

CHASKA PLAZA SURGERY CENTER, LLC

MEDICAL STAFF BYLAWS

PURPOSE

The purpose of the medical staff at the Chaska Plaza Surgery Center, LLC (CPSC) is to organize itself in such a way as to be able to carry out the functions delegated to it through the Medical Executive Committee (MEC) by the Governing Board (GB). The MEC provides the oversight of care, treatment, and services provided by practitioners with privileges. The members work through the MEC to promote a uniform quality standard of patient care, treatment, and services.

ARTICLE I
MEMBERSHIP

1. CRITERIA FOR MEMBERSHIP & PRIVILEGES

Chaska Plaza Surgery Center, LLC (CPSC) grants and maintains membership and clinical privileges only to those who continuously meet the following criteria:

- (a) Demonstrate the professional background, education, experience, training, knowledge, judgment, ability to perform, technical skills and current competence in his or her specialty for privileges requested;
- (b) Not have any physical or mental condition that would affect your ability, with or without reasonable accommodation, to provide appropriate care to patients and otherwise perform the essential functions of a practitioner in your area of practice without posing a health or safety risk to your patients.
- (c) Maintain appropriate personal qualifications, including consistent observance of ethical and professional standards;
- (d) Abstinance from participation in fee splitting or other illegal payment, receipt, or remuneration with respect to referrals or patient service opportunities;
- (e) A history of consistently acting in a professional, appropriate, and collegial manner with others and refraining from disruptive conduct;
- (f) Deemed to have appropriate written and verbal communication skills; and
- (g) Demonstrated capacity to provide continuous care to his or her patients.
- (h) Be a member in good standing of the Ridgeview Medical Center Medical Staff with clinical privileges consistent with this requested. Certified Nurse Anesthetists are excluded from this requirement.
- (i) LICENSURE:
 - a. A valid, unrestricted license issued by the State of Minnesota to practice medicine.
 - b. In the event the license is restricted by the State Board of Medical Directors, CPSC will review the applicant's information and may apply restrictions on the applicant or may determine the applicant does not meet the requirements for membership. The potential applicant is not entitled to the procedural rights afforded by the Fair Hearing Plan.
- (j) PROFESSIONAL LIABILITY INSURANCE: Provide evidence of professional liability insurance in the amount specified and agree to maintain insurance in that amount during the appointment period.
- (k) BOARD CERTIFICATION: All physician applicants for appointment must be certified by a recognized specialty board or must be currently eligible for examination and have been actively

pursuing certification for no longer than five years from the date of eligibility or any different time period imposed by the applicable specialty board. (Where the specialty board imposes no time limit for application or completion of certification, the five-year time limit will apply.)

2. EVIDENCE NEEDED TO REQUEST MEMBERSHIP & PRIVILEGES

The clinical privileges recommended to the Board shall be based upon consideration of the following:

- (a) the applicant's education, training, experience, demonstrated current competence and judgment, references and utilization patterns;
- (b) the applicant's ability to meet all current criteria for the requested clinical privileges;
- (c) adequate levels of professional liability insurance coverage with respect to the clinical privileges requested;
- (d) any previously successful or currently pending challenges to any licensure or registration, or the automatic relinquishment of such licensure or registration;
- (e) any information concerning professional review actions, voluntary or involuntary termination of Medical Staff appointment or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another hospital;
- (f) the applicant's health status, including physical, emotional and mental health status, which may limit or impair the applicant's ability, without reasonable accommodation, to perform the responsibilities associated with the requested privileges; and
- (g) other relevant information.

3. EFFECT OF APPLICATION

By applying for appointment to the Medical Staff, the applicant shall have the burden of producing all information for a proper evaluation of his/her application and other information needed for resolving any doubt about qualifications. Each applicant:

- (a) Attests to the accuracy and completeness of all information submitted;
- (b) Agrees that any inaccuracy; omission; or misrepresentation will be grounds for termination of the application process without the right to a hearing or appeal. If the accuracy, omission, or misstatement is discovered after an individual has been granted appointment and/or clinical privileges, the individual's appointment and privileges shall lapse effective immediately upon notification to the individual, without right to a hearing or appeal.
- (c) Consents to appear for interviews regarding the application;
- (d) Authorizes consultation with others who have been associated with the applicant and who may have information bearing on the applicant's competence, qualifications and performance, and authorizes such individuals and organizations to candidly provide all such information;
- (e) Consents to inspection of records and documents that may be material to an evaluation of the applicant's qualifications and ability to carry out clinical privileges requested, and authorizes all individuals and organizations in custody of such records and documents to permit such inspection and copying;
- (f) Releases from any liability, to the fullest extent permitted by law, all persons for their acts performed in good faith in connection with investigating and evaluating the applicant and will execute any confirmation of this fact which is reasonably requested by the MEC;
- (g) Releases from any liability, to the fullest extent permitted by law, all individuals and organizations who provide information in good faith regarding the applicant, including otherwise confidential information;
- (h) Consents to the disclosure to other organizations, hospitals, medical associations, licensing boards, and to other similar organizations as required by law, any information regarding the applicant's professional or ethical standing within the organization, and releases the MEC and the GB from liability for so doing to the fullest extent permitted by law;
- (i) Understands no privileges shall be granted at CPSC until approved by the MEC and the GB;
- (j) Reports any change of information on the application to the President of the MEC upon becoming aware of such a change;

