



# Ferry County Health

## BOARD OF COMMISSIONERS' MEETING

May 23, 2023 @ 10:30AM HUB CONFERENCE ROOM  
<https://zoom.us/j/92472952116?pwd=TURCZUg5dGVyUGRKNtI0YmhOczg1dz09>  
 Meeting ID: 924 7295 2116  
 Passcode: 260559  
 One tap mobile  
 +12532158782, 92472952116# US (Tacoma)  
 +13462487799, 92472952116# US (Houston)  
 Mission Statement

*"To strengthen the health and well-being of our community through partnership and trust."*

### AGENDA

		Page(s)
Call to Order	Nancy Giddings	
Quorum Established	Nancy Giddings	
Review, Amend, Accept Agenda	Nancy Giddings	
Introduction of Board, District Employees and Guests	Nancy Giddings	
<i>Items listed under the consent agenda are considered routine board matters and will be approved by a single motion of the Board without separate discussion. If separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda.</i>		
Approval of Consent Agenda	ACTION Nancy Giddings	
<ul style="list-style-type: none"> <li>• Minutes 4.25.23 Board Meeting</li> <li>• Approval of Correction to Resolution 2023 #2</li> <li>• Approval of Warrants</li> <li>• Financial Write-Off Report</li> <li>• Approval of Medical Staff Bylaws (approved by Med Staff 5.4.23)</li> </ul>		
Correspondence	Nancy Giddings	
Public Comments	Nancy Giddings	
EHR Report	Karen Quinnell	
Environment of Care/ Safety Update	Adam Volluz	
Compliance Report	Spencer Hargett	
Department Spotlight	Justin Ricard	
CNO Report/ Quality Improvement	Mike Martinoli	46-51
COO	Debbie DeCorde	52-57

Medical Staff Report	Richard Garcia, MD	58
CEO/CFO Report	Jennifer Reed	59-66
Old Business	Nancy Giddings	
<ul style="list-style-type: none"> <li>• Board QI Project</li> <li>• Facility Update/Master Plan</li> <li>• Health Foundation</li> <li>• Strategic Planning</li> <li>• Airport update</li> </ul>		
Board Representative Reports		
<ul style="list-style-type: none"> <li>• Finance</li> <li>• Quality Improvement</li> <li>• Compliance/Risk Management</li> <li>• Medical Staff</li> <li>• Credentialing</li> <li>• EMS</li> </ul>	Ron Bacon/Sarah Krausse Jody Jannot/DiAnne Lundgren Ron Bacon/Sarah Krausse Nancy Giddings/DiAnne Lundgren DiAnne Lundgren/Nancy Giddings Nancy Giddings	
New Business		
<ul style="list-style-type: none"> <li>• HR Orientation Schedule               <ul style="list-style-type: none"> <li>○ 5/24, 6/6, 6/20, 7/5, 7/18</li> </ul> </li> <li>• Pharmacy (CVS/Caremark)</li> </ul>	Nancy Giddings	
Executive Session- if applicable	Nancy Giddings	
Open Session -Action, if applicable regarding executive session	Nancy Giddings	
Adjournment	Nancy Giddings	

**Board meetings are usually the fourth Tuesday of each month at 10:30 a.m. unless otherwise posted.  
The Public is encouraged to attend; Handicap access is available.**

**Next regularly scheduled meeting is Wednesday June 21, 2023 @ 10:30 am in the HUB Conference Room**



**BOARD OF COMMISSIONERS' MEETING  
April 25, 2023**

**CALL TO ORDER:** Board Chair Nancy Giddings called the meeting of the Board of Commissioners to order at 10:30 am, on April 25, 2023 in the HUB Conference Room and via zoom. Commissioners in attendance were Nancy Giddings, Sarah Krausse and DiAnne Lundgren, Ron Bacon (zoom) and Jody Jannot. Jennifer Reed, CEO/CFO; Debbie DeCorde, COO; Mike Martinoli, CNO; Spencer Hargett, Compliance Officer (zoom); Amber Gangon Executive Coordinator; Teena Price, Administrative Assistant and James Davidson, IT Manager (zoom) were also present.

**GUESTS:** None

**QUORUM ESTABLISHED:** A quorum was present.

**REVIEW, AMEND, ACCEPT AGENDA:** A motion was made by Lundgren and seconded by Jannot to amend the agenda as written to add a third Executive Session pursuant to RCW 42.30.110(1)(i). The motion passed unanimously.

**APPROVAL OF CONSENT AGENDA:** A motion was made by Lundgren and seconded by Jannot to accept the consent agenda. The motion passed unanimously.

**CORRESPONDENCE:** Giddings read community correspondence.

**PUBLIC COMMENTS:** None

**EHR REPORT:** None

**ENVIROMENT OF CARE/ SAFETY UPDATE:** Volluz gave his report.

**COMPLIANCE REPORT:** Hargett gave his report.

**DEPARTMENT SPOTLIGHT:** Wendy Johnson, RN-Short Stay, gave a department spotlight report.

**CNO REPORT:** Martinoli gave CNO Report.

**QI REPORT:** Quarterly QI Report moved to Executive Session.

**Giddings called for a break in session at 11:30 am. Open session resumed at 11:40 am.**

**EXECUTIVE SESSION:** Executive Session was called at 11:40am regarding RCW 70.41.205.

**OPEN SESSION resumed at 12:15 pm. No action taken.**

**Giddings called for a break in session at 12:15 pm. Open session resumed at 12:38 pm.**

**COO:** DeCorde gave COO report.

**MEDICAL STAFF REPORT:** Reed gave Dr. Garcia's report.

**CEO & CFO REPORT:** Reed reviewed her attached reports.

**FINANCIAL REPORT:** Reed postponed her financial review to the May 23, 2023 meeting.

**OLD BUSINESS:**

Board of Commissioners  
36 Klondike Rd, Republic, WA 99166  
P. (509) 775-8242 F. (509) 775-3866

- **Board QI Project:** No update.
- **Facility Update/Master Plan:** Master Facility Special Board Meeting scheduled for June 15, 2023.
- **Health Foundation:** No meeting to report.
- **Strategic Planning:** Changed reporting to Semi-Annual, with next report due at July 25, 2023 meeting.
- **Airport update:** Contractor is scheduled to begin in May and be done by June.

**BOARD REPRESENTATIVE REPORTS:**

- **Finance:** No Board report.
- **Quality Improvement:** No Board concerns.
- **Compliance/Risk Management:** No Board concerns.
- **Medical Staff:** No Board concerns.
- **Credentialing:**

**Motion was made by Lundgren and seconded by Krausse to approve Re Appointment by Proxy with Courtesy Privileges for the following Integra Providers:**

*Dhillon, Grupreet, MD., Hilton, Jace, DO., Finlinson, Tyson, DO., Pychyna, Oksana, MD, Flett, Paige, MD, Russell, Leslie, MD., Frost, Robert, MD., Thayer, David, MD..*

**The motion passed unanimously.**

- **EMS:** Nothing to report.

**EXECUTIVE SESSION:** Executive Session was called at 1:07 pm regarding RCW 42.30.110(1)(i).

**OPEN SESSION** resumed at 1:30 pm. No action taken.

**NEW BUSINESS:**

**CEO Evaluation-** CEO Evaluation-April 25, 2023. Executive Session

**EXECUTIVE SESSION:** Executive Session was called at 1:48pm regarding RCW 42.30.110(1)(g).

**OPEN SESSION** resumed at 4:00 pm. No action taken.

**ADJOURNMENT:** As there was no further business the meeting was adjourned at 4:00 pm.

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Nancy Giddings, Chair	Date	DiAnne Lundgren, Secretary	Date
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Amber Gangon, Recording Secretary      Date



**RESOLUTION 2023 #2 - Correction**

**A RESOLUTION OF THE FERRY COUNTY HEALTH BOARD OF COMMISSIONERS, REPUBLIC WASHINGTON, AUTHORIZING THE DISPOSAL OF SURPLUS SMALL EQUIPMENT AND SUPPLIES.**

**WHEREAS, the District purchased and/or was donated several pieces of small equipment and supplies several years ago for multiple uses in different departments.**

**WHEREAS, the small equipment and supplies listed on attached Exhibit A are no longer in use and are in poor shape or obsolete,**

**WHEREAS, Exhibit A list of items are no longer necessary for the District’s use and it would be an inefficient use of resources to move or continue to store them,**

**THEREFORE, the Ferry County Health Commissioners hereby resolve the aforementioned small equipment and supplies listed on Exhibit A shall be deemed surplus and disposed of by the District Policy, at the discretion of the Plant Manager.**

**RESOLVED, this 23<sup>rd</sup> day of May 2023.**

**APPROVED** at regular meeting of the Commissioners of Ferry County Health, Republic, Washington, this 23<sup>rd</sup> day of May 2023

\_\_\_\_\_ Date  
Nancy Giddings, Chair Date Ronald Bacon, Vice Chair Date

\_\_\_\_\_ Date  
DiAnne Lundgren, Secretary Date Sarah Krausse, Commissioner Date

\_\_\_\_\_ Date  
Jody Jannot, Commissioner Date

Asset Disposal Sheet (Quarterly Report)  
 Disposal of Surplus Property other than Real Estate (Policy 25.01.001 - Exhibit A)  
 For 1st Quarter, 2023

DATE OF ACQUISITION	DESCRIPTION (Model/Serial #/ Quantity/Current Location)	REASON FOR DISPOSAL	DISPOSITION PROCESS	DISPOSAL TIMELINE	COMMENTS
unknown	Crimco, Hot/ Cold Food Cart Service #K5707401	no parts available	recycle	ASAP	
unknown	2 1 QTY Hill Rom gurnies	not needed	donation	ASAP	One gurney added back to stock for Life Flight
unknown	Advance Floor Machine	not used	sell	ASAP	
11/22/2018	Power Elite Carpet Cleaner	not used	sell	ASAP	
unknown	Salt Dog Hitch Mount	not needed	sell	ASAP	

APPROVED BY: \_\_\_\_\_

Facilities Mgr \_\_\_\_\_ Date: \_\_\_\_\_

CFO/CEO \_\_\_\_\_ Date: \_\_\_\_\_

BOD \_\_\_\_\_ Date: \_\_\_\_\_

Resolution 2023 #2  
 Date Approved by BOC: 4/25/23  
 Date Correction Approved by BOC:  
 5/23/23

BYLAWS OF THE MEDICAL STAFF OF

Ferry County Public Hospital District #1

Ferry County Memorial Hospital Republic Medical Center

APPROVED BY:

Medical Staff: rev: May 4, 2023

District Board: rev: - \_\_\_\_\_

Recognizing that the purpose of Ferry County Public Hospital District #1 (DISTRICT) is to serve the community by providing patient health care; wellness education, prevention, advancement and support, while contributing to the prosperity of the DISTRICT and Ferry County Washington;

Further; recognizing that the medical staff is responsible for the quality of health care and the support of the DISTRICT patrons, and must accept this responsibility, subject to the ultimate authority of the Districts' governing body, and that the cooperative efforts of the medical staff, the DISTRICTS' administrator(s) and the DISTRICTS' governing body are necessary to fulfill the DISTRICTS' obligations to those who seek health care assistance;

Therefore, the Physicians, Advanced Registered Nurse Practitioners (ARNPs), Physician Assistants (PAs) and other licensed practitioners providing healthcare services for the DISTRICT hereby organize themselves into a Medical Staff with these By-laws.

