) years), three (3) peer references, documentation of other health care facility appointments, and professional society affiliations.

- b. Submission of application: The Applicant shall submit the completed application packet including signature and supporting materials to the designated credentialing services and/or Center personnel, who shall receive the application as the agent of the MEC. The application shall be reviewed for completeness and shall then promptly be forward to the Administrator and/or Medical Director.
- c. Investigation of Applicant: the Administrator with the assistance of the medical Director and a MEC representative (as needed and appointed by the Medical Director) shall evaluate the applicants qualification. This investigation may include but is not necessarily limited to the following as determined necessary by the MEC or Board of Managers.
 - 1. Personal interview
 - 2. Verification of hospital medical staff membership for admitting privileges and follow up consultation with members of the medical staffs of hospital and other persons or organizations with which the applicant has been associated.
 - 3. Documents and record review
 - 4. Verification of malpractice insurance and query of the applicant's malpractice claims history.
 - 5. Primary and/or secondary source verification, which may include a query to the American Medical Association and /or national Practitioner Data Bank, OIG List of Excluded Individuals and Entities, and other as may be indicated.
 - 6. Completion of the section on the prescribe Application form, documenting the physical and/or mental health status as it relates to the applicant's ability to fulfill the requirements of Medical Staff membership and patient care.
- d. Report of Investigation: Once the application is deemed complete by the MEC, within a reasonable period of time (generally 4-6 weeks) following receipt of the complete application and supporting documents, the Administrator or designated credentialing service shall compile and review application documents and then forward to the Medical Director and corresponding specialty MEC member for the purpose.
- e. MEC Recommendation: Once an application is complete and has been reviewed by the Medical Director and the MEC member, the MEC shall determine whether to recommend that the applicant be appointed and what clinical privileges the applicant should be granted. Such recommendation shall be delivered to the Board Managers. If the recommendation is to deny the application, or to grant some but not all of the clinical privileges requested by the applicant, the applicant shall have such procedural rights as may be set forth in the Fair Hearing Plan in Article IV.

- f. Notice of Final Decision: The applicant shall receive timely written notification from the Board of the Managers regarding the results of Center's credentialing. Any notification of appointment shall state the clinical privileges to be granted the applicant.
- g. Burdens of Submitting and Processing Information The Burden of submitting a complete application and otherwise establishing the applicant's qualification to the satisfaction of the MEC and/or Board of Managers (including but not limited to all submitting documentation, references or supplemental information reasonable necessary for the MEC or Board of Managers to make a responsible and sound recommendation) shall be upon the applicant. Until an application has been deemed complete by the MEC, it shall not be processed. If allowed by law, and subject to the applicant may be eligible for temporary privileges with approval by the medical director and at least one (1) additional member of the MEC. Eligibility for temporary privileges may only be afforded in circumstances that are beyond the control of the applicant (for example, should a delay occur due to scheduling difficulties of MEC or Board of Managers) upon receipt of an application and all supporting materials deemed complete by the MEC.
- h. Proctoring: proctoring may be used at the discretion of the MEC to validate a Medical Staff member's capability any time or within a specific length of time deemed necessary to complete the assessment. The specific proctoring requirements shall be subject to tailoring in the discretion of the Medical Director or MEC, as appropriate to the clinical procedures involved and the applicant's qualification. Proctoring reports may be accepted from other institutions provided they are completed in sufficient details as to enable reasonable opportunity to assess the applicant's performance. The Medical Staff member will be required and held accountable for obtaining his/her own acceptable and qualified proctor.

Section 3.13 – Duration of Reappointment to Medical Staff

The qualified Practitioner needs to complete the required initial time frame which is three (3) years. Prior to the expiration of the initial term, the Practitioner needs to apply for reappointment through the process and within the timeframe set forth in Section 3.13 below. The duration of the reappointment for qualified Practitioner of the Medical Staff shall be for three (3) years. Timely submission of appropriate documents must be acquired for the reappointment application to be complete (Refer to section 3.13).

This process should continue in the same manner for each consecutive reappointment thereafter. Individual peer-based review shall be integrated during each reappointment for all Practitioners; the results will be used as part of the center's Quality improvement Plan. This peer review process shall be the same as describe in Section 3.13(b).

Section 3.14 – Procedure for Reappointment to Medical Staff

At least one hundred twenty (120) days before the end of the current term, the Administrator/designee shall provide to the Medical Staff member the appropriate information and forms required for reappointment. Any changes in health or mental status affecting the Medical Staff member's competency to practice in the Facility the failure to satisfy any of the

qualification for medical Staff membership. The filing of any professional liability complaints, or the initiation of any disciplinary action against the member by any agency institution or facility must be reported by the member to the Medical Director or MEC within thirty (30) days of the date that the member became aware of the condition or circumstance. Failure to report such condition or circumstance may result in corrective action. Failure to return the reappointment application within sixty (60) days from receipt may result in termination of Medical Staff membership. The following information is required for submission for the reappointment process. Only those reapplications deemed complete shall be eligible for review, and the process to commence.

A. Re-applicants Need to Submit:

1. Complete reappointment forms.
2. A signed released from liability' statement for any person or organization providing relevant information in good faith concerning the applicant's qualification as well as Center's good faith credentialing and professional review activities.
3. A current delineation of privileges in the relevant specialties.
4. Copy of current DEA registration and Idaho Board of Pharmacy registration.
5. Copy of current professional licensure.
6. Current proof of malpractice insurance with limits as establish by the Board of Managers.
7. Copies of any additional certificates of education, certification, specialty/subspecialty coursework etc., since previous appointment are optional; corresponding verification for these must be done.
8. Such other information as the MEC and Board of Managers determines relevant for reasonable for evaluation of the reapplicant's qualification.
Additionally primary source an/or secondary source verification will be included in this process. A query to the National Practitioner Data Bank will be performed as indicated. If no written transfer agreement exists between this facility and a nearby hospital, then additional verification should include that the re-applicant has admitting privileges at a nearby hospital.

B. Peer Review by the MEC: the MEC shall review the performance of each Medical Staff member requesting reappointment at he next regularly schedule meeting. The Criteria used to gauge the current members' competency include but are not limited to the following, provided that details of criteria used shall be determined by the MEC and Board of Mangers:

1. Performance
2. Judgement including but not limited to the member's physical and mental capacity to render care for privileges granted.
3. Technical skill.

