

NORTH COLORADO MEDICAL CENTER

MEDICAL STAFF

CREDENTIALS POLICY AND PROCEDURES MANUAL

North Colorado Medical Center
Medical Staff
Credentials Policy and Procedures Manual

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ARTICLE I: DEFINITIONS

- 1.1 The term "Applicant" means any Practitioner who has applied for initial appointment to the Medical Staff or for temporary clinical privileges pursuant to Article XVI below or any Member who has applied for reappointment to the Medical Staff, additional clinical privileges or a change in Medical Staff category.
- 1.2 The term "Application" means any request for initial Medical Staff membership and clinical privileges, temporary clinical privileges, renewal of Medical Staff membership and clinical privileges, or additional clinical privileges.
- 1.3 The term "Banner" means Banner Health, an Arizona non-profit corporation, the operator of NCMC and the entity responsible for all aspects of NCMC's operation.
- 1.4 The term "Board of Directors" means the governing body of Banner, or any subcommittee thereof, as may be designated by the governing body of Banner, unless otherwise specified.
- 1.5 The term "Chief Executive Officer" means the individual, or his/her designee, appointed by the President of Banner, or his/her designee, to act on Banner's behalf in the overall management of NCMC.
- 1.6 The term "Chief Medical Officer" means the physician who has been appointed by Banner to serve as the chief medical officer of NCMC.
- 1.7 The term "Chief of Staff" means the chief administrative officer of the Medical Staff.
- 1.8 The term "Credentials Committee" means a standing committee of the Medical Staff, the composition and responsibilities of which are set forth in the Medical Staff Organization and Functions Manual, and which responsibilities include making recommendations to the Medical Executive Committee prior to the Board of Directors with respect to matters including credentialing, Medical Staff appointment, discipline, and corrective actions relating to the Medical Staff.
- 1.9 The term "Department" refers to a group of Members who have been granted clinical privileges in one of the following medical specialties: Anesthesiology, Emergency Medicine, Family Medicine, Medicine, Obstetrics and Gynecology, Orthopedic Surgery, Pathology, Pediatrics, Radiology and Diagnostic Imaging, or Surgery.
- 1.10 The term "Manual" means this Medical Staff Credentials Policy and Procedures Manual.
- 1.11 The term "Medical Executive Committee" means the executive committee of the Medical Staff.

- 1.12 The term "Medical Staff" means all Practitioners who hold a valid Colorado license and who have been appointed to membership on the Medical Staff and granted clinical privileges by the Board of Directors to attend patients at NCMC.
- 1.13 The term "Medical Staff Bylaws" refers to the major written statements governing the Medical Staff and the Members.
- 1.14 The term "Member" means any Practitioner who has been appointed to membership on the Medical Staff by the Board of Directors.
- 1.15 The term "NCMC" means North Colorado Medical Center, a tertiary care hospital facility located in Greeley, Colorado.
- 1.16 The term "NPDB" means the National Practitioner Data Bank.
- 1.17 The term "Practitioner" means a doctor of medicine, a doctor of osteopathy, a doctor of dental medicine, a doctor of dental surgery, or a podiatrist.
- 1.18 The term "Special Notice" means written notification delivered in person or sent by certified or registered mail, return receipt requested.
- 1.19 The term "TJC" means The Joint Commission.

ARTICLE II: ELIGIBILITY FOR MEMBERSHIP ON THE MEDICAL STAFF

2.1 Qualifications of Applicants

It is the policy of NCMC to process an Application for a Practitioner who is able to:

- (a) Demonstrate that he/she has successfully graduated from an approved school of medicine, podiatry, osteopathy, or dentistry.
- (b) Demonstrate current licensure in the State of Colorado to practice medicine, osteopathy, podiatry, or dentistry.
- (c) Demonstrate that he/she will be accepted for professional liability insurance.
- (d) Demonstrate that he/she has successfully completed a residency program approved by the Accreditation Council on Graduate Medical Education, the American Osteopathic Association, or the American Podiatric Medical Association. Dentists need to have graduated from a dental school approved by the American Dental Association.
- (e) Demonstrate board certification or completion of a residency program qualifying the Applicant to sit for board certification.

Applicants accepted for Medical Staff membership shall:

- (i) be board certified at the time of initial appointment, or achieve board certification within five (5) years of graduation from an approved residency or fellowship, by the appropriate specialty or subspecialty board of the American Board of Medical Specialties, the Bureau of Osteopathic Specialists, the American Association for Oral and Maxillofacial Surgeons, the American Board of Podiatric Surgery, or the American Board of Orthopedic Podiatrics and Primary Podiatric Medicine; or
- (ii) be board certified at the time of initial appointment by an appropriate foreign specialty or subspecialty board that is equivalent to the foregoing boards, as determined by the Medical Executive Committee upon recommendation of the Credentials Committee.

Members who are not board certified at the time of initial appointment and who do not become board certified during the five (5) year period specified above are not eligible for reappointment. A one (1) year extension of such five (5) year period may be recommended by the Credentials Committee and approved by the Medical Executive Committee if the Member can document that he/she is actively involved in the board certification process. The board certification requirement is not applicable for dental specialties except as specified above.

Continued board certification during the course of Medical Staff membership is encouraged.

Practitioners who were Members on January 1, 2001 are governed by the conditions under which they received their initial appointments for so long as they remain Members.

- (f) Demonstrate recent active clinical practice (within the last twelve (12) months).
- (g) Explain in writing plans for office location and plans for utilizing NCMC if the Applicant is applying for membership on the Medical Staff.
- (h) Demonstrate that he/she abides by the ethics of his/her profession and avoids acts and omissions constituting unprofessional conduct.
- (i) Demonstrate general competencies in the areas of patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice.
- (j) Demonstrate eligibility to participate in Medicare, Medicaid, and such other government reimbursement programs as may be established (i.e., not be on the excluded provider list).

- (k) Demonstrate compliance with all applicable occupational health screening requirements of NCMC, which requirements may include current tuberculosis screening (within the last twelve (12) months) and evidence of immunization for mumps, measles and rubella (MMR).
- (l) Demonstrate that he/she has never been convicted of, or entered a plea of guilty to or a plea of no contest to any felony. Such requirement shall apply to any Applicant applying for initial appointment to the Medical Staff on or after March 9, 2011.