BYLAWS OF THE MEDICAL STAFF  
OF  
FERRY COUNTY PUBLIC HOSPITAL DISTRICT #1

PREAMBLE

Recognizing that Ferry County Public Hospital District #1 (FCPHD) is a public hospital district, a municipal corporation organized under the laws of the State of Washington; and

Its purpose is to serve as a general acute care hospital, long-term care and, emergent/urgent, acute, primary and preventive care clinic, providing patient care and education; and

It is recognized that the Medical Staff is responsible for the quality of medical care in the District, and must accept and discharge this responsibility subject to the ultimate authority of the hospital Board of Commissioners; and

That the cooperative efforts of the Medical Staff, the Administrator(s), and the Board of Commissioners are necessary to fulfill the hospital's obligations to its patients;

Therefore, the providers practicing in FCPHD hereby organize themselves into a Medical Staff in conformance with these Bylaws.



## CONTENTS

### Definitions

Article I: Organization Name

Article II: Purpose

Article III: Medical Staff Membership

Article IV: Categories of the Medical Staff

Article V: Procedures for Appointment and Reappointment

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Article VIII: Review Hearing

Article IX Officers

Article X: Committees

Article XI: Medical Staff Meetings

Article XII: Immunity from Liability

Article XIII: Rules and Regulations

Article XIV Amendment and Review

Article XV: Acceptance

## DEFINITIONS

For the purposes of these Bylaws, the following definitions apply:

1. The term Medical Staff means the organized body of physicians, ARNPs, PAs and other licensed providers who have been granted recognition as members pursuant to these bylaws. As appropriate to the context and consistent with these bylaws, it may also mean any Medical Staff committee or individual authorized to act on behalf of the Medical Staff.
2. The term Board of Commissioners means the persons elected by the public hospital district according to the laws of the State of Washington.
3. The term Executive Committee means the Executive Committee of the Medical Staff composed of Medical Staff Officers (Chief of Medical Staff and Vice Chief of Medical Staff) or appointee from active medical staff. Unless specific reference is made to the Executive Committee of the Board of Commissioners.
4. The term Administrator(s) means the individual(s) appointed by the Board of Commissioners to act on its behalf in the overall management of the hospital.
5. The terms provider or practitioner mean an appropriately licensed and/or certified medical physician, ARNP, PA or other licensed practitioner granted privileges to provide healthcare to patients in the hospital and/or clinic in accordance with these bylaws.
6. The term physician means an individual who has received a Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.) degree and who is currently licensed to practice medicine in Washington State.
7. The term ARNP means an Advanced Registered Nurse Practitioner, who is currently licensed in the state of Washington to provide patient care within the scope of their professional license and certification. This may include any board certified Nurse Practitioner to include but not limited to: Nurse Practitioner (NP), Certified Nurse Midwife (CNM) or Certified Registered Nurse Anesthetist (CRNA).
8. The term PA means a Certified Physician Assistant who is currently licensed in the state of Washington to provide patient care within the scope of their professional license and certification and any required collaborative or supervisory agreement.
9. Chief of Staff is an Active Medical Staff member who is elected annually by active Medical Staff members. The Chief of Staff is responsible for providing leadership and guidance to the Medical Staff and promoting effective communication between the Medical Staff, Administration and Board of

Commissioners. For duties see Section 9.6

10. Rural Health Clinic Medical Director is an Active Medical Staff member responsible for dealing with all aspects of provision of clinical medical services including but not limited to education, chart review and support of clinical medical staff.
11. The term service means that group of providers who have clinical privileges in the general areas of medicine provided at FCHPD, and/or in reference to one of the specific hospital services such as radiology, clinical laboratory, pharmacy, and other medical or health care specialties.
12. The term clinical privileges means permission to render medical care within defined limits as approved by the Medical Staff and Board of Commissioners.
13. The term other licensed practitioner means any licensed independent practitioner who holds an active Washington license in their respective field, but not otherwise defined herein. This may include, but is not limited to: an optometrist, chiropractor, podiatrist, dentist or psychologist who is eligible for Medical Staff membership but does not hold an M.D. or D.O. Degree. It could also apply to a social worker, physical or occupational therapist if there was a need to add to Medical Staff membership
14. The term Distant Site Entity means a hospital, critical access hospital, or entity that provides Telemedicine Staff to FCPHD pursuant to an agreement that satisfies the requirements for credentialing by proxy as defined in 42 C.F.R. § 485.616.
15. The term Emergency Medical Condition means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in either:
  - a. Placing the health of the individual (or with respect to a pregnant woman, the health of her unborn child) in serious jeopardy, or
  - b. Serious impairment to bodily functions, or
  - c. Serious dysfunction of any bodily organ or part.

With respect to a pregnant woman who is having contractions:

  - a. That there is inadequate time to effect a safe transfer to another hospital before delivery, or
  - b. That the transfer may pose a threat to the health or safety of the woman or her unborn child.
16. The term Labor means the process of childbirth beginning with the latent or early

phase and continuing through the delivery of the placenta. A woman experiencing contractions is in true labor unless a physician or qualified medical provider certifies, after a reasonable period of observation that she is in false labor. A woman who is not in true labor may still have an emergency medical condition if the individual has a medical condition such that the absence of immediate medical attention will place her or her unborn child in serious jeopardy.

17. The term Medical Screening Examination, performed by a qualified medical provider, as defined in numbers 6,7 and 8 above, means the screening process required to determine with reasonable clinical confidence whether an emergency medical condition does or does not exist. ~~TRIAGE IS NOT CONSIDERED A MEDICAL SCREENING EXAMINATION.~~ A medical screening is to be done, regardless of insurance or ability to pay, within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department.

**ARTICLE I            NAME**

The name of this organization shall be:  
The Medical Staff of Ferry County Public Hospital District #1.

**ARTICLE II           PURPOSE**

The purpose of this organization is:

1. To help assure that all patients admitted or treated through any of the services of the district shall receive appropriate care at a level of quality consistent with current best practice and standards of care, within the district's capabilities and circumstances;
2. To promote a high level of professional performance of all providers authorized to practice in the district through the appropriate delineation of clinical privileges which each provider may exercise in the district, and through ongoing review and evaluation of each provider's performance in the district;
3. To evaluate the qualifications, competence, and conduct of providers and make recommendations to the Board of Commissioners concerning Medical Staff appointments.
4. To provide an atmosphere that promotes learning and education that will maintain current best practice and standards of care that will lead to continuous advancement in professional knowledge and skill;
5. To initiate and maintain rules and regulations for self-government of the Medical Staff;

6. To serve as the primary means for accountability to the Board of Commissioners for each member's compliance with necessary state, local, and Board requirements.
7. To provide a forum for discussion of issues of concern related to patient care and functionality of district.

## **ARTICLE III            MEDICAL STAFF MEMBERSHIP**

### **Section 3.1            Nature of Medical Staff Membership**

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- 3.1.1 Membership on the Medical Staff of FCPHD is a privilege, not a right, which will be extended only to professionally competent physicians, ARNPs, PAs, and other licensed independent practitioners who continuously meet the qualifications, standards, and requirements set forth in these Bylaws. Appointment to and membership on the Medical Staff shall confer on the appointee or member only such clinical privileges as have been granted by the Board of Commissioners in accordance with these Bylaws. No provider shall admit or provide services to patients in the hospital and/or clinic unless he/she is a member of the Medical Staff or has been granted temporary privileges. Neither Medical Staff membership nor particular clinical privileges shall be denied on the basis of age, sex, race, creed, color, handicap, or national origin.
- 3.1.2 Membership Exclusivity: No provider is automatically entitled to membership on the Medical Staff or to the exercise of particular clinical privileges merely because he/she is licensed to practice in this or any state, or because he/she is a member of any professional organization, or because he/she had or currently has staff membership or privileges at another health care facility or in another practice setting. Nor is any provider automatically entitled to appointment, reappointment, or particular privileges merely because he/she had or presently has Medical Staff membership or those privileges at this hospital.

### **Section 3.2            General Qualifications**

- 3.2.1. Every provider of Medical Staff membership must, at the time of appointment and continuously thereafter, demonstrate to the satisfaction of the Medical Staff and Board of Commissioners the following general qualifications:
- 3.2.2. Licensure: A current valid license issued by the State of Washington to practice medically as a physician, ARNP, PA or other area within medicine as defined in other licensed practitioner.
- 3.2.3. Professional liability insurance: All members of the Medical Staff attending patients shall be required to maintain professional liability insurance (which may

be provided by the hospital) in an amount determined by resolution of the Board of Commissioners, after consultation with the Medical Staff. In any event, such coverage shall not be less than \$1,000,000 per incident and \$3,000,000 annual aggregate.

- 3.2.4. DEA: As necessary and appropriate to the practitioner's licensure and privileges, have a current federal Drug Enforcement Administration (DEA) number and pharmacy registration.
- 3.2.5. Medicare/Medicaid: Be eligible to participate in and receive payments from government health care programs, including Medicare and Medicaid.

### Section 3.3 Conduct Health and Ethical Qualifications for Medical Staff Appointment

3.3.1 Performance: Have professional education, training, experience, and clinical results which reasonably assure the Medical Staff and the Board of Commissioners that any treatments given by the provider in the hospital and/or clinic will be given at a professional level of quality, in an economically efficient manner, taking into account patient needs, the available hospital facilities and resources, and utilization standards in effect at the hospital and/or clinic.

3.3.2 Ethical Considerations: A willingness and capability, based on current attitude and evidence of performance to:

- Work with and relate to other District Staff members, in a cooperative, professional manner that is essential for maintaining a hospital and/or clinic environment appropriate to quality patient care.
- Participate equitably in the discharge of Medical Staff obligations.
- Strictly abide by the following Principles of Medical Ethics:
  1. Provide medical care with respect for human dignity and autonomy.
  2. Be honest and professional in interactions and not engage in fraud or deception.
  3. Respect the rights of patient's, colleagues, and other health care professionals and safeguard patient confidence.
  4. Autonomy/consent – respect patients by providing them with information to help them make informed decisions about their care and respecting their decisions.
  5. Non-maleficence – take into consideration in treatments to limit possible harm to the patient.
  6. Beneficence – act in accordance with the best interests of the patient.
  7. Confidentiality – Respect the patient relationship and maintain confidentiality.

- 3.3.3 Health Status: To be free of or have under adequate control, any significant physical or behavioral impairment that interferes with, or presents a substantial probability of interfering with, the qualifications required by Sections 3.1 or such that patient care is, or is likely to be, adversely affected.