4. Frequency of procedures at the Center. In order to provide adequate medical records for peer review and quality assurance each medical Staff Member is required to perform a minimum number of procedures at the Center during each 12-month period. The actual number requirements will be included in the privileging forms as decided by the Board of Managers. Upon discretion of the Board, the first 12-month requirement may be waived upon opening of facility operations.
 5. Other information pertaining to various peer review indicators that involve important aspects of care such as indicators for surgery, appropriateness of care, infection prevention transfers, etc., may be considered. Any information obtained through the peer review process is confidential and shall be treated as such.
 6. The member may be required to provide documentation of physical and/or mental health status and /or to submit to such health examination (including but not limited to urine drug screening and/or blood alcohol testing) as deemed necessary by the MEC and/or Board Managers.
- C. Recommendation of the MEC: upon making a recommendation to re-appointment a member, the MEC shall also recommend the clinical privileges to be granted.
- D. When Reappointment is Effective: Any reappointment category of membership or clinical privileges granted with reappointment shall be effective immediately upon approval of the Board of Managers so that there not be interruption of privileges.
- E. Failure to Renew Membership: If a Practitioner does not renew his/her Medical Staff membership and is removed from Active Staff status he/she must complete and follow the procedure for initial application for appointment as set forth in Section 3.11 of the Bylaws to regain Medical Staff membership.

Section 3.15 – Clinical Privileges

No Clinical privilege exist unless specifically granted pursuant to these Bylaws. Privileges will generally not be granted in excess of those enjoyed by the practitioner at a local Medicare-participating hospital. Exceptions to this policy may be made by the Board of Managers where the services are not available at the local hospital or the Board of Managers determines that an exception is appropriated. Privileges may not be granted for period longer than three (3) years and may be reviewed and modified at any time pursuant to these Bylaws.

Section 3.16 – Newly Establish Procedures

The MEC shall determine competence in newly established procedures based on the staff member's documented training and experience prior to allowing the procedure to be performed unsupervised extraordinary supervision arrangement (e.g. supervision in another facility by non-Medical Staff members), may be allowed by the Board of Managers where it is not possible to arrange for supervision within the Center due to the newness of the procedure or other

circumstances. Prior to such determination to procedure will not be listed as a permitted procedure.

Section 3.17 – Temporary Clinical Privileges

- a. Use: Temporary privileges are those granted to practitioners pending processing of their application for regular medical staff membership or reappointment to Medical Staff membership and shall enable the person granted such privileges to admit and/ or treat an unlimited number of patients except as may be specifically limited by the MEC or Board of Managers.
- b. Purpose: Temporary privileges are intended to augment the normal process for granting new privileges and are not a replacement for that process. As such the expiration of, or failure to grant temporary privileges shall not constitute a cause for access to the Fair hearing Process. All requested for temporary privileges shall also constitute a request for the same privileges through the normal process.
- c. Authority: The Medical, in consultation with the Specific MEC Specialty representative may issue temporary privileges upon receipt of a completed application as outlined in Section 3.11 and 3.11 of these Bylaws, including but not limited to the following items: current license current DEA and Idaho Board of Pharmacy registration (if required) and current evidence of malpractice insurance. The applicant must demonstrate solid standing in the medical community and that he/she has comparable privileges at and regularly and routinely performs similar procedures in at least one local Medicare-participating hospital. The Operating Managers of the Board of Mangers must approve all temporary privileges before they become effective.
- d. Duration: Temporary privileges may only be granted for a specific time-period not to exceed ninety (90) consecutive calendar days.

Section 3.18 – Emergency Privileges

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

Section 3.19 – Continuing Applicability

The requirements and qualification for medical Staff membership and privileges are continuing provisions that must be met throughout the duration of any period of appointment or reappointment. Therefore, all provision such as obligation to provide information, to resolve

doubts or to demonstrate satisfactory compliance with various requirement of these Bylaws shall apply at all times. The MEC is not required or privileges at any time.

Section 3.20 – Waivers

Insofar as is consistent with applicable laws and accreditation requirements, any qualification, requirements or procedure maybe waived at the discretion of the Board of Managers upon determination that such waiver will serve the best interest of the patient and the Center. The granting or denial of a waiver of any requirements shall be at the discretion of the Board of managers, shall not trigger the applicant's or members right to a hearing under these Bylaws.

Section 3.21 – Limiting Size of Staff

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

Section 3.22 – Denial of Appointment, Reappointment or Clinical Privileges

- a. Procedural Rights: Upon making a recommendation not to appoint /reappoint a member or upon a decision to deny some or all of the clinical privileges requested by a member being- re-appointed the affected Practitioner shall be entitled to such procedural rights as may be afforded by the Fair Hearing Plan in Article IV of these Bylaws.
- b. Reporting: if and to the extent required by applicable law, National Practitioner Data Bank and the state professional licensing board shall be notified of any final decision regarding Medical Staff membership or privileges which can be consider an adverse action as defined in Article IV, Section 4.1 of these By Laws, or which is otherwise defined or reportable pursuant to applicable Federal or State law.

Section 3.23 – Cessation of Clinical Privileges and/or Medical Staff Membership

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

- a. Voluntary Withdrawal from membership by a Member: The Clinical privileges and medical staff membership of any member voluntarily withdrawing from membership shall end automatically. Any clinical privileges granted a member shall cease upon receipt by the MEC of the member's written notification of voluntary relinquishment for such privileges.
- b. Non – Re-appointment to Medical Staff Membership: The Clinical privileges and medical staff membership of any member not re-appointed or not in the process of consideration for reappointment including all applicable hearing and appellate review processes, shall cease upon the expiration of the member's current appointment.

- c. Termination of Medical Staff Membership and Clinical Privileges: Termination of Medical Staff membership and/or clinical privileges after waiver or exhaustion of all applicable hearing and appellate review processes.

Section 3.24 – Suspension of Medical Staff Membership and/or Clinical Privileges

Medical Staff membership and/or clinical privileges may be suspended for the following reason:

- a. Automatic Suspension: Medical Staff members are required to immediately report to the Medical Staff member 's membership and clinical privileges shall be automatically suspended or restricted if:
 - 1. The state professional licensing board or the DEA revokes, suspends or restricts a member's license or DEA or Idaho Board of Pharmacy registration; or
 - 2. His/ her admitting and clinical privileges at a local Medicare- participating acute care hospital are revoked, suspend or restricted; or
 - 3. He/ she fails to maintain malpractice insurance at such levels as required by the Board of Mangers or
 - 4. He/she fails at the end of each term of his/her appointment (whether as an Active or Temporary appointee), to provide documentation of current license, current DEA and Idaho Board of Pharmacy registration, and current evidence of malpractice insurance, as required by these Bylaws; or
 - 5. Practitioner fails to respond to a request for information or other action from the MEC or Board of Managers, in which case the MEC or Board of mangers may suspend the Practitioners privileges until such time as complete response is received by the MEC or Board of Managers; or
 - 6. Practitioner is excluded from participating in Medicaid or is included on the OIG's List of Excluded Individuals and Entities.
- b. Procedural Rights:
 - 1. Practitioner whose Medical Staff membership and/ or clinical privileges are automatically suspended or restricted shall not be entitled to the procedural hearing and appellate review rights set forth in these Bylaws.
 - 2. A Practitioner whose Medical Staff membership and/or Clinical Privileges are automatically suspended or restricted shall be given written notice of such automatic suspension by the Administrator no later than the end of the fifth business day after imposition of such automatic suspension by the Administrator. Such notice shall state the reason for such automatic suspension and refer the Practitioner to the Bylaws for the process to be followed to release the automatic suspension or restriction and hi/her



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procedural rights, if applicable. Additionally, such written notice may be sent by a tracking courier services and/or hand delivered.

