

ARTICLE I
DEFINITIONS

The following definitions shall apply to terms used in this policy:

- (1) **"Board"** means the Board of Directors of The NeuroMedical Center Hospital, who have the overall responsibility for the conduct of the hospital, including the Medical Staff.
- (2) **"Chief Executive Officer"** means the Administrator of the hospital or a designee.
- (3) **"Clinical privileges"** or **"privileges"** means the authorization granted by the Board of Directors to an applicant, Medical Staff appointee or other independent practitioner to render specific patient care services in the hospital within defined limits.
- (4) **"Executive Committee"** means the Executive Committee of the Medical Staff unless specifically written "Executive Committee of the Board."
- (5) **"Hospital-based services"** means those functions and/or activities, clinical and/or administrative, which the hospital has determined to provide through a contractual arrangement or employment relationship with a physician or physician group.
- (6) **"Medical Staff"** means all physicians who are given privileges to treat patients at the hospital.
- (7) **"Physicians"** shall be interpreted to include both doctors of medicine and doctors of podiatry.
- (8) **"Chief of Staff"** means the President of the Medical Staff and Chairman of the Executive Committee.
- (9) **"Official notice"** means an act by which a hearing body or individual may, on its own and without the production of evidence, recognize the existence and truth of certain facts they already know or which are universally regarded as accepted and/or established.
- (10) **"Professional review action"** means an action or recommendation of a professional review body which is taken or made in the conduct of professional peer review activity, which is based on the competence or professional conduct of a Medical Staff appointee, and which affects or may affect adversely the clinical privileges or appointment of the staff appointee.
- (11) **"Professional review activity"** means a peer review activity of the hospital with respect to an individual Medical Staff appointee (a) to determine whether the Medical Staff appointee may have clinical privileges with respect to his or her appointment; (b) to determine the scope of conditions of those clinical privileges and/or appointment.
- (12) **"Professional review body"** means the governing Board of the hospital or any committee of the same, which conducts professional peer review activity, and

includes any committee of the Medical Staff of the hospital when assisting the governing Board in a professional review activity.

- (13) **"Unassigned patient"** means any individual who comes to the hospital for care and treatment who:
- (a) has no regular physician; or
 - (b) is not presently under the care of any staff physician; or
 - (c) has a regular physician whom the patient has not seen for some time, but the physician has declined to handle the situation because of the unreasonable lapse of time since the physician's last treatment of the patient; or
 - (d) had a physician who has discharged the patient from his practice and the physician has notified the hospital of the patient's discharge.
- (14) **"Voluntary or automatic relinquishment"** of Medical Staff appointment and/or clinical privileges means a lapse in appointment and/or clinical privileges deemed to automatically occur as a result of stated conditions.

Words used in this policy shall be read as the masculine or feminine gender and as the singular or plural, as the content requires. The captions and headings are for convenience only and are not intended to limit or define the scope or effect of any provision of this policy.

ARTICLE II.

APPOINTMENT TO THE MEDICAL STAFF

PART A: QUALIFICATIONS FOR APPOINTMENT

Section 1. General

- (a) Appointment to the Medical Staff is a privilege which shall be extended only to professionally competent physicians who continuously meet the qualifications, standards and requirements set forth in this policy and in such policies as are adopted from time to time by the Board. All individuals practicing medicine in this hospital, unless excepted by specific provisions of this policy, must first have been appointed to the Medical Staff
- (b) All processes described in this Article shall be subject to the confidentiality provisions described in Article III, Part C of this policy.

Section 2. Qualifications

Only physicians who satisfy the following threshold conditions as determined by the pre-application process described in this policy shall be qualified for appointment to the Medical Staff:

- (a) are currently licensed to practice in this state without any restrictions or conditions;
- (b) are located within the geographic service area of the hospital as defined by the Board close enough to provide timely care for their patients:
- (c) possess current, valid professional liability insurance coverage in such form and in amounts satisfactory to the hospital:
- (d) are certified by the appropriate specialty board of the American Board of Medical Specialties or are board admissible/registered, unless such requirement is waived by the Board after considering the specific competence and experience of the individual in question: and
- (e) can document their:
 - (1) background, experience, training and demonstrated competence;
 - (2) adherence to the ethics of their profession;
 - (3) good reputation and character, including the ability to perform the clinical privileges requested safely and competently;
 - (4) ability to work harmoniously with others sufficiently to convince the hospital that all patients treated by them in the hospital will receive quality care, and that the hospital and its Medical Staff will be able to operate in an orderly manner, shall be qualified for appointment to the Medical Staff; and
- (f) have never been convicted of a felony crime.

Section 3. No Entitlement to Appointment

- (a) No individual shall be entitled to appointment to the Medical Staff or to the exercise of particular clinical privileges in the hospital merely by virtue of the fact that such individual:
 - (1) is licensed to practice any profession in this or any other state;
 - (2) is a member of any particular professional organization; or
 - (3) has had, in the past, or currently has, Medical Staff appointment or privileges at another hospital or health care facility:
 - (4) resides in the geographic service area of the hospital as defined by the Board; or
 - (5) is affiliated with, or under contract to, any managed care plan, insurance plan, HMO, PPO or other entity.

Section 4. Procedure for Appointment to Unavailable Specialty:

The procedure for initial appointment outlined in this Article shall not be applicable whenever the specialty to which the applicant seeks appointment has a moratorium in place or has been otherwise limited by action of the Board.

Section 5. Non-Discrimination Policy

No individual shall be denied appointment on the basis of age, sex, race, creed, color, religion or national origin, or on the basis of any criteria unrelated to the delivery of quality patient care at the hospital, to professional qualifications or to the hospital's purposes, needs and capabilities.

PART B: CONDITIONS OF APPOINTMENT

Section 1. Duration of Initial Provisional Appointment

- (a) All initial appointments to the Medical Staff regardless of the category of the staff to which the appointment is made and all initial clinical privileges shall be provisional for a period of twelve (12) months from the date of the appointment or longer if recommended by the Credentials Committee. During the term of this provisional appointment, the person receiving the provisional appointment shall be evaluated by the chief of the department and sections in which the provisional appointee has clinical privileges, and by the relevant committees of the Medical Staff and the hospital as to his clinical competence and as to his general behavior and conduct in the hospital.
- (b) Provisional clinical privileges shall be adjusted to reflect clinical competence at the end of the provisional period or sooner if warranted. Continued appointment after the provisional period shall be conditioned on an evaluation of the factors to be considered for reappointment set forth in Article 1 Part A, Section 2 of these bylaws.

Section 2. Rights and Duties of Appointees

Appointment to the Medical Staff shall confer on the appointee only such clinical privileges as have been granted by the Board and shall require that each appointee assume such reasonable duties and responsibilities as the Board or the Medical Staff shall require.

Section 3. Professional Conduct

Individuals appointed to the Medical Staff shall be expected to relate in an appropriate and professional manner to other health care professionals, and to cooperate and work collegially with the Medical Staff leadership, hospital management and hospital personnel. Professional conduct shall also include, but not be limited to, each appointee's obligation to present himself at the hospital physically and mentally capable of providing safe and competent care to his patients.

Section 4 Time Requirements for Promotion

The period of time and qualification requirements stated in these bylaws for promotion from Associate to Active Staff may be altered as to specific applicants by the Board on its own motion or as recommended to the Board by the Executive Committee.

PART C. APPLICATION FOR INITIAL APPOINTMENT AND CLINICAL PRIVILEGES

Section 1. Pre-Application Process

- (a) An application for appointment to the Medical Staff shall only be sent upon request to those individuals who, according to the Medical Staff Bylaws, are eligible for appointment to the Medical Staff; who meet the threshold criteria for appointment and clinical privileges as stated in these bylaws; who desire to provide care and treatment to patients for conditions and diseases for which the hospital has facilities and personnel; and who indicate an intention to utilize the hospital as required by the staff category to which they seek appointment.
- (b) An individual requesting an application for appointment shall initially be sent (1) a letter that outlines the threshold criteria for appointment and clinical privileges consideration and explains the review process, and (2) a pre-application form which requests proof that the threshold criteria for appointment and clinical privileges consideration can be met by the individual. A completed pre-application form with copies of all required documents must be returned to the Chief Executive Officer or a designee within thirty (30) days after receipt of same if the individual desires further consideration.
- (c) Those individuals who meet the threshold criteria for consideration for appointment to the Medical Staff and clinical privileges shall be given an application. Individuals who fail to meet the threshold criteria shall not be given an application and shall be so notified.

Section 2. Information

- (a) Applications for appointment to the Medical Staff shall be in writing, and shall be submitted on forms prescribed by the Board upon recommendation of the Credentials Committee. These forms shall be obtained from the Chief Executive Officer or a designee.
- (b) The application shall contain a request for specific clinical privileges desired by the applicant and shall require detailed information concerning the applicant's professional qualifications including:
 - (1) the names and complete addresses of at least two (2) physicians who have had recent extensive experience in observing and working with the applicant and who can provide adequate information pertaining to the applicant's present professional competence and character. Said references may not be associated or about to be associated with the applicant in professional practice or personally related to the applicant. At least one reference shall be from the same specialty area as the applicant:

- (2) the names and complete addresses of the chairmen of each department of any and all hospitals or other institutions at which the applicant has worked or trained (i.e., the individuals who served as chairmen at the time the applicant worked in the particular department). If the number of hospitals the applicant has worked in is great or if a number of years have passed since the applicant worked at a particular hospital, the Credentials and Executive Committees and the Board may take into consideration such factors;
- (3) information as to whether the applicant's Medical Staff appointment or clinical privileges have ever been voluntarily or involuntarily relinquished, withdrawn, denied, revoked, restricted, suspended, subjected to probationary or other conditions, reduced or not renewed at any other hospital or health care facility;
- (4) information as to whether the applicant has ever voluntarily or involuntarily withdrawn his application for appointment, reappointment and/or clinical privileges, or resigned from the Medical Staff before final decision by a hospital or health care facility's governing board;
- (5) information as to whether the applicant's membership in local, state or national professional societies or his license to practice any profession in any state, or Drug Enforcement Administration license is or has ever been voluntarily or involuntarily relinquished, suspended, modified, terminated, restricted or is currently being challenged. (The submitted application must include a list or copy of all the applicant's current licenses to practice, as well as copies of his Drug Enforcement Administration license, medical school diploma, and certificates from all post graduate training programs completed);
- (6) information as to whether the applicant has currently in force / professional liability insurance coverage, the name of the insurance company and the amount and classification of such coverage, and whether said insurance coverage covers the clinical privileges that the applicant or appointee seeks to exercise at the hospital;
- (7) information concerning applicant's professional liability litigation experience, specifically information concerning pending claims, final judgments or settlements: (i) the substance of the allegations. (ii) the findings. (iii) the ultimate disposition, and (iv) any additional information concerning such proceedings or actions as the Credentials Committee or the Board may deem appropriate.
- (8) a consent to the release of information from his present and past professional liability insurance carriers:

- (9) information concerning any professional misconduct proceedings and any malpractice actions involving the applicant in this state or any other state, whether such proceedings are closed or still pending;
- (10) information concerning the suspension or termination for any period of time of the right or privilege to participate in Medicare or Medicaid, any other governmental sponsored program, and information as to whether the applicant is currently under investigation;
- (11) current information on the applicant's ability to exercise the clinical privileges requested safely and competently and to perform the duties and responsibilities of appointment;
- (12) information as to whether the applicant has ever been named as a defendant in a criminal action and/or convicted of a crime, with details about any such instance;
- (13) information on the citizenship and visa status of the applicant;
- (14) a complete chronological listing of the applicant's professional and educational appointments, employment, or positions;
- (15) the applicant's signature: and
- (16) such other information as the Board may require.
 - (a) The history of malpractice verdicts and the settlement of malpractice claims, as well as pending claims, will be evaluated as a criterion for appointment, reappointment, and the granting of clinical privileges. However, the mere presence of verdicts, settlements or claims shall not, in and of themselves, be sufficient to deny appointment or particular clinical privileges. The evaluation shall consider the extent to which verdicts, settlements or claims evidence a pattern of care that raises questions concerning the individual's clinical competence, or whether a verdict, settlement or claim in and of itself represents such deviation from standard medical practice as to raise overall questions regarding the applicant's clinical competence, skill in the particular clinical privilege, or general behavior.