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- (k) The applicant shall have the burden of demonstrating qualification for and competence to exercise the clinical privileges requested and shall continuously maintain such qualifications during the period of appointment; and
- (l) Authorizes Ridgeview Medical Center Health Services to provide credentialing and peer review information to CPSC.

4. VALIDATION OF INFORMATION

All information supplied on the application and all supporting documentation will be validated through appropriate primary source verification sources. The application process will also include a query to the National Practitioner Data Bank. Problems in obtaining required documentation are the applicant's obligation. When collection and validation is accomplished, all such information shall be transmitted to the MEC and the GB for membership assessment and evaluation.

5. NON-DISCRIMINATION

Medical Staff membership or clinical privileges shall not be denied on the basis of sex, race, age, creed, color of skin, sexual orientation, or national origin.

6. PROCESSING OF APPLICATIONS

The application shall be forwarded to the Ridgeview Medical Center Credentials Office for verification of all information. The applicant shall have the burden of producing information deemed adequate by the CPSC for a proper evaluation of competence, character, ethics, and other qualifications, and of resolving any doubts about such qualifications. The applicant shall have the burden of providing evidence that all the statements made and information given on the application are true and correct.

Until the applicant has provided all information requested by CPSC, the application for appointment or reappointment will be deemed incomplete and will not be further processed. An application shall be deemed to be complete when the authorizations and releases are signed without change and all questions on the application form have been answered, all supporting documentation has been supplied, and all information verified. Should information provided in the initial application for appointment change during the course of an appointment year, the member has the burden to provide information about such change.

An application shall become incomplete if the need arises for new, additional, or clarifying information anytime during the evaluation. Any application that continues to be incomplete after the applicant has been notified of the additional information required shall be deemed to be withdrawn. An applicant shall be provided at least thirty (30) days after being notified that additional information is necessary before the application is deemed withdrawn.

The application must be accompanied by payment of such processing fees as set by the Ridgeview Medical Center Credentials Office.

7. REVIEW AND APPROVAL

The application will be reviewed to determine if the applicant meets the specific qualifications for consideration of appointment to the Medical Staff and the specific qualifications required for the privileges the applicant is requesting. In the event the applicant meets these specific qualifications, the application and all supporting information shall be sent to the MEC or its designated and authorized subcommittee. Applications that do not meet the specific qualifications will be returned to the applicant together with the processing fee. The Administrator or designee may utilize the credentialing services provided by the Ridgeview Medical Center Credentials Office to perform the review and verification process set forth in this paragraph.

The MEC or subcommittee shall examine evidence of the applicant's character, professional competence, judgment, physical and mental abilities, education, training, experience, ability to work with others, other professional qualifications, prior behavior, and ethical standing and shall determine, through information contained in the application packet, whether the applicant has established and satisfied all of the necessary

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qualifications for appointment and for the clinical privileges requested. As part of the process of making its recommendation, the MEC may require the applicant to undergo a physical and/or mental examination, including an alcohol or chemical dependency assessment, by a Physician or Physicians satisfactory to the MEC. The applicant shall execute a release allowing (i) the MEC or its representative to discuss with the health care professional(s) conducting the examination and (ii) the health care professional(s) conducting the examination to discuss and provide documentation of the results of such examination directly to the MEC for its consideration. Such examinations or assessments shall be in accordance with the Professional Health Policy. At the discretion of the MEC, failure of an applicant to undergo such an examination within a reasonable time after being requested to do so in writing by the MEC shall constitute a voluntary withdrawal of the application for appointment and clinical privileges, and all processing of the application shall cease.

The MEC shall have the right to require the applicant to meet with the Committee to discuss any aspect of the applicant's application, qualifications, or clinical privileges requested. The MEC may use the expertise of other Medical Staff members, Medical Staff committees, outside consultants or other appropriate resources, if additional information is required regarding the applicant's qualifications.

If the MEC's recommendation for appointment is favorable, the MEC shall forward its recommendations with any comments to the Board for action. All recommendations to appoint, must specifically recommend the clinical privileges to be granted, which may be qualified by any probationary or other conditions or restrictions as deemed appropriate by the MEC.

