

POLICY ON APPOINTMENT, REAPPOINTMENT AND CLINICAL PRIVILEGES
OF
SAINT LUKE'S EAST HOSPITAL d/b/a SAINT LUKE'S EAST-LEE'S SUMMIT

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ARTICLE 1

DEFINITIONS

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

- (a) “Accredited Residency” when used with respect to training obtained by a Physician means a postgraduate residency training program which has been either (i) approved by either (1) the Board of Directors of the American Osteopathy Association and as listed in the Yearbook and Directory of Osteopathic Physicians, Osteopathic Postdoctoral Training Programs Section, as published by the American Osteopathic Association for the year the applicant’s residency was completed or (2) the Accreditation Council on Graduate Medical Education of the American Medical Association (“ACGME”) and as listed as accredited in the Directory of Graduate Medical Education Programs published by the ACGME for the year the applicant’s residency was completed, or (ii) accepted by the American Board of Medical Specialties or the Advisory Board for Osteopathic Specialists of the American Osteopathic Association as satisfying such Specialty Board’s minimum requirements to permit a Physician to sit for its certifying examination, provided that such Physician in fact has so satisfactorily passed the examination and other criteria for such Specialty Board to receive certification therefrom. For the purposes of determining whether a residency satisfies the foregoing, a Physician will be deemed to have satisfied these requirements if the last full year of his/her residency training is from such an approved or accredited program.
- (b) “Advanced Practice Nurse” means and refers to those registered nurses who have obtained additional, specialized education beyond the basic nursing education through the completion of an advanced degree in nursing from an accredited institution, who are licensed by the State Board of Nursing of Missouri to practice professional nursing, who are certified by a nationally recognized professional organization as having a nursing specialty or otherwise meet the criteria for Advanced Practice Nurses established by the State Board of Nursing, and who are certified by the State Board of Nursing as an Advanced Practice Nurse. Advanced Practice Nurses include certified nurse midwives, certified registered nurse anesthetists, nurse practitioners and clinical nurse specialists.
- (c) “Allied Health Professionals” means and refers to those classes of health care professionals, other than Physicians and Dentists, whose skills and knowledge have been determined by the Board to be needed for the care of patients in the Hospital, who have been licensed or certified by their respective licensing or certifying agencies to provide such care or who provide limited care as Medical Assistants or registered nurses under the direct supervision of Members of the Medical Staff and who may be granted, on an individual basis, limited clinical privileges by the Board. Allied Health Professionals may be employees of the Hospital, independent practitioners or employees of Members of the Medical Staff. Examples of Allied Health Professionals are clinical psychologists,

Advanced Practice Nurses, technologists, Physician Assistants, Medical Assistants and social workers.

- (d) “Board” means the Board of Directors of Saint Luke’s East Hospital, who has the overall responsibility for the conduct of the Hospital and shall include, where appropriate, a committee of the Board of Directors designated to act on behalf of the Board of Directors with respect to a particular function or duty.
- (e) “Bylaws” means the Medical Staff Bylaws as approved by the Board unless otherwise designated “Bylaws of the Hospital.”
- (f) “Centralized Verification Office” means and refers to the office established by the System to initially process applications for appointment or reappointment to the medical staff or for clinical privileges at any of the hospitals within the System, including verifying and collecting information concerning such applicants.
- (g) “Chief Executive Officer” means the person appointed as the administrator and chief executive officer of the Hospital.
- (h) “Clinical privileges” or “privileges” means the permission granted by the Board to a Practitioner or, as applicable, to an Allied Health Professional to render or perform specific diagnostic, therapeutic, medical, dental or surgical procedures.
- (i) “Corporate Compliance Plan” means the policy adopted by the Board confirming the philosophy and intent of the System and the Hospital that all of its activities be conducted in a legal and ethical manner, including its dealings with independent contractors, including healthcare providers, and establishing a plan to detect possible violations of law and ethical standards/practices of the System.
- (j) “Credentials Committee” means the Credentials Committee of the Medical Staff.
- (k) “Dentist” means both a doctor of dental surgery and doctor of dental medicine who has a current license issued by the State Board of Registration for the Healing Arts in the State of Missouri to practice dentistry.
- (l) “Executive Committee” means the Executive Committee of the Medical Staff, unless specifically written “Executive Committee of the Board”.
- (m) “HIPAA” means the Health Insurance Portability and Accountability Act of 1996, as amended from time to time.
- (n) “Hospital” means the hospital facilities and ancillary buildings constituting the Saint Luke’s Hospital-Lee’s Summit campus located at I-470 and Douglas Road, Lee’s Summit, Missouri that will be wholly owned by Saint Luke’s East Hospital when the hospital is licensed for operations by Saint Luke’s East Hospital.
- (o) “JCAHO” means the Joint Commission on Accreditation of Healthcare Organizations or its successor.

- (p) “Medical Assistants” means and refers to those health care professionals who (i) provide medical services as employees of and under the direct supervision of Physicians or Dentists who are presently appointed to the Medical Staff, (ii) generally are not licensed or certified as healthcare providers (except nurses but who are not practicing as such) and (iii) are individually authorized by the Board to assist such Physicians or Dentists in the provision of healthcare as specially delineated. Medical Assistants include Physicians’ nurses and scrub nurses and/or scrub techs who have completed education and training (which may include appropriate on-the-job training) in one or more of the following disciplines: RN, LPN, certified O.R. tech, obstetrical tech, O.R. tech, dental tech or dental hygienist.
- (q) “Medical Director” means the Chief Medical Officer who is the physician appointed by the System to act as the chief administrative medical officer of the System and of the Hospital.
- (r) “Medical Staff” means the collective body of all Physicians and Dentists who are appointed thereto and who may be granted privileges to treat patients at the Hospital.
- (s) “Medical Staff Coordinator” means the employee of the Hospital who has the administrative responsibility for coordinating with Medical Staff departments and committees their review of applications for appointment or reappointment to the Medical Staff or for the granting of clinical privileges.
- (t) “Medical Staff Development Plan” means the business plan(s), if any, adopted by the Board and as amended from time to time concerning the Hospital’s physician and other healthcare provider personnel needs, facilities and resource allocation.
- (u) “Member” means any Physician or Dentist who has a current Medical Staff appointment and who may have clinical privileges granted by the Board to practice at the Hospital.
- (v) “Physician” means and refers to both a doctor of medicine (“M.D.’s”) and doctor of osteopathy (“D.O.’s”) who has a current license issued by the State Board of Registration for the Healing Arts in the State of Missouri to practice medicine and surgery.
- (w) “Physician Assistants” means and refers to those healthcare professionals who provide medical services as employees of and under the direct supervision of Members of the Medical Staff, who have satisfied the requirements for certification as a physician assistant under Missouri law and who have received a certificate of registration as a physician assistant from the Missouri Department of Economic Development or a designated agency thereof.
- (x) “Practitioner” means any appropriately licensed Physician or Dentist inquiring about an application for Medical Staff appointment, or applying for or exercising clinical privileges at the Hospital.

- (y) “PRO” means and refers to the Missouri Patient Care Review Foundation, or successor or replacement organization having an agreement with the Centers for Medicare and Medicaid Services with respect to the utilization or quality review of the care rendered by Practitioners and Allied Health Professionals at the Hospital.
- (z) “Special Notice” means written notice which is given or sent by certified or registered United States Mail, postage prepaid, return receipt requested, and when directed to a Practitioner or Allied Health Professional shall mean addressed to the Practitioner or Allied Health Professional at his or her latest office address on file with the Medical Staff Coordinator. When reference to receipt of such notice is made in this Policy it shall mean the earlier of actual receipt by the Practitioner or Allied Health Professional or his or her agent or the first date delivery was attempted by the United States Postal Service as conclusively evidenced by the date shown on the return receipt or envelope in which the notice was mailed.
- (aa) “System” means Saint Luke’s Health System, Inc., a Kansas not-for-profit corporation.

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 or headings are for convenience only and are not intended to limit or define the scope or effect of any provision of this policy.

ARTICLE 2

APPOINTMENT TO THE MEDICAL STAFF

2.A. QUALIFICATIONS FOR APPOINTMENT

2.A.1 General

Appointment to the Medical Staff is a privilege which shall be extended only to professionally competent Practitioners who continuously meet the qualifications, standards and requirements applicable to the category of the Medical Staff to which appointment has been granted or is sought as set forth in this Policy, and in such credentialing criteria or policies as are adopted from time to time by the Board, and in such standards as are set forth in the Bylaws, Medical Staff rules and regulations, and rules and regulations, if any, of the clinical departments of the Medical Staff as are approved by the Board, in effect at the time of appointment or granting of privileges and as amended from time to time. This Policy, the Bylaws, rules and regulations of the Medical Staff, rules and regulations of clinical departments and credentialing criteria are intended to be dynamic and evolving as medical science and the standards of the Hospital, Medical Staff and operations of the Hospital change from time to time. All individuals practicing medicine, dentistry or podiatry in the Hospital, unless excepted by specific provisions of this Policy, must first have been appointed to the Medical Staff.

Any inconsistency between the Bylaws and this Policy concerning the requirements for appointment to the Medical Staff shall be controlled by this Policy.

2.A.2. Specific Qualifications

(a) Appointment to Medical Staff Categories in Which Privileges May be Granted:

Only Physicians and Dentists seeking appointment to Medical Staff categories in which clinical privileges may be granted who satisfy the following conditions shall be qualified for appointment to the Medical Staff:

- (1) have a current unrestricted license to practice in the State of Missouri;
- (2) possess current, valid professional liability insurance coverage in such form, with such insurers and in such amounts as are satisfactory to the Board;
- (3) if the applicant is a Physician, have successfully completed an Accredited Residency in the specialty or related specialty in which the applicant principally seeks clinical privileges if the Physician was granted a Doctor of Medicine or Doctor of Osteopathy degree after January 1, 1985, except (i) those Physicians practicing in emergency medicine who completed an Accredited Residency in another specialty prior to January 1, 1995 shall be exempt from the above residency requirement and (ii) those Physicians practicing in family practice who completed an Accredited Residency in another specialty prior to January 1, 1980 shall be exempt from the above residency requirement;
- (4) have not been convicted of, pleaded guilty to a charge of, or entered a plea of no contest to a charge of, a felony which reasonably relates to the ability of the Practitioner to exercise the clinical privileges sought to be granted, whether or not sentence was imposed;
- (5) have not been excluded from any government funded program of healthcare, such as, but not limited to, the Medicare or Medicaid programs or TRICARE (formerly CHAMPUS);
- (6) comply with the requirements set forth in the Bylaws for appointment to the staff category to which appointment is sought;
- (7) can document their:
 - (i) relevant background, current experience, training, continuing medical education, and demonstrated current competence,
 - (ii) adherence to the ethics of their profession,

- (iii) good character and reputation, and that such reputation and nature of their practice is not contrary to the mission or tenets of the Hospital, and would not subject the Hospital to embarrassment, conflict, disruption or otherwise not be in the best interest of the Hospital;
- (iv) ability to perform, with or without an accommodation, the essential functions required for the clinical privileges requested without posing a direct threat to the health or safety of the Practitioner, patients or others; and
- (v) ability to work harmoniously with others sufficiently to convince the Board that all patients treated by them at the Hospital will receive quality care and that the Hospital and the Medical Staff will be able to operate in an orderly manner,

with sufficient adequacy to assure the Board that any patient treated or examined by the applicant will receive high-quality medical care and that the orderly administration of the Hospital will not be adversely affected; and

- (8) conform with the Medical Staff Development Plan, if any, the Bylaws, the Medical Staff rules and regulations, and this Policy.

(b) Honorary Staff Appointment

Only Physicians or Dentists seeking appointment to the Honorary Staff category of the Medical Staff who satisfy the following conditions shall be qualified for appointment to the Honorary Staff:

- (1) have retired from active practice at the Hospital, or;
- (2) are Physicians or Dentists of outstanding reputation, not necessarily residing in the community.

2.A.3. No Automatic Entitlement to Appointment or Reappointment

No Practitioner shall be entitled to appointment to the Medical Staff or a specific category of the Medical Staff, no Member shall be entitled to reappointment to the Medical Staff, and no Practitioner shall be entitled to the exercise of particular clinical privileges in the Hospital merely by virtue of the fact that such Practitioner:

- (a) is licensed to practice a profession in the State of Missouri or any other state;
- (b) is a member of any particular professional organization;
- (c) has had in the past, or currently has, medical staff appointment or privileges at any hospital, including this Hospital;

- (d) is currently a member of the Medical Staff in a staff category which has or provides no clinical privileges at this Hospital;
- (e) resides in the geographic service area of the Hospital as defined by the Board; or
- (f) satisfies the threshold requirements or qualifications for appointment set forth in Section 2.A.2 or for reappointment as set forth herein.

2.A.4. Board has Ultimate Responsibility for Authority for Appointment

Pursuant to Missouri law (including applicable regulations) and JCAHO standards, the Board has the ultimate responsibility and authority with respect to making appointments to the Medical Staff and granting of clinical privileges and the Board may also consider in addition to whether the applicant satisfies the basic qualifications for appointment, the applicant's employment by or affiliation with competing organizations, the effect appointment of the applicant would have on Hospital operations, administration, or financial position, including the cost of Hospital's provision of specific services or procedures, effect on Hospital's reputation, effect on Hospital's competitive position, or any other factor in addition to the applicant's competence and qualifications which the Board determines in its discretion may adversely affect the best interests of patient care or the operations of Hospital.