Section 3. Basic Responsibilities of Applicants and Appointees

The following undertakings shall be applicable to every Medical Staff applicant and appointee for Medical Staff appointment and reappointment as a condition of consideration of such application and as a condition of continued Medical Staff appointment if granted:

- (a) an obligation to provide continuous timely care and supervision to all patients within the hospital for whom the individual has responsibility;

- (b) an agreement to abide by all bylaws and policies of the hospital, including all bylaws, rules and regulations of the Medical Staff as shall be in force during the time the individual is appointed to the Medical Staff;
- (c) an agreement to accept committee assignments and such other reasonable duties and responsibilities as shall be assigned to the applicant by the Board and/or the Medical Staff;
- (d) an agreement to provide the hospital with or without request, and as it occurs, new or updated information that is pertinent to any question on the application form;
- (e) a statement that the applicant has received and had an opportunity to read a copy of the bylaws of the hospital and bylaws, rules and regulations of the Medical Staff as are in force at the time of his application and that he has agreed to be bound by the terms thereof in all matters relating to consideration of his application without regard to whether or not he is granted appointment to the Medical Staff or clinical privileges;
- (f) a statement of the applicant's willingness to appear for personal interviews in regard to his application;
- (g) a statement that any misrepresentation or misstatement in or omission from the application, whether intentional or not, shall constitute cause for immediate cessation of the processing of the application and no further processing shall occur. In the event that an appointment has been granted prior to the discovery of such misrepresentation, misstatement or omission, such discovery may be deemed to constitute voluntary relinquishment of clinical privileges and Medical Staff appointment. In either situation, there shall be no entitlement to any hearing or appeal rights as set forth in this policy or as referenced in the Medical Staff Bylaws. Medical Staff Organizational Manual or Rules or Regulations;
- (h) an obligation to use the hospital, its equipment and facilities sufficient to allow the hospital, through assessment by appropriate Medical Staff committees and department chiefs, to evaluate in a continuing manner the current competence of the appointee;
- (i) an agreement that the hearing and appeal procedures set forth in this policy shall be the sole and exclusive remedy with respect to any professional review action taken at this hospital; and
- (j) a statement that the applicant will:
 - (1) refrain from illegal or inappropriate fee-splitting or illegal inducements relating to patient referral;
 - (2) refrain from delegating responsibility for diagnoses or care of hospitalized patients to any individual who is not qualified to undertake this responsibility or who is not adequately supervised;
 - (3) refrain from deceiving patients as to the identity of an operating surgeon or any other individual providing treatment or services;

- (4) seek consultation whenever necessary;
- (5) abide by generally recognized ethical principles applicable to the applicant's profession;
- (6) provide continuous care for patients in the hospital;
- (7) promptly notify the Chief Executive Officer, or a designee and the Chairman of the Medical Audit and Utilization Review Committee of any change in participation in Medicare or Medicaid, including any sanctions imposed or recommended by the federal Department of Health and Human Services and/or the receipt of a PRO citation and/or quality denial letter concerning alleged quality problems in patient care;
- (8) participate in the monitoring and evaluation activities of clinical departments and/or sections;
- (9) complete in a timely manner the medical and other required records for all patients as required by the Medical Staff Bylaws rules and regulations, and other applicable policies of the hospital;
- (10) work cooperatively with Medical Staff appointees, medical associates, medical assistants, nurses and other hospital personnel so as not to adversely affect patient care;
- (11) pay promptly any applicable Medical Staff assessments;
- (12) participate in continuing education programs for the benefit of the applicant or appointee and for the benefit of other professionals and hospital personnel;
- (13) authorize the release of all information necessary for an evaluation of the individual's qualifications for initial or continued appointment, reappointment, and/or for clinical privileges; and
- (14) extend immunity to the fullest extent of the law to the hospital, its Medical Staff and all individuals acting by or for the hospital and/or its Medical Staff for all matters undertaken in good faith relating to appointment, reappointment and clinical privileges or the individual's qualifications for the same.

Section 4. Burden of Providing Information

- (a) The applicant shall have the burden of producing information deemed adequate by the hospital for a proper evaluation of his competence, character, ethics and other qualifications, and of resolving any doubts about such qualifications.
- (b) The applicant shall have the burden of providing evidence that all the statements made and information given on the applicant are correct and true.

- (c) Until the applicant has provided all information requested by the hospital, the application will be deemed incomplete and will not be processed. Should information provided in the initial application change during the course of an appointment year, the appointee has the burden to provide information about such change to the Credentials Committee sufficient for the Credentials Committee's review and assessment

Section 5. Authorization to Obtain Information

The following statements, which shall be included on the application form and which form a part of this policy, are express conditions applicable to any Medical Staff applicant, any appointee to the Medical Staff and to all others having or seeking clinical privileges at the hospital. By applying for appointment, reappointment or clinical privileges, the applicant expressly accepts these conditions during the processing and consideration of his application, whether or not appointment and/or clinical privileges are granted. This acceptance also applies during the time of any appointment or reappointment.

(a) Immunity:

To the fullest extent permitted by law, the individual releases from any and all liability, and extends absolute immunity to the hospital, its authorized representatives and any appropriate third parties as defined in subsection (c) below, with respect to any acts, communications or documents, recommendations or disclosures involving the individual, concerning the following:

- (1) applications for appointment or clinical privileges, including temporary privileges;
- (2) evaluations concerning reappointment or changes in clinical privileges;
- (3) proceedings for suspension or reduction of clinical privileges or for revocation of Medical Staff appointment, or any other disciplinary sanction;
- (4) precautionary suspension;
- (5) hearings and appellate reviews;
- (6) medical care evaluations;
- (7) utilization reviews;
- (8) other activities relating to the quality of patient care or professional conduct.
- (9) matters or inquiries concerning the individual's professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics or behavior; and/or
- (10) any other matter that might directly or indirectly relate to the individual's competence, to patient care, or to the orderly operation of this or any other hospital or health care facility.

(b) Authorization to Obtain Information:

The individual specifically authorizes the hospital and its authorized representatives to consult with any third party who may have information bearing on the individual's professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior or any other matter reasonably having a bearing on the individual's satisfaction of the criteria for initial and continued appointment to the Medical Staff This authorization also covers the right to inspect or obtain any and all communications, reports, records, statements, documents, recommendations or disclosures of said third parties that may be relevant to such questions. The individual also specifically authorizes said third parties to release said information to the hospital and its authorized representatives upon request.

(c) Authorization to Release Information:

Similarly, the individual specifically authorizes the hospital and its authorized representatives to release such information to other hospitals, health care facilities and their agents, who solicit such information for the purpose of evaluating the applicant's professional qualifications pursuant to the applicant's request for appointment and/or clinical privileges.

PART D: CLINICAL PRIVILEGES

Section 1. General

- (a) Medical Staff appointment or reappointment as such shall not confer any clinical privileges or right to practice at the hospital. Each individual who has been appointed to the Medical Staff shall be entitled to exercise only those clinical privileges specifically granted by the Board.
- (b) The granting of clinical privileges shall carry with it acceptance of the obligations of such privileges including emergency department and other rotational obligations established to fulfill the hospital's responsibilities under the Emergency Medical Treatment and Active Labor Act and/or other applicable requirements or standards.
- (c) Clinical privileges shall be voluntarily relinquished only in the manner that provides for the orderly transfer of such obligations.
- (d) The clinical privileges recommended to the Board shall be based upon consideration of the following:
 - (1) the applicant's education, training, experience, demonstrated current competence and judgment references utilization patterns, and ability to perform the privileges requested safely and competently;
 - (2) The applicant's ability to meet all current criteria for the requested clinical privileges;

- (3) availability of qualified physicians or other appropriate appointees to provide medical coverage for the applicant in case of the applicant's illness or unavailability;
 - (4) adequate levels of professional liability insurance coverage with respect to the clinical privileges requested;
 - (5) the hospital's available resources and personnel;
 - (6) any previously successful or currently pending challenges to an' licensure or registration, or the voluntary or involuntary relinquishment of such licensure or registration, information concerning any voluntary or involuntary termination of Medical Staff appointment or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another hospital; and
 - (7) other relevant information including a written report and findings by the chief of the clinical department in which such privileges are sought.
- (e) The applicant shall have the burden of establishing qualifications for and competence to exercise the clinical privileges requested.
 - (f) The reports of the chief of the clinical department in which privileges are sought shall be forwarded to the Credentials Committee and processed as a part of the initial application for staff appointment in accordance with this policy.

Section 2. Resident Staff

The Resident Staff shall be responsible to and supervised by the Medical Director or a designee. The residents shall be permitted to attend conferences, seminars and instructional sessions held by designated Medical Staff appointees and/or hospital employees/personnel, and shall have library privileges. Residents may assist and observe in surgery and the obstetrical suite at the invitation of those Medical Staff appointees who have clinical privileges. Residents may attend patients only in emergencies unless otherwise instructed by a Medical Staff appointee who has clinical privileges. Progress notes recorded by the Resident Staff must be co-signed by the attending physician within twenty-four (24) hours.

PART E: CLINICAL PRIVILEGES AFTER AGE 65

- (a) The Credentials Committee shall specifically consider the mental and physical capabilities of each appointee who has attained the age of sixty-five (65) years and who has clinical privileges at the hospital. Recommendations by the Credentials Committee for continued clinical privileges for appointees between the ages 65 and 75 shall be based upon an evaluation of the individual's current knowledge, skills, conduct and ability to perform the privileges requested competently and safely. Such evaluation shall normally occur at reappointment, but as in the case of all persons appointed to the Medical Staff may occur at any time during the appointment year if warranted.

- (b) Upon attaining the age of seventy-five (75), Medical Staff appointees shall no longer have clinical privileges to admit or care for patients at the hospital. They shall be ineligible to vote, hold offices, and serve on committees. They shall pay no staff dues and shall assume full Honorary Staff status unless an exception continuing privileges is recommended by the Credentials Committee and the Executive Committee and approved by the Board.

PART F; VOLUNTARY RELINQUISHMENT OF PRIVILEGES

Section 1. Request to Relinquish Clinical Privileges

- (a) A Medical Staff appointee who desires to voluntarily relinquish any one (1) or more of the clinical privileges granted at any time during the appointment period may submit a written request to the Chairman of the Credentials Committee specifying the clinical privilege(s) to be relinquished. The relinquishment of privileges shall not be effective until acknowledged in writing by the Board.
- (b) The procedure set forth in this Part shall not apply to situations where the appointee has been deemed by the hospital to have voluntarily relinquished privileges pursuant to this policy, the Medical Staff rules and regulations or the hospital bylaws or policies.
- (c) Likewise, voluntary relinquishment of clinical privileges while under an investigation or in exchange for not conducting an investigation shall be considered a "surrender" of such privileges, and shall be so reported when so required.