When the recommendation of the MEC with regard to an application for appointment and/or clinical privileges is adverse to the applicant and includes terms, conditions, limitations or other modifications which entitle the applicant to a hearing pursuant to the Fair Hearing Policy, the Administrator shall send written notice to the applicant by certified mail, return receipt requested pursuant to the notification procedure set forth in the Fair Hearing Policy. The MEC shall hold the application until the applicant has exercised or deemed to have waived the right to due process in accordance with the procedures in the Fair Hearing Policy. If a hearing is requested, the due process procedures set forth shall be followed. If a hearing is not requested, this shall be deemed a waiver of the applicant's rights to a hearing and as the acceptance by the applicant of the recommendation of the MEC.

If the recommendation of the MEC was adverse and the applicant waives his/her rights to a hearing pursuant to the Hearing and Appeal policy, the recommendation of the MEC shall be forwarded to the Board.

Upon receipt of a recommendation from the MEC that the applicant be granted appointment or reappointment and specified clinical privileges, the Board (or its designated and authorized committee) may:

1. appoint or reappoint the applicant and grant the clinical privileges recommended;
2. refer the matter back to the MEC or to another source inside or outside the organization for additional research or information; or
3. reject or modify the recommendation. If the Board (or its committee) determines to reject or modify the favorable recommendation of the MEC, it should first discuss the matter with the MEC.
4. If the MEC's recommendation did not entitle the applicant to a hearing and appeal pursuant to the Fair Hearing Policy and the Board's determination is unfavorable to the applicant and such determination entitles the applicant to a hearing pursuant to Fair Hearing Policy, that determination and the reasons in support thereof, shall be sent to the Administrator, who shall promptly notify the applicant in writing, certified mail, return receipt requested, in accordance with the provisions of the Fair Hearing Policy. The Board shall make no final decision until the applicant has exercised or waived the right to a hearing and appeal as set forth in Fair Hearing

Policy. The fact that an adverse decision is held in abeyance shall not be deemed to confer appointment or clinical privileges where none existed before. The Board shall act upon the matter at its next regular meeting, after all of the applicant's rights, if any, under the Fair Hearing Policy are exhausted or waived. The decision of the Board shall be final.

ARTICLE II **MEMBERSHIP STATUS**

1. ACTIVE STAFF QUALIFICATIONS

Active Staff consist of members who:

- (a) Meet the general qualifications for membership set forth in Article I; and
- (b) (1) Provide surgical care for at least six patients per appointment period; **or**
(2) Provide anesthesia care.

Prerogatives

Active Medical Staff members shall:

- a) Exercise clinical privileges granted pursuant to Article V;
- b) Attend and vote on matters presented by the MEC; and
- c) Serve as a voting member of committees to which he/she is elected or appointed.

2. COURTESY STAFF QUALIFICATIONS

Courtesy Medical Staff consist of members who:

- (a) Meet the general qualifications for membership set forth in Article I; and
- (b) Provide radiology or pathology care;

Prerogatives

Courtesy Medical Staff member shall:

- a) Exercise clinical privileges granted pursuant to Article V; and
 - b) Attend meetings of the Medical Staff, but shall have **no right to vote** at such meetings, except within committees when the right to vote is specified at the time of appointment.
- Courtesy staff members shall not be eligible for membership on the MEC and shall have no right to vote on matters presented by the MEC.

ARTICLE III **RESPONSIBILITIES OF MEDICAL STAFF**

1. BASIC RESPONSIBILITIES OF MEDICAL STAFF MEMBERSHIP

Ongoing responsibilities of members include, but are not limited to the following:

- (a) Provide quality care meeting the standards set by the Medical Staff of CPSC;
- (b) Abide by the Medical Staff's Bylaws, Rules and Regulations and CPSC policies and procedures;
- (c) Accept committee assignments;
- (d) Participate in safety drills;
- (e) Abide by ethical principles of the AMA and member's professional association;
- (f) Work cooperatively with others so as not to adversely affect patient care;
- (g) Refuse to engage in improper inducements for patient referral;
- (h) Participate in peer evaluation activities,
- (i) Report immediately to the President of the MEC any physical or mental condition of any physician (including self-reporting) that could reasonably be expected to impair ability to exercise privileges, or which could adversely impact the wellbeing of others, and

- (j) Notify the President of the MEC immediately in writing of any new or changed information provided in connection with most recent application/reappointment to the Medical Staff. This obligation shall extend to, but is not limited to, information concerning, action on medical staff appointment or clinical privileges that have been denied, terminated, stipulated, restricted, refused, limited, revoked, suspended, reduced, not renewed, voluntarily or involuntarily relinquished at any hospital, health care facility, peer review organization, third party payer, clinic, or medical staff; license or registration terminated, stipulated, restricted, limited, conditioned, suspended, revoked, refused, voluntarily relinquished or not renewed by any State Medical Board, DEA or health related agency; withdrawal of liability insurance; whether a narcotics license or license to practice any profession in any state or membership in local, state or national medical societies has been voluntarily or involuntarily suspended, modified, or terminated.