Eligibility for membership on the Medical Staff does not in and of itself guarantee that an Applicant will be approved. Specific clinical privileges will be granted by the Board of Directors based on the Applicant's request, investigation as part of the credentialing process, and recommendation of the Credentials Committee and the Medical Executive Committee to the Board of Directors.

2.2 Exclusive Arrangements

NCMC will not accept or process Applications related to NCMC facilities or services that are covered by an exclusive arrangement unless such Applications are submitted in accordance with the written agreement between NCMC and the exclusive provider.

ARTICLE III: APPLICATION FOR INITIAL APPOINTMENT TO THE MEDICAL STAFF

3.1 Request for an Application

An Applicant shall request an Application from the Medical Staff Services Department. The Application packet will contain, at a minimum, the eligibility criteria, a copy of the Medical Staff Bylaws, this Manual, and an Application. The Chief Medical Officer, or his/her designee, shall review the completed Application and determine if the Applicant is eligible for Medical Staff membership as set forth in Article II above.

If the Applicant is determined to be eligible for Medical Staff membership, the steps outlined in processing the Application will be followed.

If the Applicant is determined not to be eligible for Medical Staff membership, he/she shall be so notified and shall not be entitled to the procedural rights provided in the Medical Staff Bylaws and/or the Corrective Action/Fair Hearing Plan.

3.2 Contents of the Application

The Application shall include the Application form designated by the State of Colorado and such other forms as may be approved by the Board of Directors. The Application must be accompanied by the application fee currently in effect.

The completed Application shall specifically include the following:

- (a) Acknowledgment of Applicant: Acknowledgment and agreement that the Applicant has received and read the Medical Staff Bylaws and this Manual, that he/she agrees to be bound by the terms thereof that are currently in effect and as they may be amended from time to time if he/she is granted Medical Staff membership and/or clinical privileges, and to be bound by the terms thereof in all matters relating to consideration of his/her Application without regard to whether or not he/she is granted Medical Staff membership and/or clinical privileges.
- (b) Qualifications: Detailed information concerning the Applicant's professional qualifications.
- (c) Category, Department and Clinical Privileges: Identification of the Medical Staff category, Department, and clinical privileges for which the Applicant wishes to be considered. The request for clinical privileges shall be submitted on the appropriate privilege delineation form prescribed by the Credentials Committee and approved by the Medical Executive Committee and the Board of Directors.
- (d) References: Names, complete current addresses, and telephone numbers of at least three (3) Practitioners who have recently worked with the Applicant and directly observed his/her professional performance over a reasonable period of time and who can and will provide reliable information regarding the Applicant's medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, professionalism, health status, and ethical character. Additional references may be requested.
- (e) Professional Sanctions: Information as to whether any action has been undertaken, whether still pending or completed, which involved denial, revocation, suspension, reduction, probation, non-renewal, or voluntary or involuntary relinquishment by resignation or expiration of the Applicant's:
 - (i) Medical staff membership status or clinical privileges at NCMC or any other hospital or health care institution;
 - (ii) Membership/fellowship in local, state, or national professional specialty organizations;
 - (iii) Specialty board certification;
 - (iv) License to practice any profession in any jurisdiction;
 - (v) Drug Enforcement Administration ("DEA") registration; or
 - (vi) Participation in a postgraduate medical training program.

If any actions have ever occurred or are pending, an explanation thereof shall be included.

- (f) Professional Liability Insurance: A statement that the Applicant carries at least the minimum amount of professional liability insurance coverage as determined by the Board of Directors and information on any professional liability claims, complaints or causes of action that have been made against him/her including a consent to the release of information by his/her present and past malpractice insurance carrier(s).
- (g) Criminal History: Any information concerning any felony or misdemeanor charges, convictions or pleas, including traffic offenses involving drugs or alcohol, ever filed against, agreed to by, or pending against the Applicant, including their resolution.
- (h) Health Status: Information pertaining to the condition of the Applicant's physical and mental health that may affect the Applicant's ability to perform the functions for which clinical privileges are requested, including current illegal use of drugs and use of alcohol.
- (i) Other Sanctions: Information as to whether any action has been undertaken by any government agencies, review organizations, or third party payors, whether still pending or completed, which involves the Applicant's patient admission, treatment, discharge, charging, collection, or utilization practices, including, but not limited to, Medicare and Medicaid fraud and abuse proceedings.
- (j) Grievances: Information as to whether any grievances have been filed against the Applicant with a medical society organization, hospital, or state licensing board.
- (k) Special Awards or Recognition: Information regarding any special awards, honors or recognition that the Applicant has received and any articles, books or other publications he/she has authored.
- (l) Photo Identification: Acceptable government-issued photo identification (i.e., driver's license or passport).

ARTICLE IV: EFFECT OF APPLICATION

By submitting an Application, each Applicant:

- (a) Attests to the accuracy and completeness of all information on the Application or in the accompanying documents and agrees that any inaccuracy, omission, or commission may be grounds for termination of the Application process *without* the Applicant:
 - (i) being entitled to the procedural rights provided in the Medical Staff Bylaws and/or the Corrective Action/Fair Hearing Plan; or
 - (ii) being entitled to a refund of the application fee.

- (b) Signifies his/her willingness to appear for and cooperate in one (1) or more interviews in regard to his/her Application.
- (c) Authorizes NCMC and the Medical Staff to consult with others who have been associated with him/her and/or who may have information bearing on his/her competence and qualifications, and authorizes such persons to provide such information whether or not these individuals are provided by the Applicant as references.
- (d) Consents to NCMC and the Medical Staff inspecting all records and documents that may be material to an evaluation of his/her professional qualifications and competence to carry out the clinical privileges he/she requests, as well as his/her professional and ethical qualifications for Medical Staff membership.
- (e) Releases from any liability all NCMC or Medical Staff representatives for their acts performed without malice in connection with evaluating the Applicant and his/her credentials.
- (f) Releases from any liability all individuals and organizations who provide information, including otherwise privileged or confidential information, to NCMC or Medical Staff representatives without malice concerning the Applicant's competence, professional stability, and other qualifications for Medical Staff membership and clinical privileges.
- (g) Authorizes, and consents to, NCMC and the Medical Staff providing other hospitals, medical associations, licensing boards, and other organizations concerned with provider performance and the quality or efficiency of patient care with any information relevant to such matters that NCMC or the Medical Staff may have concerning him/her, and releases NCMC and Medical Staff representatives from liability for so doing, provided that such furnishing of information is done without malice.
- (h) Consents to submit to physical, mental, or other examination, if requested (and, if the initial evaluation by the Credentials Committee is favorable).
- (i) Agrees to exhibit professional conduct and refrain from disruptive conduct as defined in the Disruptive Medical Staff Member Policy.
- (j) Authorizes and consents to the sharing of information in accordance with the Banner's Sharing of Information Policy.
- (k) Agrees that when an adverse action is taken with respect to his/her Medical Staff membership, Medical Staff status, and/or clinical privileges, the Applicant will pursue the administrative remedies afforded by this Manual, the Medical Staff Bylaws and/or the Corrective Action/Fair Hearing Plan before resorting to formal legal action.
- (l) Agrees that if a consultant or proctor who is not a Member is deemed to be required by NCMC to effectively evaluate the Applicant or the Applicant's