3. Within Five (5) days after receiving notice of the automatic suspension or restriction, a Practitioner whose Medical Staff membership and/or clinical privileges are automatically suspended or restricted shall be entitled to submit a written request within five (5) business days for reinstatement to the Administrator with documented proof that the deficiencies leading to the suspension or restriction have been corrected. The Administrator shall provide the request to the MEC. The MEC may terminate the suspension or restriction. If the MEC denies the request for reinstatement the Practitioner is entitled to the procedural rights provided in these Bylaws and, not later than the end of the fifth business day after the date reinstatement was denied, the Administrator shall give the affected Practitioner notice of the denial of his/her requested reinstatement and a summary of his/her procedural rights as provided in these Bylaws.
- c. Investigatory (precautionary) Suspension: An Investigatory suspension may be imposed for a period of no more than fourteen (14) days to allow for investigation and consideration of whether there is a need for potential professional review corrective action. Imposition of an investigatory suspension shall not entitle the Practitioner to any procedural hearing or appellate review rights. An investigatory suspension must either be terminated by the end of the fourteen day or be converted, if warranted to a summary suspension.
- d. Summary Suspension:
 1. A Practitioner shall face summary suspension of medical Staff Membership or all or some his/her privileges (i) whenever the failure to take such action may result in an imminent danger to the health of any individual within Facility, expose the Facility to liability, or significantly interfere with facility operations (ii) if a practitioner fails to report a matter required to be reported pursuant to sections 3.13 or 3.23 (a), above; or (iii) if the practitioner has falsified Medical records or otherwise engaged in a significant violation of law, Regulation, or these bylaws. The Board of Managers hereby authorizes summary suspension to be imposed by the Medical Director, The Administrator, or any member of the MEC. Such summary suspension shall become effective immediately upon imposition by the authority imposing such suspension, which shall become effective immediately upon imposition by the authority imposing such suspension, which shall promptly give notice to the affected practitioner, the Board of Managers, the Medical Director, MEC, and the Administrator.
 2. In the event a summary suspension is initiated:
 - (a) A written report of the Medical Staff membership and/or privileges shall be completed and delivered by the end of the following business day to the affected practitioner and the MEC, stating the reason for imposing the suspension.
 - (b) The MEC may initiate such investigation as it deems appropriate to evaluate the basis for the suspension.
 - (c) The MEC within fifteen (15) calendar days of the written report of the suspension of membership privileges shall consider the issue at which time they may sustain, amend or modify the suspension. The MEC may also recommend such permanent adverse action as



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it deems required to attend such portion of this meeting as deemed necessary to answer questions and/or provide additional information to the MEC.

(d) If the MEC sustains or modifies the suspension and/or recommends imposition of any permanent adverse action (as defined in section 4.1(a)). The practitioner shall have procedural rights as may be afforded pursuant to the Fair Hearing Plan set fourth set forth in Article IV of these bylaws.

(e) Upon completion or the Practitioners waiver of Practitioners procedural rights, the MEC shall immediately forward the recommendation to the Board of Managers for immediate and final decision.

Section 3.25 – Routine Corrective Action

a. Request: Whenever a Practitioner engages in acts, demeanor, statements , or unprofessional conduct, either within or outside the Center as more specifically described in subsection 3.24(b) below , and the same is reasonably likely to be detrimental to patient safety or to the delivery if quality patient care, disruptive to Facility operations, demeaning to the Facility staff, Medical staff or medical profession, or an impairment to the community's confidence to the facility or expose Facility to liability, a request for corrective action against such member may be initiated by the Medical Director, any member of the MEC, the Administrator, or any member of the Board of Managers. Corrective action may also be initialed whenever it appears that a Practitioner no longer meets the current qualifications or requirements of Medical Staff membership and/or clinical privileges.

b. Grounds for Corrective Action: Grounds for corrective action shall include, but shall not be limited to the following:

1. Professional conduct deemed lower than the standards of the Medical Staff by the MEC or the Board of Managers, to include but not limited to that which reflects negatively on the reputation of the Medical Staff or the Center.
2. Unethical practices, inclusive of, but not limited to, violations of the regulations under Medicare for fair billing practices, and/or violations of applicable law.
3. Charge, pleading no contest to, or conviction of any felony or credible charge alleging violence, sale of illicit drugs, sexual misconduct, theft, or moral turpitude, or other crime that may adversely affect the reputation of the Center or Center operations.
4. Deviation from the standard of care within the community, as defined by the MEC or Board of Managers with consolation from appropriate specialties, as necessary
5. Physical, Mental or professional incompetence.
6. Failure to timely create and maintain adequate records or fasciation of records
7. Violation of these Bylaws of, the Medical Staff, the Rules and Regulations, or Center policies and procedures.
8. Demonstrated rude or disrespectful attitudes toward patients, staff, co-workers, or Center personnel, including but not limed to disruptive or unprofessional behavior and/or sexual harassment.
9. Off-the-job actions or inactions that may adversely affect the Practitioners performance, Center teamwork, or the reputation of the Center.
10. Use of Illegal drugs.