ARTICLE IV

APPOINTMENT AND REAPPOINTMENT

1. GENERAL

It is the policy of CPSC to approve for appointment and reappointment only those individuals who meet the criteria for appointment as identified in these bylaws and who have been determined by the MEC and the GB to be providers of effective care that is consistent with CPSC's risk, quality, and safety management programs.

2. DURATION OF APPOINTMENT AND REAPPOINTMENT

Medical Staff appointments shall be for no more than two years. No Medical Staff member shall be re-appointed without specific review of individual performance and qualifications by the MEC setting forth its recommendations for approval, renewal, or deferral of privileges for each physician to the GB. When the GB has taken final action, CPSC will transmit this information to the applicant or member in writing.

3. REAPPOINTMENT PROCEDURE

In addition to membership requirements stated in **Article I Membership Section 2**, the following information will be collected and reviewed during the reappointment process;

- (a) Current licensure to include: MN Medical License, DEA Controlled Substance Registration Certificate, as appropriate;
- (b) Review of current clinical and surgical privileges held and request for privileges.
- (c) Applicant 24 month ASC history of emergency transfers to hospital.
- (d) Applicant 24 month ASC history of surgical procedure volume to include post-surgical wound complication rates.
- (e) Compliance with the bylaws, policies & procedures, rules & regulations, of the facility and the medical staff;
- (e) Malpractice history since the previous appointment or reappointment; and
- (f) Current NPDB report.

4. FAILURE TO FILE REAPPOINTMENT APPLICATION

Failure to submit a reapplication will result in automatic expiration of clinical privileges at the end of the current appointment period. Submission of a late re-appointment application can result in the applicant having to go through the initial application process again,

5. Reappointment applications will be reviewed using the same process as identified for initial applications.

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6. **TIME PERIODS FOR PROCESSING:** All individuals and groups require to act on an application for staff appointment must do so in a timely and good faith manner and, except for good cause, each application should be processed within a six month time period.

This time period is deemed a guideline and does not create any right to have an application processed within these average processing periods. If the provisions of the Fair Hearing Plan are activated, the time requirements provided therein govern the continued processing of the application.

ARTICLE V **CLINICAL PRIVILEGES**

1. **EXERCISE OF PRIVILEGES**

A Medical Staff member providing clinical services at CPSC shall exercise only those clinical privileges specifically granted by the GB. Privileges and services must be within the scope of the license, certificate or other legal credential authorizing the individual to practice in the State of MN and consistent with any restriction thereon.

2. **REQUEST FOR PRIVILEGES**

Each application for appointment and reappointment to the Medical Staff must contain a request for the specific clinical privileges desired.

REQUEST FOR MODIFICATION OF APPOINTMENT STATUS OR PRIVILEGES: A staff appointee, either in connection with reappointment or at any other time, may request modification-evaluation of his/her staff category, department assignment, or clinical privileges by submitting a written request to the Medical Staff Coordinator. A modified application is processed in the same manner as a reappointment. All requests for increased privileges must be accompanied by information demonstrating current clinical competence in the specific privilege requested.

If a request for privileges is submitted for which no criteria has been established, the request will be tabled until the MEC can formulate the necessary criteria and recommend these to the GB. Once the GB has approved the criteria the request will be processed.

3. **PRIVILEGE DETERMINATION**

The request for clinical privileges shall be evaluated on the basis of the criteria defined on each individual privilege form.

4. **EMERGENCY PRIVILEGES**

An emergency is defined as a condition in which serious or permanent harm would result to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger. In the case of an emergency, any Practitioner, to the degree permitted by his/her license and regardless of specialty affiliation, staff status or clinical privileges, shall be permitted to do, and shall be assisted by CPSC personnel in doing, everything possible to save the life of a patient or to save a patient from serious harm.

A Practitioner exercising Emergency Privileges is obligated to summon all consultative assistance deemed necessary and to arrange appropriate follow-up. Members shall be expected to provide urgent or emergency care at CPSC upon direction of the Medical Director or designee.

5. LEAVE OF ABSENCE

A member may request a leave of absence. Requests for leave will be forwarded with a recommendation from the MEC and affirmed by the GB. Leaves of Absence are matters of courtesy, not of right and therefore the GB determination is final and there is no provision for a fair hearing. The board may impose any conditions on the reinstatement it deems appropriate for patient safety or effective operation of the surgery center.