Section 3.4            Conditions and Duration of Appointments

- 3.4.1. **Credentialing Denial**: If it is determined that a provider (whether a medical staff member or an applicant for appointment or reappointment) does not meet one or more of the basic qualifications outlined in Section 3.3, the provider shall be ineligible for Medical Staff at the discretion of the Medical Director and/or Medical Executive Committee. Reapplication can be considered when basic qualifications are met.
- 3.4.2. Initial appointments and re-appointments to the Medical Staff will be made by the Board of Commissioners. The Board of Commissioners will act on appointments, re-appointments, or revocation of appointment only after there has been a recommendation from the Medical Staff as provided in these Bylaws; provided that in the event of unwarranted delay on the part of the Medical Staff, the Board of Commissioners may act without such recommendations on the basis of documented evidence of the applicant's or staff member's professional and ethical qualifications obtained from reliable sources other than the Medical Staff. The medical staff member who is facing a revocation of appointment will be eligible for a Review Hearing see Article VIII.
- 3.4.3. Initial appointments will be Provisional for a period of at least six months. Re-appointments will be for a period of not more than two years.
- 3.4.4. Appointment to the Medical Staff will confer on the appointee only those specific clinical and surgical privileges as per their credentialing and have been granted by the Medical Staff and the Board of Commissioners, in accordance with these Bylaws. Clinical Privileges will be reviewed for initial and repeat appointments, at a minimum, by the Chief of Staff. If a provider wishes to change their clinical privileges between appointments, it can be reviewed at any medical staff meeting.
- 3.4.5. Every credentialing application will be signed by the applicant and will contain the applicant's specific acknowledgment of obligation to provide continuous care and supervision of his/her patients, as scheduled, and to abide by the Medical Staff Bylaws, Rules and Regulations.

**ARTICLE IV            CATEGORIES OF THE MEDICAL STAFF**

Section 4            The Medical Staff will be divided into Active, Courtesy, Proxy and Honorary staff categories.

- 4.1.1. The Active Medical Staff will consist of providers who are regularly involved in the care of patients at FCPHD, and who assume all functions, responsibilities, committee assignments (as assigned) and call or consultation assignments as appropriate for their position. Active Medical Staff members will attend a percentage of Medical Staff meetings per Rules and Regulation. They will be able to vote after six months as long as the Chief of Staff finds their performance acceptable, and hold office following completion of the provisional period.
- 4.1.2. The Courtesy Medical Staff will consist of providers, qualified for medical staff membership, but do not desire active staff appointment. These also include independently licensed medical staff such as Physical/Occupational Therapy, Behavioral Health, etc. Attendance at Medical Staff meetings is not a requirement for courtesy staff membership. Courtesy staff members may not vote or hold office and there will be no right to a fair hearing for termination of privileges.
- 4.1.3. The Provider by Proxy is defined by a provider whose primary employment is at another entity or facility and is in good standing with current primary employer. They must meet the general qualifications specified in Section 3.2 and Section 3.3 in such case they may be accepted as credentialed by proxy.
- 4.1.4. The Honorary Medical Staff shall consist of providers, elected or appointed, who are not active in the hospital and who are honored by emeritus positions. These may be providers who have retired from active district service or be of outstanding reputation. The Honorary Medical Staff is not eligible to vote or hold office, and are not permitted to admit patients. They will not have any assigned duties.
- 4.1.5. All Active Medical Staff should maintain current ACLS and PALS certificates. Additionally, Emergency Room Providers must maintain certification (or audit/proof of completion as allowed by license) of ATLS. Emergency Room providers must also have experience of greater than 20 deliveries, ALSO course completion (audit or certification as by license), or equivalent training evaluated by the medical director or med staff to be independent in practice of obstetric deliveries. Neonatal Resuscitation Program (NRP) certification is preferred. When covering the Emergency Room, providers must be within a 30 minute maximum response time.
- 4.1.6. Courtesy and Proxy staff must be currently certified in the same areas delineated above for Active staff, as appropriate for their position, unless specific exception is made by Active staff for a specific provider in the credentialing process, and approved by Board of Commissioners.



Figure Article 4.1.2 to 4.1.5 Summary Table 1

Rights and Privileges	Active Med Staff	Courtesy Med Staff	By Proxy Med Staff	Honorary Med Staff
Vote (after 6 months membership)	Yes	No	No	No
Hold Office	Yes	No	No	No
Serve on Committees	Yes	Yes	Yes	No
Right to fair hearing for termination of privileges	Yes	No	No	No
Admit (if hospital/ER Provider) and treat patients	Yes	Yes	Yes	No

Figure Article 4.1.6 Summary Table 2

Active, Proxy and Courtesy Medical Staff Requirements based on area of practice		
Requirements	Hospital /ER (Inpatient Care)	Clinic (Outpatient care)
ACLS	Yes	Yes (as appropriate)
PALS	Yes	Yes (as appropriate)
ATLS	Yes	No
ALSO or Equivalent training and at least 20 deliveries	Yes	No
NRP certification	Preferred	No

**ARTICLE V PROCEDURES FOR APPOINTMENT AND REAPPOINTMENT**

Section 5.1 Provisional Nature of Initial Appointment

- 5.1.1. Initial appointments to any category of the Medical Staff will be provisional and shall be subject to a period of observation for at least six months. These provisional requirements may be waived or reduced by the Medical Staff, but shall not be less than three months except in extenuating circumstances, and then, only as long as approved by the Board of Commissioners. The period of observation and review shall be by the Chief of Staff or their designee to include records review, reports from other Medical Staff and nursing staff, and formal evaluation, except for Providers by proxy unless deemed appropriate, for example; Locum tenens. Proxy provider’s review will fall to their primary organization.
- 5.1.2. Admit and ER chart reviews shall be the responsibility of the Chief of Staff or their designee. Clinic chart reviews, unless otherwise assigned by the Chief of Staff, shall be the responsibility of the Rural Health Clinic Director or their designee.
- 5.1.3. Hospital and ER Providers will have review for 6 months with a minimum of 10% chart review and minimum of 20 admits or as required by state law or insurance requirements. If the Chief of Staff or Designee decides that the

number of admissions for the initial provisional period was inadequate, there is any question of competence or patient care performance, the Chief of Staff or his designee, may impose an additional provisional period, with the same review criteria. The additional provisional period may not exceed a total of twelve (12) months.

- 5.1.4. After the conclusion of the provider's six month provisional period, or additional provisional period if required, the Chief of Staff or designee completing the provisional review will make a recommendation to the Medical Staff for vote to accept or deny Medical Staff membership on the basis of the provider's clinical performance. Proxy medical staff will continue with review as per their primary location, unless performance concerns are brought to the Medical Staff.

Section 5.2      Application for Appointments (both initial provisional and reappointments)

- 5.2.1. All applications for appointment to any category of the Medical Staff will be signed and submitted on a Washington Practitioner Application form and in a manner prescribed by the Medical Staff and the Board of Commissioners. The completed application will be submitted to Medical Staff Coordinator.
- 5.2.2. The applicant will have the continuing burden of providing adequate information for proper evaluation of his/her competence, character, ethics, and other qualifications, and for resolving any doubts about such qualifications.
- 5.2.3. Incomplete Applications. No initial or re-appointment application shall be considered to be complete until it has been reviewed by the Chief of Staff and for credentialing. It must be determined that no further documentation or information is required to permit consideration of the application. The applicant shall be notified of any missing or necessary information, documents or verification and it shall be the responsibility of the applicant to have any such information sent to the Medical Staff Coordinator. If the applicant fails to provide or cause to be provided any information, requested documents or verification within thirty (30) days after being requested to do so, the application shall be automatically deemed to be withdrawn and the application returned to the applicant, unless the time to obtain the information is extended by the Chief of Staff and the hospital Administrator or designee.
- 5.2.4. The applicant or prospective applicant shall be advised of the information relied on as grounds for not providing an application and the applicant or prospective applicant shall have a reasonable opportunity to submit information or evidence that the information relied upon is not accurate.
- 5.2.5. By Applying for Initial or Reappointment to the Medical Staff and/or clinical privileges each practitioner agrees to:

Section 5.3 Specifics parameters for Application on Initial Provisional Appointment

- 5.3.1. Agrees to submit any reasonable evidence of current health status which may be reasonably requested by the Chief of Staff, the Human Resources, or the Medical Executive Committee, and to submit to drug screening.

Section 5.4 Specifics parameters for Application on Reappointment:

- 5.4.1. By applying for re-appointment to the Medical Staff and/or clinical privileges, each practitioner:
- Agrees that the failure to provide complete and accurate information for re-appointment to Medical Staff membership or clinical privileges shall be grounds for corrective action and may constitute an automatic request for Corrective action or may be grounds for denial. (see Article VII)
  - Agrees that the Chief of Staff, Human Resources, or the Medical Executive Committee may require at any time and for any reason, random unannounced drug screens.
  - Agrees that if there are concerns regarding mental or physical health abilities that could impact the ability to perform duties and/or patient care (see section 5.3.1) then an independent medical exam may be requested.
  - Acknowledges that a practitioner who fails or refuses to provide any requested evidence of current health status, or samples for drug or alcohol use, shall be deemed to be no longer qualified for Medical Staff membership and clinical privilege, in which event, such membership and privileges shall be automatically terminated for administrative reasons, and the practitioner shall not be entitled to a hearing. (See Section 7.2.8)
  - Agrees that if at any time, an adverse ruling is made with respect to the applicant's membership, staff status, and/or clinical privileges, the applicant will exhaust all remedies afforded by these Bylaws before resorting to formal legal action, including its administrative and medical staff.

Section 5.5 Initial Provisional Appointment Process

- 5.5.1. Within sixty days after receipt of the completed application for membership, the Credentials Committee (see Section 10.1.3) will examine whether the applicant has met all of the necessary requirements for the category of staff membership and the clinical privileges requested (see Section 3.2 and 3.3). All recommendations for initial provisional appointment must also specifically recommend the clinical and surgical privileges to be granted, which may, when appropriate, be qualified by probationary conditions.

- 5.5.2. The Credentials Committee will give its recommendation to the Medical Staff.
- 5.5.3. The Medical Staff will vote and send a report of its action on the recommendation of the Credentials Committee to the Board of Commissioners, along with the completed application and all other documentation considered in the investigation. The report will include a recommendation that either:
- The applicant will be appointed provisionally to the Medical Staff,
  - The applicant be rejected for Medical Staff membership, or
  - The application deferred for further consideration.
- 5.5.4. If the recommendation of the Medical Staff is to defer the application for further consideration, it must be followed up within sixty (60) days with a subsequent recommendation for provisional appointment with specific clinical privileges or for rejection for staff membership.
- 5.5.5. If the recommendation of the Medical Staff is adverse to the applicant, either in respect to appointment or clinical and surgical privileges, the Administrator will promptly notify the applicant in writing in person, by email or mail. No such adverse recommendation will be forwarded to the Board of Commissioners until after the applicant has exercised or has deemed to have waived his/her right to provide clarification as provided in these Bylaws (see Section 5.2.3)
- 5.5.6. If, after the Medical Staff has considered the new information or clarification by the applicant and the Medical Staff's reconsidered recommendation is favorable to the applicant, it will be processed in accordance with Section 5.5.1 and 5.5.2. If the recommendation continues to be adverse, the Administrator will promptly notify the applicant in writing by mail, return receipt requested. The Administrator will also forward such recommendation and documentation to the Board of Commissioners.
- 5.5.7. At its next regular meeting after all of the applicant's hearing rights under these Bylaws have been exhausted or waived, the Board of Commissioners will act on the matter. The Board of Commissioners' decision will be conclusive, except that the Board of Commissioners may refer the matter back for further consideration. Any such decision referred back will state the reasons therefore, will set a time within which a subsequent recommendation to the Board of Commissioners will be made and will include a directive that an additional hearing may be conducted to clarify issues which are in doubt. At its next regular meeting after receipt of such subsequent recommendation, and new evidence in the matter, if any, the Board of Commissioners will make a decision whether to provisionally appoint the applicant to the staff or

to reject the applicant for staff membership. All decisions to appoint will include a delineation of the clinical and surgical privileges which the applicant may exercise.