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11. Use of alcohol or legal drugs to the extent of the extent that performance or behavior may be adversely affected.

c. Investigation and Report: The MEC (or its designated representative) shall initiate and direct such an investigation as it deems appropriate. The MEC (or its designated representative) may require the practitioner to appear and answer questions and/or provide information in conjunction with the investigation as it deems appropriate. Attorneys shall not be present during such meetings. Except as it may be delayed for good cause, the investigation should generally be conducted and completed within (30) days. The MEC shall compile a written report of the investigation and may be recommended corrective action to the Board of Managers. A copy of this report shall also be forwarded to the affected Practitioner.

d. Recommended Actions: Initiation of corrective action may result in one or more of the following recommendations by the Board of Managers:

1. Rejection of the request for corrective action plan.
2. Collegial or informal intervention as determined appropriate by the MEC.
3. A warning, a letter of admonition, or letter of reprimand.
4. Imposition of probation, proctoring, individual requirements of consultation, or similar requirements.
5. Denial, Suspension, revocation, or restriction of some or all the Practitioner's clinical privileges.
6. Limitation of any Medical Staff Prerogatives directly related to the Practitioners delivery of patient care.
7. Suspension and revocation of membership on the Medical Staff.

e. Procedural Rights: When the MEC issues any recommendations that meet the description of an “adverse action” as described in section 4.1 below, the matter shall be subject to review according to the Fair Hearing Plan in Article IV, before final action by the Board of Managers.

f. Corrective Action for AHP's: Except as otherwise set forth in specific provisions of these Bylaws, the Rules and Regulations o, or policies and procedures established with respect the AHP's, the Administrator in consultation with the Medical Director shall be primarily responsible for investigating evaluating and taking necessary summary, routine or other action with respect to clinical privileges of AHP's.

Section 3.26 – Federal and State Reporting

The National Practitioner Data Bank, the Idaho Board of Medicine, or ither relevant state professional licensing board shall be notified of any final decision regarding membership or privileges which us reportable pursuant to applicable Federal of State law.

Article IV—FAIR HEARING PLAN

The provisions in these Bylaws for a fair hearing plan are intended and shall be applied in a manner to comply with applicable laws. If State or Federal statutes, laws, or regulations change, are in conflict with the established Fair hearing Plan of these Bylaws, with the established bylaws

guidelines in question becoming null and void. Except as otherwise specifically required by law this Fair Hearing Plan shall not apply to AHP's requesting or exercising privileges at the Center. Procedural rights for the AHP's Shall be subject to the discretion if the Centers Administrator, in consultation with the Medical Director or MEC with final action approved by the Board of Managers. Notwithstanding anything in this Article IV to the contrary, technical, insignificant or nonprejudicial deviation from the procedures set forth in these Bylaws and any associated rules or policies shall not invalidate the action taken.

Section 4.1 – Inhiation of Hearing

a. Recommendations or Actions: Only the following recommendations or actions shall, if deemed adverse pursuant to Section 4.1(b) of these Bylaws, entitle the affected Practitioner to a hearing Pursuant to this Article IV:

1. Denial of initial Medical Staff appointment.
2. Denial of Medical Staff reappointment.
3. Summary suspension of the medical staff Membership for more than fourteen (14) days as sustained or modified by the MEC or Board of Managers, which suspension is not an automatic or investigatory suspension.
4. Involuntary revocation or termination of Medical Staff Membership.
5. Denial of requested clinical privileges.
6. Involuntary reduction in Clinical privileges.
7. Summary suspension of clinical privileges for more than fourteen (14) days which suspension is not an automatic or investigatory suspension.
8. Involuntary revocation or termination of clinical privileges.
9. Imposition of any involuntary restriction or limitations on clinical privileges that materially impact or limit Practitioner's ability to exercise clinical privileges, including but not limited to individual requirement of intra or pre-treatment consultation or proctoring.

b. Adverse Recommendation or Action: A recommendation or action listed in Section 4.1 (a) shall be deemed adverse only when (i) It represents an action that must be reported to the relevant state professional licensing board or the National Practitioner Data bank and (ii)it has been:

1. Taken or recommended by the MEC upon its own initiative, or following recommendation of the Quality Committee or other relevant entity; or
2. Taken or recommended by the Board of Managers upon its own initiative.

c. Notice of Adverse Recommendation or Action A practitioner against whom an adverse action has been taken or recommended pursuant to Section 4.1 (a) and (b) shall promptly be given notice of the action or recommendation. The notice shall be delivered in person, by registered or certified mail, or by fax or email accompanied if the Practitioner confirms receipt, and shall:

1. Advise the Practitioner of his or her right to hearing pursuant to the provision of these Bylaws including this Fair Hearing Plan and provided a general description of the reasons for the recommendation or action.
2. Advise the Practitioner that, if he/she requests a hearing he/she must submit a request to the Administrator within thirty (30) days following the date of the notice.
3. State that failure to request a hearing within the 30-day time period shall constitute a waiver of rights to a hearing and to an appellate review on the matter and acceptance of the recommendation or action.
4. State that following receipt of the hearing request, the Practitioner will be notified of the date time, and place of the hearing and the grounds upon which the adverse action is based.
5. Provided the following summary of rights in the hearing:
 - (a) to representation by an attorney or other person of the Practitioner's choice;
 - (b) To have a record made of the proceeding, copies of which may be obtained by the Practitioner upon payment of any reasonable charges associated with the preparation thereof;
 - (c) to call, examine, and cross-examine witnesses;
 - (d) to present evidence determine to be relevant by the hearing officer, regardless of its admissibility in a court law;
 - (e) to submit a written statement at the close of the hearing;
 - (f) Upon completion of the hearing, the Practitioner involved has the right:
 - (i) To receive the written recommendation of the arbitrator, officer, or panel, including a statement of the basis for the recommendations, and
 - (ii) To receive a written decision of the Center, including a statement of the basis of the decision.

d. Request for a Hearing: A practitioner shall have thirty (30) days from the date of the notice pursuant to Section 4.1 (c) to file a written request for a hearing. Such request shall be delivered to the Administrator of the Center either in person, by certified or registered mail, or by fax or e-mail coupled with confirmation of receipt by the Administrator, on or before 5:00pm of the 30th day.

e. Waiver by Failure to Request a Hearing: A Practitioner failing to request a hearing within the time and in the manner specified in Section 4.1(d) waives any right to such hearing and to any appellate review the Practitioner might otherwise have been entitled to.

f. Effect of Waiver: Waiver by failure to request a hearing shall constitute acceptance of that action, which shall thereupon become effective once approved by the Board of Managers and shall constitute waiver of all claims related to or arising out of the action.