If a member of the Medical Staff expects to be absent from the ACS for a period of greater than six (6) weeks, for any reason other than impairment, they may request a leave of absence by submitting a request in writing to the MEC. The Medical Executive Committee shall act upon the request. If granted, the Medical Staff member shall be relieved of all rights and responsibilities imposed under the Bylaws.

If the leave of absence, for reasons other than impairment, is for one year or less, then, except as provided in paragraph 4 below, the Medical Staff member may return to the Medical Staff without further application.

If the leave of absence for reasons other than impairment extends past the Medical Staff member's current period of appointment, then they shall be required to apply for reappointment in accordance with their normal re-appointment schedule. Failure to reapply in a timely fashion, even though on leave, shall be deemed a resignation from the Medical Staff and the member will be required to submit a new application for membership prior to returning to the Medical Staff.

If a leave of absence is for longer than one (1) year, then the member will be required to submit a new application for appointment to membership prior to returning to the Medical Staff.

ARTICLE VI
MEDICAL STAFF MEMBER RIGHTS

1. BASIC MEDICAL STAFF RIGHTS

As an active member of the Chaska Plaza Surgery Center, LLC you have the following rights:

- (a) An audience with the MEC on matters relevant to responsibilities of the MEC.
- (b) To initiate a recall election of a medical staff officer or MEC members at large.
- (c) To call a general staff meeting to discuss a matter relevant to the medical staff.
- (d) To raise a challenge to any rule or policy established by the MEC

To initiate the above rights contact a MEC officer for criteria and process.

The above sections (a)-(d) do not pertain to issues involving peer review, formal investigations of professional performance or conduct, denial or requests for appointment or clinical privileges, or any other matter relating to individual membership or privileges. See Article VIII of these bylaws for recourse in these matters.

ARTICLE VII
CORRECTIVE ACTION

1. CRITERIA FOR INITIATION

Any person may provide information to any member of the MEC about the conduct, performance, or competence of medical staff members. Requests for corrective action shall be in writing and shall be submitted to the MEC President and shall set forth the specific conduct constituting the basis for the request.

When reliable information indicates that a member may have exhibited acts, demeanor or conduct reasonably likely to be lower than the standards of the Medical Staff; or to be disruptive to the operation of the facility; or to

constitute fraud or abuse; or to be detrimental to the quality of patient care; or to be detrimental to the facility's accreditation; or be detrimental to the facility or Medical Staff efforts to comply with any professional review organization, third-party payer or utilization review requirements; or to be in violation of the Medical Staff bylaws, rules and regulation, or policies of the facility; or to be in violation of the ethics of their profession; or if any member is believed to have engaged in disruptive, unprofessional or criminal conduct, corrective action may be requested.

2. INVESTIGATION

If the MEC concludes an investigation is warranted, it shall notify the GB. The MEC may conduct the investigation itself, or may assign the task to an appropriate Medical Staff member or committee. If the investigation is delegated to a member or committee, such person(s) shall proceed with the investigation in a prompt manner and shall forward a written report of the investigation to the MEC as soon as feasible. The report may include recommendations for appropriate corrective action. The member shall be notified that an investigation is being conducted and shall be given an opportunity to provide information in such a manner as the investigating body deems appropriate. The individual or body investigating the matter may, but is not obligated to, conduct interviews with persons involved.

Despite the status of any investigation, at all times the MEC shall retain authority and discretion to take whatever action may be warranted by the circumstances, including summary suspension, termination of the investigation process or other action.

3. MEDICAL EXECUTIVE COMMITTEE ACTION

After the conclusion of the investigation, MEC may take the following action without limitation:

- (a) Determine no corrective action is needed;
- (b) Defer action for a reasonable time;
- (c) Issue a letter of admonition, censure, reprimand, or warning. In the event such a letter is issued, the affected member may make a written response that shall be placed in the member's file;
- (d) Recommend terms of probation or special limitation upon privileges or membership including, without limitation, requirements for mandatory consultation, or monitoring;
- (e) Recommend suspension, restriction or termination of privileges or membership; or
- (f) Make other recommendation deemed necessary or appropriate.

If the recommendation is supported by substantial evidence, the recommendation of the MEC shall be adopted by the GB as final unless the member is eligible for a Fair Hearing and requests such a hearing, in which case the final decision shall be determined as set forth in the Fair Hearing Manual, as applicable.