performance of clinical privileges, the Applicant will pay for the expense of the consultant or proctor, unless waived by the Chief Executive Officer.

- (m) Authorizes and consents to NCMC representatives conducting a criminal background check on the Applicant, if applicable.
- (n) Agrees to complete standard substance abuse testing and consents to the disclosure of all such test results to NCMC representatives, if applicable.

ARTICLE V: PROCESSING THE APPLICATION

When an Application is deemed to be ready for review, the Medical Staff Services Department and/or its designee shall collect and primary source verify references, licensure, and other qualification evidence submitted by or on behalf of the Applicant. The Applicant shall be promptly notified of any problems obtaining the information required, and it shall then be the Applicant's responsibility to obtain the required information. Further processing of the Application shall not occur until the required information has been provided. If the information is not obtained within thirty (30) days of the notification to the Applicant, the Application shall be deemed withdrawn and automatically removed from consideration, and the Applicant shall be so notified.

When the above information has been obtained, the Application will then be summarized on a practitioner profile. The Medical Staff Services Department will review the Application and all additional information and will categorize the Application as follows:

- (a) Category I:
 - (i) All requested information returned promptly and completely.
 - (ii) No adverse information received from references or the NPDB.
 - (iii) Recent graduate from a residency program approved by Accreditation Council on Graduate Medical Education, the American Osteopathic Association, or the American Podiatric Medical Association or a dental school approved by the American Dental Association, or in current active practice.
 - (iv) Applicant in good standing at other hospital(s).
 - (v) No malpractice claims.
 - (vi) Four (4) or fewer medical licenses.
- (b) Category II:
 - (i) Clinical privileges requested vary from those requested by other Practitioners in the same specialty.
 - (ii) Gaps in time that are unaccounted for by the Applicant.

- (iii) Problems identified on the NPDB report.
- (iv) Peer references and/or prior affiliations indicate potential problems (i.e., difficulty with interpersonal relationships or patient care issues) or are unfavorable.
- (v) Poor letters of recommendation.
- (vi) Any pending or settled malpractice claims or judgments.
- (vii) Five (5) or more medical licenses.
- (viii) Any denials from other medical staffs.
- (ix) Disciplinary actions taken, or restrictions imposed, by any state licensing board or any state or federal regulatory agency.
- (x) A criminal conviction or plea.
- (xi) Voluntary or involuntary termination of medical staff membership or voluntary or involuntary limitation, reduction or loss of clinical privileges at another health care organization where such action would be deemed reportable to the NPDB.

ARTICLE VI: CATEGORY I APPLICATIONS

6.1 Initial Review by Department Chair

The Application is forwarded to the appropriate Department chair for review and recommendation. The Department chair reviews the Application to ensure it fulfills the established standards for Medical Staff membership and clinical privileges. The Department chair has the opportunity to solicit appropriate input from a Section chair as needed. The Department chair then determines whether the Application should be given a favorable recommendation and forwarded as a Category I or whether the designation of the Application should be changed to a Category II. If forwarded as a Category I, the Application is presented to the Credentials Committee chair for review and recommendation. If the designation of the Application is changed to a Category II, the Application shall be processed in accordance with Section 7.2 below.

The Department chair shall determine whether an Application should be forwarded as a Category I within thirty (30) days. In the event the Department chair is unable to make such a determination within such thirty (30) day period, the designation of the Application shall be changed to a Category II and the Application shall be processed in accordance with Section 7.1 below.

The Department chair must document his/her findings pertaining to adequacy of education, training, and experience for all clinical privileges requested. Reference to any criteria for clinical privilege review must be documented and included in the credentials file.

6.2 Initial Review by Credentials Committee Chair

If an Application is forwarded as a Category I, it is presented to the Credentials Committee chair for review and recommendation. The Credentials Committee chair reviews the Application to ensure that it fulfills the established standards for Medical Staff membership and clinical privileges. The Credentials Committee chair then determines whether the Application should be given a favorable recommendation and forwarded as a Category I or whether the designation of the Application should be changed to a Category II. If forwarded as a Category I, the Credentials Committee chair acts on behalf of the Credentials Committee, and the Application is presented to the Chief of Staff for review and recommendation. If the designation of the Application is changed to a Category II, the Application shall be processed in accordance with Section 7.2 below.

The Credentials Committee chair shall determine whether an Application should be forwarded as a Category I within thirty (30) days. In the event the Credentials Committee chair is unable to make such a determination within such thirty (30) day period, the designation of the Application shall be changed to a Category II and the Application shall be processed in accordance with Section 7.2 below.

6.3 Initial Review by Chief of Staff

If the Application is designated as a Category I, it is presented to the Chief of Staff for review and recommendation. The Chief of Staff reviews the Application to ensure that it fulfills the established standards for Medical Staff membership and clinical privileges. The Chief of Staff then determines whether the Application should be given a favorable recommendation and forwarded as a Category I or whether the designation of the Application should be changed to a Category II. If the Application is forwarded as a Category I, the Chief of Staff acts on behalf of the Medical Executive Committee, and the Application is forwarded to the Chief Executive Officer and the Board of Directors for review and final action by the Board of Directors. If the designation of the Application is changed to a Category II, the Application shall be processed in accordance with Section 7.3 below.