Section 2. Procedure for Relinquishment of Clinical Privileges

- (a) Upon the receipt of a request to relinquish one or more clinical privileges, the Credentials Committee shall review the request and forward a recommendation to the Board for final action. The Credentials Committee may request a meeting with the appointee involved if the decrease of the clinical privileges would create a deficiency in available hospital services. A report of such meeting shall be submitted with the Credentials Committee's recommendation.
- (b) The Board shall act on the request and its decision shall be reported in writing by the Chief Executive Officer to the appointee, the Credentials and Executive Committees and the Chairman of the applicable section and department. The decision of the Board shall specify a specific date by which relinquishment of clinical privilege(s) shall become effective.
- (c) Failure to relinquish any clinical privilege pursuant to Sections 1 and 2 of this part or to adhere to the effective date specified by the Board for the relinquishment of the clinical privileges in question shall constitute grounds for professional review action pursuant to these bylaws.

PART G: PROCEDURE FOR INITIAL APPOINTMENT

Section 1. Submission of Application

- (a) The application for Medical Staff appointment shall be submitted by the Chief Executive Officer or a designee. It must be accompanied by payment of such processing fees as shall be determined from time to time. After reviewing the application to determine that all questions have been answered, and after reviewing all references and other information or materials deemed pertinent, and after verifying the information provided in the application with the primary sources, the Chief Executive Officer or the Medical Staff Officer shall transmit the complete application and all supporting materials to the appropriate section and department chief
- (b) An application shall be deemed to be complete when all questions on the application form have been answered, all supporting documentation has been supplied and all information verified. 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 ninety (90) days after the applicant has been notified of the additional information required shall be deemed to be withdrawn. It is the responsibility of the applicant to provide a complete application, including adequate responses from references; an incomplete application will not be processed.
- (c) The Chief Executive Officer or a designee shall post or circulate the name of the applicant so that each Medical Staff appointee may have an opportunity to submit to the Credentials Committee, in writing, information bearing on the applicant's qualifications for staff appointment or clinical privileges. In addition, any current Medical Staff appointee shall have the right to appear in person before the Credentials Committee to discuss in private and in confidence any concerns the appointee may have about the applicant.

Section 2. Department Chief Procedure

- (a) The chief of the department or a designee in whom the applicant seeks clinical privileges shall provide the Credentials Committee with a written report concerning the applicant's qualifications for appointment, and specific written findings supporting the proposed delineation of the applicant's clinical privileges. This report shall be appended to the Credentials Committee's report. As part of the process of making this report, the department chief or a designee has the right to meet with the applicant to discuss any aspect of the application, qualifications and requested clinical privileges.
- (b) The department chief or the individual(s) or committee within the department to which the chief has assigned this responsibility, shall evaluate the applicant's education, training, experience, and conduct and make inquiries with respect to the same to the applicant's past or current

department chief(s), residency training director, and others who may have knowledge about the applicant's education, training, experience, and ability to work with others.

- (c) The department chief shall be available to the Credentials Committee to answer any questions that may be raised with respect to that chief's report and findings.

Section 3. Credentials Committee Procedure

- (a) The Credentials Committee shall examine the evidence of the applicant's character, professional competence, qualifications, prior behavior and ethical standing of the applicant and shall determine, through information contained in references given by the applicant and from other sources available to the committee, including an appraisal from the chief of the clinical department (or section) in which privileges are sought, whether the applicant has established and satisfied all of the necessary qualifications for the clinical privileges requested.
- (b) As part of this process, the Credentials Committee may require the applicant to undergo a physical and/or mental examination of the applicant by a physician or physicians satisfactory to the Credentials Committee. The results of any such examination shall be made available for the committee's consideration.
- (c) The Credentials Committee may use the expertise of the department chief or any member of the department, section or an outside consultant, if additional research is required regarding into the applicant's qualifications.
- (d) As part of the process of making its recommendation, the Credentials Committee shall have the right to require the applicant to meet with the committee to discuss any aspect of the applicant's application, qualifications or the clinical privileges requested.
- (e) If, after considering the report of the clinical department chief concerned, the Credentials Committee's recommendation for appointment is favorable, the Credentials Committee shall recommend provisional appointment and provisional department assignment. All recommendations to appoint, including provisional appointment, 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 committee.
- (f) If the recommendation of the Credentials Committee is delayed longer than ninety (90) days, the Chairman of the Credentials Committee shall send a letter to the applicant, with a copy to the Executive Committee and Chief Executive Officer, explaining the reasons for the delay.

Section 4. Credentials Committee Report

- (a) Not later than ninety (90) days from its receipt of the application and all required and requested information, the Credentials Committee shall send its recommendation and written findings to the Executive Committee. The completed application and all supporting documentation shall be available to the Executive Committee.
- (b) The Chairman of the Credentials Committee shall be available to the Executive Committee (and to the Board) to answer any questions that may be raised with respect to the Credentials Committee's recommendation.

Section 5. Executive Committee Procedure

- (a) At its next regular meeting after receipt of the written findings and recommendation of the Credentials Committee, the Executive Committee shall:
 - (1) adopt the findings and recommendation of the Credentials Committee;
 - (2) refer the matter back to the Credentials Committee for further consideration and preparation of responses to specific questions raised by the Executive Committee prior to its final recommendation; or
 - (3) set forth in its report and recommendation clear and convincing reasons, along with supporting information, for its disagreement with the Credentials Committee's recommendation. Thereafter, the Executive Committee's recommendation shall be forwarded together with the Credentials Committee's findings and recommendation, through the Chief Executive Officer to the Board.
- (c) if the recommendation of the Executive Committee would entitle the applicant to request a hearing pursuant to this policy, it shall be forwarded to the Chief Executive Officer who shall promptly notify the applicant in writing, certified mail, return receipt requested. The Chief Executive Officer shall then hold the application until after the applicant has exercised or waived the right to a hearing as provided in this policy, after which the Chief Executive Officer shall forward the recommendation of the Executive Committee, together with the complete application and all supporting documentation, through the Chief Executive Officer to the Board for further action.

PART H: PROCEDURE FOR TEMPORARY CLINICAL PRIVILEGE

Section 1. Temporary Clinical Privileges for Applicants

Temporary privileges shall not routinely be granted to applicants. In extraordinary situations when necessary to avoid a hardship to the applicant, the Chief Executive Officer may, upon receipt of a completed application for Medical Staff appointment and after making inquiry to the National Practitioner Data Bank, verifying information as to

the licensure, DEA certification status, competence, character, ethical standing and professional liability insurance coverage of the applicant, and after consulting with the section and department chief concerned, and the Chairman of the Credentials Committee, grant temporary admitting and clinical privileges to an applicant for a specific time period. In exercising such privileges, the applicant shall act under the supervision of the chief of the department or his designee in which he has requested primary privileges.

Section 2. Temporary Clinical Privilege &for Non-Applicants

Temporary admitting and clinical privileges for care of a specific patient or patients may be granted by the Chief Executive Officer with the concurrence of either the chief of the section and department concerned or the Chief of Staff to a physician who is not an applicant for appointment in the same manner and upon the same conditions as set forth in Section I of this Part provided that the Chief Executive Officer shall first obtain such individual's signed acknowledgment that he agrees to be bound by the bylaws, policies and rules and regulations of the Medical Staff and the hospital then in force in all matters relating to his temporary clinical privileges. Such privileges shall be restricted to the specific patients for which they are granted+

Section 3. Special Requirements

Special requirements of suspicion and reporting may he imposed by the department chief concerned on any individual granted temporary clinical privileges. Temporary privileges shall he immediately terminated by the Chief Executive Officer with concurrence of the Chief of Staff or a designee upon notice of any failure by the individual to comply with such special conditions.

Section 4. Locum Tenens

- (a) The Chief Executive Officer may grant an individual serving as a locum tenens for an appointee of the Medical Staff temporary admitting and clinical privileges to attend patients of that appointee for a period not to exceed fifteen (15) days. This shall be done in the same manner and upon the same conditions as set forth in Section 1 of this Part, provided that the Chief Executive Officer shall first obtain such individual's signed acknowledgment that the individual has received and had an opportunity to read copies of the hospital bylaws and the Medical Staff Bylaws, rules and regulations which are then in force and that he agrees to be bound by the terms thereof
- (b) The individual serving as a locum tenens must also complete a request for clinical privileges form and must have in force and affect a current license to practice in this state, a DEA license, if applicable, and professional liability insurance in an amount and terms acceptable to the hospital.

Section 5. Termination of Temporary Clinical Privileges

- (a) The Chief Executive Officer or a designee may at any time after consulting with the Chief of Staff of the chief of the department responsible for the individual's supervision, terminate temporary admitting privileges. Clinical privileges shall then be terminated when the individual's in-patients are discharged from the hospital. However, where

it is determined that the care or safety of such patients would be endangered by continued treatment by the individual granted temporary privileges, a summary termination of temporary clinical privileges may be imposed by the Chief Executive Officer, Chief of Staff or department chief, and such termination shall be immediately effective,

- (b) The department chief or, in his absence, the Chief of Staff, shall assign to a Medical Staff appointee responsibility for the care of such terminated individual's patients until they are discharged from the hospital, giving consideration wherever possible to the wishes of the patient in the selection of the substitute.
- (c) The granting of any temporary admitting and clinical privileges is a courtesy on the part of the hospital and any or all such privileges may be terminated if a clinical question or concern has been raised regarding the individual's competence clinical practices or conduct at the hospital. Neither the granting, denial nor termination of such privileges shall entitle the individual concerned to request procedural rights provided in this policy.
- (d) Temporary privileges shall be automatically terminated at such time as the Credentials Committee recommends not appointing the applicant to the staff. Similarly, temporary clinical privileges shall be modified to conform to the recommendation of the Credentials Committee that the applicant be granted clinical privileges different from the temporary privileges.

PART I. EMERGENCY CLINICAL PRIVILEGES

- (a) In an emergency involving a particular patient, a physician who is not currently appointed to the Medical Staff may be permitted by the hospital to exercise clinical privileges to the extent permitted by his license to act in such emergency using all necessary facilities of the hospital, including calling for any consultation necessary or desirable.
- (b) Similarly, in an emergency involving a particular patient, a physician currently appointed to the Medical Staff may be permitted by the hospital to act in such emergency by exercising clinical privileges not specifically assigned to him.
- (c) When the emergency situation no longer exists, such physician must request the temporary privileges necessary to continue to treat the patient. In the event such temporary privileges are denied or not requested, the patient shall be assigned by the Chief of Staff or a designee to an appropriate person currently appointed to the Medical Staff. The wishes of the patient shall be considered in the selection to a substitute physician.
- (d) For the purpose of this section, an "emergency" is defined as a condition which could result in serious or permanent harm to a patient or in which life of a patient is in immediate danger and any delay in administering treatment would add to that harm or danger.

