

With the merger of UNMH and SRMC, a single set of Bylaws must be in place prior to January 1/2024, or the institution as a whole, defaults to the current UNMH Bylaws. UNMH last did a Bylaws update in 2020. Therefore, UNMH is due for a Bylaws revision based on best practice of reviewing the Bylaws on a regular and routine basis. The Bylaws Taskforce convened in July 2023 with assistance of our consultant, Chartis Clinical Quality Solutions, has merged the Bylaws and made changes to meet regulatory and legal standards as well as better reflect national medical staff standards. This is a summary of the substantive Bylaws changes.

Membership (Part III, Section 2.2.7)

To become a voting member of the Medical Staff at UNMH and its satellite clinics, including Sandoval Regional Medical Center, Cancer Center, Carrie Tingley, Children's Hospital, and Mental Health Center, one must:

- 1- Have faculty appointment at the UNM School of Medicine **or** a Letter of Academic Title (LAT) from a Clinical Service Chief (see details below),
- 2- Have been a non-voting member of the medical staff at UNMH or one of its satellite clinics for at least a year,
- 3- Worked on average at least 24 patient contact-days during the most recent 2 years.

Professional Service Agreement practitioners, Physicians/APPs who work for SOM, UNMH, UNM, or UNMMG, Faculty from the Colleges of Nursing or Pharmacy, or non-employed, non-contracted practitioners from the community will require a LAT as part of the credentialing process.

Current practitioners (as of Dec 31st, 2023), who do not have a faculty appointment or do not hold a LAT, will be given a LAT and thereby grandfathered into Medical Staff membership.

No credentialing application will be processed without proof of faculty appointment or a LAT. Please see UNM SOM expectations for LAT for further details. The LAT is accompanied by a current CV and a Memo of Expectation, which outlines the clinical, research, education, and administrative expectations for the practitioner.

Membership will be extended to physicians, dentists, podiatrists, clinical psychologists, and APPs. APPs are defined as Physician Assistants (PAs) and Advanced Practice Registered Nurses (certified registered nurse anesthetists (CRNAs), certified nurse practitioners (CNPs), certified nurse midwives (CNMs), and clinical nurse specialists (CNSs) providing direct patient care. To be compliant with NM Code which limits membership on the medical staff to the above categories, clinician pharmacists, optometrists, and certified anesthesiology assistants must be moved to Allied Health Professionals (AHPs) category wherein they will be privileged without membership on the medical staff.

Privileging

All UNMH clinics and satellite facilities are Provider Based Clinics to take advantage of additional billing opportunities. In order to meet the standards of a Provider Based Clinic under CMS regulations, those who practice at satellite facilities, must have privileges at the main hospital.

Individuals who are on a Professional Service Agreement (PSA) may be limited in location of practice by the PSA, which will only allow them to practice and be paid within the terms of the agreement. Sole provider services with exclusivity agreements, such as emergency medicine, pathology, or radiology, may also limit access to outside practitioners who wish to practice in those clinical areas. Telemedicine practitioners are not eligible for membership, but they will be privileged.

Medical Executive Committee (Part I, Section 6.2)

There will be only one MEC to address issues of credentialing, privileging, and corrective action. The proposed Bylaws allow for Medical Staff Operating Councils which solely deal with campus specific issues. For example, SRMC may have a Medical Staff Operating Council that reports to the MEC to address medical staff issues arising at SRMC.

Elections for a new Vice Chief of Staff will occur prior to January 1, 2024; the Vice Chief of Staff will assume responsibility as Chief of Staff in 2025. In the transition period:

1. The newly elected Vice Chief of Staff UNMH shall be elected to serve a one-year term in 2024.
2. For 2024, the UNMH Chief of Staff shall continue to serve as the Chief of Staff.
3. For 2024, the UNMH Past Chief of Staff will continue to serve as Past Chief of Staff, and
4. For 2024 and 2025, the SRMC Past Chief of Staff will serve as a Past Chief of Staff.

Voting members of the MEC will change with the addition of 3 at-large members from SRMC (one of which must be an APP), who must spend at least 25% of their clinical time at SRMC. Because of the unwieldy size of the MEC, the hospital CMO members will become non-voting members; these are the CMOs of UNMH and SRMC.

The MEC will be made up of: Chief of Staff, Vice Chief of Staff, immediate Past Chief of Staff, Senior Associate Dean for Clinical Affairs (SADCA), Senior Associate Dean for Graduate Medical Education, all 16 Clinical Service Chiefs, 3 UNMH At-Large members, and 3 SRMC At-Large members. Because of the nature of the Cancer Center grant, the CMO of the Cancer Center will remain a voting member of the MEC.

Ex officio members without vote are: UNMH CEO, UNMH COO, Dean of the School of Medicine, Vice Chancellor of Clinical Affairs, UNMH CMO, SRMC ACO, UNMH CNO, UNMH Chief Quality

Officer, Chairs of Credential Committee and Professional Practice Committee, Associate CMOs, Chief Medical Information Officer, and resident physician representative.

Executive session of the MEC will include voting member of the MEC and others as invited by the Chair, which may include the ex-officio members.

Clinical Service Chiefs (Part I, Section 5)

There will be only one Clinical Service Chief per service across both campuses. The SOM Department Chair will be the Clinical Service Chief unless they are not qualified to be a Clinical Service Chief. Should a Department Chair not qualify to be a Clinical Service Chief, the Dean in consultation with the Department Chair will appoint a Clinical Service Chief of the corresponding service. The Clinical Service Chief may appoint a Vice Clinical Service Chief to serve as defined in the Rules and Regulations.

Automatic Relinquishment or Suspension of Privileges (Part II, Section 3)

A practitioner who has their medical privileges suspended at another health care organization for reasons other than medical records violations, will automatically have their privileges at UNMH suspended. If the suspension at the other institution is rescinded, it will be automatically rescinded at UNMH.

If a practitioner has their privileges terminated at another health care organization shall have their privileges automatically terminated at UNMH. This includes those who lose:

- 1- Faculty appointment with the SOM,
- 2- Employment with LAT at UNMH, UNM, or UNMMMG,
- 3- PSA with LAT, or
- 4- LAT for a Non-employed non-contracted practitioner.

Telemedicine (Part III, Section 5.8)

The Hospital will accept credentialing by proxy for outside groups contracted for telemedicine so long as:

- 1- The outside group is Joint Commission accredited or Medicare-participating,
- 2- The practitioner is privileged by the outside group,
- 3- The Hospital is provided a current list of the providers' privileges,
- 4- The Hospital has evidence of internal review of the practitioners' quality of care, treatment, and services, and
- 5- The practitioner has a license issued or recognized by the State of New Mexico.

Other:

Recredentialing: Only one peer reference will be required for recredentialing.

Background checks: Will go back 7 years rather than lifetime.

Additional privileges: Expedited review and approval may be used for consideration of additional privileges.