The Chief of Staff shall determine whether an Application should be forwarded as a Category I within thirty (30) days. In the event the Chief of Staff is unable to make such a determination within such thirty (30) day period, the designation of the Application shall be changed to a Category II and the Application shall be processed in accordance with Section 7.3 below.

6.4 Temporary Clinical Privileges

If the Application is a Category I and all recommendations are favorable, the Application is presented to the Chief Executive Officer, who may grant temporary clinical privileges in accordance with Section 18.2 below.

ARTICLE VII: CATEGORY II APPLICATIONS

7.1 Action by the Department Chair

- (a) Review by the Department Chair: The Application is forwarded to the appropriate Department chair for review and recommendation. The Department chair reviews the Application to make sure it meets the established standards for Medical Staff membership and clinical privileges.
- (b) Deferral: The Department chair may not defer consideration of an Application. A report must be forwarded to the Credentials Committee within thirty (30) days. In the event a Department chair is unable to formulate a report for any reason, the Department chair must so inform the Credentials Committee.
- (c) Favorable Recommendation: The Department chair must document his/her findings pertaining to the adequacy of education, training, and experience for all clinical privileges requested. Reference to any criteria for clinical privilege review must be documented and included in the credentials file. The Application, with its supporting documentation, will be forwarded to the Credentials Committee.
- (d) Adverse Recommendation: The Department chair must document the rationale for all unfavorable findings. Reference to any criteria for clinical privileges that are not met should be documented and included in the credentials file. The Application, along with the Department chair's adverse recommendation and supporting documentation, will be forwarded to the Credentials Committee.

7.2 Credentials Committee Action

- (a) Review by the Credentials Committee: The Credentials Committee reviews the Application to make sure it meets established standards for Medical Staff membership and clinical privileges.
- (b) Deferral: Action by the Credentials Committee to defer the Application for further consideration must be followed up at the next regular meeting of the Credentials Committee or upon receipt of any requested information (whichever is longer) by subsequent recommendations as to approval or denial of, or any special limitations to, Medical Staff appointment, category of Medical Staff and prerogatives, Department affiliations, and scope of clinical privileges.
- (c) Favorable Recommendation: When the Credentials Committee's recommendation is favorable to the Applicant in all respects, the Credentials Committee then decides whether the designation of the Application should be changed to a Category I and processed in accordance with Section 6.3 above or whether the Application should be

forwarded, together with all supporting documentation, to the Medical Executive Committee as a Category II.

- (d) Adverse Recommendation: When the recommendation of the Credentials Committee is adverse to the Applicant, the Application, with its supporting documentation and all dissenting views, shall be forwarded to the Medical Executive Committee.
- (e) Contrary Recommendation: If the Credentials Committee's recommendation is contrary to the recommendation of the Department chair, the Credentials Committee and the Department chair shall meet to discuss the differences. A written summary of the discussion and conclusions shall be prepared as an addendum to the Credentials Committee report and forwarded to the Medical Executive Committee.

7.3 Medical Executive Committee Action

- (a) Review by the Medical Executive Committee: The Medical Executive Committee reviews the Application to make sure that it meets the established standards for Medical Staff membership and clinical privileges.
- (b) Deferral: Action by the Medical Executive Committee to defer the Application for further consideration must be followed up at the next regular meeting of the Medical Executive Committee or upon receipt of any requested information (whichever is longer) by subsequent recommendations as to approval or denial of, or any special limitations to, Medical Staff appointment, category of Medical Staff and prerogatives, department affiliations, and clinical privileges.
- (c) Favorable Recommendation: When the recommendation of the Medical Executive Committee is favorable to the Applicant in all respects, the Application shall be forwarded, together with all supporting documentation, to the Chief Executive Officer and the Board of Directors for review and final action by the Board of Directors.

Upon receipt of a favorable recommendation by the Medical Executive Committee, the Chief Executive Officer may grant temporary clinical privileges in accordance with Section 18.2 below.

- (d) Conditional Appointment: The Medical Executive Committee may recommend that the Applicant be granted conditional appointment for the term of appointment. Conditional appointment is not a reduction or limitation of Medical Staff membership or clinical privileges and does not constitute adverse action. Where the Medical Executive Committee recommends conditional appointment, the Chief Executive Officer will advise the Applicant of the Medical Executive Committee's expectations for conduct and/or performance and the possible consequences if those expectations are not met.

- (e) Limited Period of Appointment: From time to time, the Medical Executive Committee may recommend a period of appointment of less than two (2) years for reasons such as to permit closer monitoring of an Applicant's compliance with any conditions or to allow time to resolve any outstanding issues. A recommendation for appointment for a period of less than two (2) years does not, in and of itself, entitle an Applicant to the procedural rights set forth in the Medical Staff Bylaws or the Corrective Action/Fair Hearing Plan.
- (f) Adverse Recommendation: When the recommendation of the Medical Executive Committee is adverse to the Applicant, Special Notice shall be sent to the Applicant. No such adverse recommendation will be forwarded to the Board of Directors for action until after the Applicant has exercised or has waived his/her right to a hearing as provided in the Medical Staff Bylaws and the Corrective Action/Fair Hearing Plan.

ARTICLE VIII: MEDICAL EXECUTIVE COMMITTEE REPORT

A report from the Medical Executive Committee shall be prepared for the Board of Directors, identifying those Applicants who are recommended for Medical Staff membership and clinical privileges.

ARTICLE IX: ACTION OF THE BOARD OF DIRECTORS

9.1 Action by the Board of Directors

The Board of Directors may adopt or reject, in whole or in part, a favorable recommendation of the Medical Executive Committee or refer the recommendation back to the Medical Executive Committee. Such action will include a statement of the reason(s) for requesting further consideration and will set out a time limit within which a subsequent recommendation from the Medical Executive Committee must be made. Favorable action by the Board of Directors is effective as its final action.

9.2 Contrary Decision

Whenever the Board of Directors determines that it will decide a matter contrary to the recommendations of the Medical Executive Committee, the matter will be processed in accordance with the applicable provisions of the Corporate Bylaws of Banner.

9.3 Adverse Action

If, after complying with the above requirements, the action of the Board of Directors is adverse to the Applicant, Special Notice will be sent to the Applicant and he/she shall then be entitled to the procedural rights provided in the Medical Staff Bylaws and/or the Corrective Action/Fair Hearing Plan.