PART J: CONTRACTS FOR CLINICAL SERVICES

- (a) From time to time the Board may enter into contracts or employment relationships with individuals, partnerships or corporations for the performance of certain health care services, including medico-administrative services. All individuals functioning pursuant to such contracts or employment relationships, who would be subject to the provisions of the Medical Staff Bylaws, shall obtain and maintain staff appointment and/or clinical privileges, in accordance with the Medical Staff Bylaws.
- (b) if a question arises concerning clinical competence that may affect such individual's staff appointment or clinical privileges during the term of the contract, that question shall be processed in the same manner as would pertain to any other Medical Staff appointee. If a modification of privileges or appointment occurs that is sufficient to prevent the individual from performing his contractual duties the contract shall automatically terminate.
- (c) Clinical privileges or Medical Staff appointment that are necessary to carry out the obligations of the contract or employment shall be valid only during the term of the contract. In the event that the contract or employment expires or is terminated, the clinical privileges and any Medical Staff appointment resulting from the contract or employment shall automatically expire at the time the contract or employment expires or terminates. This expiration of clinical privileges and Medical Staff appointment, or the termination or expiration of the contract itself shall not entitle the individual to any hearing or appeal unless there is a specific provision to the contrary in the contract. In the event that only a portion of the individual's clinical privileges are covered by the contract or employment, only that portion shall be affected by the expiration or termination of the contract or employment.
- (d) Specific contractual or employment terms shall in all cases be controlling in the event that they conflict with provisions of the Medical Staff Bylaws.

ARTICLE III

ACTIONS AFFECTING MEDICAL STAFF APPOINTEES

PART A: PROCEDURE FOR REAPPOINTMENT

Section 1. Application

- (a) Each current appointee who wishes to be reappointed to the Medical Staff shall be responsible for completing the reappointment application form approved by the Board. The reappointment application shall be submitted to the Chief Executive Officer or a designee prior to the expiration of the individual's appointment term. Failure to submit an application by that

time will result in automatic expiration and voluntary relinquishment of the appointee's appointment and clinical privileges.

- (b) Reappointment, if granted by the Board shall be for a period of not more than two (2) years. If an application for reappointment is filed and the Board has not acted on it prior to the expiration of the appointee's current appointment, the appointee's current appointment and clinical privileges shall continue in effect until such time as the Board acts on the reappointment application.

Section 2. Factors to be Considered

- (a) Each recommendation concerning reappointment of a person currently appointed to the Medical Staff or a change in staff category where applicable, shall be based upon such appointee's:
 - (1) ethical behavior, clinical competence and clinical judgment in the treatment of patients;
 - (2) compliance with the hospital bylaws and policies and with the Medical Staff Bylaws and rules and regulations;
 - (3) behavior in the hospital and cooperation with medical and hospital personnel as it relates to patient care the orderly operation of this hospital, and general attitude toward patients the hospital and its personnel;
 - (4) use of the hospital's facilities for his patients;
 - (5) ability to perform the clinical privileges requested safely and competently;
 - (6) capacity to satisfactorily treat patients as indicated by the results of the hospital's quality assessment activities or other reasonable indicators of continuing qualifications;
 - (7) satisfactory completion of such continuing education requirements as may be imposed by law, this hospital or applicable accreditation agencies;
 - (8) current licensures, including currently pending challenges to any license or registration;
 - (9) current professional liability insurance status and pending malpractice challenges, including claims, lawsuits, judgments and settlements;
 - (10) voluntary or involuntary termination of Medical Staff appointment or voluntary or involuntary limitation, reduction of loss of clinical privileges at another hospital;
 - (11) relevant findings from the hospital's quality assessment activities; and

- (12) other reasonable indicators of continuing qualifications and relevant findings from the hospital's quality assessment activities.
- (b) To be eligible to apply for renewal of clinical privileges, an individual must have performed sufficient procedures, treatments, or therapies in the previous appointment term to enable the department chief and the Credentials Committee to assess the applicant's clinical competence. Any individual seeking reappointment who has minimal activity at this hospital must submit a copy of his confidential Primary 1-hospital Activity profile from the individual's primary hospital and/or such other information as may be requested before the individual reappointment application shall be considered complete and processed further.

Section 3. Department Procedure

- (a) No later than three months prior to the end of the current appointment period, the Chief Executive Officer shall send to the chief of the department a current list of all appointees who have clinical privileges, together with a description of the clinical privileges each holds, accompanied by copies of their applications.
- (b) No later than fifteen (15) days after receipt of the application, the chief of the department or designee shall provide the Credentials Committee with a written report concerning each individual seeking reappointment in the same Medical Staff. The chief shall include in each written report, when applicable, the reasons for any changes recommended in staff category, in clinical privileges, or for non-reappointment. The chief of the department or a designee shall be available to the Credentials Committee to answer any questions that may be raised with respect to any such report.

Section 4. Credentials Committee Procedure

- (a) The Credentials Committee, after receiving the reports from the chief of the department, or a designee, shall review all pertinent information available, including all information provided from other committees of the Medical Staff and from hospital management, for the purpose of determining its recommendations for staff reappointment, for change in staff category, and for the granting of clinical privileges for the ensuing appointment period.
- (b) As part of the process of making its recommendation, the Credentials Committee may require that a person currently seeking reappointment undergo a physical and/or mental examination by a physician or physicians satisfactory to the Credentials Committee either as part of the reapplication process or at any time during the appointment period to aid it in determining whether clinical privileges should be granted or continued. The results of such examination shall be available for the Credentials Committee's consideration. Failure of the person seeking reappointment to undergo such an examination within a reasonable time after being requested to do so in writing by the Credentials Committee shall constitute

a voluntary relinquishment of all clinical privileges until such time as the Credentials Committee has received the examination results and has had a reasonable opportunity to evaluate them and make a recommendation thereon.

- (c) The Credentials Committee may use the expertise of the department chief or any member of the department, or an outside consultant, if additional research is required into the appointee's qualifications for reappointment.
- (d) The Credentials Committee shall have the right to require the individual to meet with the committee to discuss any aspect of the individual's reappointment application, qualifications, or clinical privileges requested.
- (e) If, after considering the report of the clinical department chief the Credentials Committee's recommendation is favorable, it shall recommend reappointment and the specific clinical privileges to be granted, which may be qualified by any probationary or other conditions or restrictions, as deemed appropriate by the committee.

Section 5. Committee Procedure

- (a) The Credentials Committee shall forward written findings and recommendations to the Executive Committee in time for the Executive Committee to consider the individual's reappointments at its regularly scheduled meeting before the expiration of the applicant's appointment period. The completed application and all supporting documentation shall be available to the Executive Committee. Where non reappointment, non-promotion, or a change in clinical privileges is recommended, the reason for such recommendation shall be stated. The Chairman of the Credentials Committee shall be available to the Executive Committee (or to the Board) to answer any questions that may be raised with respect to the recommendation.
- (b) At its next regular meeting after receipt of the written findings and recommendation of the Credentials Committee, the Executive Committee shall:
 - (1) adopt the findings and recommendation of the Credentials Committee;
 - (2) refer the matter back to the Credentials Committee for their consideration and preparation of responses to specific questions raised by the Executive Committee prior to its final recommendation; or
 - (3) set forth in its report recommendation clear and convincing reasons, along with supporting information, for its disagreement with the Credentials Committee's recommendation. Thereafter, the Executive Committee's recommendation shall be forwarded, together with the Credentials Committee's findings and recommendation, through the Chief Executive Officer to the Board.

- (c) The Executive Committee shall transmit its written reports and recommendations concerning the reappointment, clinical privileges and, where applicable, change in staff category, of each person currently holding a Medical Staff appointment, to the Board, through the Chief Executive Officer, for reappointment consideration and further action.
- (d) Any recommendation by the Executive Committee that would entitle the affected individual to request procedural rights provided in this policy shall be forwarded to the Chief Executive Officer who shall promptly notify the affected individual by certified mail, return receipt requested. The Chief Executive Officer shall then hold the recommendation until after the individual has exercised or has waived the right to a hearing as provided in this policy, after which time, the Chief Executive Officer shall forward the recommendation of the Executive Committee together with all supporting documentation to the Board. The Chairman of the Executive Committee shall be available to the Board to answer any questions that may be raised with respect to the recommendation.
- (e) In the event the Board determines to consider modification of the action of the Executive Committee and such modification would entitle the individual to a hearing in accordance with this policy. The Chief Executive Officer shall notify the affected individual, and the Board shall take no final action until the individual has exercised or has waived the procedural rights provided in this policy.

PART B: PROCEDURES FOR REQUESTING ADDITIONAL CLINICAL PRIVILEGES

Section 1. Application for Additional Clinical Privileges

Whenever, during the term of appointment to the Medical Staff, an individual desires additional clinical privileges, he shall apply in writing to the Chief Executive Officer on a form prescribed by the Board. The application shall state in detail the specific additional clinical privileges desired and the applicant's relevant recent training and experience which justify additional privileges. This application shall be transmitted by the Chief Executive Officer to the appropriate department chief. Thereafter, it shall be processed in the same manner as an application for initial clinical privileges.

Section 2. Factors to be Considered

- (a) Recommendations for additional in clinical privileges shall be based upon:
 - (1) relevant recent training;
 - (2) observation of patient care provided;
 - (3) review of the records of patients treated in this or other hospitals;
 - (4) results of hospital's quality assessment activities;

- (5) the applicant's ability to meet the qualifications and criteria for the clinical privileges requested; and
 - (6) other reasonable indicators of the individual's continuing qualifications for the privileges in question.
- (b) The recommendation for additional privileges may carry with it such requirements for supervision or consultation or other conditions, for such period of time as are thought necessary.

PART C: PROCEDURE FOR OTHER QUESTIONS INVOLVING MEDICAL STAFF APPOINTEES

Section 1. Initial Procedure

- (a) Whenever a concern or question has been raised regarding:
- (1) the clinical competence or clinical practice pattern of any Medical Staff appointee;
 - (2) the care or treatment of a patient or patients or management of a case by any Medical Staff appointee;
 - (3) the known or suspected violation by any Medical Staff appointee of applicable ethical standards or the bylaws, policies, rules or regulations of the hospital or its Board or Medical Staff; or
 - (4) behavior or conduct on the part of any Medical Staff appointee that is considered lower than the standards of the hospital or disruptive of the orderly operation of the hospital or its Medical Staff including the inability of the appointee to work harmoniously with others;

The Chief of Staff the chief of the clinical department or section, the Chairman of the Credentials Committee or the Chief Executive Officer shall make sufficient inquiry to satisfy themselves that the concern or question raised is credible, after which it shall be submitted in writing to the Credentials Committee. If any of the inquiring individuals set forth in this provision believe it to be in the best interest of the hospital and the appointee concerned they may, but are not required to, discuss the matter with the affected appointee.

Section 2.. Initiation of Investigation

- (a) When a concern or question involving clinical competence or behavior/conduct has been referred to the Credentials Committee, that committee shall determine either to discuss the matter with the appointee concerned, or to begin an investigation on its own motion. If the Board wishes to begin such an investigation, it shall formally resolve to do so, but may delegate the actual investigation.
- (b) The Chairman of the Credentials Committee shall promptly notify the Executive Committee and the Chief Executive Officer in writing of all

such requests and investigations, and shall keep them fully informed of all action taken in connection therewith.