- 5.5.8. Whenever the decision of the Board of Commissioners is contrary to the recommendation of the Medical Staff, the Board of Commissioners will meet with the Medical Staff for review and recommendation before making a final decision.
- 5.5.9. When the decision of the Board of Commissioners is final, they will send notice of such decision through the Administrator to the Chief of Staff and by certified mail, return receipt requested, to the applicant.
- 5.5.10. Appointment is good for a maximum of two (2) years.
- 5.5.11. All appointed Practitioners shall be subject to the Washington Practitioner Application form agreements and the Ferry County Health Employee Handbook.

#### Section 5.6 Reappointment Process

- 5.6.1. At least sixty (60) days prior to the expiration of a Medical Staff appointment the Hospital Administrator will cause to be mailed a reappointment application to all members of the Medical Staff whose privileges will expire at the end of that medical staff year. Review of these reappointments will be scheduled at the Annual Meeting of the Medical Staff.
- 5.6.2. No application for reappointment shall be accepted from a practitioner who is currently a member of the medical staff or holds clinical privileges if the practitioner has not provided requested information or documents or has not responded to requests for comments concerning peer review or quality improvement matters or the practitioner's qualification for Medical Staff membership and privileges, provided the staff member has been notified in writing of the requested information and has had a reasonable opportunity to respond.
- 5.6.3. To facilitate the processing of these applications:
  - All biographical data which is on record in each physician's file, which has been verified and which does not change, will be eliminated from reappointment applications.
  - A copy of the clinical and surgical privileges, which have been previously approved, will be sent to the provider.
  - The Medical Staff Coordinator will provide all necessary information to the

Credentials Committee, as appropriate.

- 5.6.4. The provider applying for reappointment will be instructed to review the information already on the reappointment form, update the information that is required which has not been recorded, and specifically document any additional privileges desired or deletions thereof. Any additional privileges may require specific documentation of additional experience and/or training to justify these privileges.
- 5.6.5. The Credentials Committee will review all pertinent information available and will transmit recommendations for reappointment and for granting of clinical privileges for the ensuing period to the Medical Staff. The Medical Staff will consider the recommendations of the Credentials Committee and transmit a recommendation, in writing, to the Board of Commissioners. Where reappointment is denied or a change in clinical privileges is recommended, the reason for such recommendation will be stated and documented.
- 5.6.6. Thereafter, the procedure provided in Section 5.2 relating to recommendations on applications for initial appointment will be followed

#### Section 5.7 Leave of Absence

- 5.7.1. A Medical Staff member may obtain a voluntary leave of absence from the Medical Staff by submitting written notice to the Medical Staff and the Administrator stating the approximate period of time of the leave, which may not exceed two years. During the period of the leave, the member's clinical privileges and responsibilities shall be suspended. At least 30 days prior to the termination of the leave or at any earlier time, the Medical Staff member must request reinstatement of privileges or extension of leave, if total time is still within the two year limit, by submitting written notice to that effect to the Administrator and to the Medical Staff. If so requested by the Medical Staff or the Administrator, the staff member shall submit a written summary of his relevant activities during the leave. The Medical Staff shall recommend whether to approve the member's request for reinstatement of his privileges to the Board of Commissioners.
- 5.7.2. Failure, without good cause, to request reinstatement or to provide a requested summary of activities shall be deemed a voluntary resignation from the Medical Staff and shall result in automatic termination of Medical Staff membership and clinical privileges. Such automatic termination shall be considered administrative in nature, and shall not entitle the practitioner to a hearing. A request for Medical Staff membership subsequently received from the Medical Staff member so terminated shall be submitted and processed in the manner specified for initial appointments.

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## ARTICLE VI

## CLINICAL PRIVILEGES

## Section 6.1 Guidance for Scope of Practice and Supervision

- 6.1.1. ARNPs and PAs may practice independently, within their scope, as allowed by law. If a provider is required by law (PA) to have a supervising or sponsoring physician, the physician and/or provider, along with the PA, will make sure that the agreement meets state requirements.
- 6.1.2. The Sponsoring or supervising physician, when required, has the final responsibility for review and cosigning of provider's orders and chart notes as far as required by state law and/or certification.
- 6.1.3. All approved providers, within their scope of practice, may admit to observation, inpatient, swing and long-term care status. Charts of ARNPs and PAs need to be cosigned as required by law, insurance, Medicare and Medicaid requirements. For all providers, co-signatures are otherwise not required, except as required during the initial provisional period for all providers.

## Section 6.2 Guidance for Student or Sponsored Training Supervision

- 6.2.1. Medical, Physician Assistant, and or Advanced Practice Nursing Students: These are defined as medical students, PA and NP students in temporary attendance at the hospital or clinic in a training capacity. They shall be privileged to examine and treat patients under the direction and supervision of a provider who is an active staff member, and within the context of the Washington Medical Practice Act. Such students' activities shall be directly coordinated with a recognized ARNP, PA and/or medical school program.
- 6.2.2. Interns and Residents or Fellowships: Interns and residents are defined as approved medical and nursing school graduates in temporary attendance at the hospital or clinic in a training capacity as per the agreement between the hospital and sponsoring training institution or program. They shall be privileged to examine and treat patients within the context of the Washington Medical Practice Act and with sponsorship of an active Medical Staff provider.

## Section 6.3 Exercise of Privileges

- 6.3.1. Every provider practicing at FCPHD by virtue of Medical Staff membership or otherwise, will, in connection with such practice, be entitled to exercise only those clinical privileges specifically granted to him/her by the Board of Commissioners, except as provided in Sections 6.2. Regardless of the level of privileges granted, each provider must obtain consultation when necessary for the safety of his/her patient or when required by the Rules and Regulations or other policies of the Medical Staff or the hospital.

## Section 6.4 Basis for Privileges Determination

- 6.4.1. Requests for clinical privileges shall be evaluated on the basis of the provider's education, training, experience, and demonstrated ability and judgment. Any provider may apply for privileges in any clinical area, provided he/she can demonstrate the requisite education, training, experience, ability, and judgment. A further basis for privileges shall be performance and the documented results of the patient care audit and other quality review and evaluation activities required by these and the Medical Staff Bylaws, to be conducted with Ferry County Health. Privileges shall also be based on pertinent information concerning clinical performance obtained from other sources, especially other institutions and health care settings where a provider exercises clinical privileges. This information shall be added to and maintained in the provider's file.

## Section 6.5 Delineation of Privileges

### 6.5.1. Requests

Each application for appointment and reappointment to the Medical Staff shall contain a request for the specific clinical privileges desired by the applicant or Medical Staff member. Specific requests must also be submitted for temporary privileges and for modifications of privileges in the interim between re-appointments. Requests for modification of privileges must be supported by documentation of additional training and/or experience if requested.

### 6.5.2. Proctored Procedures

Special procedures may require a minimum number of proctored cases for evaluation and confirmation of expertise.

## Section 6.6 Temporary Privileges

- 6.6.1. Upon receipt of an application for temporary privileges from an appropriately licensed provider, the Administrator with written concurrence of the Chief of Staff, may, upon the basis of information then available which may reasonably be relied upon as to the competence and ethical standing of the applicant, grant temporary admitting and clinical privileges to the applicant; but, in exercising such privileges, the applicant may be required to act under the supervision of a member of the Medical Staff designated by the Chief of Staff.
- 6.6.2. Application for temporary privileges shall include evidence of current license to practice medicine in Washington, copy of insurance face sheet, copy of current DEA, and evidence of similar or broader clinical privileges at another hospital and/or clinic. These privileges maybe instated by the Administrator with written concurrence of the Chief of Staff.



- 6.6.3. Temporary clinical privileges may be granted as provided in Section 6.6 for the care of a specific patient to a provider, for example a locum tenens or resident provider, who is not an applicant for membership, provided that he/she agrees to be bound by terms of the Medical Staff Bylaws in all matters pertaining to his/her temporary privileges. A specific period of time and/or the specific number of patients the provider will be allowed to attend will be specifically stated in the approval of temporary privileges.
- 6.6.4. Temporary clinical privileges may be granted, as provided in Section 6.6.1, to a provider serving as locum tenens for a member of the medical staff or to a resident physician, to attend patients without applying for membership of the medical staff for a specific period of time providing all his credentials have been verified and approved by the Chief of Staff.
- 6.6.5. Special requirements of supervision and reporting may be imposed by the Chief of Staff on any provider granted temporary privileges. Temporary privileges will be immediately terminated by the Administrator upon notice of any failure by the provider to comply with such special conditions.
- 6.6.6. The Administrator may at any time, upon recommendation of the Chief of Staff, terminate the temporary privileges of the provider effective as of the discharge, or transfer of care of any patients under his/her care in the hospital. However, where it is determined that the life or health of any such patients would be endangered by continued treatment by the provider, the termination may be imposed by any member of the Medical Staff and will be immediately effective. The member of the Medical Staff designated to supervise the provider will assume responsibility for the care of such patients until the care is transferred to another provider or they are discharged from the hospital.

Section 6.7 Emergency Privileges

- 6.7.1. In an emergency, any practitioner with privileges at Ferry County Public Hospital District #1 shall be permitted to do everything possible, within the scope of his/her license, to save the life of a patient or to save a patient from serious harm. The practitioner shall promptly yield such care to a qualified practitioner with appropriate clinical privileges when one is available.

Section 6.8 Disaster Privileges

- 6.8.1. If the hospital's emergency management plan has been activated, the Administrator or other person identified in the plan may grant disaster privileges on a case-by-case basis to any appropriate health care professional who can present at least one of the following: a current hospital photo identification card evidencing the person's licensure; a current medical or other applicable license with photo identification card issued by a state, federal or regulatory agency;

identification indicating the individual is a member of Disaster Medical Assistance Team, Medical Reserve Corps, or other state or federal organization or group that addresses disasters; identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state or municipal entity); or identification by a current Medical Staff member or hospital employee who possesses personal knowledge regarding the volunteer's ability to act as a licensed health care professional during a disaster.

**Section 6.9 Rights Associated with Temporary, Locum Tenens, Emergency and Disaster Privileges**

6.9.1. The granting of temporary, locum tenens, emergency or disaster privileges shall not confer Medical Staff membership on any practitioner, nor shall practitioners holding such privileges be considered to be members of the medical staff or have any of the rights provided to Medical Staff members by these bylaws or otherwise except of expressly stated herein. The refusal to grant, or termination or withdrawal of, temporary, locum tenens, emergency or disaster privileges shall not entitle the practitioner involved to a hearing or any other procedural rights or review unless the action is reportable to the National Practitioner Data Bank.

**Section 6.10 Residents, Medical, Nurse Practitioner and Physician Assistant Students**

6.10.1. The following documentation must be on file prior to beginning work:

- Letter from school or resident program regarding purpose in coming and duration of stay.
- Copy of current license to practice, if applicable.
- Copy of face sheet of current professional liability insurance policy.
- Request for Privileges completed and signed.
- Signed Criminal History Request for Information.
- Signed Confidentiality and Security Statement.