9.4 Notice of Final Action

Notice of the final action of the Board of Directors shall be given to the Medical Staff Services Department. The Applicant shall receive written notice of appointment and Special Notice of any adverse final action. The written notice of appointment shall include the Applicant's Medical Staff category, the Department to which the Applicant is assigned, the clinical privileges that the Applicant may exercise, and any special conditions attached to the Applicant's appointment.

ARTICLE X: BASIS FOR RECOMMENDATION AND ACTION

The report of each individual or group, including the Board of Directors, required to act on an Application must state the reasons for each adverse recommendation or action taken, with specific reference to the completed Application and all other documentation considered. Any dissenting views at any point in the process must also be documented, supported by reasons and references, and transmitted with the majority report.

ARTICLE XI: TIME PERIODS FOR PROCESSING, REAPPLICATION AND REPORTING

11.1 Time Periods

All individuals and groups required to act on an Application for Medical Staff membership and/or clinical privileges must do so in a timely and good faith manner.

11.2 Reapplication after Adverse Appointment Decision

An Applicant who has received adverse final action regarding an Application for Medical Staff membership and clinical privileges shall not be eligible to reapply to the Medical Staff, or for the clinical privileges denied, for a period of two (2) years from the date of the final adverse action by the Board of Directors, unless a special waiver is granted by the Board of Directors for cause. Any such reapplication shall be processed as an initial Application, and the Applicant shall submit such additional information as the Credentials Committee, the Medical Executive Committee and the Board of Directors may require in demonstration that the basis for the earlier adverse action no longer exists.

11.3 Reporting

NCMC shall comply with any reporting requirements applicable under the Health Care Quality Improvement Act, including required reporting to the NPDB and under the Colorado Revised Statutes. NCMC shall also comply with the Banner Sharing of Information Policy.

ARTICLE XII: PROPERTY OF DOCUMENTS

All documents pertaining to an Application and/or to the Application process shall be the property of NCMC.

ARTICLE XIII: REAPPOINTMENT PROCESS

13.1 Reappointment Application

All Applications for reappointment to the Medical Staff shall be in writing and shall be signed by the Applicant. The Application for reappointment shall include the Application form designated by the Colorado State Medical Board of Examiners and such other forms as may be approved by the Board of Directors. The Application must be accompanied by the reappointment application fee currently in effect.

The Medical Staff Services Department and/or its designee shall send to each Member, at least ninety (90) days prior to the end of such Member's then-current appointment term, a reappointment Application. Each Member who desires reappointment shall submit, no later than sixty (60) days prior to the expiration of such Member's then-current appointment term, his/her reappointment Application properly completed. Failure without good cause to submit a reappointment Application within the time specified above shall be deemed a voluntary resignation from the Medical Staff and shall result in automatic termination of Medical Staff membership and clinical privileges at the expiration of such Member's then-current appointment term.

13.2 Contents of Application

The reappointment Application shall include those items listed in Section 3.2 above and information regarding any continuing training, education, or experience that qualifies the Applicant for the clinical privileges requested upon reappointment, including, without limitation, medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, professionalism, health status and ethical character. The Application will also ask if the Applicant has any physical or mental condition that could affect his/her ability to safely and competently exercise the clinical privileges requested.

The Applicant also must have sufficient patient contacts at NCMC, or must submit such information as may be requested (such as a copy of his/her confidential quality profile from his/her primary hospital, clinical information from the Applicant's private office practice and/or a quality profile from a managed care organization), to enable the applicable Department chair to assess current clinical judgment and competence for the clinical privileges requested.

13.3 Ineligibility

If the Applicant is determined not to be eligible for reappointment to the Medical Staff, he/she shall be so notified and shall not be entitled to the procedural rights provided in the Medical Staff Bylaws and/or the Corrective Action/Fair Hearing Plan.

13.4 Process for Completion and Verification of Application

When an Application is deemed to be ready for review, the Medical Staff Services Department and/or its designee shall collect and primary source verify

references, licensure, and other qualification evidence submitted by or on behalf of the Applicant. The Applicant shall be promptly notified of any problems obtaining the information required, and it shall then be the Applicant's responsibility to obtain the required information. Further processing of the Application shall not occur until the required information has been provided. If the information is not obtained within thirty (30) days of the notification to the Applicant, the Application shall be deemed withdrawn and automatically removed from consideration, and the Applicant shall be so notified.

When the above information has been obtained, the Application will then be summarized on a practitioner profile. The Medical Staff Services Department will review the application and all additional information and will categorize the application as follows:

(a) Category I:

- (i) All requested information returned promptly and completely.
- (ii) No new adverse information received from references or the NPDB.
- (iii) Applicant in good standing at NCMC and any other hospital.
- (iv) No new malpractice claims and no settlements or adverse judgments in previously filed actions.
- (v) No pattern of unusual quality events or consistently questionable trends identified.

(b) Category II:

- (i) New clinical privileges requested vary from those requested by other Practitioners in the same specialty.
- (ii) Gaps in practice continuity that are unaccounted for by the Applicant.
- (iii) New problems identified on the NPDB report.
- (iv) Peer references and/or affiliations indicate potential problems (i.e., difficulty with interpersonal relationships or patient care issues) or are unfavorable.
- (v) Poor letters of recommendation.
- (vi) Any new malpractice claims, settlements, or adverse judgments since the last appointment.
- (vii) Unusual quality events or consistently questionable trends identified since the last appointment.

- (viii) Any denials from other medical staffs since the last appointment.
- (ix) Disciplinary actions taken, or restrictions imposed, by any state licensing board or state or federal regulatory agency since the last appointment.
- (x) A criminal conviction or plea since the last appointment.
- (xi) Voluntary or involuntary termination of medical staff membership or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another health care organization where such action would be deemed reportable to the NPDB since the last appointment.

13.5 Frequency of Reappointment and Reappointment Process

Each Member shall be considered for reappointment every two (2) years, based upon such Member's month of birth.

Processing of Applications for reappointment will follow the same procedures set forth above for Applications for initial appointment to the Medical Staff.