Section 4.2 – Pre-hearing Matters

a. Notice of Time and Place for Hearing:

1. Upon receipt of a timely request for hearing, the Administrator shall deliver such request to the Medical Director, the MEC and the Board of Managers.
2. As soon as reasonably practical after receipt of such request, the Medical Director of the MEC shall schedule and arrange for the hearing, and the Administrator shall send the Practitioner notice of the time, place and date of the hearing. Absent extraordinary circumstances, the hearing date shall not be less than thirty (30) days or more than ninety (90) days from the date of receipt of the request for hearing, unless mutually agreed by the Practitioner and the MEC.

b. Statement of Issues and Events:

1. The notice of hearing required by Section 4.2(a) shall contain a summary of charges consisting of a concise statement of Practitioner's alleged acts or omissions giving rise to the corrective action, a list by number of the specific or representative patient records in question, and/or the other general reasons or subject matter forming the basis for the adverse recommendation or action which is the subject of the hearing, and a list of the witnesses expected to testify at the hearing on behalf of the Center.
2. The summary of charges may be amended prior to the hearing; provided, however, that such amendment shall be provided to the Practitioner as soon as reasonably practical under the circumstances, and provided further that the Practitioner shall be entitled to a continuance if any such amendment substantially changes the scope of the hearing, or substantially affects the Practitioner's ability to adequately prepare for the hearing. The presiding officer shall determine whether any such continuance is necessary.

c. Witness Lists:

1. Within fifteen (15) days of receipt of the notice of hearing, the Practitioner shall forward to the MEC his/her list of witnesses (if any) who are expected to testify at the hearing.
2. Nothing in the foregoing shall preclude the testimony of additional witnesses whose possible participation was not reasonably anticipated at the time the parties submitted the notice of hearing or witness list. The parties shall notify each other as soon as they become aware of the possible participation of additional witnesses not listed in their respective list of witnesses. If a party claims unfair prejudice because of the late addition of a witness, the presiding officer shall determine whether the witness should be allowed to testify, or the hearing continued.

d. Appointment of Hearing Panel:

1. A hearing occasioned by an adverse recommendation or action shall be conducted before one of the following as determined by the MEC:

- a. Before an arbitrator mutually acceptable to the Practitioner and the MEC.
- b. Before a hearing officer who is appointed by the Center and who is not in direct economic competition with the Practitioner involved.
- c. Before a hearing panel of individuals who are appointed by the Center and are not in direct economic competition with the Practitioner involved.

2. If the hearing is to be conducted by an arbitrator or hearing officer, references to the “hearing panel” shall be deemed to refer to the arbitrator or hearing officer except as set forth in Section 4.2(e).

3. The hearing panel members must be individuals who have not acted as an accuser, investigator, factfinder, or initial decision maker in the same matter, and who shall gain no direct benefit from the outcome of the hearing. If feasible, and deemed advisable by the MEC, the hearing panel may include an individual practicing the same specialty as the Practitioner. The practitioner must raise any objection to the hearing office or hearing panel members within five (5) business days of receiving notice of their appointment.

e. Appointment of Presiding Officer. If an arbitrator or hearing officer is appointed, the arbitrator or hearing officer shall serve as the presiding officer. If a hearing panel is appointed, the MEC may, in its discretion, appoint a qualified attorney or other person to serve as the presiding officer or, alternatively, may appoint a chairman of the hearing panel to serve as the presiding officer. The presiding officer shall gain no direct financial benefit from the outcome of the hearing and shall not act as a prosecuting officer or advocate. The presiding officer shall act to maintain decorum and to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence. The presiding officer shall be entitled to render rulings on pre-hearing matters such as challenges to the selected hearing panel members or hearing officer, request for discovery, and pre-hearing motions; to determine the order of procedure during the hearing; to make all rulings on matters of procedure and the admissibility of evidence; and to take such discretionary action as deemed necessary under the circumstances to assure that the hearing is conducted in an efficient and expeditious manner.

f. Pre-hearing Motions: The parties shall be entitled to file pre-hearing motions as deemed necessary to give full effect to rights established by these Bylaws, and to resolve such procedural matters as the presiding officer determines may properly be resolved outside the presence of the full hearing panel. Unless otherwise agreed by the parties, such motions shall be in writing and shall specifically state the motion, all relevant factual information, and any supporting authority for the motion. The moving party shall deliver copy of the motion to the opposing party, who shall have five (5) business days to submit a written response to the presiding officer, with a copy to the moving party. The presiding officer shall determine whether to allow oral argument or any such

motions. If requested by either party, the presiding officer's ruling shall be in writing and shall be provided to the parties promptly upon its rendering. All motions, responses, and rulings thereon shall be entered into the hearing record by the presiding officer.

Section 4.3 Hearing Procedure

a. Personal Appearance: The practitioner requesting the hearing shall be required to appear in person. A Practitioner failing to appear without good cause shall be deemed to have waived his/her rights in the same manner and with the same consequences as provided in Section 4.1(e).

b. Examination by the Hearing Panel: if the practitioner requesting the hearing does not testify on his/her own behalf, the Practitioner may be called and examined as if under cross-examination. The hearing panel may also examine the witnesses.

c. Procedure and Evidence: The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant evidence shall be serious affairs, regardless of the existence of any common law or statutory rule, which might make improper the admission of such evidence over objection in a civil or criminal action. The parties shall be entitled to submit, prior to or during the hearing (or, in the discretion of the presiding officer, within ten (10) days of the close of the hearing memoranda concerning any issue of law or fact. Such memoranda shall become a part of the hearing record.

d. Burden of Proof: The body whose adverse recommendation or action occasioned the hearing shall have the initial burden of going presenting evidence in support thereof. The Practitioner shall thereafter have the burden of proof to support his/her challenge to the adverse recommendation or action on the basis that the grounds of the adverse recommendations or action lack any substantial factual basis or the conclusions drawn therefrom are arbitrary, unreasonable or capricious. The body whose adverse recommendation or action occasioned the hearing shall have an opportunity to rebut the evidence, testimony, documentation and information presented by the Practitioner or his/her representative.

e. Postponement: Requests for postponement of a hearing shall be granted by the presiding officer only upon a showing of good cause and only if the request is made as soon as it is reasonably.

f. Presence of Hearing Panel Members and Vote: A Majority of the hearing panel must be present throughout the hearing and deliberations. If a panel member is absent from any part of the proceedings that members shall not be permitted to participate in the deliberations or the decisions unless and until he/she has read the entire transcript of the portion of the hearing from which he/she was absent.

- g. Recess and Adjournment: the presiding officer, at the request of the hearing panel or parties, may recess the hearing and reconvene the same without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The hearing panel shall thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the parties. Upon conclusion of its deliberations, the hearing shall be declared finally adjourned.
- h. Findings and Recommendations: The hearing panel shall issue a written report and recommendations within thirty (30) days from the date the hearing is adjourned.

Section 4.4—Hearing Panel Report, Appellate Review and Further Action

- a. Notice and Effect of Hearing Panel Findings and Recommendations: The Administrator shall, not later than the end of the fifth (5th) business day after receipt of the hearing panel's report and recommendations, notify the MEC and the affected Practitioner of the findings and recommendations of the hearing panel.