6.10.2. Students and residents will practice under close supervision of approved sponsors or sponsor's designee. The primary sponsoring provider will provide a written sponsorship agreement.

6.10.3. Sponsors will be held responsible for management of patient's care. Students and residents must be introduced to each patient as such and patients have the right to refuse care by a student or resident.

**ARTICLE VII CORRECTIVE ACTIONS**

## Section 7.1 Conditions for Corrective Actions

### 7.1.1. Corrective actions may be due to:

- delinquency in qualifications for med staff,
- performance lower than the accepted standards of Med Staff,
- acting contrary to the ethics or aims of the Medical Staff,
- engaging in conduct disruptive to the operations of the district,
- delinquent records.

### 7.1.2 These may result in an Automatic Suspension, Summary Suspension, Temporary Suspension, warning or letter of reprimand, reduction of clinical privileges, revocation of clinical privileges, probation, or expulsion from med staff membership as outlined in procedures below.

## Section 7.2 Automatic Suspension Procedure

### 7.2.1. If at any time any member of medical staff fails to meet the qualifications for medical staff listed below:

- Active state license
- Eligibility to participate in government health programs
- Active DEA license (if applicable)
- Maintain malpractice insurance if not provided by the district
- Health condition that could interfere with the ability to provide patient care or fulfill duties within the district.

### 7.2.2. Medical Staff Member must notify their manager or Human Resources and will be automatically suspended. The suspension will remain in effect until qualifications are met or may be modified by the Chief of staff to allow limited responsibilities as deemed appropriate until the qualifications are met.

### 7.2.3. If it is discovered (not reported by the Med Staff Member) that the Med Staff member fails to meet the qualifications listed in 7.2.1 this will be reported to Human Resources. The practitioner shall be notified of the Automatic Suspension and the basis of the suspension in writing by personal service or certified mail, return receipt requested, and given fourteen (14) days to produce clear and convincing evidence that the fact(s) relied on in making the Automatic Suspension are not correct or to present a plan to rectify the situation. If the Human Resources does not receive such evidence from the member within fourteen (14) days, the individual shall be deemed to be no longer qualified for Medical Staff membership and/or clinical privileges and the practitioner's Medical Staff membership and clinical privileges shall automatically terminate, in which event the practitioner shall not be entitled to a hearing as set forth in these bylaws.

- 7.2.4. The Chief of staff, Human resources, and the employee's manager will make sure to notify each another of the automatic suspension.
- 7.2.5. The Chief of staff will contact the suspended provider within 5 days to both modify responsibilities / duties as appropriate and allow the suspended medical staff member to return to work on a limited basis or outline a plan for when the suspended medical staff member can return to work without suspension. In the event of unwarranted delay on the part of the Medical Staff, the Board of Commissioners may act (see Section 3.3.2). A written plan will be submitted by the Chief of staff to the Human Resources outlining the limitations if returning to work or stating what requirements must be met for the suspension to be lifted. The plan will also state a time period, which can be no longer that 4 weeks, at which time if the delinquent qualification has not been rectified, the Chief of staff or delegate (specified by the Chief of Staff) will contact the suspended employee to modify this plan.
- 7.2.6. The suspended medical staff member has the responsibility to notify and provide appropriate proof / documentation to Human Resources when the delinquency has been met. The human resources department will follow the plan made the Chief of Staff to allow removal of suspension and notify the provider, the employee's manager, and the Chief or Staff of their eligibility to return to work.
- 7.2.7. The suspended medical staff member will be allowed to take PTO or EIB if eligible during this suspension.
- 7.2.8. A Medical Staff member who is placed on an Automatic Suspension may not request a review hearing. The practitioner shall be offered the opportunity to submit a written statement or any information which the practitioner wishes to be included in the practitioner's peer review records along with the documentation regarding the Automatic Suspension.
- 7.2.9. If it becomes apparent that the qualifications will never be able to be met and that the employee will not be able to return to work, the Chief of Staff will notify the CEO and Human resources who will meet with the employee to explore other options or possible termination.

### Section 7.3 Request for Corrective Action Procedure

- 7.3.1. Whenever the activities or the professional conduct of any Medical Staff member are considered to be:
- lower than the accepted standards of Med Staff
  - contrary to the ethics or aims of the Medical Staff
  - or disruptive to the operations of the district
- corrective action against said Medical Staff may be requested. This request may be made in writing by any employee, member of the Medical Staff,

Administrator, or by the Board of Commissioners.

- 7.3.2. All requests for corrective action will be made to the Chief of Staff, and will be supported by reference to specific activities or conduct which constitutes the grounds for the request. The Chief of Staff will promptly notify the CEO in writing of all requests for corrective action received and will continue to keep the Administrator fully informed of all action taken in connection therewith.
- 7.3.3. Whenever the corrective action could be a reduction or suspension of clinical privileges, the Chief of Staff will take the request to the Executive Committee and notify the CEO. Upon receipt of the request, the Executive Committee will immediately appoint an Ad Hoc Committee to investigate the matter.
- 7.3.4. Whenever action must be taken immediately in the best interest of patient care the Chief of Staff, CEO, or the Chairman of the Board of Commissioners have the authority to summarily suspend all or any portion of the clinical privileges of a provider. (see Summary Suspension in section 7.5)
- 7.3.5. If the corrective action will not result in reduction or suspension of clinical privileges the Chief of Staff or the employee's manager will discuss the complaint with the employee and take the necessary steps to resolve the complaint.
- 7.3.6. The Executive Committee is comprised of the Chief or Staff and the Vice President. (The person making complaint and the med staff member to whom the complaint was made may not be part of this committee)
- 7.3.7. The Ad Hoc Committee will consist of the Chief of Staff or Vice President (who shall act as Chairman of the Committee), Human Resources director, and a member of the Board of Commissioners as appointed by the Board and any other member who would contribute pertinent information or guidance. (The person making complaint and the med staff member to whom the complaint was made may not be part of this committee)
- 7.3.8. The Ad Hoc Committee will have 10 days to investigate evidence related to the complaint and make a recommendation about action to be taken to the Executive Committee. During this time the med staff member against who the accusation was made will be given the opportunity for interview with the Ad Hoc Committee. At this interview, he/she will be informed of the general nature of the charges. This interview will be preliminary in nature and none of the procedural rules provided in these Bylaws with respect to hearings will apply thereto. The Ad Hoc Committee will then present the evidence and their recommendation to the Executive Committee.
- 7.3.9. Within ten working days following the report from the Ad Hoc Committee, the Executive Committee will take action upon the request for corrective action.

Prior to it taking action, the affected provider will be permitted to make an appearance before the Executive Committee. This appearance will not constitute a hearing, will be preliminary in nature, and none of the procedural rules provided in these Bylaws with respect to hearings will apply thereto. The Executive Committee will then address the request for corrective action by:

- rejecting the corrective action
- modifying the corrective action
- giving a warning or a letter of reprimand
- impose terms of probation (to be revisited at a specified time)
- recommend a reduction, suspension, or revocation of clinical privileges (to be revisited at a specified time)
- recommend a suspension or expulsion from med staff membership
- (at specified time) to recommend that an already imposed probation, reduction / suspension / revocation of clinical privileges be terminated, modified, or sustained or expulsion from med staff membership

7.3.10. Any recommendations by the Executive Committee for reduction, suspension, or revocation of clinical privileges, or for suspension or expulsion from the Medical Staff, will be presented to the Active Medical Staff in Special Meeting for review, discussion and vote with quorum present, majority vote to pass. This recommendation from the Active Medical Staff will then be presented with recommendations to the Board of Commissioners.

7.3.11. The Board of Commissioners will have ten (10) days to reach a decision and notify the Administrator who will send written notification to the practitioner. If the decision is adverse it is the applicants right to request a review hearing within five (5) days. This will be sent to the provider by certified mail, return receipt requested. The affected provider may request a review hearing as outlined in Article VIII of these Bylaws, and the procedure to be followed will be as provided in Section 5.2 and in Article VIII, if applicable, of these Bylaws.

#### Section 7.4 Temporary Suspension for Delinquent Records Procedure

7.4.1. The Health Information Manager or designee will regularly check the status of the records of all patients discharged from clinic and hospital. Providers with incomplete medical records will be given opportunity to complete these medical records, but continued failure to do so resulting in incomplete records for more than 3 weeks will result in a report to the Administrator. The Administrator will work with the provider to rectify the delinquency, but if not rectified in an agreed upon time-frame, they may notify the provider having delinquent records of a temporary suspension of their staff privileges one week hence if delinquent records are not completed.

7.4.2. Any logical reason for delay in completing records will be considered by the

Director of Health Information or Administrator, but will be guided by the following factors:

- If the attending provider contributing to the record is ill, on vacation, out of town, or otherwise unavailable for a period of time, it will be considered sufficient reason for delay;
- If a provider is waiting for the results of a late report, i.e. culture, pathology, etc., and the chart is otherwise complete except for the final diagnosis, it will be considered sufficient reason; or
- If the provider has dictated reports and is waiting for the hospital personnel to transcribe the reports, it will be considered sufficient reason.
- If for some reason the work demands have not allowed for adequate administrative to complete records

7.4.3. In the case where the Administrator, or his designated alternate, acts to suspend privileges based upon incomplete records, the following parties will be notified of the suspension:

- The provider
- Director of Nursing Services
- Clinic Manager
- Director of Health Information

The provider will be permitted to attend those patients he/she has hospitalized or in the clinic at the time such action is taken. However, all elective procedures and future patient care will be suspended.

7.4.4. The Administrator, or his designated alternate, will have the authority to reinstate privileges when notified by the Director of Health Information that the outstanding records are complete. Notification of reinstatement of privileges will be sent to the same persons identified above in 7.4.3. All such action will be reported to the Medical Staff and the Board of Commissioners at their next meeting and the reasons therefore will be stated.

7.4.5. Any Med Staff member who feels there was not sufficient reason to suspend his/her privileges may request a hearing by the Executive Committee of the Medical Staff within twenty-four hours of the time such action is taken. Their recommendation and findings will be considered by the Board of Commissioners when sufficient time has been provided to notify them of a special meeting as provided in the State law and in all cases within seventy-two hours. In this case, the Administrator, or his designated alternate, and the physician concerned will be expected to attend the special meeting. The final determination in any such case will be made by the Board of Commissioners.

- 7.4.6. It will be the duty of the Chief of Staff to cooperate with the Administrator in enforcing all temporary suspensions.

**Section 7.5 Summary Suspension Procedure**

- 7.5.1. The Chief of Staff, the Administrator, or the Chairman of the Board of Commissioners, will have the authority, whenever action must be taken immediately in the best interest of patient care in the hospital, to summarily suspend all or any portion of the clinical privileges of a provider. Such summary suspension will become effective immediately upon imposition and reported to the Medical Quality Assurance Commission if reporting is required by law.
- 7.5.2. A provider whose clinical privileges have been summarily suspended will be entitled to request that the Executive Committee of the Medical Staff hold a hearing on the matter within five working days thereafter, as provided in Article VIII of these Bylaws.
- 7.5.3. The Executive Committee may recommend modification, continuance, or termination of the terms of the summary suspension. If, as a result of such a hearing, the Executive Committee does not recommend immediate termination of the summary suspension, the affected provider will, in accordance with Article VIII of these Bylaws, be entitled to request review hearing, but the terms of the summary suspension as sustained or modified by the Executive Committee will remain in effect pending a final decision by the Board of Commissioners.
- 7.5.4. Immediately upon the imposition of a summary suspension, the Chief of Staff will have the authority to provide for alternate medical coverage for the patients of the suspended provider at the time of such suspension.