2.A.5. Non-Discrimination Policy

No qualified Practitioner shall be denied appointment, reappointment or clinical privileges on the basis of sex, race, disability, creed, religion, color, national origin, age, veteran or military status or other legally protected status. Reasonable accommodations will be made for the known disabilities of qualified Practitioners. Practitioners are expected to cooperate fully in the identification and selection of reasonable accommodations, focusing on the abilities of the Practitioner and the health and safety of patients.

2.B. PROCEDURE FOR INITIAL APPOINTMENT

2.B.1. Pre-Application Process

- (a) An application for appointment to the Medical Staff shall only be sent upon written request to those Practitioners who, according to the Medical Staff Development Plan, the Bylaws and this Policy, are eligible for appointment to the Medical Staff; who meet established threshold criteria; and who indicate an intention to utilize the Hospital as required by the Medical Staff category to which they desire appointment.
- (b) All Practitioners seeking membership on the Medical Staff, other than to the Honorary Staff, shall complete and submit an application on forms developed by the System and recommended by the Executive Committee and approved by the Board.

- (c) A Practitioner requesting an application for appointment shall initially be sent a letter that outlines the threshold criteria for appointment and applicable clinical privileges, and explains the review process and shall include a pre-application questionnaire provided by the Centralized Verification Office, which form requests verification that the threshold criteria for appointment can be met by the Practitioner. A completed pre-application questionnaire with copies of all required documents must be returned to the Centralized Verification Office as the designee of the Chief Executive Officer within thirty (30) days after receipt of same if the Practitioner desires further consideration.
- (d) The Centralized Verification Office shall consult with the Medical Staff Coordinator who shall review the questionnaire to determine if the applicant meets the Hospital's specific requirements for appointment and upon such verification the Medical Staff Coordinator shall so indicate to the Centralized Verification Office. Those Practitioners who meet the threshold criteria set forth in Section 2.A.2 applicable to the Medical Staff category to which appointment is sought and otherwise satisfy the criteria described in subparagraph (a) hereof shall be given an application for appointment by the Centralized Verification Office as the designee of the Chief Executive Officer. Practitioners who fail to meet the threshold criteria set forth in Section 2.A.2, or other initial requirements of subparagraph (a), shall not be given an application and shall be so notified.
- (e) No application shall be furnished to any Practitioner requesting privileges or membership in a department or clinical area which is closed pursuant to the Medical Staff Development Plan or where the Hospital has entered into an exclusive contract for the provision of professional services within such clinical area or where the Hospital has elected not to provide the service in which the Practitioner seeks privileges.

2.B.2. Submission of Application

- (a) To Whom Submitted:

The application for appointment shall be submitted by the applicant to the Centralized Verification Office as the designee of the Chief Executive Officer. The application must be accompanied by payment of the processing fee as it may be set from time to time. After reviewing the application to determine that all questions have been answered and that the applicant is eligible for appointment to the Medical Staff in the category sought, 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 Centralized Verification Office, as the Chief Executive Officer's designee, shall transmit the completed application and all supporting materials to the Medical Staff Coordinator who will then forward to the appropriate department chairperson. In the event that an applicant who is requesting privileges or membership in a department or clinical area where the Hospital has entered into an exclusive contract for the provision of medical services in such clinical area, or which is closed pursuant to the Medical

Staff Development Plan, is inadvertently provided an application and submits an application, the Chief Executive Officer shall notify the applicant that the application cannot be processed and the reasons for such. This action shall not entitle the applicant to any procedural rights, including a hearing, as set forth in this Policy.

(b) Contents of Application:

The application shall contain a request for specific clinical privileges desired by the applicant, if applicable for the Medical Staff category to which appointment is sought, and shall, in any event, require detailed information concerning the applicant's professional qualifications including, but not limited to:

- (1) the names and complete addresses of at least two (2) Physicians or Dentists, as appropriate, who have had recent extensive direct experience in observing and working with the applicant, and who can provide adequate information pertaining to the applicant's present professional competence and character. Such references may not be associated with or about to be associated with the applicant in professional practice, personally related to the applicant, or be serving as chairperson of the department to which the Practitioner would be appointed. At least one (1) reference shall be from the same specialty area as the applicant;
- (2) the names and complete addresses of the department chairpersons of any and all hospitals or other institutions at which the applicant has worked or trained (i.e., the individuals who served as chairpersons 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 Committee, the Executive Committee and the Board may take such factors into consideration in reviewing and verifying information from such sources;
- (3) information as to whether the applicant's medical staff appointment or clinical privileges have ever been relinquished, withdrawn, denied, either voluntarily or involuntarily surrendered, revoked, suspended, subjected to probationary conditions, reduced or not renewed at any other hospital or health care facility;
- (4) a complete chronological listing of the applicant's professional and educational appointments, employment or medically related positions after graduation for medical, osteopathic, or dental school;
- (5) information as to whether the applicant has ever either voluntarily or involuntarily withdrawn his/her application for appointment, reappointment, or clinical privileges, or resigned from the medical staff of

any hospital before final decision by a hospital's or health care facility's governing board concerning such application;

- (6) information as to whether the applicant's membership in any local, state, or national professional society is or has ever been suspended, modified, terminated, restricted, or has ever been, or is currently being, challenged;
- (7) information as to whether the applicant's license to practice any profession in any state, or Drug Enforcement Administration registration is or has ever been suspended, modified, terminated, restricted, either voluntarily or involuntarily surrendered, or has ever been, or is currently being, challenged. The submitted application shall include a list or copy of all the applicant's current licenses to practice, as well as copies of (i) Drug Enforcement Administration registration and BNDD registration, if applicable, (ii) medical, osteopathic and dental school diploma, and (iii) certificates from all post graduate training programs completed;
- (8) information as to whether the applicant has currently in force professional liability insurance coverage, the name and address of such insurance company and the amount and classification of such coverage, and whether said insurance coverage covers the clinical privileges the applicant seeks to exercise at the Hospital. The submitted application shall include a certificate evidencing the required insurance;
- (9) the identity, including address, of applicant's professional liability insurer for each of the ten (10) immediately preceding years if different than applicant's current insurer;
- (10) detailed information concerning the applicant's professional liability litigation experience, which shall specifically include information concerning any prior or pending litigation, final judgments, arbitration awards, or settlements;
- (11) information concerning any professional misconduct proceedings involving the applicant in the State of Missouri or any other state, whether closed or still pending, including the following information: (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, Executive Committee or Board may deem appropriate;
- (12) information concerning the suspension or termination for any period of time of the right or privilege to participate in Medicare, Medicaid or any other government sponsored program or any private or public medical insurance program;

- (13) the identity of an alternate Member of the Medical Staff having equivalent clinical privileges upon whom the applicant can rely (and who has agreed) to provide coverage or back-up for applicant's patients if applicant is otherwise unavailable to care for applicant's patients;
- (14) a consent to the release of information from the applicant's present and past professional liability insurance carriers, all hospitals or health care facilities at which the applicant has or has had privileges and all educational facilities, hospitals or other institutions or medical providers at which or with whom applicant received any medical training or education;
- (15) an agreement that if appointment to the Medical Staff is granted the applicant will deliver as soon as possible (and prior to applicant making any response in regard to) any notice received by applicant from the PRO questioning the treatment or quality of care of a patient, including completion of or inaccuracies in medical records, by the applicant to the Quality Management Department (or its successor as it may be renamed) of the Hospital and the consent of the applicant for the release of such notice by the PRO directly to the Hospital at the time it is sent to applicant;
- (16) a statement that the applicant is able to perform, with or without accommodation, all of the essential functions of the clinical privileges which the applicant is requesting without posing a direct threat to the health or safety of the applicant, patients or others;
- (17) information as to whether the applicant has ever been convicted of, pleaded guilty to a charge of, or entered a plea of no contest to a charge of commission of, a crime (excluding minor traffic violations but including driving under the influence), with details about any such instance (convictions will not necessarily result in ineligibility for appointment);
- (18) an agreement that if Medical Staff appointment is recommended by the Executive Committee, the applicant will provide additional information if requested concerning his/her health status, both physical and mental;
- (19) acknowledgement of receipt of the Hospital's Corporate Compliance Plan and agreement not to violate such Plan;
- (20) Acknowledgment attesting that applicant has read the Hospital or System's monograph on the Hospital's Anti-Harassment Policy;
- (21) a current passport-size photograph of applicant to be used for verification of identity;
- (22) the applicant's signature and date; and

(23) such other information as the Board may require.

(c) When Application Complete

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 as necessary. 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 60 days after the applicant has been notified of the failure to provide any information initially requested on the application form or of any additional information thereafter requested shall be deemed to be withdrawn. It is the responsibility of the applicant to provide a complete application, including adequate responses from references. An application which is incomplete in any respect, including the failure to furnish any supporting documentation, will not be processed until completed and in the event additional information is requested as provided above, such application shall not be further processed until such additional information is provided as requested. Notwithstanding anything contained in the foregoing to the contrary, an application may be processed if the only missing documentation is the issuance of the applicant's Missouri license, provided applicant was not a resident of the State of Missouri within six months prior to submission of the application, applicant has applied for such license and applicant has provided a copy of applicant's application for such a license to the Medical Staff Coordinator. In addition, in the case of an applicant who is completing a residency or fellowship program, such applicant's application may be processed pending receipt of professional liability insurance. However, under no circumstances shall any application be processed beyond the chairperson of the applicable Medical Staff department if the application is incomplete in any respect.

(d) Posting Notice of Application

The Chief Executive Officer or Medical Staff Coordinator as his/her designee shall post or circulate the name of the applicant so that each Medical Staff Member 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 Member shall have the right to appear in person before the Credentials Committee to discuss in private and in confidence any concerns the Member may have about the applicant.

(e) Basic Responsibilities for Applicants and Members

Submission of an application for appointment to and acceptance of appointment or reappointment to the Medical Staff, if granted, shall be deemed an agreement by the applicant that he/she accepts the following responsibilities and obligations:

- (1) provide continuous care and supervision to all patients within the Hospital for whom the Practitioner has responsibility;
- (2) be subject to, abide by, and conform with all applicable bylaws, policies and rules and regulations of the Medical Staff and department and section to which appointed where applicable, and Hospital currently in effect and as amended from time to time, including, but not limited to, the following policies: Policy Concerning Practitioners With Physical or Mental Impairment, Policy Concerning Practitioners With Chemical Impairment, Policy Concerning Practitioners With Disruptive Behavior, and Anti-Harassment Policy;
- (3) accept committee assignments and such other reasonable duties and responsibilities, including professional review activities, quality assessment activities, and emergency calls, as shall be assigned;
- (4) provide to the Medical Staff Coordinator and the Chief Executive Officer, with or without request, new or updated information, as it occurs, that is pertinent to any question on the application form, including but not limited to providing updated or additional information concerning (i) the filing of or significant change in any professional liability action against the Practitioner: (ii) the commencement of any investigation or proceeding by the applicable state licensing board of any state in which the Practitioner is licensed concerning the Practitioner's professional conduct or competency, license or registration; (iii) the commencement of an investigation or proceeding by the federal government or any agency or department thereof concerning the Practitioner's professional conduct, billing practices, or competence; (iv) the commencement of any investigation or proceeding which may affect the clinical privileges or membership at any other hospital or professional association or society; (v) change in status of the Practitioner's professional liability insurance or coverage, including cancellation, non-renewal, reduction or restriction in coverage; and (vi) conviction of, pleading guilty to a charge of, or entering a no contest plea to a charge of, any criminal offense (excluding minor traffic violations) which reasonably could relate to the ability of the Practitioner to exercise the clinical privileges sought, whether or not sentence has been imposed;
- (5) promptly notify the Medical Staff Coordinator and the Chief Executive Officer of any change in his or her eligibility for payments by third-party payors or for participation in Medicare or Medicaid on a reimbursable basis (other than applicant's voluntary election not to participate in such programs), including the transmitting of a sanction recommendation to the Office of the Inspector General ("OIG") of the United States Department of Health and Human Services by the PRO or the imposition of an exclusion sanction by the Secretary of Health and Human Services or any monetary penalty imposed in lieu of exclusion. The term "exclusion

sanction,” as used in this Policy, shall refer only to the formal imposition of an exclusion sanction by the Secretary of Health and Human Services upon the recommendation of the PRO or similar review organization or the OIG or similar state agency, whereby the Practitioner is excluded totally from eligibility to participate in Medicare or Medicaid on a reimbursable basis. An exclusion sanction must be evidenced by a written notice of sanction from the OIG;