Section 3. Investigative Procedure

Upon resolving to initiate an investigation, the Credentials Committee shall meet as soon as possible:

- (a) If the concern states sufficient information to warrant a recommendation, the Credentials Committee at its discretion may make such a recommendation, with or without a personal interview with the individual being investigated.
- (b) If the concern does not state sufficient information to warrant a recommendation the Credentials Committee shall immediately investigate the matter, appoint a subcommittee to do so, or appoint an ad hoc investigating committee consisting of up to three (3) persons who may or may not hold appointments to the Medical Staff. This ad hoc investigating committee shall not include partners, associates or relatives of the individual being investigated.
- (c) The Credentials Committee, its subcommittee or the ad hoc investigating committee shall have available to it the full resources of the Medical Staff and the hospital, as well as the authority to use outside consultants, if needed. The committee may also require a physical and/or mental examination of the individual being investigated by a physician or physicians satisfactory to the committee, and shall require that the results of such examination be made available for the Credentials Committee's consideration.
- (d) The individual being investigated shall have an opportunity to meet with the investigating committee before it makes its report. At this meeting (but not, as a matter of right, in advance of it) the individual shall be informed of the general nature of the evidence supporting the question being investigated and shall be invited to discuss, explain or refute it. This interview shall not constitute a hearing, and none of the procedural rules provided in this policy with respect to hearings shall apply. A summary of such interview shall be made by the investigating committee and included with its report to the Credentials Committee.
- (e) If a subcommittee or ad hoc investigating committee is used, the Credentials Committee may accept, modify or reject the recommendation it receives from that committee.
- (f) At any time during an investigation of an appointee's conduct of behavior at the hospital, the Credentials Committee may refer the matter to the Board without a recommendation. Any subsequent action shall then be initiated and conducted under the direction of the Board.

Section 4. Procedure Thereafter

- (a) At the conclusion of the investigation, the Credentials Committee may:
 - (1) determine that no action is justified;
 - (2) issue a written warning;
 - (3) issue a letter of reprimand;
 - (4) impose terms of probation;
 - (5) impose a requirement for consultation;
 - (6) recommend reduction of clinical privileges;
 - (7) recommend suspension of clinical privileges for a term;
 - (8) recommend revocation of staff appointment;
 - (9) make such other recommendations as it deems necessary or appropriate; or
 - (10) refer the matter without recommendation to the Board for further action.

- (b) If the action of the Credentials Committee does not entitle the individual to request a hearing, the action shall take effect immediately without action of the Executive Committee or the Board and without the right of appeal to the Board. A report of the action taken and reasons therefor shall be made to the Executive Committee and to the Board through the Chief Executive Officer, and the action shall stand unless modified by the Board.

- (c) If the action of the Credentials Committee does entitle the individual to request a hearing, the Credentials Committee shall forward its recommendation to the Executive Committee, and the Chairman of the Credentials Committee shall be available to the Executive Committee to answer any questions that may be raised with respect to the recommendation.

- (d) After reviewing the findings and recommendation of the Credentials Committee, and meeting with the Chairman of the Credentials Committee, if necessary, the Executive Committee shall:
 - (1) adopt the recommendation of the Credentials Committee;
 - (2) refer the matter back to the Credentials Committee for its further investigation and preparation of responses to specific questions raised by the Executive Committee prior to its final recommendation; or
 - (3) set forth in its report and recommendation clear and convincing reasons, along with supporting information, for its disagreement with the Credentials Committee's recommendation, and forward its recommendation together with the Credentials Committee's

findings and recommendation to the Board through the Chief Executive Officer.

- (e) Any recommendation by the Executive Committee that would entitle the affected individual to request a hearing shall be forwarded to the Chief Executive Officer who shall promptly notify the affected individual by certified mail, return receipt requested. The Chief Executive Officer shall then hold the recommendation until after the individual has exercised or has waived the right to a hearing as provided in this policy, after which the Chief Executive Officer shall forward the recommendation of the Executive Committee, together with all supporting information, to the Board. The Chairman of the Executive Committee shall be available to the Board to answer any questions that may be raised with respect to the recommendation.
- (f) In the event the Board determines to consider modification of the action of the Executive Committee and such modification would entitle the individual to request a hearing in accordance with this policy, the Chief Executive Officer shall notify the affected individual and no final action shall be taken until the individual has exercised or has waived the right to a hearing.

PART D: PRECAUTIONARY SUSPENSION OF CLINICAL PRIVILEGES

Section 1. Grounds for Precautionary Suspension

- (a) The Chief of Staff the chief of a clinical department, the Chief Executive Officer, or in his absence, a designee, or the Chairman of the Board shall each have the authority to suspend all or any portion of the clinical privileges of a Medical Staff appointee or other individual whenever the failure to take such action may result in an imminent danger to the health and/or safety of any individual. Such precautionary suspension shall be deemed an interim precautionary step in the professional review activity related to the ultimate professional review action that will be taken with respect to the suspended individual but is not a complete professional review action in and of itself. It shall not imply any final finding of responsibility for the situation that caused the suspension.
- (b) Such precautionary suspension shall become effective immediately upon imposition, shall immediately be reported in writing to the Chief Executive Officer, or, in his absence, a designee and the Chief of Staff, and shall remain in effect unless or until modified by the Chief Executive Officer or the Board.

Section 2. Credentials Committee Procedure

- (a) Any individual who exercises authority under Section 1 of this Part to summarily suspend clinical privileges as a precaution shall immediately report that action to the Chairman of the Credentials Committee to take further action in the matter.

- (b) A review of the matter resulting in precautionary suspension shall be completed within a reasonable time period not to exceed thirty (30) days or reasons for the delay shall be transmitted to the Board so that it may consider whether the suspension should be lifted. At that point the Credentials Committee shall take such further action as is required in the manner specified under Part C of this Article.

Section 3. Care of Suspended Individual's Patients

- (a) Immediately upon the imposition of a precautionary suspension, the Chief of Staff, the chief of the department or the appropriate section chief shall assign to another individual with appropriate clinical privileges responsibility for care of the suspended individual's patients still in the hospital. The assignment shall remain effective until such time as the patients are discharged. The wishes of the patient shall be considered by the department chief in the selection of an assigned substitute.
- (b) it shall be the duty of all Medical Staff appointees to cooperate with the Chief of Staff, the department chief and the Chief Executive Officer in enforcing all suspensions.

PART E: OTHER ACTIONS

Section 1. Failure to Complete Medical Records

The surgical posting privileges of a medical staff appointee shall be automatically relinquished for failure to complete medical records after notification by the medical records department of such delinquency, unless the appointee is without fault. A chart is considered to be delinquent fifteen (15) days after discharge. Such relinquishment shall continue until all the records of the individual's patients are no longer delinquent. Failure to complete the medical records that caused relinquishment of clinical privileges within sixty (60) days from discharge shall constitute automatic relinquishment of elective and emergency admitting and consulting privileges. Failure to complete the medical records that caused relinquishment of clinical privileges after one hundred eighty (180) days from the date of the first notification by the Medical Records Department shall constitute automatic relinquishment of clinical privileges and voluntary resignation from the Medical Staff.

Section 2. Action by State Licensing Agency

Action by the appropriate state licensing board or agency revoking or suspending an individual's professional license, or loss or lapse of state license to practice for any reason, shall result in automatic relinquishment of all hospital clinical privileges as of that date, until the matter is resolved and the license restored. In the event the individual's license is only partially restricted, the clinical privileges that would be affected by the license restriction shall be similarly voluntarily restricted.

Section 3. Failure to be Adequately Insured

If at any time an appointee's professional liability insurance coverage lapses, falls below the minimum, is terminated or otherwise ceases to be in effect (in whole or in part), the appointee's clinical privileges that would be affected shall be automatically relinquished or restricted as applicable as of that date until the matter is resolved and adequate professional liability insurance coverage is restored.

Section 4. Failure to Satisfy Continuing Education Requirements

- (a) Failure of Active, Associate and Emeritus Staff appointees to complete the minimum of twelve (12) continuing education requirements during any two (2) year appointment period, or six (6) continuing education requirements during any one (1) year appointment period, shall be deemed to constitute a voluntary relinquishment of clinical privileges, and shall be sufficient grounds for refusing to consider the individual for reappointment. Such failures shall be documented and specifically considered by the Credentials Committee when making its recommendations for reappointment and by the Board when making its final decisions.
- (b) Any individual whose reappointment has been refused for failure to satisfy continuing education requirements shall be entitled to meet with a committee to be designated by the Board before final action is taken. This meeting with the Board committee shall not constitute a hearing and shall not be conducted under the procedural rules provided in this policy.
- (c) If reappointment is refused by the Board, the individual shall be eligible to reapply for staff appointment and clinical privileges, and the application shall be processed in the same manner as if it were an initial application.

Section 5. Failure to Provide Requested Information

If at any time an appointee fails to provide required information pursuant to a formal request by the Credentials Committee or the Chief Executive Officer, the appointee's clinical privileges shall be deemed to be voluntarily relinquished until the required information is provided to the satisfaction of the requesting party. For purposes of this section "required information" shall refer to (1) physical or mental examination reports as specified elsewhere in this policy, or (2) information necessary to explain an investigation, professional review activity and/or action, or resign from another health care facility or agency.

Section 6. Procedure for Leave of Absence

- (a) Persons appointed to the Medical Staff may, for good cause, be granted leaves of absence by the Board for a definitely stated period of time not to exceed one (1) year. Absence for longer than one (1) year shall be deemed to constitute voluntary resignation of Medical Staff appointment and clinical privileges unless an exception is made by the Board.

- (b) Requests for leaves of absence shall be made to the chief of the department in which the individual applying for leave holds primary clinical privileges, and shall state the beginning and ending dates of the requested leave. The department chief shall transmit the request together with his recommendation to the Credentials Committee which shall make a report and a recommendation and transmit it to the Chief Executive Officer for action by the Board. The Chief Executive Officer shall notify the Executive Committee of all such requests.
- (c) At the conclusion of the leave of absence, the individual may be reinstated, upon filing a written statement with the Chief Executive Officer summarizing the professional activities undertaken during the leave of absence. The individual shall also provide such other information as may be requested by the hospital at that time.
- (d) If the leave of absence was for medical reasons, then the appointee must submit a report from his or her attending physician indicating that the appointee is physically and/or mentally capable of resuming a hospital practice and exercising the clinical privileges requested. The appointee shall also provide such other information as may be requested by the hospital at that time. All information shall be forwarded by the Chief Executive Officer to the Credentials Committee. After considering all relevant information, the Credentials Committee shall then make a recommendation regarding reinstatement to the Board for final action.
- (e) In acting upon the request for reinstatement, the Board may approve reinstatement either to the same or a different staff category, and may limit or modify the clinical privileges to be extended the individual upon reinstatement.

PART F: INFORMAL PROCEEDINGS

Nothing in this policy shall preclude collegial or informal efforts to address questions or concerns relating to an individual's practice and conduct at the hospital. This policy specifically encourages voluntary structuring of clinical privileges to achieve a clinical practice mutually acceptable to the individual the Credentials and Executive Committees, and the Board. All efforts of the Medical Staff leadership and the hospital with regard to such informal and/or collegial efforts shall be deemed to be part of the hospitals quality improvement and professional review activities.

PART G: CONFIDENTIALITY AND REPORTING

- (a) Actions taken and recommendations made pursuant to this Article shall be treated as confidential in accordance with such policies regarding confidentiality as may be adopted by the Board. In addition, reports of actions taken pursuant to these bylaws shall be made by the Chief Executive Officer to such governmental agencies as may be required by law.

- (b) All records and other information generated in connection with and/or as a result of professional review activities shall be confidential, and each individual or committee member participating in such review activities shall agree to make no disclosures of any such information except as authorized, in writing, by the Chief Executive Officer or by legal counsel to the hospital. Any breach of confidentiality by an individual or committee member may result in a professional review action, and/or may result in appropriate legal action to ensure that confidentiality is preserved, including application to a court of law for injunctive or other relief.