1. Adverse Findings and Recommendation: If the hearing panel's findings and recommendations are adverse to the affected Practitioner, as determined by the MEC, the notice sent by the Administrator to the affected Practitioner shall advise the affected Practitioner of his/her right to appellate review, the time period and requirements for submitting a request for appellate review, state that failure to request appellate review within the specified time period shall constitute waiver of the right to appellate review, and all other rights to which he/she may have otherwise been entitled under the Medical Staff Bylaws and other bylaws, policies, procedures, rules, regulations, guidelines, and requirements of the Center or its Medical Staff, and state that as soon as practicable after receipt of the request for appellate review, the affected Practitioner will be notified of the date, time, and place of the appellate review.

2. Favorable Findings and Recommendations of the Hearing Panel: If the hearing panel's findings and recommendations are favorable to the affected Practitioner, the MEC shall promptly forward it, together with all supporting documentation, to the Board of Managers for final action. If the MEC disagrees with the hearing panel's findings or recommendations, they may explain such disagreement to the Board of Managers for the Board's consideration. The Board of Managers shall act on the hearing panel's recommendations and the MEC's response, if any, by adopting or rejecting the hearing panel's Recommendations in whole or in part, or by referring the matter back to the hearing panel for further consideration. Any such referral back shall state the reason therefore, set a time limit within which a subsequent recommendation should be made to the Board and may include a directive that an additional hearing be conducted to clarify issues that are in doubt. As soon as practicable after receipt of such subsequent recommendation and any new evidence in the matter, the Board of Managers shall take final action. The MEC shall promptly send the affected Practitioner special notice informing him/her of each action taken pursuant to the Fair Hearing Plan. Favorable action



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by the Board of Managers shall be effective as the final action, and the matter shall be considered finally closed.

b. Initiation and Prerequisites of Appellate Review:

1. Request for Appellate Review: Practitioner shall have ten (10) business days following his/her receipt of a notice described in Sections 4.4 to file a written request for an appellate review by the Board of Managers or a committee of the board, comprised of not less than three members, appointed by the Board of Managers. All references to the Board of Managers herein shall apply to a committee of the Board of Managers if one is appointed. A request for appellate review shall be delivered to the MEC by hand delivery, by certified or registered mail, return receipt requested, or by e-email or fax coupled with confirmation by the MEC of receipt of the request, and may include a request for a copy of the hearing record, if same is not confidential or privileged or otherwise protected or prohibited by law, and all other material, favorable or unfavorable, if not previously forwarded, that was considered in the adverse action or result and is not confidential or privileged or otherwise protected or prohibited by law.

2. Notice of Time and place for Appellate Review: The MEC shall deliver the request for appellate review to the Board or Managers. As soon as practicable, the Board of Managers shall schedule and arrange for an appellate review which shall not be less than ten (10) business days after the date of receipt of the appellate review request without the written consent of the affected Practitioner and shall be scheduled for a time as soon as practicable after receipt of such request for appellate review. Not later than the end of the fifth business day prior to the appellate review, the MEC shall send the Practitioner notice of the time, place and date of the appellate review. The time for the appellate review may be extended for good cause by the Board of Managers, within its sole discretion, and if the request therefor is made as soon as practicable.

c. Appellate Review Procedure:

1. Nature of Proceedings: The proceedings shall be an appellate review of (i) the procedures employed; and (ii) whether the hearing panel's finding, and recommendations was arbitrary, capricious, or not supported by or contrary to relevant facts, Center by laws, rules, regulations or policies, or applicable professional's standards. The appellate review shall be based upon the record of the hearing before the hearing panel, the hearing panel report, and all subsequent results and actions thereon. The appellate review shall also consider the written statements, if any, submitted pursuant these Bylaws and such other materials as may be presented and accepted under these Bylaws.

2. Written Statement: The practitioner seeking appellate review must submit a written statement detailing the findings of fact, conclusions and procedural matters with which he/she disagrees, and his/her reasons for such disagreement by delivering same to the MEC. The MEC shall forward a copy of the Practitioner's written statement to the body whose adverse action or recommendation occasioned the appellate review, and such



body may file a written statement in response thereto. The written statement may cover any matters raised at any step in the hearing process and legal counsel may assist in its preparation. The Practitioner's statement shall be submitted to the Board of Managers through the MEC at least fifteen (15) days prior to the scheduled date of the appellate review and the written statement of the body whose adverse action or recommendation occasioned the appellate review in response thereto, if any, shall be submitted to the MEC by hand delivery or certified or registered mail, return receipt requested, at least (5) days prior to the appellate review. A copy of the written statement in response to the affected Practitioner's statement, if any, shall be sent to the affected Practitioners as soon as practicable prior to the scheduled date of the appellate review but in any event the MEC shall ensure that as practicable prior to the scheduled date of the appellate review but in any event the MEC shall ensure that the affected Practitioner has access to the written statement in response to the affected Practitioner's statement not later than twenty-four (24) hours prior to the scheduled date and time of the appellate review.

3. Oral Statement: The Board of Managers may but is not required to allow the parties or their representatives to personally appear and make oral statements in favor of their positions. Any party or representative so appearing shall be required to answer questions put to him by any members of the Board of Managers.

4. Consideration of New or Additional Matters: New or additional matters or evidence not raised or presented during the original hearing which the Board of Managers deemed may be significant to the hearing panel's report and recommendation may be referred back to the hearing panel for reconsideration of its recommendations in light of the new or additional matters or evidence. New or good cause shown, as determined by the Board of Managers as to why such was not introduced at the original hearing. The other party shall be given an opportunity to respond to such new or additional matters or evidence.

5. Presence of Members and Vote: A quorum of the Board of Managers must be present throughout the review and deliberations. If a member of the Board of Managers is absent for any significant time period during the proceedings, as determined by the Board of Managers, he/she shall not be permitted to participate in the decision.

6. Final Action: The Board of Managers' written decision shall be prepared within thirty (30) days from the last day oral statements are taken and forwarded to the MEC, who shall notify the affected Practitioner not later than the end of the fifth (5th) business day after the date of the Board of Managers' action in the matter. The Board of Managers' action shall be final action not subject to further hearing or appellate review.

Section 4.5 – General Provisions

- a. Hearing Officer Appointment and Duties: The use of presiding officer to preside at an evidentiary hearing is optional. The MEC shall determine the use and appointment of such.
- b. Number of Hearings: Notwithstanding any other provision of these Bylaws, no Practitioner shall be entitled as a right to more than one evidentiary hearing with respect to an adverse recommendation or action.
- c. Release: By requesting a hearing or appellate review under this Fair Hearing Plan, a Practitioner agrees to be bound by the provisions of these Bylaws relating to immunity from suite and from liability in all matters relating thereto.
- d. Required Reports: The relevant state professional licensing board and the National Practitioner Data Bank will be notified of adverse hearing results in accordance with any applicable State and Federal laws and regulations.