- (6) promptly provide the Quality Management Department (or its successor as it may be renamed) of the Hospital with a copy of any letter or notice from the PRO questioning the treatment or quality of care of a patient, including completion or inaccuracies in medical records;
- (7) appear, if requested, for personal interviews in regard to the application;
- (8) agree that any significant misrepresentation or misstatement in, or omission from, the application whether intentional or not, shall constitute cause for automatic and immediate rejection of the application resulting in denial of appointment and clinical privileges. In the event of such misrepresentation, Hospital may decline to process such application as an incomplete application and such application shall be deemed withdrawn. In the event that an appointment has been granted prior to the discovery of such misrepresentation, misstatement or omission, such discovery shall be grounds for and may result in summary dismissal from the Medical Staff;
- (9) use the Hospital and its equipment in sufficient numbers to allow the Hospital, through assessment by appropriate Medical Staff committees, department chairpersons and section chairpersons, if applicable, to evaluate the current competence of the Practitioner;
- (10) agree 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 the Hospital;
- (11) refrain from illegal fee splitting or other illegal inducements relating to patient referral;
- (12) 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;
- (13) refrain from deceiving patients as to the identity of an operating surgeon or any other individual providing treatment or services;
- (14) seek consultation whenever consultation is reasonably necessary or appropriate under applicable standards of care;

- (15) abide by generally recognized ethical principles applicable to the applicant's profession, including but not limited to the American Medical Association and American Osteopathic Association;
- (16) participate in the monitoring and evaluation activities of clinical departments;
- (17) complete in a timely, accurate, legible and complete manner the medical and other required records for all patients, as required by the Bylaws and the Medical Staff rules and regulations;
- (18) work cooperatively with Medical Staff Members, Allied Health Professionals, nurses, Hospital administration and other Hospital personnel so as not to adversely affect patient care;
- (19) promptly pay when due any applicable Medical Staff dues and assessments;
- (20) participate in continuing education programs (both for his or her own benefit and the benefit of other professionals and Hospital personnel) relating to the applicant's clinical privileges in accordance with applicable state laws or regulations for licensure and the requirements of applicant's department or specialty if greater than the requirements of applicable state laws or regulations;
- (21) provide annually verification of professional liability insurance satisfying the requirements described in this Policy, current license to practice medicine or dentistry, as applicable, as required by this Policy and any other license or registration which is a condition to Medical Staff appointment to the category to which he/she is appointed;
- (22) authorize the release of all information necessary for an evaluation of the Practitioner's qualifications for initial or continued appointment, reappointment, and/or clinical privileges;
- (23) conduct his/her activities in conformity with System's Corporate Compliance Plan;
- (24) agree to submit accurate responses to Hospital's health status questionnaire to the Board if conditional appointment is recommended;
- (25) comply with Hospital's HIPAA compliance policies;
- (26) participate in at least four (4) hours per year in Hospital's or System's dedicated continuing education programs, including, for example but not by way of limitation, coding and compliance, use of electronic medical records, medical record completion and eICU.

- (27) maintain the confidentiality of Hospital's strategic plans, budgets, financial information or other proprietary or confidential information which the applicant or Member may be provided or otherwise acquire by virtue of service on Medical Staff or Hospital committees or participation in Medical Staff functions, activities or otherwise;
 - (28) continuously maintain (and keep the Medical Staff Coordinator advised of) a designated alternate having equivalent privileges at Hospital to care for applicant's or Member's patients when the applicant or Member is unavailable or otherwise unable to care for his/her patients;
 - (29) agree not to solicit for employment by the Member or others on the Member's behalf employees of Hospital during such employees' working hours at Hospital when solicitation is potentially disruptive to patient care or Hospital's operations (but such agreement shall not affect the ability of the Member to discuss employment opportunities outside of the employee's working hours, recognizing the rights of employees to consider available employment opportunities);
 - (30) agree not to sue the Hospital, the Medical Staff or anyone acting by or for the Hospital and the Medical Staff for any matter relating to the application for appointment or reappointment, or clinical privileges, the evaluation of the applicant's qualifications or any matter related to appointment, reappointment or clinical privileges; and
 - (31) extend absolute immunity to the Hospital, the Medical Staff and all individuals acting by or for the Hospital and/or the Medical Staff for all matters relating to appointment, reappointment and clinical privileges or the applicant's qualifications for the same.
- (f) Burden of Providing Information
- (1) The applicant shall have the burden of producing information deemed adequate by the Medical Staff and the Board for a proper evaluation of his/her competence, character, ethics and other qualifications, and of resolving any doubts about such qualifications, including specifically information from other hospitals, and information concerning malpractice actions and disciplinary or competency investigations or actions, as the Medical Staff or any committee thereof or committee of any applicable department may request in order to provide appropriate quality assurance review.
 - (2) The applicant shall have the burden of providing evidence that all the statements made and information given on the application are true and correct.
 - (3) Until the applicant has provided all information requested by the Board, the application for appointment will be deemed incomplete and will not be

processed, except for such limited review or processing as may specifically be provided in this Policy. Should information provided in the initial application form change during the course of the appointment term, the applicant has the burden to provide as soon as reasonably possible to the Medical Staff Coordinator and Credentials Committee sufficient information about such change for the Credentials Committee to review and assess such change.

2.B.3. Department Chairperson Procedure/Findings

- (a) Following receipt of a completed application and verification by the Medical Staff Coordinator of the required information, the Medical Staff Coordinator shall transmit the application and accompanying information to the chairperson of each department in which the applicant seeks clinical privileges. The department chairperson(s) shall provide the Credentials Committee with a written report on a form prescribed by the Credentials Committee concerning the applicant's qualifications for appointment and specific written findings supporting the proposed delineation(s) of the applicant's clinical privileges. The chairperson(s) shall use reasonable efforts to complete such report within 15 days from receipt of the applicant's qualification form. In the absence of the department chairperson or where there may be a conflict of interest between the applicant and the chairperson, the application shall be referred to the department vice chairperson (or the Medical Director in the event of the vice chairperson's absence or conflict of interest) as the chairperson's designee for evaluation. In the event any chairperson to whom the application has been referred is not able to complete such report within said 15 days, he or she shall so notify the chairperson of the Credentials Committee. This report shall be appended to the Credentials Committee's report. As part of the process of making this report, the department chairperson(s) have the right to meet with the applicant to discuss any aspect of the application, the applicant's qualifications and/or requested clinical privileges.
- (b) The department chairperson or his/her designee shall evaluate the applicant's education, training, and experience. Such evaluation shall include inquiries directed to the applicant's past or current department chairperson(s), residency training director, and others who may have knowledge about the applicant's education, training, experience, and ability to work with others.
- (c) In the event that any department chairperson (or designee as provided above) evaluating the application finds that a change in clinical privileges or Medical Staff category from those requested is appropriate, he/she (or his/her designee) shall discuss such findings with the applicant before his/her report and the application are forwarded to the Credentials Committee chairperson.
- (d) When the evaluation is complete, the report of the department chairperson(s) shall be delivered to the chairperson of the Credentials Committee.

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

2.B.4. Credentials Committee Procedure/Findings

- (a) Following receipt of the report of the department chairperson, the Credentials Committee shall examine at its next regularly scheduled meeting evidence of the applicant's character, professional competence, qualifications, prior behavior, and ethical standing and shall determine, through information contained in references given by the applicant and from other sources available to the committee, including the report and findings from the chairperson of each clinical department in which privileges are sought, any comments or information concerning the applicant from any Member of the Medical Staff, and whether the applicant has established and satisfied all of the necessary qualifications for appointment and for the clinical privileges requested.
- (b) 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 clinical privileges requested.
- (c) The Credentials Committee may use the expertise of the department chairperson, or any member of the department, or an outside consultant, if additional information is needed regarding the applicant's qualifications when advisable because appropriate expertise is not readily available within the Medical Staff or because of the need to seek recommendations or advice of unrelated healthcare providers or non-Medical Staff healthcare providers who are not in direct competition with the applicant.
- (d) If the complete evaluation and recommendation of the Credentials Committee is delayed longer than thirty (30) days from receipt of the report of the department chairperson, the Chairperson of the Credentials Committee shall send a letter to the applicant, with a copy to the Executive Committee and the Medical Director, explaining the reasons for the delay. If the Executive Committee or the Medical Director determines that there has been an unnecessary delay in issuing a recommendation by the Credentials Committee, the Executive Committee or Medical Director may require that a recommendation be made by a specific date.
- (e) Following completion of its evaluation, the Credentials Committee shall determine whether the applicant is qualified for appointment to the Medical Staff in the category sought and for the clinical privileges requested. After considering the information provided to it, the Credentials Committee shall prepare a written report of its findings as to the experience, training, competence and qualifications of the applicant and shall transmit its report, the application and accompanying information to the Executive Committee. All recommendations to appoint, including provisional appointment, shall recommend the specific clinical privileges to be granted which may be qualified by any probationary or other

conditions or restrictions and shall indicate the Medical Staff category to which the applicant has requested and has been found to be qualified.

2.B.5. Executive Committee Procedure

- (a) The Executive Committee shall review the application and report of the Credentials Committee and accompanying information at its next regularly scheduled meeting.
- (b) If the complete evaluation and recommendation of the Executive Committee is delayed longer than sixty (60) days from receipt of the report of the Credentials Committee, the Chairperson of the Executive Committee shall send a letter to the applicant, with a copy to the president of the Board and the Chief Executive Officer, explaining the reasons for the delay. If either the Chief Executive Officer or the president of the Board determines that there has been unreasonable delay in issuing a recommendation by the Executive Committee, either the Chief Executive Officer or the president of the Board may require that a recommendation be made by a specific date.
- (c) Following completion of its evaluation, the Executive Committee shall determine whether the applicant is qualified for appointment to the Medical Staff category sought and for the clinical privileges requested and shall make its recommendation to the Board in writing through the Chief Executive Officer at the Board's next scheduled meeting.
- (d) As part of its evaluation, the Executive Committee may meet with the chairperson of the Credentials Committee to discuss the recommendations and may:
 - (1) recommend to the Board that the applicant be appointed and granted the clinical privileges requested, in whole or in part;
 - (2) refer the matter back to the Credentials Committee for additional research or information before making its recommendation to the Board;
 - (3) request additional information from the applicant, including a physical or mental examination, as provided in subparagraph (e);
 - (4) or recommend to the Board that it deny the application, in whole or in part.
- (e) As part of the process of making its recommendation, the Executive Committee may require the applicant as a condition to recommending appointment to undergo a physical and/or mental examination by a physician or physicians satisfactory to the Executive Committee. Further consideration of the application shall cease until such time as the Executive Committee has received the examination results and has had an opportunity to evaluate them and make a recommendation thereon. The report of any such examination as to the applicant's ability to perform the essential functions of the clinical privileges

requested without posing a direct threat to the health or safety of patients, the applicant or others and whether there is a need for an accommodation to the applicant to enable applicant to perform such privileges shall be made available to the committee for its consideration. Failure of an applicant to undergo such an examination within a reasonable time not exceeding sixty (60) days after being requested to do so in writing by the Executive Committee shall cause the application to be incomplete and constitute a voluntary withdrawal of the application for appointment and clinical privileges, and all processing of the application shall cease.

- (f) If the Executive Committee finds that the applicant is otherwise qualified for appointment and the granting of the requested privileges, the Executive Committee through the Medical Staff Coordinator shall notify the applicant that its recommendation is favorable to the applicant but appointment by the Board is conditioned upon (i) the applicant's completion and delivery of a health status questionnaire in form approved by the Board and the responses contained therein, (ii) the applicant providing a certificate of completion of Hospital's or System's HIPAA training program and (iii) the applicant providing evidence of the applicant's completion of Hospital's education programs as then being offered by Hospital, not exceeding four (4) hours as required in the Bylaws. Such questionnaire and certificate shall be delivered to the Medical Staff Coordinator to be submitted to the Board. The application shall be deemed incomplete and shall not be further processed until such questionnaire and HIPAA training have been completed and such questionnaire and certificate have been so delivered by the applicant.

2.B.6. Executive Committee Recommendation

- (a) If the Executive Committee's recommendation is to appoint the applicant and to grant the requested clinical privileges, the Executive Committee shall make a written report and recommendation with respect to the applicant to the Board. All recommendations to appoint shall also specifically recommend the clinical privileges to be granted, which may be qualified by any probationary or other conditions or restrictions relating to such clinical privileges.
- (b) If the Executive Committee's recommendation is adverse to the applicant and would entitle the applicant to request a hearing pursuant to this Policy, such recommendation shall be forwarded to the Chief Executive Officer. The Chief Executive Officer shall promptly so notify the applicant by Special Notice. The application shall not be forwarded to the Board until the applicant has exercised the right to a hearing as provided in this Policy and the procedure provided in this Policy has been completed or the applicant has been deemed to have waived the right to a hearing as provided in this Policy.
- (c) If the Executive Committee's recommendation is to appoint the applicant but to grant only certain of the requested clinical privileges, the Executive Committee shall make a written report and recommendation with respect to the applicant and

those specific privileges recommended to be granted, and also indicate those privileges recommended not be granted, to the Board through the President of the Medical Staff or his/her designee. As to the clinical privileges which the Executive Committee has recommended not be granted, such recommendation shall be forwarded to the Chief Executive Officer who shall so notify the applicant by Special Notice of the recommendation and of his/her rights to a hearing in accordance with this Policy.

- (d) If the Executive Committee's recommendation is unfavorable to the applicant and either the applicant has waived his/her rights to appeal such recommendation or, having exercised such right to appeal, the Hearing Panel, as described in Article 4 of this Policy, has rendered a decision supporting such adverse recommendation, the Executive Committee shall submit its recommendation to the Board at the Board's next regularly scheduled meeting at which the Board shall make its final determination.