4. SUMMARY RESTRICTION OR SUSPENSION

Whenever a member's conduct appears to require that immediate action be taken to reduce a substantial and imminent likelihood of significant impairment of the life, health, or safety of anyone, the MEC or any member thereof, may summarily suspend the membership of such member. Unless otherwise stated, such summary suspension shall become effective immediately upon imposition and the person(s) responsible shall promptly give written notice to the member and the GB. The summary restriction or suspension may be limited in duration and shall remain in effect for the period stated or, if none, until the issue is resolved as set forth in these Bylaws.

As soon as feasible after such summary restriction or suspension has been imposed, a meeting of the MEC as a whole shall be convened to review and consider the action. Upon request, the member may attend and make a statement concerning the issues under investigation, on such terms and conditions as the MEC may impose. In no event, however, shall any meeting of the MEC, with or without the member, constitute a hearing within the meaning of the Fair Hearing Manual, nor shall any procedural rules apply. The MEC may modify, continue, or terminate the summary suspension, and shall furnish the member written notice of its decision.

Unless the MEC promptly terminates the summary suspension, the member shall thereafter be entitled to the procedural rights afforded by the Fair Hearing Manual.

5. **AUTOMATIC SUSPENSION, LIMITATION OR TERMINATION**

In the following instances, membership or privileges may be suspended, relinquished, or limited as described, which action shall be final without a right to a hearing as provided for in the Fair Hearing Manual. When a bona fide dispute exists as to whether the circumstances have occurred, the action will stand until the MEC determines it is not applicable. Reporting requirements to the National Practitioner Data Bank will be followed as well as those required by the state or federal law or regulations.

LICENSURE

- (a) **Revocation and Suspension:** Whenever a member's license or other legal credential authorizing practice in this state is revoked or suspended, medical staff membership and privileges shall be automatically revoked as of the date such action becomes effective.
- (b) **Failure to renew:** Whenever a member fails to renew a state licensure on expiration date medical staff membership and privileges shall be suspended until license is renewed up to 60 days after expiration, or the practitioner will be made inactive and need to start the initial application process.
- (c) **Restriction:** Whenever a member's license or other legal credential authorizing practice in this state is limited or restricted by the applicable licensing or certifying authority, any clinical privileges exercised at CPSC which are within scope of said limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date of such action becomes effective and throughout its term.
- (d) **Probation:** Whenever a member is placed on probation by the applicable licensing or certifying authority, his or her membership or privileges shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its term.

MEDICARE/MEDICAID

Whenever a member is sanctioned or barred from Medicare or Medicaid, medical staff membership and privileges shall be considered automatically relinquished as of the date such action becomes effective.

FELONY CONVICTION

A practitioner who has been convicted of, or pled "guilty" or pled "no contest" or its equivalent to a felony shall be automatically suspended as of the date such plea is made regardless of whether an appeal is filed. Such suspension shall remain in effect until the matter is resolved by subsequent action of the GB.

CONTROLLED SUBSTANCES

Whenever a DEA controlled substance certificate is revoked, limited, or suspended, the member shall automatically and correspondingly be divested of the right to prescribe medications covered by the certificate, as of the date such action becomes effective and throughout its term.

Whenever a DEA controlled substance certificate is subject to probation, the member's right to prescribe such medications shall automatically become subject to the same terms of the probation, as of the date such action becomes effective and throughout its term.

PROFESSIONAL LIABILITY INSURANCE

Failure to maintain professional liability insurance shall be grounds for automatic suspension of a member's clinical privileges, and within the time period established by the policies and procedures of Ridgeview Medical Center Credentials Office after written warnings of the delinquency the member does not provide evidence of required professional liability insurance, the member's membership on the Medical Staff shall be automatically terminated.

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CLINICAL RECORDS

Failure to complete operative dictation as described in the "Medical Staff Rules and Regulations" shall result in an automatic termination of privileges.

BOARD CERTIFICATION

A practitioner who fails to become board certified or fails to maintain board certification in compliance with these bylaws will have their clinical privileges immediately and voluntarily suspended until action can be taken by the MEC and the GB.

ARTICLE VIII HEARINGS

Except as otherwise provided in these Bylaws, an applicant or member shall be entitled to request a hearing whenever an unfavorable recommendation with regard to clinical competence or professional conduct has been made by the Medical Executive Committee or the Governing Board.

The course of action and appeal request process will proceed according to the **Medical Staff Fair Hearing Manual**.

ARTICLE IX ALLIED HEALTH PROFESSIONALS

Details concerning the professional qualifications, application for appointment, and procedural hearings procedures for Allied Health Professionals will be defined in greater detail according to the Allied Health Professionals Policy and Procedure Manual.