**ARTICLE VIII REVIEW HEARING**

**Section 8.1 Actions for Which No Hearing is required**

- 8.1.1. In the event any practitioner is automatically suspended for:
- (i) inability to maintain appropriate malpractice insurance
  - (ii) failure to maintain a current, active, unrestricted appropriate State license
  - (iii) exclusion from participation in Medicare or Medicaid
  - (iv) failure to maintain a current, active DEA certification (if required for the practitioner's specialty)
  - (v) failure or refusal to provide any requested evidence of health status or submit samples for drug and/or alcohol testing. See Section 5.3.



## Section 8.2 Right to Review Hearing

- 8.2.1. When any provider receives notice of an adverse decision by the Board of Commissioners that affects his/her appointment to or status as a member of the Medical Staff or his/her exercise of clinical privileges, he/she will be entitled to a hearing by an Ad Hoc Committee as set forth hereinafter.

## Section 8.3 Notification of Adverse Determination and Eligibility Request for Hearing

- 8.3.1. Within five working days following the date of the decision of the Board of Commissioners, the Administrator or their designee, will be responsible for giving the written notice of the board's adverse decision and eligibility for hearing. This will be done by certified mail, return receipt requested, unless previous documentation of receipt was received.
- 8.3.2. The failure of a Medical Staff member to request a hearing to which he/she is entitled within ten working days or maximum of 14 calendar days, following the date of receipt of such notice will be deemed a waiver of his/her right to such hearing. The decision by the Board of Commissioners shall thereupon become effective and final.

## Section 8.4 Notification and Scheduling of Requested Hearing

- 8.4.1. Within five working days following a request for a review hearing from a provider entitled to same, the Ad Hoc Committee (see Section 8.5), will schedule and arrange for such hearing and will direct the Administrator to notify the provider by certified mail, return receipt requested, of the time, place, and date of said hearing. Said hearing shall be conducted not less than five working days nor more than fifteen working days from the date of receipt of the request for hearing.
- 8.4.2. The notice of hearing will state in concise language the acts or omissions, a list of specific or representative charts being questioned, and/or the other reasons or subject matter that was considered in making the adverse decision.

## Section 8.5 Ad Hoc Committee Membership

- 8.5.1. The Ad Hoc Committee will consist of the Chief of Staff or Vice President (who shall act as Chairman of the Committee), Human Resources director, and a member of the Board of Commissioners as appointed by the Board and any other member who would contribute pertinent information or guidance. (The person making complaint and the med staff member to whom the complaint was made may not be part of this committee)

## Section 8.6 Conduct of Review Hearing

- 8.6.1. All members of the Ad Hoc Committee must be present when the hearing takes place, unless waived by both parties.
- 8.6.2. The personal presence of the provider for whom the hearing has been scheduled will be required. A provider who fails without good cause to appear at such hearing will be deemed to have waived his/her right in the same manner as provided in Section 8.3.2, and to have accepted the adverse recommendation or the decision involved, and the same will thereupon become and remain in effect as provided in said Section 8.3.2.
- 8.6.3. The chairman of the Ad Hoc Committee will preside over the hearing to determine the order of procedure during the hearing, to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence, and to maintain order. The chairman will also be responsible for the documentation of accurate minutes of the hearing.
- 8.6.4. It shall be the obligation of the representative of the Hospital to present appropriate evidence in support of the adverse decision. The affected provider will thereafter be responsible for presenting his/her challenge to the decision by appropriately showing that the charge or grounds involved lack a factual basis or that such basis or any action based thereon is either arbitrary, unreasonable or capricious.
- 8.6.5. If the affected provider requests, postponement of hearings beyond the time set forth in these bylaws may be made only with approval of the Ad Hoc Committee. Granting of such postponement will only be made for good cause shown and at the sole discretion of the Ad Hoc Committee.
- 8.6.6. The review hearing provided for in these Bylaws is for the purpose of resolving, on an intra-professional basis, matters bearing on professional competency and conduct. Accordingly, neither the affected provider, nor the Hospital, will be represented at the hearing by an attorney at law unless the Ad Hoc Committee, at its discretion, permits both sides to be represented by counsel. The affected provider may at their discretion bring a representative to function for assistance in presenting cohesive evidence.
- 8.6.7. The Ad Hoc Committee may recess the hearing and reconvene the same 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 will be closed. The Ad Hoc Committee will immediately thereafter conduct its deliberations outside the presence of the provider for whom the hearing was convened. Within five working days after final adjournment of the hearing, the Ad Hoc Committee will prepare written

Findings and a Decision and will forward the same to the affected provider and the Hospital. The Decision may affirm, modify, or reject the prior decision of the Board of Commissioners. This decision will be immediately final and effective and subject to Judicial Review, but will not be subject to further administrative review.

## **ARTICLE IX            OFFICERS**

### Section 9.1    Officers of the Medical Staff

#### 9.1.1. The officers of the Medical Staff will be:

- Chief of Staff
- Vice Chief of Staff

### Section 9.2    Qualifications of Officers

9.2.1. Officers must be members of the Active Medical Staff at the time of nomination and election and must remain members in good standing during their term of office. Failure to maintain such status will immediately create a vacancy in the office involved.

### Section 9.3    Election of Officers

9.3.1. Officers will be elected biannually at an annual meeting of the Medical Staff, see Section 11.1. Only members of the active Medical Staff will be eligible to vote.

9.3.2. At a regular meeting of the Medical Staff, prior to the annual meeting, a roster of all Active Medical Staff eligible for nomination will be presented to Active Medical Staff members for selection of top three nominations for the Chief of Staff and Vice Chief of Staff positions. Selections will be tallied by the Administrative Assistant and nominees contacted for approval of nomination. Should first nominee decline the second selection will be contacted and so forth.

9.3.3. Balloting will be conducted for each office with the candidate receiving the majority of votes being elected. In any situation where there are three or more candidates and no candidate receives a majority, successive balloting will be conducted with the candidate receiving the fewest votes omitted from each successive slate until a majority is obtained by one candidate. This vote will happen at the Annual Meeting, see Section 1 1.1. Votes will be counted by two individuals.

### Section 9.4    Term of Office

- 9.4.1. All officers will serve a two-year term from the first day of the Medical Staff Fiscal Year through the last day. This will be from January through December of each year. Officers may not serve more than two consecutive terms in one capacity.

#### Section 9.5 Vacancies in Office

- 9.5.1. If there is a vacancy in the office of Chief of Staff, the Vice Chief of Staff will serve out the remaining Chief of Staff term. If there is a vacancy in the office of the Vice Chief of Staff, the Active Medical Staff will vote at a special meeting or the next regular meeting as appropriate, any Active Staff member to fill the office to serve out the remaining term.
- 9.5.2. Any Medical Staff officer may resign at any time by giving written notice to the Chief of Staff and the Board of Commissioners. Such acceptance shall take effect on the date of receipt or at any later time specified in it.
- 9.5.3. Removal of a Medical Staff officer may be effected by the Board of Commissioners acting upon its own initiative in conjunction with the Administrator. Permissible bases for removal of a Medical Staff officer include:
- Inability or unwillingness to perform the duties of the position held in a timely and appropriate manner.
  - Mental or physical impairment that interferes with performance of duties.
  - Failure to continuously satisfy the qualifications for the position.

#### Section 9.6 Duties of Officers

- 9.6.1. The Chief of Staff will serve as the chief administrative officer of the Medical Staff to:
- Act in coordination and cooperation with the Administrator in all matters of mutual concern within the hospital;
  - To serve as a liaison provider between the Medical Staff, the hospital Administrator, and the Board of Commissioners. Liaison function may include presenting the views, needs and grievances of the Medical Staff to the Board of Commissioners and vice versa.
  - To be responsible for the enforcement of Medical Staff Bylaws, Rules and Regulations, policies, implementation of sanctions where these are indicated, and for the compliance with procedural safeguards by the Medical Staff in all instances where corrective action has been requested against a provider;
  - Call, preside at, and be responsible for the agenda of all general and special meetings of the Medical Staff;
  - Appoint committee members to all special and multi-disciplinary
  - Medical Staff committees as appropriate;

- Act as spokesman for the Medical Staff in its external professional and public relations.

9.6.2. The Vice Chief of Staff, in the absence of the Chief of Staff, will assume all the duties, responsibilities, and will have the authority of the Chief of Staff. He/She will automatically succeed the Chief of Staff if the latter fails to serve for any reason whatsoever. In addition, his/her duties will be to:

- Be responsible for reviewing and updating of the Bylaws, see Article XIV
- Perform such duties of supervision as may be assigned to him/her by the Chief of Staff.

## **ARTICLE X            COMMITTEES**

### Section 10.1    Staff as a Whole

10.1.1. The Staff as a whole shall meet once a month and shall maintain permanent records of its actions and proceedings.

10.1.2. The function and responsibilities of the committees are of an advisory nature, directed toward better patient care or administrative as in 10.1.3.

10.1.3. The administrative functions of the Staff shall include those of the Credentials Committee, Bylaws Committee, or other Committees as designated. These committees shall be guided by the following factors and will consist of the Staff as a whole or as appointment for specific duties:

- To consider and recommend action to the Administrator on all matters of medical administrative nature;
- To implement the approved policies of the Medical Staff;
- To make recommendations to the governing body;
- To take all reasonable steps to ensure professional, ethical conduct on the part of all members of the Medical Staff and to initiate such prescribed corrective measures as are indicated;
- To fulfill the Medical Staff's accountability to the governing body for the medical care rendered to the patients in the hospital;
- To review all information available regarding competence and ability of staff members and, as a result of such reviews, to make recommendations for granting of privileges, appointments, or re-appointments;
- To discuss and consider plans for growth, changes in the organization, and issues which arise related to the operation and affairs of the district. Such matters will be acted upon by Active med staff as a whole.
- To ensure that there is adequate documentation of medical events, and shall

conduct a retrospective review for adequacy and completeness of records of discharged patients.

- To ensure that medical records meet the required standards for completeness, and clinical pertinence;
- To assist in the promotion and maintenance of high quality care through the analysis, review, and evaluation of the clinical practice that exists within the hospital;

10.1.4. The functions and responsibilities of the appointed staff or committees concerned with evaluation of patient care in hospital. for example Quality Improvement Committee and Utilization Review, shall be the responsibility of the appointed staff and the reviews shall include the following considerations:

- Unimproved patients
- Errors in diagnosis and treatment
- Use of appropriateness of consultations
- Unexpected or unresolved complications
- Unexpected or preventable mortality
- On a sample basis the admissions, length of stay, professional services furnished, and alternate use of out-of-hospital facilities and services.
- Other parameters at the discretion of the Health Information Management and/or independent Utilization Review provider.