2.B.7. Board Action

- (a) Except in the case of an adverse recommendation by the Executive Committee and where an appeal thereof is pending, the Chairperson of the Executive Committee or his/her designee at the next scheduled meeting of the Board shall present the recommendations of the Executive Committee for appointment of the applicant to the Medical Staff in the appropriate category and for the granting of clinical privileges. The Board shall act upon the recommendations as to the application at such meeting.
- (b) Upon receipt of recommendations from the Executive Committee that the applicant be appointed with the clinical privileges requested, the Board shall review the recommendations of the Executive Committee and the applicant's responses to the health status questionnaire and may meet with the Executive Committee chairperson to discuss the recommendations and may:
 - (1) appoint the applicant and grant the recommended clinical privileges requested;
 - (2) refer the matter for additional research or information including requesting advice from the Executive Committee with respect to the applicant's responses to the health status questionnaire;
 - (3) request additional information from the applicant, including a physical or mental examination as provided in subparagraph (e);
 - (4) initially decide to reject the recommendations, or
 - (5) appoint the applicant but grant only a part of the clinical privileges requested.

- (c) Upon receipt of a recommendation from the Executive Committee that the applicant be appointed but be granted only certain of the clinical privileges requested but not all, the Board shall review the recommendations of the Executive Committee as to the privileges recommended to be granted and the applicant's responses to the health status questionnaire and may meet with the Executive Committee Chairperson to discuss the recommendations and may:
 - (1) appoint the applicant and grant the recommended clinical privileges (without taking action as to those clinical privileges for which a recommendation not to grant was made and as to which the applicant is entitled to a hearing until the appeal process provided in this Policy shall have been completed or the applicant is deemed to have waived such rights);
 - (2) request additional information or refer the matter to the Executive Committee for additional research or information;
 - (3) request additional information from the applicant, including a physical or mental examination as provided in subparagraph (e); or
 - (4) initially decide to reject a favorable recommendation of the Executive Committee or a portion thereof.
- (d) If the initial decision of the Board is to reject a favorable recommendation of the Executive Committee or a portion thereof, it shall first discuss its initial determination with the Chairperson of the Executive Committee prior to taking further action. If the Board's determination is still unfavorable to the applicant, it shall make no final decision until the applicant has been informed of such recommendation by Special Notice and has exercised the rights to a hearing and appeal as outlined in this Policy and the procedure provided for in this Policy has been completed or the applicant has been deemed to have waived those rights, provided, however, if any portion of the Board's initial decision is favorable to the applicant in granting appointment and as to a portion of the requested privileges, it shall take final action as to such approved portion.
- (e) As part of the process of making its evaluation, including review of applicable reports and the applicant's responses to the health status questionnaire, the Board may require an applicant seeking appointment, as a condition to granting appointment, to undergo a physical and/or mental examination by a physician or physicians satisfactory to the Board. The Board may also require such an examination at any time during the appointment period to aid it in determining whether clinical privileges should be continued. Further consideration of the application shall cease until such time as the Board has received the examination results and has had a reasonable opportunity to evaluate them. Such examination and report shall evaluate the applicant's ability to perform the essential functions of the clinical privileges requested without posing a direct threat to the health or safety of patients, the applicant or others and whether there is a need for an

accommodation to the applicant to enable the applicant to perform such privileges. Failure of the applicant to undergo such an examination within sixty (60) days after being requested to do so in writing by the Board or failure of the applicant to make such examination report available to the Board shall constitute a voluntary withdrawal of the application for appointment. The Board may request additional information or refer the matter or any specific issue back to the Executive Committee, Credentials Committee or the department chairperson for additional information before making its final decision.

- (f) If appointment is approved by the Board, the Chief Executive Officer or his/her designee, acting on behalf of the Board, shall so inform the applicant and the chairperson of the applicable department of the decision.

2.C. PROVISIONAL STATUS

2.C.1. Duration of Initial Provisional Appointment

- (a) All initial appointments to Medical Staff categories having clinical privileges and the granting of all initial and additional clinical privileges shall be provisional for a period of up to, but not exceeding, twenty-four (24) months (which period may be extended by the Board upon the recommendation of the Executive Committee or upon the Board's own initiative) from the date of the appointment or grant of clinical privileges.
- (b) During the term of this provisional appointment, the Practitioner receiving the provisional appointment shall be evaluated by the chairperson of the department or departments in which the Practitioner has clinical privileges and by the relevant committees of the Medical Staff as to clinical competence and by the Hospital as to the Practitioner's general behavior and conduct in the Hospital.
- (c) Provisional clinical privileges shall be adjusted to reflect clinical competence at the end of the provisional period, or sooner if warranted.
- (d) Continued appointment after the provisional period shall be conditioned on an evaluation of the factors to be considered for reappointment.

2.C.2. Duties of Members

- (a) Appointment to the Medical Staff shall require that each Practitioner assume such reasonable duties and responsibilities as the Board or the Medical Staff shall require.
- (b) During the provisional period, a Practitioner may exercise all of the prerogatives of the Medical Staff category to which appointed but must demonstrate that he or she meets all of the qualifications and must fulfill all of the obligations attendant to his or her staff category.

- (c) Each Practitioner must arrange, or cooperate in the arrangement of, the required numbers and types of cases to be reviewed/observed by the department chairperson and/or designated proctors, if any.
- (d) Failure of a provisional appointee to fulfill all requirements of appointment relating to meeting attendance, if any, completion of medical records, and cooperation with peer review, as outlined in this Policy, shall render the provisional appointee ineligible to apply for reappointment. In that event, at the expiration of provisional appointment, all clinical privileges will terminate. The Practitioner may be permitted to reapply, after the expiration of at least two years, for initial appointment, in accordance with this Policy.

2.D. CLINICAL PRIVILEGES

2.D.1 General

- (a) Neither Medical Staff appointment nor reappointment shall confer any clinical privileges or right to practice at the Hospital. Each Practitioner who has been appointed to the Medical Staff shall be entitled to exercise only those clinical privileges specifically granted by the Board.
- (b) The grant of clinical privileges shall carry with it acceptance of the obligations of such privileges including emergency department and other rotational obligations as set forth in the Bylaws.
- (c) The clinical privileges recommended to the Board shall be based upon consideration of the following:
 - (1) the existence of criteria for the requested clinical privileges which have been approved by the Board;
 - (2) the applicant's ability to meet all Medical Staff and Board criteria for the requested clinical privileges;
 - (3) the applicant's relevant education, training, experience, demonstrated current clinical competence and clinical judgment, references, recommendations of peers, current licensure, utilization patterns, and ability to perform the essential functions of the privileges requested, with or without reasonable accommodation, without posing a direct threat to the health or safety of the Practitioner, patients or others;
 - (4) recommendations and evaluations received from the applicant's peers and peer review evaluations, if any, from other hospitals;
 - (5) availability of qualified physicians or other appropriate Members to provide medical coverage for the applicant in case of the applicant's illness or unavailability;

- (6) adequate levels of professional liability insurance coverage with respect to the clinical privileges requested;
 - (7) the Hospital's available resources and personnel;
 - (8) any previously successful or currently pending challenges to any licensure or registration, or the voluntary relinquishment of such licensure or registration;
 - (9) any information concerning the voluntary or involuntary termination of medical staff appointment or the voluntary or involuntary limitation, reduction, or loss of clinical privileges at another hospital; and
 - (10) other relevant information, including, but not limited to, a written report and findings by the chairperson of each of the clinical departments in which such privileges are sought.
- (d) The applicant shall have the burden of establishing that he/she satisfies the requirements for, and competence to exercise, the clinical privileges requested.
 - (e) The reports of the chairperson 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 Medical Staff appointment.

2.D.2. Clinical Privileges for Dentists

- (a) The scope and extent of surgical procedures that a Dentist may perform in the Hospital shall be delineated and recommended in the same manner as other clinical privileges.
- (b) Surgical procedures performed by Dentists shall be under the overall supervision of the chairperson of the Department of Surgery. All dental patients shall receive the same basic medical appraisals as patients admitted to other surgical services. Histories and physical examinations may be performed by an oral surgeon on patients with no significant medical history or problems, otherwise the medical history and physical examination of the patient shall be made and recorded by a Physician Member of the Medical Staff by an Advanced Practice Nurse acting within the scope of a collaborative practice agreement with the Medical Staff Member before dental surgery shall be scheduled for performance. A designated Physician Member of the Medical Staff shall be responsible for the medical care of the patient throughout the period of hospitalization.
- (c) The Dentist shall be responsible for the dental care of the patient, including the dental history and dental physical examination as well as all appropriate elements of the patient's record. Dentists may write orders within the scope of their license and consistent with the Medical Staff rules and regulations, and in compliance with the Hospital and Medical Staff Bylaws and this Policy.

2.D.3. Residents and Fellows

The Hospital does not intend initially to have any graduate medical education programs. Therefore, there is no mechanism for credentialing residents or fellows in such programs. No Member of the Medical Staff shall bring any private resident or fellow into the Hospital except for the purposes of observing only patient care provided by such supervising Member. No resident or fellow shall write orders or otherwise participate in any care provided within the Hospital. Fellows may, within the scope of their completed residency training, apply for appointment to the Medical Staff and for clinical privileges commensurate with their training and education (outside of their fellowship).

2.D.4. Limitations on Granting Privileges

Privileges shall not be granted to any Practitioner which will conflict with any restrictions or limitations upon the exercise of the requested privileges created by any Medical Staff Development Plan, Hospital contractual arrangements with one or more Practitioners, or closed department approved by the Board.

2.D.5. Procedures for Requesting Additional Clinical Privileges

(a) Application for Additional Clinical Privileges:

Whenever during the term of a Member's appointment (including at the time of reappointment) to the Medical Staff additional clinical privileges are desired, the Member requesting additional privileges shall apply in writing to the Chief Executive Officer or his/her designee. The application shall state in detail the specific additional clinical privileges desired and the Member's relevant recent education, training and experience which justify such requested additional privileges. This application shall be transmitted by the Chief Executive Officer to the appropriate department chairperson. Thereafter, it will be processed in the same manner as an application for initial clinical privileges.

(b) Factors to be Considered:

Recommendations for additional clinical privileges shall be based upon:

- (1) relevant recent training, education or experience;
- (2) observation of patient care provided;
- (3) review of aggregate data of patient activity in this or other hospitals;
- (4) results of the Hospital's monitoring review activities, including peer review, as applicable;
- (5) recommendations and evaluations received from the Member's peers;

- (6) whether the applicant meets the qualifications and criteria for the clinical privileges;
- (7) whether the performance of such procedures contemplated by the requested privileges would conflict with any contractual arrangements of the Hospital or with a specific department or any restricted or closed department(s);
- (8) other reasonable indicators of the Member's continuing qualifications for the privileges in question; and
- (9) any other factors which would be considered in the initial granting of clinical privileges.

The recommendation for additional privileges may carry with it such requirements for supervision or consultation or other conditions as are thought necessary.

2.D.6 Procedures/Guidelines for Approving New Procedures

(a) Initiation of Action:

Requests for clinical privileges to perform a procedure which is not then being performed at the Hospital and for which credentialing criteria have not previously been approved by the Board shall, if the procedure is not considered experimental, first be forwarded to the appropriate department chairperson. The department chairperson shall evaluate whether the procedure is one which is commonly learned during a residency or fellowship (a "general procedure") or which generally requires special training or education (a "special procedure"). In this evaluation the chairperson shall consult with the Medical Director.

(b) Procedure for General Procedures:

If the department chairperson determines that the procedure is a general procedure and training to perform the procedure should be obtained through a residency and fellowship training program, the department chairperson may recommend addition of the procedure to the delineation of privileges list related to such specialty with appropriate documentation that the following items were considered and included in the department chairperson's recommendation:

- (1) Financial considerations, including the advisability, efficiency and cost of the procedure or expanded scope of care, as to which matters the department chairperson shall consult with and seek input from the Medical Director;
- (2) Criteria to be used for privileging:

- (3) Appropriate input from risk management, the Quality Management Department (or its successor as it may be renamed), nursing and other support services which would be involved (i.e., laboratory, radiology, physical therapy, etc.); and
- (4) A mechanism for monitoring and evaluating clinical performance and outcomes.

The department chairperson's written recommendation will be forwarded to the department as a whole for review and consideration. If the department determines that such procedure shall be added to the delineation of privileges list related to such specialty, it shall forward its recommendation and supporting documentation to the chairperson of the Credentials Committee.