ARTICLE XIV: REQUEST FOR MODIFICATION OF STATUS OR CLINICAL PRIVILEGES

A Member may request, either in connection with an Application for reappointment or at any other time, modification of his/her Medical Staff category or clinical privileges by submitting a written Application to the Medical Staff Services Department. Such Application shall be processed as set forth in this Manual.

ARTICLE XV: RESIGNATIONS

When a Member submits a letter of resignation, the date indicated in the letter shall be the effective date of the resignation. The resignation will be reviewed by the Credentials Committee, the Medical Executive Committee and the Board of Directors.

ARTICLE XVI: CLINICAL PRIVILEGES

16.1 Exercise of Clinical Privileges

A Practitioner providing clinical services at NCMC may exercise only those clinical privileges granted to him/her by the Board of Directors, those temporary clinical privileges granted by the Chief Executive Officer pursuant to Article XVIII below, or emergency privileges as described herein.

16.2 Clinical Privileges in General

- (a) Requests: Each Application must contain a request for the specific clinical privileges desired by the Applicant.

- (b) Basis for Clinical Privileges Determination: Requests for clinical privileges will be considered only when accompanied by evidence of formal education (or equivalent experience), training, experience, and demonstrated current competence, as specified by the Medical Staff. In the event a request for clinical privileges is submitted for a procedure for which no criteria have been created, the request will be tabled for a reasonable period of time during which the Board of Directors will formulate, after consultation with the Credentials Committee and the Medical Executive Committee, the necessary criteria for such procedure unless it is determined that such procedure will not be performed at NCMC. Once objective criteria have been established, the original request will be processed as described herein.

Requests for clinical privileges will be evaluated on the basis of prior and continuing formal education (or equivalent experience), training, experience, utilization practice patterns, current ability to perform the clinical privileges requested, demonstrated current competence, ability, and judgment unless it is determined that such procedure will not be performed at NCMC.

Equivalent experience consists of a body of procedures or clinical privileges exercised in a current or prior setting in which such activity was subject to a documented quality assurance process.

ARTICLE XVII: FOCUSED PROFESSIONAL PRACTICE EVALUATION

Any focused evaluation of a Practitioner's professional practice shall be conducted in accordance with the Focused Professional Practice Evaluation Policy.

ARTICLE XVIII: TEMPORARY CLINICAL PRIVILEGES

18.1 Eligibility

Temporary clinical privileges may be granted only in the circumstances described below, only to an appropriately licensed Applicant, only upon written request and only when verified information reasonably supports a favorable determination regarding the Applicant's qualifications, ability, and judgment to exercise the clinical privileges requested.

18.2 Temporary Clinical Privileges for Applicants for Initial Appointment to the Medical Staff

An Applicant for initial appointment to the Medical Staff who has received a favorable recommendation from the Medical Executive Committee, or from the Chief of Staff acting on behalf of the Medical Executive Committee, may be granted temporary clinical privileges by the Chief Executive Officer while his/her Application is awaiting final action by the Board of Directors. Unless sooner terminated pursuant to Section 18.5 below, such temporary clinical privileges shall remain in effect until final action on the Application is taken by the Board of Directors. In these circumstances, the Applicant shall act in accordance with, and

be subject to, the Medical Staff Bylaws, the rules and regulations of the Medical Staff and the rules, guidelines, and standards of practice of the appropriate Department.

18.3 Temporary Clinical Privileges for Other Applicants

Upon written concurrence of the appropriate Department chair or the Chief of Staff, the Chief Executive Officer may grant temporary clinical privileges in the following circumstances:

- (a) Temporary Clinical Privileges for the Care of Specific Patient(s): Temporary admitting and clinical privileges may be granted to a Practitioner who is not an Applicant for Medical Staff membership for the care of a specific patient(s). The exercise of such temporary clinical privileges shall be restricted to the specific patients for which they are granted and shall not exceed equivalent clinical privileges that the Practitioner currently holds at other health care institutions.

- (b) Limited Temporary Clinical Privileges (Locum Tenens Privileges): Limited temporary clinical privileges (locum tenens privileges) may be granted to a Practitioner who is not an Applicant for Medical Staff membership to serve as a locum tenens Practitioner for a Member or for NCMC. A Member who desires coverage of his/her practice by a locum tenens Practitioner or the applicable representative of NCMC shall submit to the Medical Staff Services Department a written request that includes the following information:
 - (i) the name and address of the locum tenens Practitioner; and
 - (ii) the planned dates of service at NCMC.

In addition, a Member desiring such locum tenens coverage shall specify whether the locum tenens Practitioner will have the same clinical privileges as the sponsoring Member or whether the locum tenens Practitioner will have more limited clinical privileges than the sponsoring Member and shall specify the limitations, if any.

The Member requesting locum tenens coverage bears the responsibility to assure the competence and professional behavior of the locum tenens Practitioner.

The locum tenens Practitioner is responsible for fulfilling the emergency call responsibilities of the sponsoring Member and must adhere to the Medical Staff Bylaws, all applicable Medical Staff documents and NCMC policies.

Limited temporary clinical privileges (locum tenens privileges) may not be granted to a locum tenens Practitioner for a period in excess of one hundred twenty (120) days in any twelve (12) month period. If a locum tenens Practitioner has been granted limited temporary clinical privileges

for more than one hundred twenty (120) days in any twelve (12) month period, such locum tenens Practitioner shall be required to apply for Medical Staff membership.

- (c) Temporary Clinical Privileges to Assist in Surgery/Invasive Procedures: Upon receipt of a request, a Practitioner who is not an Applicant for Medical Staff membership but who has referred a patient to a Member for a surgical or invasive procedure may be granted temporary clinical privileges to assist with the surgical or invasive procedure, providing he/she has the consent of the attending Member. Such temporary clinical privileges shall expire at the completion of the surgical or invasive procedure.
- (d) Temporary Clinical Privileges for Training: Temporary clinical privileges for training are those clinical privileges requested by Practitioners for training to occur at NCMC. Upon receipt of a request, a Practitioner who is not an Applicant for Medical Staff membership may be granted temporary clinical privileges to receive training at NCMC providing he/she has the consent of the Member providing the training. Temporary clinical privileges for training also may be granted to a Practitioner who is not an Applicant for Medical Staff membership to teach and/or proctor a procedure or treatment at NCMC. All such temporary clinical privileges for training shall expire at the completion of the training.
- (e) Temporary Clinical Privileges for a Member to Obtain Additional Training and Experience: A Member who is seeking to add a clinical privilege for which the Member's training and experience has not previously been verified and/or for which criteria stipulate performance of a specified number of procedures that the Member does not meet may request temporary clinical privileges to acquire such experience. A plan for meeting the criteria must first be presented to and approved by the Credentials Committee to assure that appropriate training, experience and preceptorship components are present and acceptable.
- (f) Requirements for Temporary Clinical Privileges: Temporary clinical privileges may be granted pursuant to this Section 18.3 upon satisfaction of the following requirements:
 - (i) Receipt of a complete Application for temporary clinical privileges.
 - (ii) Verification of the following:
 - (1) Current licensure;
 - (2) Relevant training or experience;
 - (3) Current clinical competence;
 - (4) Ability to perform the privileges requested; and