PART H. PEER REVIEW PROTECTION

All minutes, reports, recommendations, communications and actions made or taken pursuant to these bylaws are deemed to be covered by the provisions of La. R.S. 44.7(D) and La. R.S. 13:3715.3 (1991) or the corresponding provisions of any subsequent federal or state statute providing protection to peer review or related activities. Furthermore, the committees and/or panels charged with making reports, findings, recommendations or investigations pursuant to these bylaws shall be considered to be acting on behalf of the hospital and its Board when engaged in such professional review activities and thus shall be deemed to be "professional review bodies" as that term is defined in the Health Care Quality Improvement Act of 1986 and Article I of this policy

ARTICLE IV

HEARING AND APPEAL PROCEDURES

PART A: INITIATION OF HEARING

Section 1. Grounds for Hearing

- (a) An applicant or an individual holding a Medical Staff appointment shall be entitled to request a hearing whenever any one (1) of the following unfavorable recommendations has been made by the Executive Committee or the Board:
- (1) denial of initial Medical Staff appointment;
 - (2) denial of requested advancement in Medical Staff category;
 - (3) denial of Medical Staff reappointment;
 - (4) revocation of Medical Staff appointments
 - (5) denial of requested initial clinical privileges;
 - (6) denial of requested increased clinical privileges
 - (7) decrease of clinical privileges;
 - (8) suspension of clinical privileges (other than precautionary suspension) for more than thirty (30) days; or
 - (9) Imposition of mandatory concurring consultation requirement

- (b) No other recommendations except those enumerated in (a) of this Section shall entitle the individual to request a hearing.
- (c) the affected individual shall also be entitled to request a hearing before the Board enters a final decision, in the event the Board should determine, without a similar recommendation from the Executive Committee, to take any action set forth above.
- (d) The hearing shall be conducted in as informal a manner as possible subject to the rules and procedures set forth in this policy.
- (e) Neither automatic nor voluntary relinquishment of clinical privileges, as provided in these bylaws, nor the imposition of any general consultation requirement, nor the imposition of a requirement for retraining, additional training or continuing education, no matter whether imposed by the Credentials or Executive Committee or the Board, shall constitute grounds for a hearing, but shall take effect without hearing or appeal.
- (f) Residents in training at the hospital shall not be entitled to the hearing and appeal rights set forth in this policy. All resident grievances shall be addressed pursuant to those procedures outlined in the resident contract and/or the resident's training manual.

PART B: THE HEARING

Section 1. Notice of Recommendation

When a recommendation is made which, according to these bylaws entitles an individual to request a hearing prior to a final decision of the Board, the affected individual shall promptly be given notice by the Chief Executive Officer, in writing, certified mail, return receipt requested. This notice shall contain:

- (a) a statement of the recommendation made and the general reasons for it:
- (b) notice that the individual has the right to request a hearing on the recommendation within thirty (30) days of receipt of this notice; and
- (c) a copy of this Article outlining the rights in the hearing as provided for in this policy.

Section 2. Request for Hearing

An individual shall have thirty (30) days following the date of the receipt of such notice within which to request the hearing. The request shall be in writing to the Chief Executive Officer. In the event the individual does not request a hearing within the time and in the manner required by these bylaws, the individual shall be deemed to have waived the right to a hearing and to have accepted the action involved. That action shall become effective immediately upon final Board action

Section 3. Notice of Hearing and Statement of Reasons

- (a) The Chief Executive Officer shall schedule the hearing and shall give written notice, certified mail, return receipt requested, to the person who requested the hearing. The notice shall include:

- (1) the time, place and date of the hearing;
 - (2) a proposed list of witnesses, as known at that time, but which may be modified, who will give testimony or present evidence at the hearing in support of the Executive Committee or the Board;
 - (3) the names of the Hearing Panel members and Presiding Officer (or 1 -hearing Officer) if known; and
 - (4) a statement of the specific reasons for the recommendation as well as the list of patient records numbers and information supporting the recommendation. This statement and the list of supporting patient record numbers and other supporting information may be revised or amended at any time, even during the hearing, so long as the additional material is relevant to the continued appointment or clinical privileges of the individual requesting the hearing. The individual and counsel shall have sufficient time, up to thirty (30) days, to study this additional information and rebut it.
- (b) The hearing shall begin as soon as practicable, but no sooner than thirty (30) days after the notice of the hearing unless an earlier hearing date has been specifically agreed to in writing by the parties.

Section 4. Witness List

- (a) Within ten (10) days after receiving notice of the hearing, the individual requesting the hearing shall provide a written list of the names and addresses of the individuals expected to offer testimony or evidence on his behalf, and shall include a brief summary of the nature of the anticipated testimony.
- (b) The witness list of the hospital in support of the recommendation of the Executive Committee (or the Board), shall include a brief summary of the nature of the anticipated testimony. The witness list of either party may, in the discretion of the Presiding Officer or Hearing Panel Chairman, be supplemented or amended at any time during the course of the hearing, provided that notice of the change is given to the other party. The Presiding Officer shall have the authority to limit the number of witnesses, especially character witnesses whose testimony is merely cumulative, as set forth in Section 5 of this Part.

Section 5. Hearing Panel, Presiding Officer and Hearing Officer

- (a) Hearing Panel
 - (1) When a hearing is requested, the Chief Executive Officer, acting for the Board and after considering the recommendations of the Chief of Staff (and that of the Chairman of the Board, if the hearing is occasioned by a Board determination) shall appoint a Hearing Panel which shall be composed of not less than three (3) members. The Hearing Panel shall not have actively participated in the

consideration of the matter involved at any previous level, or of physicians or laypersons not connected with the hospital or any combination of such persons.

- (2) The Hearing Panel shall not include any individual who is in direct economic competition with the affected person or any such individual who is professionally associated with or related to the affected individual. Such appointment shall include designation of a Chairman or a Presiding Officer. Knowledge of the matter involved shall not preclude any individual from serving as a member of the Hearing Panel.

(b) Presiding Officer

- (1) In lieu of a Hearing Panel Chairman, the Chief Executive Officer may appoint an active or retired attorney at law as Presiding Officer. Such Presiding Officer must not act as a prosecuting officer, or as an advocate for either side at the hearing. The Presiding Officer may participate in the private deliberations of the Hearing Panel and is a legal advisor to it but shall not be entitled to vote on its recommendations.
- (2) If no Presiding Officer has been appointed, a Chairman of the Hearing Panel shall be appointed by the Chief Executive Officer to serve as the Presiding Officer, and shall be entitled to one (1) vote.
- (3) The Presiding Officer (or Hearing Panel Chairman) shall:
 - (i) act to insure that all participants in the hearing have a reasonable opportunity to be heard and to present oral and documentary evidence subject to reasonable limits on the number of witnesses and duration of direct and cross examination, applicable to both sides, as may be necessary to avoid cumulative or irrelevant testimony or to prevent abuse of the hearing process;
 - (ii) prohibit conduct or presentation of evidence that is cumulative, excessive, irrelevant, and abusive or that causes undue delay;
 - (iii) maintain decorum throughout the hearing;
 - (iv) determine the order of procedure throughout the hearing;
 - (v) have the authority and discretion in accordance with this policy, to make rulings on all questions which pertain to matters of procedure and to the admissibility of evidence;
 - (vi) act in such a way that all information relevant to the continued appointment of clinical privileges of the individual requesting the hearing is considered by the Hearing Panel in formulating its recommendations; and

- (vii) conduct argument by counsel on procedural points outside the presence of the Hearing Panel unless the Panel wishes to be present.
- (4) The Presiding Officer may be advised by legal counsel to the hospital with regard to the hearing procedure.
- (c) Hearing Officer
 - (1) As an alternative to the Hearing Panel described in paragraph (a) of this Section, the Chief Executive Officer, after consulting with the President of the Medical Staff (and Chairman of the Board if the hearing was occasioned by a Board determination) may instead appoint a Hearing Officer to perform the functions that would otherwise be carried out by the Hearing Panel. The Hearing Officer shall preferably be an attorney at law.
 - (2) The Hearing Officer may not be in direct economic competition with the individual requesting the hearing, and shall not act as a prosecuting officer or as an advocate to either side at the hearing. If the Hearing Officer is an attorney, he shall not represent clients in direct economic competition with the affected individual. In the event a Hearing Officer is appointed instead of a Hearing Panel, all references in this Article to the "Hearing Panel" or "Presiding Officer" shall be deemed to refer instead to the Hearing Officer, unless the context would clearly otherwise require.

PART C: HEARING PROCEDURE

Section 1. Pre-Hearing Discovery

- (a) There is no right to discovery in connection with the hearing. However, the individual requesting the hearing shall be entitled, upon specific request, to the following, subject to a stipulation signed by both parties that such documents shall be maintained as confidential and shall not be disclosed or used for any purpose outside of the hearing:
 - (1) copies of, or reasonable access to, all patient medical records referred to in the Statement of Reasons, at the individual's expense;
 - (2) reports of experts relied upon by the Executive Committee or the Board;
 - (3) redacted copies of relevant committee or department meeting minutes (such provision does not constitute a waiver of the state peer review protection statute); and
 - (4) copies of any other documents relied upon by the Executive Committee or the Board
- (b) Prior to the hearing, on dates set by the Presiding Officer or agreed upon by counsel for both sides, each party shall provide the other party with a

list of proposed exhibits. All objections to documents or witnesses to the extent then reasonably known, shall be submitted in writing in advance of the hearing. The Presiding Officer shall not entertain subsequent objections unless the party offering the objection demonstrates good cause.

- (c) Prior to the hearing, on dates set by the Presiding Officer, the individual requesting the hearing shall, upon specific request, provide the Executive Committee (or the Board) copies of any expert report or other documents relied upon by the individual.
- (d) Neither the affected individual, nor his or her attorney, nor any other person on behalf of the affected individual, shall contact hospital employees appearing on the hospital's witness list concerning the subject matter of the hearing, unless specifically agreed upon by counsel.

Section 2. Pre-Hearing Conference

The Presiding Officer may require counsel for the individual and for the Executive Committee (or the Board) to participate in a pre-hearing conference for purposes of resolving all procedural questions in advance of the hearing. The Presiding Officer may specifically require that:

- (1) all documentary evidence be exchanged by the parties prior to the conference: any objections to the documents shall be made at this conference and shall be resolved by the Presiding Officer.
- (2) evidence unrelated to the reasons for the unfavorable recommendation or unrelated to the individual's qualifications for appointment or the relevant clinical privileges be excluded;
- (3) the names of all witnesses and a brief statement of their anticipated testimony be exchanged if not previously provided;
- (4) the time granted to each witness' testimony and cross-examination be agreed upon or determined by the Presiding Officer, in advance; and
- (5) witnesses and documentation not provided and agreed upon in advance of the hearing may be excluded from the hearing.

Section 3. Failure to Appear

Failure, without good cause, of the individual requesting the hearing to appear and proceed at such a hearing shall be deemed to constitute voluntary acceptance of the pending recommendations or actions which shall then become final immediately upon approval of the Board.

Section 4. Record of Hearing

The Hearing Panel shall maintain a record of the hearing by a stenographic reporter present to make a record of the hearing or a recording of the proceedings. The cost of such reporter shall be borne by the hospital, but copies of the transcript shall be provided to the individual requesting the hearing at that

individual's expense. Oral evidence shall be taken only on oath or affirmation administered by any person designated by such body and entitled to notarize documents in this State.

Section 5. Rights of Both Sides

- (a) At a hearing both sides shall have the following rights, subject to reasonable limits determined by the Presiding Officer:
 - (1) to call and examine witnesses to the extent available;
 - (2) to introduce exhibits;
 - (3) to cross-examine any witness on any matter relevant to the issues and to rebut any evidence;
 - (4) representation by legal counsel who may call, examine, and cross-examine witnesses and present the case. Both sides shall notify the other of the name of that counsel at least ten (10) days prior to the date of the hearing; and
 - (5) to submit a written statement at the close of the hearing.
- (b) Any individual requesting a hearing who does not testify in his own behalf may be called and examined as if under cross-examination
- (c) The Hearing Panel may question the witnesses, call additional witnesses or request additional documentary evidence.