(c) Procedure for Special Procedures:

If the department chairperson determines that the procedure is a special procedure or if the procedure is likely to be performed by more than one specialty, an ad hoc committee appointed by the chairperson of the Credentials Committee, with representation by all specialties involved, shall evaluate and establish appropriate criteria for privileging such procedure and shall consider or include the following:

- (1) The ad hoc committee's recommendation shall be in writing and must include:
 - (i) Financial considerations, including the advisability, efficiency and cost of the special procedure or expanded scope of care, as to which matters the department chairperson shall consult with and seek input from the Medical Director; and
 - (ii) Establishment of criteria for privileging, including the advisability of requiring any level of proctoring or monitoring.
- (2) A literature search will be conducted to outline indicators for use, results, complication rates, and other pertinent information reported. The ad hoc committee will forward this information to the Credentials Committee, Quality Management Department (or its successor as it may be renamed), and responsible department chairperson(s) for information.
- (3) Input from risk management and the Quality Management Department (or its successor as it may be renamed) will be considered.
- (4) A mechanism shall be established to monitor and evaluate clinical performance and outcomes of all new procedures.
- (5) The ad hoc committee shall determine who will be responsible for coordinating how the special procedure will interface with other services, i.e., nursing, radiology, lab and ancillary support services.

(6) The ad hoc committee's recommendation will be sent to the department chairperson(s) involved for their review and consideration and submission to their respective departments as a whole for review and consideration. Each department shall evaluate the ad hoc committee's recommendation and submit its recommendations to the chairperson of the Credentials Committee.

(d) Transmittal of Proposed Criteria:

The chairperson of the Credentials Committee will transmit the proposed standards from the department chairperson (for general procedures) or from the ad hoc committee and respective departments (for special procedures or those involving more than one clinical specialty) to the Credentials Committee for further consideration.

(e) Action by Credentials Committee:

After evaluation, the Credentials Committee will send its written recommendation on the proposed criteria to the Executive Committee.

(f) Action by Executive Committee:

The Executive Committee, after evaluation of such proposed criteria, will make its recommendation in writing to the Board for review and approval in the same manner as approval of credentialing criteria generally.

(g) Action by Board:

The Board shall review the proposed criteria and recommendations and shall approve, reject or request further review or information of such proposed criteria. Upon receipt of criteria acceptable to the Board, the Board shall consider such criteria for final approval.

(h) Applicability of Criteria:

If approved, the approved criteria shall apply to any applicant or current Member who wishes to exercise the privilege to perform the new procedure.

2.D.7. Emergency Clinical Privileges

(a) For the purpose of this section, an "emergency" is defined as the condition which could result in serious or permanent harm to a patient(s) and in which any delay in administering treatment would add to that harm or danger.

(b) In an emergency, a Practitioner who is not currently appointed to the Medical Staff or Allied Health Professional who does not have clinical privileges may be permitted by the Chief Executive Officer in consultation with the President of the

Medical Staff or the Medical Director to exercise clinical privileges as appropriate to avoid the immediate danger of harm to the patient.

- (c) Similarly, in an emergency, a Practitioner currently appointed to the Medical Staff or Allied Health Professional having clinical privileges may act in such emergency by exercising clinical privileges not specifically granted to that Member or Allied Health Professional. When the emergency situation no longer exists, such Member must request the temporary privileges necessary to continue to treat the patient if the Member desires to continue to treat the patient and is qualified to do so. In the event such temporary privileges are denied or not requested, the patient shall be assigned by the President of the Medical Staff to a Member with appropriate clinical privileges. The wishes of the patient shall be considered in the selection of a substitute Practitioner.

2.E. PROCEDURE FOR TEMPORARY CLINICAL PRIVILEGES

2.E.1. Temporary Clinical Privileges for Applicants

Temporary privileges shall not routinely be granted to applicants. In extraordinary situations when necessary to avoid undue hardship to the Hospital or the Medical Staff, the Chief Executive Officer or his/her designee may grant temporary admitting and clinical privileges to an applicant for a specific time period not exceeding 90 days, upon receipt of a completed application for Medical Staff appointment and after making inquiry to the National Practitioner Data Bank (and receipt of the response therefrom), verifying information as to the licensure, DEA certification, if applicable, competence, character, ethical standing (including, but not limited to, determining whether the applicant has been excluded from the Medicare, Medicaid or other government sponsored healthcare program), verifying professional liability insurance coverage, receipt of the favorable recommendation of the chairperson of the applicable department, and after consulting with the President of the Medical Staff or the Medical Director, provided, however, for good cause shown, the Chief Executive Officer or his/her designee may extend such temporary privileges to an applicant for an additional period not exceeding 90 days. In all cases only applicants who have no current or previously successful challenge to licensure or registration, have not been subject to involuntary termination of medical staff membership at another healthcare organization, and have not been subject to involuntary limitation, reduction, denial, or loss of clinical privileges shall be considered for the granting of temporary privileges. Notwithstanding the foregoing requirements, temporary admitting and clinical privileges may be granted by the Chief Executive Officer or the Medical Director (or in his/her absence, the President of the Medical Staff) as his/her designee for a specific time period not exceeding 90 days to an applicant who is also currently in good standing on the active staff (or equivalent staff category) at another hospital which is a part of the System upon receipt of a completed application for Medical Staff appointment and after making inquiry to the National Practitioner Data Bank (and receipt of the response therefrom), verification of licensure if the other System hospital is in a different state, receipt of confirmation of the applicant's good standing at the other System hospital and receipt of the favorable recommendation from the applicable department chairperson of the Hospital; provided, however, that for

good cause shown the Chief Executive Officer or the Medical Director as his/her designee may extend such temporary admitting and clinical privileges to an applicant for an additional period not to exceed sixty (60) days. In exercising such privileges, the applicant shall act under the supervision of the chairperson of the department in which the applicant has requested primary privileges.

2.E.2. Temporary Clinical Privileges for Non-Applicants

Except for disaster privileges as provided in Section 2E3, temporary admitting and clinical privileges for care of a specific patient or patients when deemed necessary for patient care by the President or Chief Executive Officer or for a specified period not in excess of five (5) days with respect to a Practitioner whose request is for the purpose of teaching Members as to a procedure or new device may be granted by the Chief Executive Officer or his/her designee with the concurrence of either the chairperson of the department concerned or the President of the Medical Staff to a Practitioner who is not an applicant for appointment, in the same manner and upon the same conditions as set forth in Section 1 of this Section. In addition, temporary clinical privileges may be granted by the Chief Executive Officer or his or her designee in extraordinary situations when necessary to avoid critical shortages in physician staffing of specific practice areas of the Hospital from time to time upon receipt of an appropriate application after making inquiry to the National Practitioner Data Bank (and receipt of the response therefrom), verifying information as to the licensure, DEA certification, if applicable, competence, character, ethical standing and professional liability insurance coverage, and receipt of the favorable recommendation of the chairperson of the applicable department. The Chief Executive Officer shall in each case first obtain such Practitioner's signed acknowledgment to be bound by all bylaws, policies, and rules and regulations of the Medical Staff and Hospital in all matters relating to temporary clinical privileges. Such privileges shall be restricted to the specific patient(s) or periods for which they are granted.

2.E.3. Disaster Privileges

Temporary privileges to non-applicants in the case of a disaster may be granted upon presentation to the CEO, President or any designee thereof of any of the following: a current picture hospital ID card, a current license to practice and a valid picture ID issued by a state, federal or regulatory agency, identification indicating that the individual is a member of a Disaster Medical Assistance Team, identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state or municipal entity), or verification by current Hospital personnel or Medical Staff Members with personal knowledge regarding the provider's identity.

2.E.4. Special Requirements

Special requirements of supervision and reporting may be imposed by the department chairperson concerned on any Practitioner granted temporary clinical privileges. Temporary privileges shall be immediately terminated by the Chief Executive Officer or

a designee upon notice of any failure by the Practitioner to comply with such special conditions.

2.E.5. Termination of Temporary Clinical Privileges

- (a) The Chief Executive Officer may, at any time after receiving a recommendation from the President of the Medical Staff or the chairperson of the department responsible for the Practitioner's supervision, terminate temporary admitting privileges. Clinical privileges shall then be terminated when the Practitioner's inpatients 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 Practitioner granted temporary privileges, a termination of temporary clinical privileges may be imposed by the Chief Executive Officer, the Medical Director, the department chairperson or the President of the Medical Staff, and such termination shall be immediately effective.
- (b) The appropriate department chairperson, the Medical Director or the President of the Medical Staff shall assign to a Medical Staff Member responsibility for the care of the terminated Practitioner'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. Neither the granting, denial or termination of such privileges shall entitle the Practitioner to any of the procedural rights provided in this Policy unless otherwise required by applicable law.
- (d) Temporary privileges shall be terminated automatically at any time the Executive Committee recommends not to appoint the applicant or at any time the application is withdrawn or deemed to be withdrawn. Similarly, at the Executive Committee's discretion, temporary clinical privileges shall be modified to conform to the recommendation of the Executive Committee that the applicant be granted permanent privileges different from the temporary privileges.

2.F. PROCEDURE FOR REAPPOINTMENT

2.F.1. General

All terms, conditions and procedures relating to initial appointment apply to a Member's ongoing appointment and clinical privileges and to reappointment.

2.F.2. Application

- (a) Each current Member who is eligible to be reappointed to the Medical Staff shall be responsible for completing a reappointment application form developed by the System and recommended by the Executive Committee and approved by the Board. Such application shall request information similar to that requested upon

initial application. To be eligible to apply for reappointment, a Practitioner must have:

- (1) satisfied meeting attendance requirements, if any, set forth in the Bylaws;
 - (2) completed all medical records within the time periods and in the manner required by the Bylaws, Medical Staff Rules and Regulations and policies of the Hospital;
 - (3) met all Medical Staff responsibilities (including payment of Medical Staff dues applicable to the Practitioner) and fulfilled all duties including those assigned by the applicable department chairperson in the previous appointment term; and
 - (4) continued to meet all qualifications and criteria outlined in the Bylaws and Hospital bylaws, policies and rules and regulations applicable to the Medical Staff category to which the previous appointment was made.
- (b) The application for reappointment shall be submitted to the Centralized Verification Office as the designee of the Chief Executive Officer or his/her designee at least four (4) months prior to the expiration of the Member's current appointment period. Failure to submit a completed application by that time, or failure to provide any new, additional or clarifying information or documentation promptly after request any time during the evaluation process so that the reappointment process is not delayed, will result in automatic expiration of the Member's appointment and clinical privileges at the end of the then current appointment period if the reappointment process cannot otherwise be completed by such date. Incomplete applications will not be processed. An application shall be deemed to be complete when all questions on the application have been answered, all supporting documentation has been supplied and all information verified as necessary. Any application that continues to be incomplete sixty (60) days after the Member has been notified of the need for information shall be deemed to be withdrawn. An application shall become incomplete if the need arises for new, additional or clarifying information any time during the evaluation. If an application for reappointment is submitted to the Hospital in a timely fashion and all additional requested documentation or information, if any, has been promptly submitted but because of delay in processing or timing of meetings of reviewing committees it is unlikely that the Board, in normal course, will have acted on it prior to the expiration of the Member's current term of appointment, the Board MAY approve the application and grant reappointment for a period not exceeding ninety (90) days. In such event, the Member shall be required to submit an additional application (or such supplemental application as may be developed) for further reappointment which shall be processed as provided in this Policy in the same manner as all other applications for reappointment.

- (c) The Member shall have the same burden of producing information as an applicant for initial appointment as described in Section 2.B.2(f).
- (d) The application shall be initially processed in the same manner as the application for initial appointment.
- (e) Reappointment, upon the expiration of a Member's current appointment period, if granted by the Board, to any category of the Medical Staff (other than Honorary) shall be for a period of up to, but not exceeding, two years; provided, however, the Board may reappoint any applicant for a period of less than two years at its discretion, including for the reason set forth in subparagraph (b) of this Section 2.F.2. If the Member at the time of application for reappointment is then also a member of the medical staff of another hospital within the System, such reappointment by the Board may be for a term corresponding with the date of expiration of the Member's appointment at such other System hospital (unless provisional) to facilitate future reappointments so that it will be necessary for the Member to submit only one multiple-hospital application for future reappointments.