10.1.5 Quality Improvement:

- To review those hospital services that directly affects patient care
- To ensure the development and surveillance of pharmacy and therapeutic policies and practices, particularly drug utilization within the hospital;
- To ensure the development of hospital departmental policies and procedures insofar as they affect patient care;
- To participate in the study of hospital-associated infections, and infection potentials, and promote a preventive and corrective program to minimize these hazards;
- To evaluate the hospital's ability to manage internal and external disaster and other emergency situations.

## Section 10.2 Credentials Committee

10.2.1. The Credentials Committee is comprised of the Chief of Staff, Administrator and Administrative Assistant. As needed the Credentialing Committee may have further members appointment by the Chief of Staff.

Section 10.3 Special Committees

10.3.1. Special committees may be appointed by the Chief of Staff from time to time as may be required to properly carry out the duties of the Medical Staff, see Ad Hoc Committee Section 8.5. Special committees will confine their work to the purpose for which they were appointed and will report to appropriately designated personnel. They will not have power of action unless such is specifically granted by the motion which created the committee. Special committees will be terminated when they have carried out the functions for which they were created. Whenever and inasmuch as possible, functions will be assigned to the appropriate one or two standing committees rather than create a new special committee. Permanent standing committees will only be formed by amendment to the Bylaws as provided in Article XIV of these Bylaws. Written minutes will be maintained for any meeting conducted by special committees.

**ARTICLE XI MEDICAL STAFF MEETING**

Section 11.1 Annual Meeting

11.1.1. The annual meeting of the Medical Staff will usually be held in October before the end of the Medical Staff year. At this meeting, officers for the ensuing year if two year terms are complete, will be elected. A roster of eligible active med staff for nomination will have been presented at a prior regular meeting (See 9.3.2). There will be a report by the Vice chief of staff on review of the bylaws (see section XIV).

Section 11.2 Regular Meetings

11.2.1 The regular meeting of the Medical Staff will be held once a month. The agenda of these meetings will include, as necessary, review and evaluation of the medical performance of the staff, consideration of and acting upon committee reports, consideration of and acting upon reports of the districts clinical services, and conduction of the regular business of the Medical Staff.

Section 11.3 Special Meetings

11.3.1 Special meetings of the Medical Staff may be called at any time by the Chief of Staff or by not less than one-fourth of the members of the Active Medical Staff. At any special meeting no business may be transacted other than that stated in the notice calling the meeting. Sufficient notice of any meeting will be a notice sent to each active staff member five working days prior to the time set for the meeting, unless all staff agree to meet sooner.

Section 11.4 Standard Department reports

11.4.1 Department reports may be made at the regular meetings or at special meetings as needed with minimum report annually.

The committees may include but not be limited to the following:

- ER
- Outpatient
- Procedural Sedation
- Medicine
- Quality Improvement
- Physical Therapy/Rehab
- Laboratory
- Radiology

#### Section 11.5 Special Committee Meetings

Special Committees appointed (See 10.3) by the Chief of Staff, or interdepartmental committees may hold meetings at a time designated and mutually convenient to all persons involved. Any transaction taken by these committees will be subject to Medical Staff approval and will be reported at the next regular meeting of the Medical Staff.

#### Section 11.6 Notice of Meetings

Written notice stating the agenda, place, day and hour of any regular or special meetings will be sent to each member of the Medical Staff required to attend such meeting not less than five working days before the time of such meeting. The attendance requirement of a member at a meeting will be waived if such notice has not been sent.

#### Section 11.7 Attendance Requirements

11.7.1. Each member of the Active Medical Staff will be required to attend the annual meeting of the Medical Staff, unless excused by the Chief of Staff.

11.7.2. Medical Staff meeting attendance should be at 75% unless excused by the Chief of Staff for exceptional conditions. Attendance may be in person, by teleconference and/or telecommunication (Zoom, Skype, etc.) Failure of the telecommunication interface shall not be counted against the provider's attendance requirement. Attendance less than 75% will be discussed with the staff member by administration and human resources to find a solution.

#### Section 11.8 Agenda

11.8.1. The agenda, when applicable, at any regular Medical Staff meeting will be:



(adjustments to order may be made to expedite reports from other departments so they can return to their other work responsibilities)

Call to order.

Approval of the minutes of the last regular meeting.

Guest  
Correspondence  
General Committee  
New Business  
Old Business  
Clinic  
CEO Report  
CNO Report  
Rehab Therapy  
Board Business  
Department Reports, as needed

Physician Time/Executive Session if required

11.8.2. The agenda at any standing committee will be:

- Call to order
- Acceptance of the minutes of the last regular meeting.
- Communications.
- Unfinished business.
- New business
- Adjournment.

11.8.3. The agenda at any special meeting will be:

- Call to order.
- Reading of the notice calling the meeting.
- Transaction of business for which the meeting was called.
- Adjournment.

#### Section 11.9 Manner of Action

11.9.1 The action of a majority of the members present at a meeting (in person, by telecommunications, or video (example Zoom) at which a quorum is present will constitute the action of a committee or service.

#### Section 11.10 Minutes

11.10.1. Minutes of all meetings will include a record of attendance of members and the vote of approval of these minutes thereof will be submitted to the attendees for

approval. After such approval is obtained, the minutes will be forwarded to the Medical Staff as a whole. All minutes will be maintained in a permanent file for the Medical Staff and copies will be made for the Board of Commissioners upon their request.

11.10.2. All actions taken by the Medical Staff concerning policy will be written as resolutions and appended to the minutes of the meeting. Any action which requires an amendment to the Bylaws or Rules and Regulations will be written as amendments and will be processed accordingly (see section XIV).

#### Section 11.12 Quorum

11.12.1. Fifty (50) percent of the total membership of the Active Medical Staff shall constitute a quorum for Medical Staff.

### **ARTICLE XII IMMUNITY FROM LIABILITY**

#### Section 12.1 Express Conditions for Application for or Exercise of Medical Staff Privileges at this Hospital

12.1.1. That the Medical Staff and the Board of Commissioners will, to the fullest extent permitted by law, be immune from civil liability for all acts performed in good faith and without malice and with the exercise of reasonable effort to ascertain truthfulness in any matter of administrative nature having to do with an individual provider.

12.1.2. That such immunity will apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with this or any other health care institution's activities including but not limited to:

- Applications for appointment or clinical privileges;
- Periodic reappraisals for reappointment or clinical privileges;
- Corrective action, including summary suspension;
  - Hearings and appellate reviews;
- Medical care evaluations;
- Utilization and/or P.S.R.O. reviews; and
- Other hospital, service, or committee activities related to quality of patient care and professional conduct.

12.1.3. That in furtherance of the foregoing, such immunity will extend to the hospital Administrator, or other authorized hospital representatives, and other individuals and organizations from whom information has been requested on any matter that might directly or indirectly have an effect on patient care.

### **ARTICLE XIII RULES AND REGULATIONS**

The Medical Staff will adopt such rules and regulations as may be necessary for proper conduct of its work. Such rules and regulations may be necessary to implement more specifically general principles found within these Bylaws. Such Rules and Regulations may be amended by a two-thirds vote of the entire active Medical Staff. Such changes will become effective when approved by the Board of Commissioners.

#### **ARTICLE XIV AMENDMENT AND REVIEW**

These Bylaws may be amended after submission of the proposed amendment at any regular meeting of the Medical Staff. A proposed amendment will be discussed and, if necessary, will be referred to a special committee which will report on it at the next regular meeting of the Medical Staff. If it is not necessary to refer a proposed amendment to a special committee, it will be placed on the agenda of the next regular meeting to be voted on. To be adopted, an amendment will require a two-thirds favorable vote of all current active staff members. Amendments will be effective when approved by the Board of Commissioners.

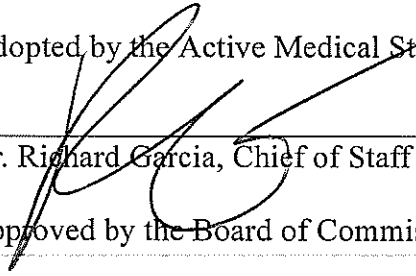
The Bylaws will be reviewed by the Vice chief of staff biennially and revised or amended as appropriate. This review will be reported during the annual med staff meeting.

**ARTICLE XV**

**ACCEPTANCE**

These Bylaws will be adopted at any regular meeting of the Active Medical Staff and will replace any previous Bylaws, and will become effective when approved by the Board of Commissioners.

Adopted by the Active Medical Staff on (Month/Day/Year)

  
\_\_\_\_\_  
Dr. Richard Garcia, Chief of Staff

*May 04, 2023*

Approved by the Board of Commissioners on (Month/Day/Year)

\_\_\_\_\_  
Nancy Giddings, Chairman Board of Commissioners

*May 23, 2023*

\_\_\_\_\_  
DiAnne Lundgren, Secretary Board of Commissioners

# Board Report

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May 23, 2023



# CNO Report

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Mike Martinoli

May 23, 2023



# CNO

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## ➤ Follow-up

- **NAC Class**—the next class is planning to start 09/18/23
  - ❖ M-Th, 5-9pm, total of 9 weeks
- **Allevant**—updates about planned transitional care online learning education for Nurse Manager, CNO, Care Coordinator, Activities Coordinator, and Residential Care Coordinator. Then we will broaden education to Nursing department, Providers, and Hospital Rehab staff.
  - ❖ CNO and CC (Care Coordinator) are set to meet at Confluence Health in June
    - Luncheon on 6/22 with the Case Managers.
    - Recap: AIDA communication platform-Confluence and FCH



# CNO

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## ➤ Need to Know

- Nursing staff retirements
- Nurses Week recap and reflections
  
- **Care Coordinator**—welcome to Colton Myers, Care Coordinator.
  - ❖ Orientation is underway with CNO throughout Spring/Summer
  - ❖ Updates—ED follow up call process
  - ❖ Communication—piloting Meditech communication message platform that will better connect departments





# CNO

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## ➤ Coming-up

- **Community**—CNO is organizing the return of community inter-agency meetings at Rural Resources. First meeting set for 06/26-FCH, Rural Resources, NETCHD, New Alliance, Sheriff, DSHS, APS, EMS, etc.  
**June Focus:** discuss routines for making referrals to services and network about how we can help each other with social priorities
- **Education**—upcoming Nurse Skills Day in June
- **Legislative**—report out from this past session
  - ❖ WSHA Nurse Staffing Advisory Group/Staffing Bill
  - ❖ Rural Critical Gaps Workgroup
  - ❖ SANE funding and consultation



# CNO

## ➤ Nursing Volume Data:

- April 2023

## ➤ NSS Update:

- Community assistance—review of the current workflow for room/board respite admissions and care.