Section 6. Admissibility of Evidence

The hearing shall not be conducted according to rules of evidence. Hearsay evidence shall not be excluded merely because it constitutes hearsay. Any relevant evidence shall be admitted by the Presiding Officer if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law.

Section 7. Post-Hearing Memoranda of Points and Authorities

Each party shall have the right to submit a memorandum of points and authorities, and the Hearing Panel may request such a memorandum to be filed, following the close of the hearing.

Section 8. Official Notice

The Presiding Officer shall have the discretion to take official notice of any matters, either technical or scientific, relating to the issues under consideration that could have been judicially noticed by the courts of this State. Participants in the hearing shall be informed of the matters to be officially noticed and such matters shall be noted in the record of the hearing. Either party shall have the opportunity to request that a matter be officially noticed or to refute the noticed matter by evidence or by written or oral presentation of authority. Reasonable additional time shall be granted, if requested, to present rebuttal of any evidence admitted on official notice.

Section 9. Postponement and Extensions

Postponements and extensions of time beyond any time limit set forth in these bylaws may be requested by anyone but shall be permitted only by the Presiding Officer, or the Chief Executive Officer on a showing of good cause.

PART D: HEARING, CONCLUSIONS, DELIBERATIONS, AND RECOMMENDATIONS

Section 1. Order of Presentation

The Executive Committee or the Board, depending on whose recommendation prompted the hearing initially, shall first present evidence in support of its recommendation. Thereafter, the burden shall shift to the individual who requested the hearing to present evidence.

Section 2. Basis of Recommendation

- (a) The Hearing Panel shall recommend in favor of the Executive Committee (or the Board) unless it finds that the individual who requested the hearing has proved that the recommendation that prompted the hearing was arbitrary, capricious, or not supported by substantial evidence.
- (b) The decision of the Hearing Panel shall be based on the evidence produced at the hearing. This evidence may consist of the following:
 - (1) oral testimony of witnesses;
 - (2) memorandum of points and authorities presented in connection with the hearing;
 - (3) any information regarding the individual who requested the hearing so long as that information has been admitted into evidence at the hearing and the person who requested the hearing had the opportunity to comment on and, by other evidence, refute it;
 - (4) any and all applications, references, and accompanying documents;
 - (5) other documented evidence, including medical records; and
 - (6) any other information presented at the hearing.

Section 3. Attendance by Panel Members

All members of the Hearing Panel should be present continually during all hearing sessions. However, the fact that a Hearing Panel member was not present at all times during a hearing session will not disqualify the member or invalidate the hearing, and that Panel member who was not present at all times during a hearing session shall be required to read the hearing transcript of that session before voting on the Hearing Panel's recommendation. The vote shall be by majority of those appointed to the Hearing Panel.

Section 4. Adjournment and Conclusion

The Presiding Officer may, without special notice, adjourn the hearing and reconvene the same at the convenience and with the agreement of the participants. Upon conclusion of the presentation of evidence by the parties and/or questions by the Hearing Panel, the hearing shall be closed.

Section 5. Deliberations and Recommendation of the Hearing Panel

Within twenty (20) days after final adjournment of the hearing (which may be designated as the time the Hearing Panel receives the hearing transcript or any post-hearing memoranda, whichever is later), the Hearing Panel shall conduct its deliberations outside the presence of any other person except the Presiding Officer, and shall render a recommendation, accompanied by a report, which shall contain a concise statement of the reasons for the recommendation.

Section 6. Disposition of Hearing Panel Report

The Hearing Panel shall deliver its report and recommendation to the Chief Executive Officer who shall forward it, along with all supporting documentation, to the Board for further action. The Chief Executive Officer shall also send a copy of the report and recommendation, certified mail, return receipt requested, to the individual who requested the hearing, and to the Executive Committee for information and comment.

PART E. APPEAL PROCEDURE

Section 1. Time for Appeal

Within ten (10) days after notice of the Hearing Panel's recommendation, either party may request to appeal the recommendation. The request to appeal shall be in writing and must include a statement(s) of the reason(s) for appeal and the specific facts or circumstances which justify further review. Such written request shall be delivered to the Chief Executive Officer either in person or by certified mail, return receipt requested, and shall include a statement of the reasons for appeal and the specific facts or circumstances which justify further review. If such appellate review is not requested within ten (10) days as provided herein, both parties shall be deemed to have waived the right to an appeal, and the Hearing Panel's report and recommendation shall be forwarded to the Board for final action.

Section 2. Grounds for Appeal

The grounds for appeal from an adverse recommendation shall be limited to the following:

- (a) there was substantial failure on the part, of the Hearing Panel (or Board Committee) to comply with this policy and/or the hospital or Medical Staff Bylaws during or prior to the hearing so as to deny due process or a fair hearing; and/or

- (b) the recommendations of the Hearing Panel (or Board Committee) were made arbitrarily, capriciously with prejudice; and/or
- (c) the recommendations of the Hearing Panel (or Board Committee) were not supported by substantial evidence.

Section 3. Time, Place and Notice

Whenever an appeal is requested as set forth in the preceding sections, the Chairman of the Board shall, as soon as arrangements can reasonably be made, taking into account the schedules of all participants, schedule and arrange for an appellate review. The affected individual shall be given notice of the time, place and date of the appellate review. The appellate Review Panel shall be convened in not less than twenty (20) days, nor more than forty (40) days from the date of receipt of the request for an appeal; provided, however, that when a request for appellate review is from an appointee who is under a suspension then in effect, the appellate Review Panel shall be convened as soon as the arrangements may reasonably be made and not more than fourteen (14) days from the date of receipt of the request for an appeal unless the individual agrees to a longer period. The time for appellate review may be extended by the Chairman of the Board for good cause.

Section 4. Nature of Appellate Review

- (a) The Chairman of the Board shall appoint a Review Panel composed of not less than three (3) persons, either members of the Board or others, including but not limited to reputable persons outside the hospital or any combination of the same, to consider the record upon which the recommendation before it was made, or the Board may hear the appeal as a whole body.
- (b) The Review Panel may in its discretion accept additional oral or written evidence subject to the same rights of cross-examination or confrontation provided at the Hearing Panel proceedings. Such additional evidence shall be accepted only if the party seeking to admit it can demonstrate that it is new, relevant evidence or that any opportunity to admit it at the hearing was denied.
- (c) Each party shall have the right to present a written statement in support of its position on appeal. In its sole discretion, the Review Panel may allow each party or its representative to appear personally and make oral argument not to exceed thirty (30) minutes. The Review Panel shall recommend final action to the Board. The Review Panel may recommend that the Board affirm, modify or reverse the recommendation of the Hearing Panel or that the matter be referred back the Hearing Panel for further consideration or to the appropriate Medical Staff Committee for further review.
- (d) The Board may affirm, modify or reverse the recommendation of the Review Panel or, in its discretion, refer the matter for further review and

recommendation, or make its own decision based upon the Board's ultimate legal responsibility to grant appointment and clinical privileges.

Section 5. Appellate Review in the Event Board Modification or Reversal of Hearing Panel Recommendation

In the event the Board determines to modify or reverse the recommendation of a Hearing Panel in a matter in which the individual did not request appellate review pursuant to Section 1 of this Part, and such action would adversely affect the individual, the Board shall notify the affected individual through the Chief Executive Officer that he may appeal the proposed modification or reversal. The Board shall take no final action until the individual has exercised or has waived the procedural rights provided in this policy.

Section 6. Final Decision of the Board

Within thirty (30) days after receipt of the Review Panel's recommendation, the Board shall render a final decision in writing, including specific reasons, and shall deliver copies thereof to the affected individual and to the Chairman of the Executive Committee, in person or by certified mail, return receipt requested.

Section 7. Further Review

Except where the matter is referred for further action and recommendation in accordance with Section 4 of this Part, the final decision of the Board following the appeal shall be effective immediately and shall not be subject to further review. If the matter is referred for further action and recommendation, such recommendation shall be promptly made to the Board in accordance with the instructions given by the Board. This further review process and the report back to the Board shall in no event exceed thirty (30) days except as the parties may otherwise stipulate.

Section 8. Right to One Hearing and One Appeal Only

No applicant or Medical Staff appointee shall be entitled to more than one (1) hearing and one (1) appeal on any matter which may be the subject of an appeal. If the Board determines to deny initial Medical Staff appointment or reappointment to an applicant, or to revoke or terminate the Medical Staff appointment and/or clinical privileges of a current appointee, that individual may not again apply for staff appointment or for clinical privileges at this hospital unless the Board provides otherwise. However, nothing in these bylaws shall restrict the right of the applicant to reapply for appointment to the Medical Staff or restrict the right of an appointee to apply for reappointment or an increase in clinical privileges after the expiration of two (2) years from the date of such Board decision unless the Board provides otherwise in its written decision.

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Reference: JCAHO Standard; MS.4.80 - the medical staff implements a process to identify and manage matters of individual health for licensed independent practitioners

Purpose

To provide a process to identify and manage matters of individual health for licensed independent practitioners

Policy

The Hospital, in participation with its medical staff has instituted an Impaired Professional Program. The purpose of the program is to educate hospital leaders, medical, allied health and clinical staff about licensed independent practitioner health, address prevention of physical, psychiatric, or emotional illness, and to facilitate confidential diagnosis, treatment and rehabilitation of licensed independent practitioners who suffer from a potentially impairing condition. The goal of this program is assistance and rehabilitation, rather than discipline, and to aid licensed independent practitioners in retaining or regaining optimal professional functioning, consistent with protection of patients.