1. CRITERIA FOR MEMBERSHIP & PRIVILEGES

- Chaska Plaza Surgery Center, LLC (CPSC) grants and maintains allied health professional clinical privileges only to those who continuously meet the following criteria. Appointments shall be for no more than two years.
- (a) Demonstrate the professional background, experience, training, knowledge, judgment, ability to perform, technical skills and current competence in his or her specialty for privileges requested;
 - (b) Not have any physical or mental condition that would affect your ability, with or without reasonable accommodation, to provide appropriate care to patients and otherwise perform the essential functions of a practitioner in your area of practice without posing a health or safety risk to your patients.;
 - (c) Maintain appropriate personal qualifications, including consistent observance of ethical and professional standards;
 - (d) Abstinance from participation in fee splitting or other illegal payment, receipt, or remuneration with respect to referrals or patient service opportunities;
 - (e) A history of consistently acting in a professional, appropriate, and collegial manner with others and refraining from disruptive conduct;
 - (f) Deemed to have appropriate written and verbal communication skills;
 - (g) Demonstrated capacity to provide continuous care to his or her patients; and
 - (h) Be sponsored by an Active Medical Staff member
 - (i) Be a member in good standing of the Ridgeview Medical Center Allied Health Staff. Certified Nurse Anesthetists are excluded from this requirement.
 - (j) Allied health professionals are not appointees of the Medical staff and accordingly, have none of the duties and prerogatives of staff appointees.

2. EVIDENCE NEEDED TO REQUEST ALLIED HEALTH PRIVILEGES

Applicants for appointment and re-appointment must provide the following evidence. Only the GB may create exceptions to these qualifications after consultation with the MEC.

- (a) the applicant's education, training, experience, demonstrated current competence and judgment, references and utilization patterns;
- (b) the applicant's ability to meet all current criteria for the requested clinical privileges;
- (c) adequate levels of professional liability insurance coverage with respect to the clinical privileges requested;
- (d) any previously successful or currently pending challenges to any licensure or registration, or the automatic relinquishment of such licensure or registration;
- (e) any information concerning professional review actions, voluntary or involuntary termination of Medical Staff appointment or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another hospital;
- (f) the applicant's health status, including physical, emotional and mental health status, which may limit or impair the applicant's ability, without reasonable accommodation, to perform the responsibilities associated with the requested privileges; and
- (g) other relevant information.

1. Physician Assistant-Certified

- Current certification from the National Commission on Certification of Physician Assistants;
- Current DEA Controlled Substances Registration Certificate, if appropriate; and
- Physician- Physician Assistant Delegation Agreement.

2. Advanced Practice Nurse

- Current MN Registered Nurse Licensure;
- Current DEA Controlled Substances Registration Certificate;
- Written prescribing agreement between an Advanced Practice Registered Nurse and a Collaborating Physician; and
- Advanced Practice Registered Nurse certification acceptable to the MN Board of Nursing.

3. First Assistant- Registered Nurse

- Current MN Registered Nurse Licensure.

4. Non Licensed First Assistant

Current certification from:

- National Board of Surgical Technology and Surgical Assisting; or
- American Association of Surgical Assistants; or
- National Board for Certification Orthopaedic Physician Assistants; or
- National Surgical Assistant Association.

3. PROCESSING OF APPLICATIONS

See Article 1.6 for processing of applications.

4. REVIEW AND APPROVAL OF APPLICATIONS

See Article 1.7 for review and approval of applications.

ARTICLE X
CONFIDENTIALITY AND CONFLICT OF INTEREST

1. CONFIDENTIALITY

When engaged in professional review activities, activities of the MEC, Governing Board or their committees shall be deemed to be "professional review bodies" as that term is defined in the Health Care Quality Improvement Act of 1986. The following applies:

- (a) The records of the MEC, the GB or their committees responsible for the evaluation and improvement of the quality of patient care shall be maintained as confidential;
- (b) Access to such records shall be limited to duly appointed persons and committees of the GB and MEC for the sole purpose of discharging their responsibilities and subject to the requirement that confidentially be maintained;
- (c) Information which is disclosed to the Governing Board of the organization or its appointed representatives, in order that the Governing Board may discharge its lawful obligations and responsibilities, shall be maintained by that body as confidential;
- (d) Information contained in the credentials file of any member may be disclosed with the member's consent, , or as required by law;
- (e) A Medical Staff member shall be granted access to his/her own credentials file, subject to the following provisions:
 - Timely notice by the member to the Medical Executive Committee;
 - The review by the member shall take place during normal work hours, with a designee of the Medical Executive Committee present. The practitioner may review all information, except those submitted in confidence to the facility, including peer review committee findings. When a member has reviewed his/her file, he/she may address to the Medical Executive Committee a written request for correction or deletion of information in his/her credentials file. Such request shall include a statement of the basis for the action requested. The MEC shall review such request within a reasonable time and shall decide whether or not to make the correction or deletion requested. The member shall be notified promptly of the decision of the MEC. In any case, the member shall have the right to add to his/her own credentials file, upon written request to the MEC, a statement responding to any information contained in the file; and
- (f) All records or information shared or developed during any credentialing process or any investigation by the GB, the MEC or their committees or any person responding or assisting in such activities shall be considered confidential peer review records as part of a formal peer review process for the purpose of furthering quality health care.