2.F.3. Factors to be Considered

Reappointment of a Member to the Medical Staff shall be considered initially based upon such Member's:

- (a) ethical behavior, clinical competence, and clinical judgment in the treatment of patients;
- (b) compliance with the ethical standards of his/her profession;
- (c) participation in Medical Staff, departmental and committee meetings and in staff duties;
- (d) compliance with the Hospital's bylaws and policies, including this Policy, and with the Bylaws and Medical Staff rules and regulations applicable to the Medical Staff category to which reappointment is requested;
- (e) behavior at the Hospital, including cooperation with Medical Staff and Hospital personnel as it relates to patient care and the orderly operation of the Hospital including cooperation with Hospital administration, and general attitude toward patients, the Hospital and its personnel;
- (f) behavior at any other hospital at which the Member has clinical privileges, including cooperation with members of such hospital's medical staff and hospital personnel as it relates to patient care and the orderly operation of the hospital including cooperation with that hospital's administration, and general attitude toward patients, such hospital and its personnel;

- (g) use of the Hospital's facilities for patients, taking into consideration the Member's comparative utilization patterns;
- (h) ability to perform the essential functions of the clinical privileges requested, with or without reasonable accommodation, without posing a direct threat to the health or safety to the Member, patients or others;
- (i) capacity to satisfactorily treat patients as indicated by the results of the Hospital's quality assessment activities, peer review or other reasonable indicators of continuing qualifications;
- (j) satisfactory completion of such continuing education requirements (including Hospital or System continuing educational programs) as may be imposed by law, this Policy, the Bylaws, the Medical Staff or applicable accreditation agencies;
- (k) satisfactory participation in and completion of Hospital's prohibited workplace harassment training program and certification of such review;
- (l) current professional liability insurance status and pending malpractice challenges, including claims, lawsuits, judgments, arbitration awards, and settlements;
- (m) current licensure to practice the Member's profession in any state and whether such license or Drug Enforcement Agency Administration registration is or ever has been, either voluntarily or involuntarily, suspended, modified, terminated, restricted, surrendered, or has ever been, or is currently being, challenged;
- (n) degree to which the Member has completed accurate, timely and legible medical records and charts;
- (o) voluntary or involuntary termination of medical staff appointment or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another hospital;
- (p) compliance with all qualifications and criteria outlined in the bylaws, policies and rules and regulations of the Medical Staff and Hospital;
- (q) regular participation in emergency call rotations, if applicable to the Member;
- (r) peer recommendations concerning the clinical competence, behavior, ability to interact harmoniously with others and other relevant factors;
- (s) compliance with the Hospital's Corporate Compliance Plan;
- (t) satisfactory participation in and completion of System's HIPAA training program if not previously completed (training need only be completed once and not during each appointment period);
- (u) payment of Medical Staff dues;

- (v) conformity with the Hospital's Medical Staff Development Plan, if any;
- (w) other reasonable indicators of continuing qualifications and relevant findings from the Hospital's quality assessment activities;
- (x) loss of Board Certification, including any failure to satisfactorily pass applicable Specialty Board examinations or the Specialty Board's rejection of an application for admission for its certifying examination; and
- (y) participation in Hospital's education programs to be provided to Members of the Medical Staff, not exceeding four (4) hours per year, as offered from time to time by Hospital.

The Board has the ultimate responsibility and authority with respect to making reappointments to the Medical Staff and granting of clinical privileges and the Board may also consider, in addition to the foregoing factors, the applicant's employment by or affiliation with competing organizations, the effect reappointment of the applicant would have on Hospital operations, administration, or financial position, including the cost of Hospital's provision of specific services or procedures, effect on Hospital's reputation, effect on Hospital's competitive position, or any other factor other than the applicant's competency and qualifications which the Board determines in its discretion may adversely affect the best interests of patient care or the operations of Hospital.

2.F.4. Department Chairperson Procedure/Findings

- (a) No later than 45 days prior to the end of the current appointment period, the Chief Executive Officer or his/her designee shall send to the chairperson of each department and the chairperson of the Credentials Committee a current list of all Members whose appointment period is to expire and who have clinical privileges in that department. The Medical Staff Coordinator shall maintain such list and shall provide the department chairperson with such list, together with a description of the clinical privileges each holds, and copies of their applications for inspection and review by the department chairpersons.
- (b) The applicable department chairperson(s) shall use their best efforts to evaluate the application and the performance of the Member within no longer than fifteen (15) days after receipt of the list and applications and shall provide the Credentials Committee with a written report on a form prescribed by the Credentials Committee of his/her findings concerning the qualifications of each Member seeking reappointment who has privileges within such department based upon the factors described in Section 2.F.3 which are within the chairperson's knowledge or otherwise available to the chairperson. Such report shall evaluate the Member's performance and qualifications for continued privileges and shall include a description of the Member's ability to work with others and participation in department functions. Such report shall also include the chairperson's evaluation of the Member's ability to perform the essential functions of the clinical privileges requested. The chairperson(s) shall include in

each written report, when applicable, the reasons for any changes recommended in staff category, clinical privileges, or for non-reappointment. In the event that a department chairperson finds that a change in clinical privileges or Medical Staff category from those requested is appropriate, he/she (or his/her designee) shall discuss such findings with the applicant prior to submission of his/her report. The chairperson(s) of such department(s) concerned shall be available to the Credentials Committee to answer any questions that may be raised with respect to any such report.

2.F.5. Credentials Committee Procedure/Findings

- (a) After receiving the reports from the applicable department chairperson(s) and from the Medical Director, if any, any comments or information concerning the Member from any other Member, the Credentials Committee shall review all available pertinent information, including all information provided from other committees of the Medical Staff and from Hospital management and appropriate Hospital departments, 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) The Credentials Committee shall have the right to require the Member to meet with the committee to discuss any aspect of the Member's reappointment application, qualifications, or clinical privileges requested.
- (c) The Credentials Committee may use the expertise of the department chairperson, or any member of the department, or an outside consultant, if additional information is needed regarding the Member's qualifications for reappointment when advisable because appropriate expertise is not available within the Medical Staff or because of the need to seek recommendations or advice of unrelated healthcare providers or non-Medical Staff healthcare providers who are not in competition with the Member.
- (d) The Credentials Committee, as part of the process of making its review and evaluation, may require any applicant to provide any additional information including information from other hospitals, satisfactory for the Credentials Committee, in its discretion, to allow it to evaluate the applicant's competence. Upon request by the Medical Staff Coordinator, each applicant shall provide recommendation letters from the chairperson of his or her applicable department at any other hospital at which the Practitioner has privileges and from such hospital's administration as to the Practitioner's good standing at such hospital. Applicants whose practice at the Hospital is judged to be insufficient to allow a full evaluation of clinical competence may be required to provide his or her charts from other hospitals to enable the Credentials Committee to adequately evaluate the applicant. The applicant shall have the burden of providing all of such requested information and documentation from other hospitals.

- (e) If, during the processing of a Member's reappointment application, it becomes apparent to the Credentials Committee or its chairperson that the committee is considering a recommendation that would deny reappointment, deny a requested change in staff category or deny or reduce any requested clinical privileges, the chairperson of the Credentials Committee may (but shall not be obligated to) notify the Member of the general tenor of the possible recommendation and ask if the Member desires to meet with the committee and the Medical Director prior to any final recommendation by the committee. At such meeting, the affected Member shall be informed of the general nature of the evidence supporting the action contemplated 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. Minutes of the discussion in the meeting shall not be kept. However, the Credentials Committee shall indicate as part of its report to the Executive Committee whether such a meeting occurred.
- (f) After considering the application, the report of the clinical department chairperson concerned, and any comments from any other Member of the Medical Staff, the Credentials Committee shall prepare a report of its findings as to the qualifications of such Member for reappointment and the specific clinical privileges to be granted, which may be qualified by any probationary or other conditions or restrictions, as appropriate. The Credentials Committee's report shall be submitted to the Executive Committee.
- (g) If the complete evaluation and recommendation of the Credentials Committee is delayed longer than sixty (60) days from receipt of the report of the department chairperson, the Chairperson of the Credentials Committee shall send a letter to the applicant, with a copy to the Executive Committee and the Medical Director explaining the reasons for the delay. If the Executive Committee or the Medical Director determines that there has been an unnecessary delay in issuing a recommendation by the Credentials Committee, the Executive Committee or Medical Director may require that a recommendation be made by a specific date.

2.F.6. Executive Committee Procedure

- (a) The Executive Committee shall review the application and the accompanying information and the report of the Credentials Committee at its next regularly scheduled meeting to determine whether the Member satisfies the Hospital's requirements for reappointment.
- (b) If the complete evaluation and recommendation of the Executive Committee is delayed longer than sixty (60) days from receipt of the report of the Credentials Committee, the Chairperson of the Executive Committee shall send a letter to the Member, with a copy to the president of the Board and the Chief Executive Officer or his/her designee, explaining the reasons for the delay. If either the president of the Board or Chief Executive Officer determines that there has been unreasonable delay in the issuing of a recommendation by the Executive

Committee, either the president of the Board or Chief Executive Officer may require that a recommendation be made by a specific date.

- (c) Following completion of its evaluation, the Executive Committee shall determine whether the Member is qualified for reappointment to the Medical Staff in the category sought and for the clinical privileges requested and make its recommendation to the Board through the Chief Executive Officer in writing at the Board's next scheduled meeting.
- (d) As part of its evaluation, the Executive Committee may meet with the chairperson of the Credentials Committee to discuss the recommendations and may:
 - (1) recommend to the Board that the applicant be reappointed and granted the clinical privileges requested, in whole or in part;
 - (2) refer the matter back to the Credentials Committee for additional research or information before making its recommendation to the Board; or
 - (3) request additional information from the applicant, including a physical or mental examination, as provided in subparagraph (e); or
 - (4) recommend to the Board that it reject the application, in whole or in part.
- (e) As part of the process of making its recommendation, the Executive Committee may require the applicant as a condition to recommending reappointment to undergo a physical and/or mental examination by a physician or physicians satisfactory to the Executive Committee. Further consideration of the application shall cease until such time as the Executive Committee has received the examination results and has had an opportunity to evaluate them and make a recommendation thereon. The report of any such examination as to the applicant's ability to perform the essential functions of the clinical privileges requested without posing a direct threat to the health or safety of patients, the applicant or others and whether there is a need for an accommodation to the applicant to enable applicant to perform such privileges shall be made available to the committee for its consideration. Failure of an applicant to undergo such an examination within a reasonable time not exceeding sixty (60) days after being requested to do so in writing by the Executive Committee shall cause the application to be incomplete and constitute a voluntary withdrawal of the application for reappointment and clinical privileges, and all processing of the application shall cease.
- (f) If reappointment is approved by the Board, the Chief Executive Officer or his/her designee, acting on behalf of the Board, shall so inform the applicant and the chairperson of the applicable department of the decision.
- (g) If the Executive Committee finds that the Member is otherwise qualified for reappointment and the granting of the requested privileges, the Executive Committee through the Medical Staff Coordinator shall notify the Member that its

recommendation is favorable to the Member but reappointment by the Board is conditioned upon the Member's completion and delivery of a health status questionnaire in form approved by the Board and the responses contained therein. Such questionnaire shall be delivered to the Medical Staff Coordinator for submission to the Board. The application shall be deemed incomplete and shall not be further processed until such questionnaire has been completed and so delivered by the Member.

2.F.7. Executive Committee Recommendation

- (a) If the Executive Committee's recommendation is to reappoint the Member and to grant the requested clinical privileges, the Executive Committee shall make a written report and recommendation with respect to the Member to the Board. All recommendations to reappoint shall also specifically recommend the clinical privileges to be granted, which may be qualified by any probationary or other conditions or restrictions relating to such clinical privileges.
- (b) If the Executive Committee's recommendation is adverse to the Member and would entitle the Member to request a hearing pursuant to this Policy, such recommendation shall be forwarded to the Chief Executive Officer. The Chief Executive Officer shall promptly so notify the Member by Special Notice. The application shall not be forwarded to the Board until the Member has exercised the right to a hearing as provided in this Policy and the procedure provided in this Policy has been completed or the Member has been deemed to have waived the right to a hearing as provided in this Policy.
- (c) If the Executive Committee's recommendation is to reappoint the Member but to grant only certain of the requested clinical privileges, the Executive Committee shall make a written report and recommendation with respect to the Member and those specific privileges recommended to be granted, and also indicate those privileges recommended not to be granted, to the Board through the President of the Medical Staff or his/her designee. As to the clinical privileges for which the Executive Committee has recommended not be granted, such recommendation shall be forwarded to the Chief Executive Officer who shall so notify the applicant by Special Notice of the recommendation and of his/her rights to a hearing in accordance with this Policy.
- (d) If the Executive Committee's recommendation is unfavorable to the applicant and either the applicant has waived his/her rights to appeal such recommendation or, having exercised such right to appeal, the Hearing Panel, as described in Article 4 of this Policy, has rendered a decision supporting such adverse recommendation, the Executive Committee shall submit its recommendation to the Board at the Board's next regularly scheduled meeting at which the Board shall make its final determination. If the application for reappointment or request for clinical privileges is denied by the Board, in whole or in part, the applicant shall be notified by Special Notice and the provisions of Article 4 shall apply, which may

entitle the applicant to appeal such action if not previously afforded such appeal rights as provided in Article 4.