- (5) Other criteria required by the Medical Staff Bylaws.
- (iii) Evaluation and approval of the following information by the appropriate Department chair and/or the Chief of Staff:
- (1) A report from the NPBD;
 - (2) Information as to whether any action has been undertaken by government agencies, review organizations, or third party payors, whether still pending or completed, which involves the Applicant's patient admission, treatment, discharge, charging, collection, or utilization practices, including, but not limited to, Medicare and Medicaid fraud and abuse proceedings;
 - (3) Any current or previously successful challenge to licensure or registration;
 - (4) Any subjection to involuntary termination of medical staff membership at another organization; and
 - (5) Any subjection to involuntary limitation, reduction, denial, or loss of clinical privileges.

Upon the granting of such temporary clinical privileges, the Applicant shall act in accordance with, and be subject to, the Medical Staff Bylaws, the rules and regulations of the Medical Staff and the rules, guidelines, and standards of practice of the appropriate Department.

18.4 Special Requirements

The appropriate Department chair may impose special requirements of supervision and reporting if there are concerns regarding any Practitioner who has been granted temporary clinical privileges. Temporary clinical privileges shall be immediately terminated by the Chief Executive Officer upon notice of any failure by the Practitioner to comply with such special requirements.

18.5 Termination of Temporary Clinical Privileges

The Chief of Staff or the Chief Executive Officer may at any time terminate any or all of a Practitioner's temporary clinical privileges; provided, however, that where the life or well being of a patient is determined to be endangered, the termination may be effected by any person entitled to impose a precautionary suspension under the Corrective Action/Fair Hearing Plan. In the event of any such termination, the Practitioner's patients then at NCMC will be assigned to another Practitioner by the appropriate Department chair. The wishes of the patient shall be considered, when feasible, in choosing a substitute Practitioner.

18.6 Rights of a Practitioner with Temporary Clinical Privileges

A Practitioner is not entitled to the procedural rights afforded by the hearing and appeal procedures outlined in the Medical Staff Bylaws and the Corrective Action/Fair Hearing Plan in the event the Practitioner's request for temporary clinical privileges is refused or because all or any part of the Practitioner's temporary clinical privileges are terminated or suspended.

18.7 Emergency Privileges

In case of an emergency, any Member is authorized to do everything possible to save a patient's life or to save a patient from serious harm, to the degree permitted by the Member's license, but regardless of Department affiliation, Medical Staff category, or level of clinical privileges. A Member exercising emergency privileges is obligated to summon all consultative assistance deemed necessary and to arrange appropriate follow-up. When an emergency situation no longer exists, the Member must request the clinical privileges necessary to treat the patient if the Member desires to continue to do so.

18.8 Mass Disaster Temporary Clinical Privileges

Upon the recommendation of the Chief of Staff or another member of the Medical Executive Committee, the Chief Executive Officer may grant temporary clinical privileges to a Practitioner who is volunteering in the event of a mass disaster when the emergency management plan of NCMC has been activated and NCMC is unable to meet immediate patient needs, but only after the identity of the Practitioner has been verified. The minimum acceptable sources of identification for the Practitioner providing emergency care include a valid license or a passport and at least one (1) of the following: (a) a current picture hospital identification card that clearly identifies the volunteer Practitioner's professional designation; (b) a current license to practice medicine in the United States; (c) identification indicating that the volunteer Practitioner is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized Federal or State organization or group; or (d) identification indicating that the volunteer Practitioner 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). Whenever possible, Practitioners who are volunteering will be assigned to a Member by the Chief of Staff, or his/her designee, for oversight of the care provided, which oversight may be done by direct observation and/or clinical record review. Such temporary clinical privileges shall last for the duration of the disaster or for ninety (90) days, whichever occurs first. Verification of the credentials of any Practitioner granted disaster privileges will begin as soon as the immediate situation is under control and will be completed within seventy-two (72) hours from the time the volunteer Practitioner presents to NCMC, if possible. If extraordinary circumstances, such as no means of communication or lack of resources, prevent the primary source verification from being completed within seventy-two (72) hours, the Chief Executive Officer shall document (i) the reason for the delay, (ii) evidence of a demonstrated ability on

the part of the volunteer Practitioner to provide adequate care, treatment and services, and (iii) all attempts to rectify the situation as soon as possible. NCMC shall make a decision, based on the information obtained regarding the professional practice of the volunteer Practitioner, within seventy-two (72) hours related to the continuation of the disaster privileges initially granted to such volunteer Practitioner. The verification process will be the same as described in Section 18.3(f) above. Furthermore, notwithstanding any existing delineation of clinical privileges or scope of authority, Members, NCMC employees and volunteers are authorized to take whatever steps they reasonably believe are necessary to save or preserve the life or health of patients or the public health during a mass disaster.

ARTICLE XIX: LEAVE OF ABSENCE

19.1 Request for Leave of Absence

A Member may, for good cause, be granted a voluntary leave of absence by the appropriate Department chair and the Chief Executive Officer, subject to the approval of the Board of Directors, for a definitely stated period of time, that, except for military service, may not exceed two (2) years. An absence for longer than the period of time granted shall constitute a voluntary resignation of Medical Staff membership and clinical privileges unless an exception is made by the Board of Directors upon recommendation by the Medical Executive Committee. A Member may be granted a leave of absence for an additional period of time so long as the total duration of the leave of absence does not exceed two (2) years. Such extensions shall be considered only in extraordinary cases where the additional period of time for the leave of absence would be in the best interest of NCMC.