2. COVERED ACTIVITIES

The confidentiality obligations in this Article X apply to all information or disclosures performed or made in connection with the facilities activities of CPSC concerning, but not limited to:

- (a) Applications for appointment or clinical privileges;
- (b) Periodic re-appraisals for renewed appointment or clinical privileges;
- (c) Corrective or disciplinary actions;
- (d) Hearings;
- (e) Quality assessment and performance improvement and peer review activities;
- (f) Utilization review;
- (g) Claims review;
- (h) Risk management and liability prevention activities; and
- (i) Other activities related to monitoring and maintaining quality and efficient patient care and appropriate professional conduct.

3. CONFLICT OF INTEREST

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CHASKA, MN 55318-1150

When performing a function outlined in these Bylaws, if any member of the Medical Staff has, or reasonably could be perceived as having, a conflict of interest in any matter; they must disclose this conflict to the

committee/ board. This member may participate in the general discussion but after discussion will leave the meeting and may not participate in the vote.

Any member with knowledge of the existence of a potential conflict of interest on the part of any other member may call the conflict to the attention of the Medical Staff president, Administrator or the applicable committee chairperson.

The evaluation of whether a conflict of interest exists will be interpreted reasonably by the persons involved, taking into consideration common sense and objective principles of fairness. No staff member has a right to compel a determination that a conflict exists.

The fact that a committee member or medical staff leader chooses to refrain from participation, or is excused from participation, will not be interpreted as a finding of actual conflict.

ARTICLE XI **AMENDMENTS**

1. MEDICAL STAFF BYLAWS

The initial approval and adoption of the Bylaws shall be by the GB. Thereafter, upon request of the MEC, or upon written petition signed by at least 51 percent (51%) of the members of the Medical Staff in good standing who are entitled to vote, consideration shall be given to the amendment or repeal of these Bylaws. The amendment or repeal proposed by the Medical Staff shall be submitted to the MEC for consideration. Any proposed amendment or repeal of the Bylaws must first be approved by a majority of the voting members of the MEC then in office. The proposed amendment or repeal of the Bylaws shall then be submitted to the GB for its consideration and shall become effective following approval by the GB.

Bylaw changes adopted by the MEC shall become effective immediately following approval by the GB.

2. MEDICAL STAFF RULES AND REGULATIONS

The MEC shall initiate and adopt such Rules and Regulation and policies as it may deem necessary for the proper conduct of its work and shall periodically review and revise these documents to comply with current medical staff practice, state and federal regulations, and other regulatory or accreditation organizations. Amendments or modifications to these documents are to be made and approved by a two thirds (2/3) vote of the members of the MEC present that are eligible to vote. Adoption of the changes shall become effective following approval by the GB.

If there is a conflict between the Bylaws and the Rules and Regulations and policies, the Bylaws shall prevail.

3. MEDICAL STAFF FAIR HEARING MANUAL

The MEC shall maintain a Fair Hearing Manual that may be utilized by a medical staff member upon unfavorable action or decision by the Medical Executive Committee or Governing Board. Amendments or modifications to these documents are to be made and approved by a two thirds (2/3) vote of the members of the MEC present that are eligible to vote. Adoption of the changes shall become effective following approval by the GB.

If there is a conflict between the Bylaws and the Medical Staff Fair Hearing Manual, the Bylaws shall prevail.

4. ALLIED HEALTH PROFESSIONALS POLICY AND PROCEDURE MANUAL

The MEC shall maintain a Allied Health Professionals Policy and Procedure Manual. This document will govern the professional qualifications, application procedures, and procedural rights for Allied Health Professional staff applicants and members. Amendments or modifications to these documents are to be

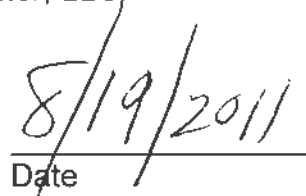
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made and approved by a two thirds (2/3) vote of the members of the MEC present that are eligible to vote.
Adoption of the changes shall become effective following approval by the GB.

If there is a conflict between the Allied Health Professionals Policy and Procedure Manual, the Bylaws shall prevail.

The Medical Staff Bylaws Document developed and approved by the Governing Board of
the Chaska Plaza Surgery Center, LLC,


Board of Governors


Date