2.F.8 Board Action

- (a) Except in the case of an adverse recommendation by the Executive Committee and where an appeal thereof is pending, the Chairperson of the Executive Committee or his/her designee at the next scheduled meeting of the Board shall present the recommendations of the Executive Committee for reappointment of the Member to the Medical Staff in the appropriate category and for the granting of clinical privileges. The Board shall act upon the recommendations as to the application at such meeting.
- (b) Upon receipt of recommendations from the Executive Committee that the Member be reappointed with the clinical privileges requested, the Board shall review the recommendations of the Executive Committee as presented by the Chairperson of the Executive Committee or his/her designee and the applicant's responses to the health status questionnaire and may:
 - (1) reappoint the Member and grant the recommended clinical privileges requested;
 - (2) refer the matter for additional research or information, including requesting advice from the Executive Committee with respect to the applicant's responses to the health status questionnaire;
 - (3) request additional information from the Member, including a physical or mental examination as provided in subparagraph (e);
 - (4) reject the recommendations; or
 - (5) reappoint the Member but grant only a part of the clinical privileges requested.
- (c) Upon receipt of a recommendation from the Executive Committee that the Member be reappointed but be granted only certain of the clinical privileges requested but not all, the Board shall review the recommendations of the Executive Committee as to the privileges recommended to be granted as presented by the Chairperson of the Executive Committee or his/her designee and the Member's responses to the health status questionnaire and may:
 - (1) reappoint the Member and grant the recommended clinical privileges (without taking action as to those clinical privileges for which a recommendation not to grant was made and as to which the Member is entitled to a hearing until the appeal process provided in this Policy shall have been completed or the Member is deemed to have waived such rights);

- (2) request additional information or refer the matter to the Executive Committee for additional research or information; or
 - (3) initially decide to reject a favorable recommendation of the Executive Committee or a portion thereof.
- (d) If the initial decision of the Board is to reject a favorable recommendation of the Executive Committee or a portion thereof, it shall first discuss its initial determination with the Chairperson of the Executive Committee prior to taking further action. If the Board's determination is still unfavorable to the Member, it shall make no final decision until the Member has been informed of such recommendation by Special Notice and has exercised the rights to a hearing and appeal as outlined in this Policy and the procedure provided for in this Policy has been completed or the Member has deemed to have waived those rights, provided, however, if any portion of the Board's initial decision is favorable to the Member in granting appointment and as to a portion of the requested privileges, it shall take final action as to such approved portion.
- (e) As part of the process of making its evaluation, including review of reports and the applicant's responses to the health status questionnaire, the Board may require a Member currently seeking reappointment, as a condition to granting reappointment, to undergo a physical and/or mental examination by a Physician or physicians satisfactory to the Board. The Board may also require such an examination at any time during the appointment period to aid it in determining whether clinical privileges should be continued. Further consideration of the application shall cease until such time as the Board has received the examination results and has had a reasonable opportunity to evaluate them. Such examination and report shall evaluate the Member's ability to perform the essential functions of the clinical privileges requested without posing a direct threat to the health or safety of patients, the Member or others and whether there is a need for an accommodation to the Member to enable the Member to perform such privileges. Failure of the Member to undergo such an examination within sixty (60) days after being requested to do so in writing by the Board or failure of the Member to make such examination report available to the Board shall constitute a voluntary withdrawal of the application for reappointment and relinquishment of all clinical privileges. The Board may request additional information or refer the matter or any specific issue back to the Executive Committee, the Credentials Committee or the department chairperson for advice or evaluation as to the conditions disclosed and the Member's qualification for reappointment or for additional information before making its final determination.
- (f) If appointment is approved by the Board, the Chief Executive Officer or his/her designee, acting on behalf of the Board, shall so inform the applicant and the chairperson of the applicable department of the decision.

ARTICLE 3

ACTIONS AFFECTING MEDICAL STAFF MEMBERS OR ALLIED HEALTH PROFESSIONALS

3.A. PROCEDURES FOR ADDRESSING QUESTIONS INVOLVING MEDICAL STAFF MEMBERS' OR ALLIED HEALTH PROFESSIONALS' ACTIONS

3.A.1. Initiation of Action

Whenever, on the basis of information and belief, any Member of the Medical Staff, any Allied Health Professional, any employee of the Hospital, the Medical Director or the President of the Board has cause to question the actions of a Medical Staff Member or an Allied Health Professional involving any of the grounds described in Section 3.A.2 hereof, he/she shall submit a written statement or report to the Medical Director or his/her designee identifying the Member or Allied Health Professional involved and describe the specific incident, activity or conduct which gave rise to the statement or report. Further, if the matter involves a potential violation of the Corporate Compliance Plan, the System's Corporate Compliance Officer shall be notified and the Corporate Compliance Officer may conduct an investigation independent of or in connection with any investigation under this Article 3. The Medical Director may also initiate a review on his or her own.

3.A.2. Grounds for Action

The following shall be grounds for initiating a report questioning the conduct or activity of a Member or an Allied Health Professional:

- (a) questions regarding the clinical competence of any Member or Allied Health Professional;
- (b) questions regarding the care or treatment of a patient or patients or management of a case by any Member or Allied Health Professional;
- (c) the known or suspected violation by any Member or Allied Health Professional of applicable ethical standards or the bylaws, policies, rules or regulations of the Hospital or its Board or Medical Staff, including, but not limited to the Hospital's quality assessment, risk management, and utilization review programs and Corporate Compliance Plan or involves conduct which is prohibited under any local, state or federal law or regulation;
- (d) behavior or conduct on the part of any Member or Allied Health Professional that is considered lower than the standards of the Hospital or disruptive to the orderly operation of the Hospital or the Medical Staff, including the inability of the Member or Allied Health Professional to work harmoniously with other Members, Allied Health Professionals, nurses and technical personnel or Hospital administration;

- (e) the existence of any significant misstatements in or omissions from the Member's application for appointment or reappointment to the Medical Staff or matters submitted in connection therewith;
- (f) the existence of any significant misstatements in or omissions from the Allied Health Professional's application for clinical privileges or matters submitted in connection therewith;
- (g) an act by a Member or Allied Health Professional that is or may be below the applicable standard of care and which has a reasonable probability of causing injury to a patient or which may be grounds for disciplinary action by the Practitioner's or Allied Health Professional's state licensing agency;
- (h) questions involving the revocation, termination, suspension or restriction of licensing federal or state drug registration, professional liability insurance, medical staff appointment or clinical privileges at another hospital or continuing medical education requirements;
- (i) questions involving any disciplinary action against a Member or Allied Health Professional by another hospital or entity;
- (j) a conviction, indictment or investigation by federal or state authorities concerning suspected Medicare, Medicaid or other government sponsored healthcare plan or insurance fraud, including any violation of federal or state anti-kickback or false claims acts;
- (k) a conviction or indictment for, or investigation into, suspected drug law violations; or
- (l) litigation, including testimony (deposition, hearing or trial) given by a Practitioner or Allied Health Professional as an expert witness or otherwise which may call into question a Practitioner's or Allied Health Professional's qualifications, competency, medical or professional judgment, conduct or ability to practice.

3.A.3. Preliminary Review by the Medical Director

Upon receipt of a statement or report pursuant to Section 3.A.1, or upon receipt of a complaint or other notice from a patient or family member of a patient concerning any matter described in Section 3.A.2, the Medical Director or his/her designee shall promptly notify the applicable department chairperson, and, if the Medical Director or his/her designee deems appropriate, the President of the Medical Staff and the Chief Executive Officer, in writing of all such reports and requests for investigations and shall keep the Chief Executive Officer, the chairperson of the applicable department and the President of the Medical Staff fully informed of all action taken in connection therewith. The Medical Director or his/her designee shall preliminarily review the matter and shall interview, as the Medical Director or such designee deems necessary or appropriate, appropriate Members of the Medical Staff, Allied Health Professionals, Hospital personnel and, if the Medical Director or his/her designee deems appropriate, the

Member or Allied Health Professional being investigated. In the event the complaint involves a potential violation of the Corporate Compliance Plan, the Medical Director shall notify the System's Corporate Compliance Officer, if not previously notified, and coordinate, as appropriate, the Medical Director's investigation with the Corporate Compliance Officer. The Medical Director may utilize the expertise of one or more Members of the Medical Staff or others (including the Hospital's counsel) to advise him/her as to specific patient care issues or other matters as to which the Medical Director may deem helpful to his/her review and initial evaluation. In the event the Medical Director or his/her designee determines that he/she is unable to resolve the matter, or is unable to determine that there is no substance to the complaint or basis for either the allegation or for taking action against such Member or Allied Health Professional, after consultation with the President of the Medical Staff and Chief Executive Officer, except as hereafter provided, the Medical Director or his/her designee, as applicable, shall promptly refer the matter to the Executive Committee. In the event the Medical Director or his/her designee, as applicable, is able to resolve the matter or determines that there is no basis for action against the Member or Allied Health Professional, the Medical Director or his/her designee, as applicable, shall nevertheless notify the President of the Medical Staff and Chief Executive Officer by written report of his/her findings, conclusions and action taken.

3.A.4. Initial Action by the Executive Committee

Upon receipt of a report from the Medical Director or his/her designee, as applicable, that he/she has been unable to resolve the complaint or has not been able to determine that there is no basis for action against the Member and has determined that an investigation should be undertaken, or upon request for an investigation by the President of the Medical Staff or Chief Executive Officer if the President of the Medical Staff or the Chief Executive Officer disagree with the conclusion of the Medical Director (or his/her designee, if applicable) that no basis existed either for the allegation or for taking action against the Member or Allied Health Professional, the Chairperson of the Executive Committee may immediately appoint an ad hoc committee to investigate the matter. The Chairperson of the Executive Committee shall report the appointment of the ad hoc investigating committee as soon as reasonably practical to the Executive Committee. In the event the Chairperson of the Executive Committee elects not to so appoint an ad hoc investigating committee, the Executive Committee shall meet as soon as reasonably practical but not later than 45 days after receipt of the report from the Medical Director or his/her designee and his/her request for an investigation (or after receipt of a request for an investigation by the President of the Medical Staff or the Chief Executive Officer, if any of them disagree with the conclusion of the Medical Director (or his/her designee, if applicable) that no basis existed either for the allegation or for taking action against the Member or the Allied Health Professional). After reviewing the report or request, the Executive Committee shall appoint an ad hoc investigating committee to investigate the matter if not earlier appointed by the chairperson. The ad hoc committee shall consist of no fewer than three (3) persons who may or may not be members of the Medical Staff. The committee should include one (or more as appropriate) members who are not Members of the Medical Staff when expertise in a specialty is not readily available from Members of the Medical Staff or when unrelated or unbiased Members or Allied Health

Professionals, as appropriate, who would not be direct competitors of the Member or Allied Health Professional in question are not readily available as the Chairperson of the Executive Committee shall reasonably determine. Care shall be taken in selecting members of such committee who do not have a bias against the Member or Allied Health Professional in question or who are in direct economic competition with the Member or Allied Health Professional in question. The committee shall not include partners, associates or relatives of the Member being investigated. Committee appointees will be promptly notified. If practical, the Medical Director shall direct and coordinate the investigation unless the Medical Director is perceived to be biased against the Member or Allied Health Professional or otherwise unavailable, in which events the Medical Director's designee shall direct the investigation.

3.A.5. Investigative Procedure by the Ad Hoc Committee

- (a) The ad hoc committee shall meet as soon as reasonably practicable, but not later than 30 days after appointment. After evaluating the request for an investigation, if the ad hoc committee determines that:
 - (1) there is no basis for either the allegation or taking action against the Member or Allied Health Professional, the committee may, at its discretion, make a recommendation that no action is justified. The committee may make this recommendation with or without a personal interview with the Member or Allied Health Professional being investigated; or
 - (2) the request for an investigation contained sufficient information to warrant a full investigation, or that it cannot determine that there is no basis for the request, the committee shall immediately investigate the matter. If the committee determines after initial review that investigation is warranted, the chairperson of the committee shall so advise the chairperson of the Executive Committee who shall advise the Member or Allied Health Professional that the matter has been referred to the committee for investigation.
- (b) The Member or Allied Health Professional under investigation shall have an opportunity to meet with the investigating committee before such body makes a report of its investigation and conclusions to the Executive Committee. At this meeting (but not, as a matter of right, in advance of it) the Member or Allied Health Professional shall be informed of the general nature of the evidence supporting the matter being investigated and shall be invited to discuss, explain, or refute such evidence. This interview shall be administrative in nature and shall not constitute a hearing, and none of the procedural rules provided in this Policy with respect to hearings shall apply. Since such meeting is not a hearing in accordance with the hearing procedures of this Policy, the Member or Allied Health Professional under investigation shall not be permitted to have an attorney present. Refusal to attend such meeting by the Member or Allied Health Professional under investigation or his/her refusal to provide information or

records requested by the committee shall be duly noted by the committee and may result in a recommendation by the committee that the Medical Staff appointment of the Member and/or clinical privileges of the Member or Allied Health Professional under investigation be revoked, suspended or terminated. A summary of such interview, if held, shall be made by the committee and be included with its report to the Executive Committee.

- (c) The ad hoc 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. If the committee believes that the physical or mental condition or abilities of the Member or Allied Health Professional are in issue, such committee may also require a physical and/or mental examination of the Member or Allied Health Professional being investigated by a physician or physicians satisfactory to such body and shall require that the report of such examination as to the ability of the Member or Allied Health Professional to perform the essential functions of the clinical privileges which the Member or Allied Health Professional has been granted without imposing a direct threat to the health or safety of the Member or Allied Health Professional, patients or others and whether there is any need for accommodation to enable the Member or Allied Health Professional to perform such clinical privileges shall be made available to the committee for its consideration. Refusal to submit to such examination if requested by the committee shall be duly noted by the committee and may result in a recommendation by the committee that the Medical Staff appointment of the Member and/or clinical privileges of the Member or Allied Health Professional under investigation be revoked, suspended or terminated.
- (d) If the matter under investigation involves a violation of the Corporate Compliance Plan, the ad hoc committee shall work with and coordinate the investigation with the System's Corporate Compliance Officer in any investigation conducted by the Corporate Compliance Officer.