Members are expected to notify the appropriate Department chair as well as the Medical Staff Services Department in writing to request a leave of absence. Such notification shall include the following information:

- (a) Whether the leave is for professional, educational, personal or health related reasons;
- (b) The specific dates of the requested leave of absence;
- (c) A brief description of the reason for the leave; and
- (d) Contact information during the leave.

Except in cases of emergency, medical records completion is required prior to the effective date of the leave of absence. In addition, the Member must cover or arrange for coverage for scheduled call responsibilities prior to being granted a leave of absence.

During the duration of the leave of absence, the Member's clinical privileges, prerogatives and responsibilities are suspended.

The appropriate Department chair may request that a Member be placed on a leave of absence for medical/health reasons in those instances where the Member is incapacitated, impaired or otherwise unable to request the leave of absence.

Leaves of absence are matters of courtesy, not of right. In the event that it is determined by the applicable Department chair or the Chief Executive Officer that a Member has not demonstrated good cause for a leave, or where a request for extension of a leave of absence is not granted, the affected Member may request that the Medical Executive Committee review the request, and such Member may submit information demonstrating why the request was appropriate. The Medical Executive Committee, in its sole discretion, will decide whether to review the submission and whether to take or recommend any action, and the affected Member will have no hearing, appeal or other rights in connection with the Medical Executive Committee's decision.

19.2 Reinstatement Following Leave of Absence

- (a) Request for Reinstatement: A Member who has been granted a leave of absence may request reinstatement of Medical Staff status and clinical privileges, to be effective at the conclusion of the leave of absence or at any time prior to the defined ending date of the leave of absence. At least sixty (60) days prior to the expiration of the approved leave of absence, the Member shall submit a written request for reinstatement to the Medical Staff Services Department and shall include a summary of all professional activities undertaken during the leave of absence as well as evidence of current licensure, DEA registration, if applicable, and liability insurance coverage. If the leave of absence extended beyond the Member's current appointment term, then, the Member also shall be required to complete an Application for reappointment to the Medical Staff in accordance with Article XIII above.
- (b) Review by the Department Chair and the Credentials Committee: The applicable Department chair will review the Member's request for reinstatement as well as the Member's compliance with applicable Medical Staff policies prior to the effective date of the leave of absence, including, without limitation, Medical Records Completion Policy, and will forward the request for reinstatement, together with his/her recommendations, to the Credentials Committee for further consideration. The Member who is requesting reinstatement also shall provide such other information as may be requested by the Credentials Committee at such time.

If the leave of absence was for medical/health reasons, the Member who is requesting reinstatement also shall submit a report from his/her Practitioner indicating that the Member is physically and mentally capable of exercising the clinical privileges requested. The Member also shall

provide such other information as may be requested by the Credentials Committee at such time.

After considering all relevant information, the Credentials Committee shall make its recommendation on the request for reinstatement to the Medical Executive Committee.

- (c) Recommendation by the Medical Executive Committee: Upon receipt of the recommendation of the Credentials Committee, the Medical Executive Committee may approve reinstatement either to the same or a different Medical Staff category and may limit or modify the clinical privileges to be extended to the Member upon reinstatement. If the recommendation of the Medical Executive Committee is adverse to the Member seeking reinstatement, such recommendation shall be processed in accordance with the Medical Staff Bylaws and the Corrective Action/Fair Hearing Plan.

ARTICLE XX: IMMUNITY FROM LIABILITY

The following shall be express conditions to any Practitioner's application for, or acceptance of, Medical Staff membership and/or clinical privileges at NCMC:

- (a) Any action, communication, report, recommendation, or disclosure with respect to any Practitioner who is or has been an Applicant or Member, performed or made in good faith and at the request of an agent or representative of NCMC or any other health care facility, for the purpose of achieving and maintaining quality patient care in NCMC or any other health care facility, shall be a privileged act to the fullest extent permitted by law.
- (b) Such privilege shall extend to officers, agents, and employees of NCMC, to Members, and to third parties who supply information to any persons authorized to receive, release or act upon the same. For the purpose of this Article XX, the term "third parties" means both individuals and organizations providing information that has been requested by an authorized representative of NCMC or of the Medical Staff.
- (c) There shall, to the fullest extent permitted by law, be absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged. Further, such immunity shall extend to officers, agents and employees of NCMC, to Members, and to third parties who supply information to any of the foregoing authorized to receive, release or act upon the same.
- (d) Such immunity shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with NCMC or any other health care institution's activities related, but not limited, to:
 - (i) Applications for Medical Staff appointment or any clinical privileges;
 - (ii) Periodic appraisals for reappointment;

- (iii) Corrective action, including precautionary suspension;
 - (iv) Hearings, including the procedures set forth in the Corrective Action/Fair Hearing Plan;
 - (v) Quality improvement evaluations;
 - (vi) Utilization reviews; and
 - (vii) Other NCMC, Departmental or committee activities related to quality patient care and inter-professional conduct.
- (e) The acts, communications, reports, recommendations and disclosures referred to in this Article XX may relate to a Practitioner's professional qualifications, clinical competency, character, mental or emotional stability, physical condition, ethics or any other matter that might directly or indirectly have an effect on patient care.
 - (f) In furtherance of the foregoing, each Practitioner shall, upon request of NCMC, execute releases in accordance with the tenor and import of this Article XX in favor of the individuals and organizations specified in this Article XX, subject to such requirements, including those of good faith, absence of malice, and the exercise of a reasonable effort to ascertain truthfulness, as may be applicable under the laws of this state. Regardless of the provisions of state law, truth shall be an absolute defense in all circumstances.
 - (g) The contents, authorizations, releases, rights, privileges and immunities provided by Article IV of this Manual for the protection of officers, agents, and employees of NCMC, the Members, and third parties in connection with applications for initial appointment shall also be fully applicable to the activities and procedures covered by this Article XX.
 - (h) The policies and procedures defined in this Manual are written in accordance with the "Health Care Quality Improvement Act of 1986" and the "Colorado Peer Review Act."

ARTICLE XXI: ADOPTION AND AMENDMENT

This Manual, or any amendments hereto, shall become effective when adopted by a majority vote of the members of the Medical Executive Committee and approved by the Board of Directors.