Stats		Current Month		
		Current Total	Target	Variance
1 Acute Care Patient Days	●	34	18	16
2 Skilled Swing Bed Patient Days	●	86	80	6
3 Non-Skilled Long Term Care Patient Days	●	270	304	(34)
4 Observation Patient Days	●	165	197	(32)
5 Admissions	●	11	6	5
6 Average Length of Stay (ALOS)	●	3	3	0
7 ED # Visits	●	184	184	0
8 Emergency Admit to Inpatient	●	6%	3%	3%
9 Outpatient Visits	●	41	21	20
10 Same Day Surgery	●	13	26	(13)



# QI Committee Report

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## ➤ Upcoming:

- Q2 Peer Review re-scheduled for 06/22/2023 due to a Provider schedule conflict
- Mike will begin WSHA 'Quality 101' program on 05/30/2023.
- Report out—The Rural Collaborative Quality Committee
  - ❖ Meditech XPANSE support group
  - ❖ Breast Cancer Awareness Month



In many organizations, newly minted quality leaders are picked for their technical leadership, prowess and interpersonal skills. They are typically responsible for influencing quality improvement across their hospitals and systems. Washington Hospital Services' Quality 101 program is intended to help these new leaders thrive and be successful in their roles.

This 10-week virtual program provides subject matter expertise from WSHA's safety and quality leaders to form and share the foundational elements of quality improvement in the health care setting. Participants will learn key concepts to promote and influence quality in their organizations, and they will be provided with the skills and support to apply this knowledge to the specific needs and goals within their own organization. Participants will also build and enhance professional networks through cohort group discussions and networking. The program supports quality leader professionals, providers, infection control professionals and anyone in the health care setting leading quality improvement work. Continuing education credits are available for this program.

# COO Report

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Debbie DeCorde

May 23, 2023



# COO

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## ➤ Follow-up

- Local school career fairs were a success!
- ALF (Assisted Living Facility) staff are shadowing and nearing test readiness for medication delegation.
  - ❖ Cable TV changes
- Prospector's Day
- Report-out on National Rural Health Conference in San Diego.



# COO

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## ➤ Coming Up

- The Lab will have their Department of Health inspection in June
- Union bargaining scheduled for June
- No date yet for State Physicist visit to Radiology Department
- Assisted Living Facility
  - ❖ Garden prep
  - ❖ Trip planning
- Employee Council Silent Auction
  - ❖ Summer themed baskets



# COO

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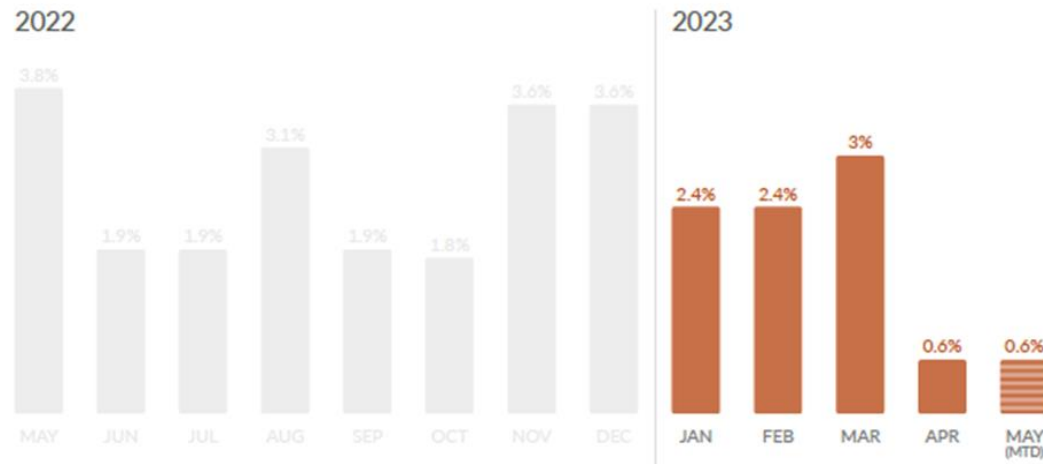
## ➤ Need to Know

- The Lab's new analyzer arrived and has been tested and verified
  - ❖ Should be ready for patient use by the end of the month
  - ❖ Higher level Troponin testing
- Locums recruitment continues for RMC walk-in coverage
- Republic Drug Store Caremark status
- Rehab staffing
- Hospital Week (5/8-5/12)

## ➤ Q&A



# COO – Turnover Report



Termination Reason

View Details



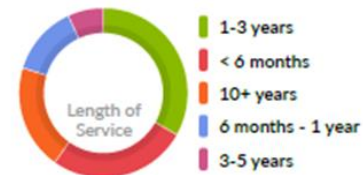
Termination Type

View Details



Length of Service

View Details





# COO - Volumes

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Stats	Current Month			
		Current Total	Target	Variance
11 Rural Health Clinic #Visits	●	683	1085	(402)
12 Physical Therapy Treatments	●	1392	863	529
13 Imaging Visits	●	421	350	71
14 Lab # Billable Tests	●	2712	2268	444



# Medical Staff Report

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Dr. Garcia

May 23, 2023



# CEO/CFO Report

**Quality/Safety:** by constantly holding ourselves to a higher standard.

**Integrity:** through honesty and respect.

**Compassion:** by providing a nurturing and caring environment

**Stewardship:** by utilizing our resources to their highest and best purpose.

**Teamwork:** by working together in a culture that promotes excellence.

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Jennifer Reed

May 23, 2023



# Follow-up

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## ➤ Follow-up

- Airport – Work has started! On track for June completion.
- Master Facility Plan – Presentation will be ready June 15. Pre-application process started with USDA.
- Tele-health equipment will be purchased and then reimbursed by the grant with NWRHN
- Committee Charters are in process. New Product Committee will be the first to roll out.
- Pharmacy CVS Caremark issue update



# CEO/CFO

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- Coming Up
  - Chelan!
  - Union Negotiations – team to be Debbie, Lacy & Melinda.
- Need to Know
  - Legislation
    - ❖ See WSHA summary
  - Rural Collaborative
    - ❖ Financial Members results
- Q&As



# CEO/CFO-Financials

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- Income Statement and Balance Sheets
- Key Performance Metrics



Ferry County Health  
 Combined Income Statement  
 For the period ending April 30, 2023

Actual Apr-23	Budget Apr-23	Variance		Actual YTD 4/30/23	Budget YTD 4/30/23	Variance
			<b>OPERATING REVENUES</b>			
2,516,676	2,466,428	50,248	Gross Patient Charges	8,600,774	9,865,709	(1,264,935)
(385,176)	(813,321)	428,145	Deductions from Revenue	(2,569,900)	(3,253,284)	683,384
2,131,500	1,653,107	478,393	<b>NET PATIENT REVENUES</b>	6,030,874	6,612,425	(581,551)
254,380	239,919	14,461	Drugstore Revenues	1,079,458	959,675	119,783
70,293	54,062	16,231	Other Operating Revenues	357,435	216,244	141,191
2,456,173	1,947,088	509,085	<b>TOTAL OPERATING REVENUE</b>	7,467,767	7,788,344	(320,577)
			<b>OPERATING EXPENSES</b>			
1,240,424	886,889	(353,535)	Salaries and Wages	3,727,043	3,547,557	(179,486)
198,269	214,813	16,544	Employee Benefits	815,408	859,253	43,845
(423,057)	60,367	483,424	Professional Fees	344,262	241,467	(102,795)
247,355	289,474	42,119	Supplies	1,130,888	1,157,923	27,035
10,694	24,318	13,624	Utilities	109,976	97,269	(12,707)
(218,455)	137,718	356,173	Purchased Services	623,966	550,873	(73,093)
11,671	13,944	2,273	Insurance	48,948	55,779	6,831
33,691	51,613	17,922	Other	207,315	206,470	(845)
22,197	20,800	(1,397)	Leases and Rent	88,312	83,200	(5,112)
82,093	81,819	(274)	Depreciation	328,008	327,286	(722)
1,204,882	1,781,755	576,873	<b>TOTAL OPERATING EXPENSES</b>	7,424,126	7,127,077	(297,049)
1,251,291	165,333	1,085,958	<b>GAIN (LOSS) FROM OPERATIONS</b>	43,641	661,267	(617,626)
			<b>NON-OPERATING REVENUE &amp; EXPENSE</b>			
32,871	34,337	1,466	Property Taxes	129,163	137,346	8,183
(2,879)	(2,119)	760	Interest Expense	(12,880)	(8,477)	4,403
23,116	-	(23,116)	Other Non-operating Expenses	71,391	-	(71,391)
-	-	-	Grants & Donations	3,289	-	(3,289)
53,108	32,218	(20,890)	<b>TOTAL NON-OPERATING REVENUE &amp; EXPENSE</b>	190,963	128,869	(62,094)
1,304,399	197,551	1,106,848	<b>INCREASE (DECREASE) IN NET POSITION</b>	234,604	790,136	(555,532)
52%	8%		<b>GROSS MARGIN %</b>	3%	8%	-5%

Ferry County Health  
 Combined Balance Sheet  
 For the period ending April 30, 2023

	<u>Mar-23</u>	<u>Apr-23</u>		<u>Mar-23</u>	<u>Apr-23</u>
<b>ASSETS</b>			<b>LIABILITIES AND NET POSITION</b>		
<i>Current Assets</i>			<i>Current Liabilities</i>		
Cash & Cash Equivalents	4,758,054	4,756,334	Accounts Payable	372,265	626,883
Receivables			Payroll Liabilities Payable	911,986	911,116
Gross Patient Receivables	8,383,215	7,499,688	Other Current Liabilities	1,361,605	1,525,290
Contractual Allowance	(2,596,015)	(2,455,084)	<i>Total Current Liabilities</i>	2,645,856	3,063,289
Net Patient Receivables	5,787,200	5,044,604	<i>Longterm Liabilities</i>		
Tax Levy Receivable	166,807	305,253	Longterm Debt	1,515,725	1,515,755
Estimated Third party payer settlements	-	-	Capital Lease Obligations	3,598	6,006
Interdiviosional Receivables	2,458,110	2,427,802	Intercompany Transfers	2,444,257	2,413,949
Other	50,668	50,698	<i>Total Longterm Liabilities</i>	3,963,580	3,935,710
Inventories	540,850	539,822			
Prepaid Expenses	177,585	211,006			
<i>Total current Assets</i>	13,939,274	13,335,519			
<i>Capital Assets</i>					
Non-depreciable Assets	47,282	47,282	<i>Net Position</i>		
Fixed Assets Net of Depreciation	6,228,518	6,310,611	Current Year Earnings	234,604	(1,069,794)
Construction in Progress	393,173	-	Equity Accounts	13,764,208	13,764,208
<i>Total Capital Assets</i>	6,668,973	6,357,893	<i>Total Net Position</i>	13,998,812	12,694,414
<b>TOTAL ASSETS</b>	20,608,247	19,693,412	<b>TOTAL LIABILITIES AND NET POSITION</b>	20,608,247	19,693,412



# CEO/CFO-Key Performance Indicators

Stats	Current Month				
	Current Total	Target	Variance	Prior Year	
<b>Profitability</b>					
14 Revenue Deductions % of Gross Revenue	●	37%	38%	1%	37%
15 Salaries % Gross Patient Revenue	●	40%	34%	-6%	33%
16 Benefits % of Salary Expense	●	25%	24%	-1%	31%
17 Bad Debt % Gross Patient Revenue	●	3.8%	2.00%	-2%	2.30%
18 Charity % Gross Patient Revenue	●	4.2%	3%	-2%	0.27%
19 Total Salary Expense	●	\$ 893,517	\$ 824,547	(68,970)	\$ 599,825
<b>Cash and Liquidity</b>					
23 Days Cash on Hand	●	114	78	36	134