Section 4.6 – AHP Grievance Process

Nothing contained in these Bylaws shall be interpreted to entitle an AHP to the hearing and appeal rights set forth in these Bylaws, unless otherwise required by law. However, an AHP may challenge any action by filing a written grievance, within fifteen (15) days of the adverse recommendation or action, with the Administrator. Upon receipt of the grievance, the Administrator shall notify the MEC and the Board of Managers of the grievance. If the MEC determines that an investigation is warranted, it shall initiate an investigation as the MEC deems appropriate. Among other things, the MEC shall allow the AHP an opportunity for an interview. The MEC shall establish the participants and parameters of the interview as it determines appropriate circumstances. The interview shall not constitute a “hearing” as established in these Bylaws and shall not be conducted according to the procedural rules applicable with respect to such hearings. Before the interview the AHP shall be informed of the general nature of the circumstance giving rise to the action. The affected AHP may present relevant information at the interview. The final decision shall be made by the Board of Managers.

Section 4.7—General

- a. Alternative Processes: The parties to any hearing may agree on additional or contrary processes, provided that such agreement shall not limit or interfere with the Board of Managers’ authority to determine Medical Staff membership and privileges.
- b. Rules. The MEC shall have authority to issue additional rules and policies concerning the hearing and appeal procedure, provided that such rules shall provide at least the procedural protections set forth in this Article unless waived by the subject Practitioners.

c. Technical and Insignificant Deviations. Technical, insignificant or nonprejudicial deviations from the procedures set forth in these Bylaws and any associated rules or policies shall not invalidate the action taken.

Exhaustion of Remedies. If any adverse action is taken or recommended, the Practitioner or AHP must exhaust the remedies afforded by these bylaws before resorting to legal action. Consider adding section addressing waiting period after an adverse action, e.g.:

Section 4.8 Waiting Period After Adverse Action.

4.8.1 Effect of Waiting Period. An applicant, member or other person who has been the subject of an adverse action shall not be allowed to reapply for membership or privileges affected by the adverse action for a period of twenty-four (24) months following the date that the adverse action became final. For purposes of this Section only, an adverse action also includes the voluntary withdrawal or resignation of Medical Staff membership or privileges to avoid an investigation or recommendation of an adverse action. An adverse action is considered final on the latest date on which the application or request was withdrawn; a member's resignation because effective; or upon completion of all Medical Staff and the Center proceedings and appellate reviews relevant to the adverse action, and all judicial proceedings arising out of the adverse action.

4.8.2 Application Following Waiting Period. After the waiting period, the person who was subject to the adverse action may reapply for Medical Staff membership and/or privileges. The application shall be processed like an initial application or request, provided that the person shall document that the basis for the adverse action no longer exist; that the person has corrected any problems that prompted the adverse action; and/or the person has complied with any specific training or other conditions that were imposed on his or her reapplication.

4.8.3 Waiver of Waiting Period. For persons whose adverse action included a specified period or conditions of retraining or additional experience, the MEC may exercise its discretion to allow earlier reapplication upon completion of the specified conditions. Similarly, the MEC may exercise its discretion, with approval of the Governing Body, to waive the 24-month period if it reasonably appears, by objective measures, that changed circumstances warrant earlier consideration of an application. Persons do not have a right to have the waiting period waived. The refusal to waive the waiting period does not entitle the persons to the hearing appeal rights described in Article 13 and any associated rules and policies or policies.

ARTICLE V—MEDICAL STAFF COMMITTEES

Section 5.1 – Ad Hoc Committees

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

Section 5.2 – Appointment

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

Section 5.3 – Reports

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

Section 5.4 – Medical Executive Committee

a. Composition: The Medical Executive Committee shall be permanently organized committee of at least five (5) members of the Medical Staff, comprised of the Medical Director and representation of the various specialties, who are selected every two (2) years by a majority of the Center Medical Staff. The Medical Director and Administrator shall serve as the liaisons between the MEC and Board of Managers.

b. Meetings: The MEC will meet at least quarterly on a regular basis but may meet more often, if required.

c. Responsibilities: The responsibilities of the MEC are as follows:

1. To represent and act on behalf of the Medical Staff subject to such limitations as may be imposed by these Bylaws.
2. To receive and act upon committee reports and make necessary recommendations to the Board of Managers.
3. To implement policies, both clinical and administrative, of the Medical Staff.
4. To review applications for initial appointment and reappointment of Medical Staff membership and AHP's and to implement the delineation of clinical privileges or make changes to clinical privileges.
5. To review all information available regarding the performance and clinical competence of Medical Staff members and AHP's and use such information and reviews to make recommendations for reappointments, renewal and changes in clinical privileges.
6. To take all reasonable steps to ensure professional and ethical conduct and competent clinical performance on the parts of members of the Medical Staff and AHPs, including but not limited to initiating and participating in corrective actions involving Medical Staff and AHP's.
7. In relation to the Medical Staff, monitoring and assure compliance with applicable accreditation standards.
8. To promulgate such rules and regulations, or policies and procedures as deemed necessary and appropriate for the effective provision of patient care and/or



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operation of the Medical Staff, and to enforce such standards.

9. To oversee the performance of the Quality Committee and any ad hoc committees.

10. To oversee quality improvement activities pertinent to this facility including but not limited to, patients, the Medical Staff, Allied Health Practitioners, facility employees, contracted services, etc.

d. Minutes: A record will be kept of each MEC meeting, and these minutes will be submitted to the Board of Managers.

ARTICLE VI—CONFIDENTIALITY, IMMUNITY, AND RELEASES

Section 6.1 – Authorization and Conditions

By applying for Medical Staff membership or clinical privileges or exercising clinical privileges within the Center, an applicant, Practitioner or AHP:

a. Authorizes representatives of the Center and the Medical Staff to solicit, provide, and act upon information bearing upon, or reasonably believed to bear upon, the Practitioner's or AHP's professional ability and qualifications.

b. Authorizes persons and organizations to provide information concerning such Practitioner or AHP to the Medical Staff and waives any and all claims arising there from.

c. Agrees to be bound by the provisions of this Article:

d. Acknowledges that the provisions of this Article are express conditions to an application for Medical Staff membership, the continuation of such membership, and to the exercise of clinical privileges at the Center.