Procedure

I. Elements of the program

Education of organizational leaders and the medical staff about illness and impairment recognition issues specific to licensed independent practitioners:

A. The hospital will provide an annual educational program regarding illness and impairment issues.

B Licensed independent practitioners will be issued written information regarding illness and impairment issues at time of initial appointment and reappointment to the medical staff

C The education will include:

1. At-risk criteria
2. Signs and symptoms in identification of the impaired healthcare provider
3. Management of the affected healthcare provider

2. Referral to the Impaired Professional Program:

A. Licensed independent practitioners will be allowed to self-refer to the program

B. Referrals of licensed independent practitioners will be allowed by any member of the organization

1. Referrals can be made on a confidential basis

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5. All complaints, allegations or concerns regarding the potential impairment of a licensed independent practitioner will be thoroughly investigated and evaluated for validity.
6. The affected licensed independent practitioner will be monitored until the rehabilitation or any disciplinary process is complete, to assure the safety of the patient population under his/her care.
 - A. Method of monitoring will be determined by the Impaired Professional Program Committee and the Physician Advisor
 - B. Monitoring will continue until the Professional Program Physician Advisor is able to verify that the impairment for which the licensed independent practitioner was referred to the program:
 1. No longer exists
 2. No longer impacts the quality of patient care provided by the licensed independent practitioner
 - C. Periodic monitoring may be conducted on a specific practitioner if deemed necessary by the Impaired Professional Program Committee and the Physician Advisor
7. Reporting to the medical staff leadership instances in which a licensed independent practitioner is providing unsafe treatment
 - A. Any individual within the organization has the responsibility to report concerns regarding unsafe treatment by licensed independent practitioners
 - B. Reports should be made directly to the licensed independent practitioner's service chief or department chairperson
 - C. Reports may also be made to the Chief of the Medical Staff, the Hospital Administrator and/or the Director of Performance Improvement
 - D. Reports of this nature are to be kept confidential and will follow the routine medical staff evaluation process
 - E. The informant has the right to request and receive confidentiality regarding the referral

II. Impaired Professional Program Structure

1. The Impaired Professional Program consists of a committee of licensed independent practitioners, the Risk Manager, and the Hospital Chief Executive Officer (Administrator)
 - A. One of the committee members will serve as the Program Advisor
2. The committee members will keep a list current of all internal and external resource individuals and organizations that specialize in the diagnosis and treatment of impaired healthcare practitioners
 - A. Affected practitioners will be given a confidential referral to the appropriate resource by the
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4. All allegations, concerns or complaints will be brought before the committee to be investigated and evaluated by the committee as a whole. Any licensed independent practitioner under investigation may provide information to the committee or to the Program Advisor, that he/she feels may clarify any allegations, concerns or issues brought before the committee
 5. Affected practitioners will be monitored through the mechanism determined by the committee members and the Program Advisor
 - A. If at any time during the diagnosis, treatment or rehabilitation phase of the process it is determined that the affected licensed independent practitioner is unable to safely perform the privileges he/she has been granted, the matter will be forwarded by the Impaired Professional Program Committee members to the Medical Executive Committee for appropriate action, pursuant to mandated state and federal reporting requirements
 6. While the goal of the Impaired Professional Program is to provide assistance rather than disciplinary action, in some instances the committee members may request discipline of the licensed independent practitioner as a necessary action to improve or resolve quality of patient care issues. Any requests for disciplinary action will be forwarded to the Medical Executive Committee for approval
- III. All Licensed Independent Practitioners are eligible to participate in the Impaired Professional Program

Policy and Procedures

Subject: Forensic Staff

Purpose

To establish a policy to ensure that incarcerated patients remain in a secure environment while at this facility and to ensure the safety of the staff, patients and visitors.

Policy

1. Forensic Staff who are involved in care / and or supervision of incarcerated patients will be provided with training prior to the patient's scheduled admission to the facility
2. The involved law enforcement agency will guard the incarcerated patient at all times during the patient's stay at the facility.
3. The incarcerated patient will be considered to be in police custody until the staff are informed otherwise
4. If the staff is requested to assist in the searching of an incarcerated patient because of sex is opposite to that of the arresting and or guarding law enforcement official, the patient will be moved to a secure area and thoroughly searched as expeditiously as possible for weapons or other dangerous articles.
5. When items are found during a search, securing of the weapons or other dangerous articles will be the responsibility of law enforcement personnel.
6. In the event that the patient refuses to cooperate with nursing staff, becomes combative, displays other unacceptable behavior, and or disappears from the treatment area, nursing staff will immediately notify the facility security department and the assigned law enforcement officer. Under no circumstances should the nursing personnel risk personal physical injury in order to hold the patient for treatment.
7. Law enforcement officers will use necessary restraints e.g. handcuffs, leg shackles, to provide protection for staff, other patients, and visitors and to prevent escape, unless it directly interferes with required medical treatment.
8. In the event that corporal restraints are used, the nurse assigned to the incarcerated patient must be made aware of the location of the key in the event of an emergency.
9. If metal corporal restraints are in use, a sign should be placed at the head of the patient's bed stating:
" **Metal Restraints are in use, remove prior to defibrillation**"

13. The facility staff will make restraint decisions only as necessary for hospital safety or due to medical considerations
14. The incarcerated patient is not allowed to have visitors, except those authorized by the involved law enforcement officer
15. Mail and packages from outside the facility will be delivered to the assigned law enforcement officer who will take responsibility for delivery to the patient
16. Telephones are not permitted in the room of an incarcerated patient
17. Facility staff are not permitted to assist in the collection of forensic evidence - court orders will be obtained prior to law enforcement personnel being allowed to draw or obtain specimens or samples; court orders are to be filed in the medical record
18. A Physician may, with the informed consent of the patient, remove a foreign object of unknown origin for the health and welfare of the patient as part of the patient's plan of care. If a physician removes any foreign object, such as a bullet, that was likely the result of a violent crime, the object will be retained and a law enforcement representative will be informed. A court order will be required for the release of any foreign object.
19. Pepper spray will be only used as a last resort for criminally violent behavior as a non-lethal method to protect against loss of life.

Procedures for General Safety of the Facility Staff

1. Remove all equipment that is not essential for patient care
2. Sharps containers within reach to the headboard must be removed
3. Shaving equipment should only be used with the permission and under the direct supervision of the law enforcement of a law enforcement representative
4. Remove dressing supplies from the patient's room, including scissors, wrap-around gauze rolls and tape
5. Don't store any chemical(s), medications or solutions at the bedside, except those that are ordered for self-administration
6. If possible, provide liquid soap rather than bar soap

Admission Procedures

1. Notify Risk Management and the Security Department in every case where an incarcerated patient is d f

Licensed Independent Practitioner

Illness and Impairment

Identification Signs and Symptoms

In addition to the usual clinical signs and symptoms of the chemically impaired individual, the following should be considered in the identification of the ill or impaired licensed independent practitioner. As the issue of identifying a health care practitioner as ill or impaired is a highly sensitive issue all signs, symptoms and factors should be considered in light of the individual's known personality and professional conduct (i.e., if a practitioner works a lot of call hours, one would expect that practitioner to display signs of extreme fatigue during periods where many hours of call have been worked, without rest. Another example would be the practitioner whose particular style of dress was the relaxed, "rumped" look - a red flag would not be raised if that practitioner was seen looking a bit untidy as this may be his/her usual manner of appearance, slipping a little on a busy or "bad" day. However, the flag would become raised if the relaxed mode of dress moved from the rumped look to the completely unkempt and disheveled look). Staff wishing to report suspected unaddressed illness or impairment of a licensed independent practitioner should follow the process outlined in the Impaired Professional Program policy and procedure, and should be aware that reporting is conducted in a confidential manner on behalf of the informant.

® Physical appearance

- ^B Unkempt, disheveled, fatigued
 - Poor personal hygiene
 - Bloodshot eyes, yellowed sclera, constricted/dilated pupils
 - ° Tremulous
- ^B Diaphoretic
 - Dry mouth (cotton mouth)
- ^B Ataxic gait
 - Unexplained rhinitis (runny nose)
- ^a Unexplained raspy voice or hoarseness of throat
 - Unexplained bruises/needle marks (needle tracks)
- = Unexplained weight loss or erratic weight changes
- ^B Smell of alcohol on body or breath

• Personal behavior:

Irritability

Identification Signs and Symptoms (continued)

- Unusual professional performance
 - > Inappropriate orders
 - > Deviation from standard process, procedures or protocols
 - > Inappropriate, inaccurate or inadequate documentation in medical record and other medico-legal documents
 - > Deviates from standard medication management procedures
 - a Wastes narcotics without witness
 - Q Uses excessive amounts of narcotics
 - Patients complain of insufficient analgesia
 - Q Appears to have excessive spillage/breakage/wastage of narcotics

- Unavailable
 - > Frequent bathroom breaks, or trips to private area (office, car)
 - > Extended meal breaks
 - > Private meetings
 - > Unable to reach via pager or exchange
 - > Frequent illness

- * Irresponsible
 - > Doesn't return calls
 - > Missed appointments
 - > Unexplained cancellation of appointments
 - > Takes short cuts in care and treatment
 - > Frequently late
 - > Doesn't conduct rounds or conducts hurried, incomplete rounds
 - > Rearranges work load to his/her benefit (shifts work load, manipulates on-call, operating room, emergency department, office, clinic schedule)

- B Isolation
 - > Takes meals alone
 - > Avoids peer contact (departmental meetings, CME programs, work-related social events)
 - > Conducts rounds at unusual hours (very late, very early)
 - > Volunteers for night shift duty

Licensed Independent Practitioner

Illness and Impairment Factors Potentially

Contributing to Relapse

a General factors

- Failure to successfully complete treatment
- Multiple relapses
- Isolation and failure to become an active member of AA or NA
- Multiple or cross addiction (addiction to more than one chemical)
- ^B Undiagnosed/untreated comorbid behavioral/mental health disorder ^B
- Holiday syndrome (increased probability of relapse during holidays)
- Return to prior negative social environment (socializing with old friends that engage in addiction)
- Physical health conditions/problems
- Inability or failure to understand and accept the disease concept
- ^B Intellectualizes illness rather than commit to recovery
- Occupational or legal difficulties
- Unidentified/untreated secondary addictions (overeating, excessive work or addictive sexual behavior)
- ^a Inadequate continued monitoring of recovery
- Refuses total abstinence from addictive agent or abstinence from other agents as recommended in program

• Personal factors:

- ^a Dysfunctional support (family, friends) system
- ^H Unresolved guilt/shame from childhood experiences
- ^B Inability to effectively cope with stress
- ^B Inadequate relationship skills
- ✦ Inability to effectively manage anger/disappointment
 - > Continues with unresolved anger related to individual(s)/situations/issues
- ^B Lack of spiritual belief system/program
- Overconfidence in recovery
- Denial about aspects of addiction
- ^B Withdrawal
- ^B Guilt over past addictive behavior ^B
- Feelings of unworthiness

Licensed Independent Practitioner

Illness and Impairment

Identification Awareness Factors

Awareness Factors in the Hospital:

- Insists or offers to administer medication (specifically narcotics, however may include other medications as well, whatever provides access to narcotics and other addictive medications in medication storage cart/area)
 - » Over prescribes medications - prescribes excessive volume/amount
- ® Conducts late rounds or rounds when staff tends to be sparse
- Is evasive regarding issues related to self, personal behavior, etc.
- ® Documentation in medical record is substandard
- ® Reports received from staff listing concerns about LIP behavior
 - Argumentative
 - Confrontational
 - Inappropriate outbursts of anger
 - ^H Physical demonstration of anger (throws charts, equipment, etc.) ^H General presentation is unusual (looks "blurry-eyed", disheveled, unkempt, smells of alcohol)
 - Makes sexual advances or sexually suggestive comments to staff
 - Secretive
- Reports received from staff listing concerns about LIP ability/performance
 - Does not see (examine) patients when performing rounds
 - Orders given are inappropriate, inaccurate or incomplete
 - Does not respond appropriately (clinically appropriate) to abnormal laboratory/imaging test results and/or patient symptoms
 - Procedures performed by LIP are substandard

Identification Awareness Factors (continued)

Awareness Factors in the Office Environment:

- Chronic tardiness
- Frequent absences/illness
- Confrontational, frequent outbursts of anger
- Hostile, uncooperative with patients and staff
 - Patient complaints increase
 - Staff complaints increase
 - Frequent staff turnover
- ® Withdraws
 - Spends time behind locked office doors, leaves orders not to be disturbed
 - Takes frequent bathroom, meal breaks (eats alone)
 - ^m Frequent telephone conversations behind locked doors
- ® Inappropriate medication management practices
 - Keeps excessive supply of drugs (narcotics, sedatives, etc.) in office
 - ^D Keeps excessive supply of sample drugs
 - Writes prescriptions for office staff without examination
 - > Writes frequent prescriptions for office staff
 - * Writes prescriptions for self
- ® Inappropriate/embarrassing behavior at staff functions/meetings/parties

Awareness Factors Related to Personal History:

- ® Frequent/numerous employment changes within the previous five years
- Unexplained time periods between employment
- ® Unexplained, frequent geographic moves