Section 6.2 – Confidentiality of Information

a. General: Medical Staff and committee minutes, files, applications and records, including information regarding any member or applicant to the Medical Staff, shall be confidential to the fullest extent possible and practical. Dissemination of such information and records shall be made where authorized by law, pursuant to adopted policies of the Medical Staff in its efforts to monitor the quality of care, or where no officially adopted policy exists, with the approval of the MEC following written request. Peer review information is confidential and as such is protected under State and Federal regulations.

b. Breach of Confidentiality: In as much as effective peer review and consideration of the qualifications of Practitioners and AHP's to perform specific procedures must be based on free and candid discussions, any breach of confidentiality of the discussion or deliberations of Medical Staff committees or members, except in

conjunction with necessary communication within the Center or with other health facilities, professional review organizations, professional societies, or licensing authorities or other entities the Medical Staff and may be deemed disruptive to the operations of the Center. If it is determined that such a breach has occurred, the MEC may undertake such corrective actions, as it deems appropriate in accordance with Sections 3.23 and 3.24 of these Bylaws.

Section 6.3 – Immunity from Liability for Suit and Damages

a. For Action Taken: Each member or representative of the Medical Staff, MEC, Board of Managers and the Center shall be immune, to the fullest extent permitted by law, from liability for suit and for damages to an applicant, member or AHP for damages or other relief for any action taken, statements, or recommendations made within the scope of his/her duties as a member or representative of the Medical Staff or the Center.

b. For Providing Information: Each member or representative of the Medical Staff, MEC, Board of Managers and the Center and all third parties shall be immune, to the fullest extent permitted by law, from liability for suit and for damages to an applicant, member or AHP for damages or other relief by reason of providing information to a member or representative of the Medical Staff, Board of Managers or the Center concerning such person who is, or does, exercise clinical privileges or provide services at the Center.

Section 6.4 – Activities and Information Covered

a. The confidentiality and immunity provided by this Article shall apply to all acts, communication, reports, recommendations or disclosures performed or made in connection with Center or any other health facilities or organization's peer review, credentialing or related activities concerning, but not limited to:

1. Application for appointment, reappointment, or clinical privileges;
2. Corrective actions;
3. Hearing and appellate review;
4. Utilization or quality assurance review;
5. Other committee or Medical Staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct; and
6. Peer review organizations, state professional licensing board, National Practitioner Data Bank and similar reports as required by law.

Section 6.5 – Releases

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

ARTICLE VII—APPROVAL AND AMENDMENT OF BYLAWS

Section 7.1 - Adoption or Amendment of Bylaws

- a. Required Review: Bylaws require review and comment by the Medical Staff and MEC.
- b. Board of Managers Approval: Bylaws adoption and amendments shall not be effective until and unless approved by the Board of Managers.

ARTICLE VIII—GENERAL PROVISIONS

Section 8.1 – Adoption of Medical Staff Rules and Regulations

The Medical Staff shall adopt such rules, regulations, and policies as may be necessary to implement more specifically the general principles found within these Bylaws. The rules, regulations, and policies shall relate to the proper conduct of Medical Staff organizational activities and will embody the specific standards and level of practice that are required of each Medical Staff member, AHPs and other designated individuals who exercise clinical privileges or provide designated patient care services in the Center. Such rules, regulations and policies may be amended or repealed at any meeting of the Medical Staff at which a quorum is present, and without previous notice.

Section 8.2 – Implementation of Rules and Regulations

The Medical Staff shall formulate and implement rules, regulations, and policies which will become effective upon recommendation of the MEC and final approval of the Board of Managers. Medical Staff rules, regulations and policies shall be consistent with these Bylaws and with established Center policies.

Section 8.3 – Relationship to Bylaws

In the event there is a discrepancy between the Bylaws and any rules, regulations, or policies, the Bylaws shall supersede the rules, regulations, and policies; provided, however, that the Board of Managers maintains ultimate authority as the governing body of the Center.

Section 8.4 – Disputes with the Board of Managers

In the event of a dispute between the Medical Staff and the Board of Managers, the MEC and Board of Managers shall meet and confer in good faith to try to resolve the dispute. If both the MEC and Board of Managers agree, a neutral mediator acceptable to both the MEC and Board of Managers may be engaged to further assist in dispute resolution. If the parties are unable to resolve the dispute, the Board of Managers shall make its final determination, giving great weight to the actions and recommendations of the MEC. Further, the board of Managers determination shall not be arbitrary or capricious and shall be in keeping with its legal responsibilities to act to protect the quality of medical care

provided and the competency of the Medical Staff, and to ensure the responsible governance of the Center.

ARTICLE IX-MEETINGS

Section 9.1 – General Medical Staff Meetings

The Medical Staff shall meet in general meetings at least annually and at such other times as noticed by the MEC to conduct the business of the Medical Staff. The MEC shall set the date, time, and place of the meeting, and shall notify all members at least ten (10) days before the meeting. Personal attendance at a meeting shall constitute a waiver of notice of such meeting. The agenda for the meetings shall include administrative reports from the MEC, committees; action necessary to assure the implementation of the Medical Staff's required functions; and other matters believed to be of interest and value to the membership necessary to accomplish their duties, but at least twice annually, to assure implementation of their required functions.

Section 9.2 – Quorum

The presence of at least one-half (1/2) of the Medical Staff members who are entitled to vote at a meeting shall constitute a quorum.

Section 9.3 – Manner of Action

Except as otherwise specified, the action of a majority of the members voting at a meeting at which a quorum is present shall be the action of the Medical Staff or committee. Excepts as otherwise specified in these bylaws, members may act by proxy which is signed by the member and submitted to the presiding officer in advance of any vote. Valid action may be taken without a meeting if the action is acknowledged in writing setting forth the action taken and is signed by a majority of the persons entitled to vote at the meeting. Committees may conduct business by telephone conference, which shall be deemed to constitute a meeting if a quorum participates.

Section 9.4 – Minutes

Minutes of all meetings shall be prepared and shall include a record of the persons present, and the results of votes taken on each matter. The minutes shall be signed by the presiding office or chairperson or their designee. Each standing committee shall maintain a file of the minutes of each meeting. When meetings are held with outside entities, access to minutes shall be limited as necessary to preserve applicable protections from discovery, as provided by state and federal law.

Section 9.2 – Conduct of Meetings

Medical Staff and committee meetings shall be conducted in a professional, efficient, and effective manner as determined by the presiding officer. When the presiding officer or a majority of members in attendance determine that parliamentary procedure is needed, the



meeting shall be conducted according to the latest edition of Robert’s Rules of Order; provided, however, that technical failures to follow such rules shall not invalidate action taken at such a meeting.

These Bylaws were approved and ratified as follows:

_____	_____
Medical Executive Committee	Date
_____	_____
Board of Managers	Date
_____	_____
Medical Staff Approval	Date