3.A.6. Precautionary Suspension of Privileges During Review

- (a) If at any time during the investigation, the ad hoc committee believes that for the protection of patients of the Hospital, the orderly operation of the Hospital or otherwise for the protection of the Hospital, the clinical privileges of the Member or Allied Health Professional under investigation should be suspended or restricted in whole or in part, the committee shall notify the Medical Director or the President of the Medical Staff who may, after first notifying the Medical Director (if he/she was not otherwise notified), based upon the report of such committee, immediately suspend or restrict all or any part of the Member's or Allied Health Professional's clinical privileges as provided in Section 3B or refer the matter to the Executive Committee for evaluation and action.
- (b) Any such suspension or restriction imposed during an investigation or review shall be deemed to be administrative and precautionary in nature for the protection of the Hospital's patients, the orderly operation of the Hospital or

otherwise for the protection of the Hospital. The suspension shall remain in effect, without appeal, during the investigation only, and shall not indicate the validity of the charges. Notification of imposition of such suspension shall be made by telephone or in person with the Member or Allied Health Professional by the Medical Director or President (or their designee) as soon after imposition as practical. Written confirmation of such suspension shall thereafter be promptly sent to the Member or Allied Health Professional. If such a precautionary suspension is placed into effect, such suspension shall be in effect while an investigation to determine whether a professional review action is needed but shall automatically cease and be of no further force or effect at the end of the 30th day following imposition unless sooner terminated or lifted as provided in this Policy or unless extended as provided in this Policy. The investigation shall be completed within fourteen (14) days of the suspension or reasons for the delay shall be transmitted to the Board so that it may consider whether the suspension should be continued. Unless the Board acts to continue such suspension or one of the persons or bodies authorized to summarily suspend the clinical privileges of a Member pursuant to Section 3.B takes such action to suspend the privileges of the Member for the reasons set forth in Section 3.B, the suspension shall automatically terminate on the fifteenth (15th) day after initial imposition; provided, however, nothing herein shall prohibit such suspension from thereafter being reimposed by any person or body authorized by this Policy to do so for the reasons set forth in this Policy. If the suspension is continued by action of the Board, the suspended Member or Allied Health Professional shall have the procedural rights set forth in Article 4. For purposes of calculating the applicable deadlines under Article 4, the first day of such continuation is considered to be the first day of such suspension.

- (c) In the event of a precautionary suspension of privileges, the appropriate department chairperson, or if unavailable, the President of the Medical Staff, shall immediately assign to another Medical Staff Member or Allied Health Professional, as appropriate, with appropriate clinical privileges responsibility for the care of the patients of the suspended Member or Allied Health Professional until the precautionary suspension has been lifted or such patients are discharged from the Hospital. Wherever possible, in the selection of a substitute Physician or Allied Health Professional, consideration should be given to the patient's wishes.

3.A.7. Procedure Upon Completion of Investigation

- (a) Upon completion of its investigation, or, if appropriate, at any time during its investigation, the ad hoc committee may do one or more of the following:
 - (1) Recommend that no action is justified;
 - (2) Recommend that a requirement of consultation be imposed in the case of a Member or Allied Health Professional under investigation;
 - (3) Recommend that a written warning or letter of reprimand be issued;

- (4) Recommend medical treatment or therapy;
 - (5) Recommend that terms of probation be imposed;
 - (6) Recommend a reduction or restriction on privileges, in whole or in part;
 - (7) Recommend suspension of clinical privileges for a specific term, including immediate suspension and for such purpose may refer such recommendation directly to the Medical Director or President of the Medical Staff pursuant to Section 3.A.6(a);
 - (8) Recommend revocation of Medical Staff appointment or clinical privileges;
 - (9) Refer the matter to the Missouri State Medical Association Physicians' Health Program or similar program in the case of a Member, if appropriate, or similar program which may be available for the Allied Health Professional under investigation; or
 - (10) Make such other recommendations as it deems necessary or appropriate.
- (b) The chairperson of the ad hoc committee shall submit to the Executive Committee a written report, subject to any confidentiality requirements of such committee, setting forth the committee's findings, conclusions and recommendations. The committee shall be available to the Executive Committee to answer any questions that may be raised with respect to its recommendation(s).

3.A.8. Executive Committee Action on Ad Hoc Committee's Report

- (a) The Executive Committee shall meet as quickly as practical after receipt of the ad hoc committee's report (but in no event later than thirty (30) days) to consider the recommendations of the ad hoc committee. The Executive Committee may meet with the members of the ad hoc committee or request specific information or findings therefrom and upon conclusion of its evaluation of such report and information available to it may adopt or reject, in whole or in part, or modify such recommendations, or adopt a recommendation of its own, and based upon its conclusions impose or take such action as recommended or impose or take any other action which it is empowered to take as provided in this Policy, including but not limited to those actions described in Section 3.A.7(a).
- (b) If the Executive Committee's recommendation or action would entitle the Member or Allied Health Professional being investigated to request a hearing and appeal of such action or recommendation and the procedural rights provided in this Policy, such recommendation shall be forwarded to the Chief Executive Officer who shall promptly notify the affected Member or Allied Health Professional by Special Notice. The Chief Executive Officer shall then hold the recommendation (except an immediate suspension) until after the Member or Allied Health Professional has been deemed to have waived the right to a hearing

or until after the Member or Allied Health Professional has exercised such right and the process has been completed.

- (c) If the action of the Executive Committee would not entitle the Member or Allied Health Professional to a hearing, the action shall take effect immediately without action of the Board (unless the Executive Committee has recommended action be taken by the Board) and without the right of appeal as provided in this Policy. A report of the action taken and reasons therefor shall be made to the Chief Executive Officer.

3.A.9. Board Action

- (a) If the action of the Executive Committee is to recommend action be taken by the Board and such recommendation either does not entitle the Member or Allied Health Professional to a hearing and the procedural rights set forth in Article 4 or such procedural rights have been waived by the Member or Allied Health Professional or have been concluded, the Board shall consider the recommendation of the Executive Committee at its next regular meeting.
- (b) In the event the Board initially determines to consider modification of the action of the Executive Committee or takes action upon a recommendation of the Committee that had not previously entitled the Member of Allied Health Professional to a hearing and the procedural rights set forth in Article 4 and such modification or action would entitle the Member or Allied Health Professional to a hearing in accordance with this Policy, it shall so notify the affected Member or Allied Health Professional, through the Chief Executive Officer, by Special Notice and shall take no final action thereon (except for a precautionary suspension of the Member or Allied Health Professional as provided in this Policy) until the Member or Allied Health Professional has had an opportunity to exercise the right to a hearing and appeal as provided in this Policy and such process has been completed.

3.B. PRECAUTIONARY SUSPENSION OF CLINICAL PRIVILEGES

3.B.1. Grounds for Precautionary Suspension

- (a) In lieu of the procedure set forth in Section 3.A (other than Section 3.A.6), the President of the Medical Staff, the Medical Director, the chairperson of the applicable clinical department, the Executive Committee, the Chief Executive Officer, or the President of the Board each shall have the authority to suspend all or any portion of the clinical privileges of a Member or Allied Health Professional whenever such action is reasonably believed to be in the best interests of patient safety or care, the orderly administration of the Hospital or patient care, protection of the Hospital, or as authorized in any Medical Staff policy, including but not limited to the Policy Concerning Practitioners With Disruptive Behavior. Such suspension shall not imply any final finding of responsibility for the situation that prompted the suspension.

- (b) Such precautionary suspension shall become effective immediately upon imposition, shall immediately be reported in writing to the Chief Executive Officer, the President of the Medical Staff, the Medical Director, the chairperson of the Credentials Committee, and the Member or Allied Health Professional affected, and shall remain in effect unless or until modified by the Executive Committee, the Chief Executive Officer, the Board, the person or body imposing such suspension, or as provided in this Section 3.B or, if the procedures contained in Article 4 have been completed and such procedure has determined that such supervision be lifted.
- (c) Any individual or body which exercises authority under this Section 3.B to suspend the clinical privileges of a Member or Allied Health Professional shall immediately report such action to the Medical Director and Chief Executive Officer so that appropriate further action can be taken in the matter.

3.B.2 Investigative Procedure

- (a) An investigation of the matter resulting in precautionary suspension shall be immediately undertaken by the Medical Director or his/her designee. Upon completion of his/her investigation, the Medical Director (or his/her designee, as applicable) shall make a report to the Executive Committee within five (5) days after the imposition of the precautionary suspension.
- (b) The Executive Committee shall undertake its review as soon as possible upon receipt of the report of the investigation and ordinarily within 30 days of the imposition of the precautionary suspension. The Executive Committee shall determine whether to continue or lift such suspension within thirty (30) days of the date of imposition and in the event it determines to continue such suspension shall so advise the Chief Executive Officer. In the event that the Executive Committee fails to complete its investigation and determine whether to continue such suspension within said thirty (30) days, the suspension shall be automatically lifted at the expiration of such thirty (30) days, provided, however, nothing herein shall prohibit such suspension from thereafter being reimposed by any person or body authorized by this Policy to do so for the reasons set forth in this Policy and provided further that if the Executive Committee has completed its investigation it may determine to maintain such suspension indefinitely.
- (c) Upon completion of its review of the matter, the Executive Committee shall ratify, modify or overrule the action taken by the individual or body which imposed the precautionary suspension. The suspended Member of Allied Health Professional shall be entitled to the procedural rights provided in Article 4 in the event of any suspension which has not been lifted prior to the fifteenth day after imposition or in the event of reimposition.

3.B.3. Care of Suspended Member's or Allied Health Professional's Patients

- (a) Immediately upon the imposition of a precautionary suspension, the appropriate department chairperson or, if unavailable, either the President of the Medical Staff or the Medical Director shall assign to another Member or Allied Health Professional, as appropriate, with appropriate clinical privileges responsibility for care of the suspended Member's or Allied Health Professional's patients still in the Hospital. The assignment shall be effective until such time as the suspension is lifted or the patients are discharged from the Hospital. Whenever possible, the wishes of the patient shall be considered in the selection of the assigned appointee.
- (b) It shall be the duty of the Medical Director, the President of the Medical Staff and the department chairperson to cooperate with the Chief Executive Officer in enforcing all suspensions.

3.C. TEMPORARY OR ADMINISTRATIVE SUSPENSIONS

A Member or Allied Health Professional shall be deemed to have voluntarily relinquished his/her clinical privileges and be deemed to be under administrative suspension (without any procedural rights otherwise provided in this Policy) in the event that any of the following events shall have occurred (and during the duration thereof):

1. Upon notification by the President of the Medical Staff, or his/her designee, of the Member's or Allied Health Professional's delinquency or failure to complete medical records within the applicable time periods in accordance with the Medical Staff Rules and Regulations and the Medical Staff Procedure on Delinquent Medical Records.
2. Revocation or suspension of the Member's or Allied Health Professional's professional license. Partial licensure restriction will result in a similar restriction of the Member's or Allied Health Professional's clinical privileges;
3. Upon notification by the President of the Medical Staff, or his/her designee, of the Member's or Allied Health Professional's failure to provide requested copies of license, DEA, or BNDD registration renewal, if applicable, as and when required in this Policy;
4. Failure to be adequately insured, or upon notification by the President of the Medical Staff or his/her designee of the Member's or Allied Health Professional's failure to provide evidence of adequate insurance, as required in this Policy;
5. Upon notification by the President of the Medical Staff, or his/her designee, of the Member's or Allied Health Professional's failure to satisfy Medical Staff, department and committee meeting attendance requirements, if any, established in the Bylaws;

6. Upon the Member's or Allied Health Professional's conviction of, pleading guilty to a charge of, or entering a plea of no contest to a charge of, a felony which reasonably relates to the ability of the Member or Allied Health Professional to exercise the clinical privileges granted to him/her, whether or not sentence has been imposed;
7. Upon the Member's or Allied Health Professional's exclusion from the Medicare, Medicaid or other government sponsored healthcare program; or
8. In the case of a Medical Assistant or Physician Assistant or any other Allied Health Professional (unless authorized by law to practice independently without direct supervision of their employing Member of the Medical Staff), termination of such Allied Health Professional's employment with a Member unless and until such Allied Health Professional is employed by another Member provided such employment by another Member has occurred within thirty (30) days of the prior employment termination and such Member has submitted to the Chief Executive Officer or his/her designee appropriate documentation confirming such employment by such other Member and the other information required by Article 5 including, but not limited to, verification of insurance coverage and acknowledgment by such new employer of his/her responsibility for such Allied Health Professional.
9. In the case of a Medical Assistant or Physician Assistant, termination or suspension of the clinical privileges of such Medical Assistant's or Physician Assistant's supervising employing Member unless such Medical Assistant or Physician Assistant was employed by a group practice consisting of more than one Medical Staff Member and a Medical Staff Member of such group provides written confirmation of his/her responsibility to such Medical Assistant or Physician Assistant.
10. Upon notification by the President of the Medical Staff, or his/her designee, of the Member's failure to maintain an alternate with equivalent clinical privileges as required in Section 2.B.2.(e).

Upon correction of such deficiencies, if possible, the Member or Allied Health Professional shall so notify the President of the Medical Staff or his/her designee. If the President of the Medical Staff agrees that such matter has been corrected he/she shall notify the Member or Allied Health Professional that his/her administrative suspension has been lifted and his/her clinical privileges have been reinstated. However, in the event the Member or Allied Health Professional shall fail to remedy or correct the basis for such suspension, including re-employment of the Medical Assistant or Physician Assistant or other Allied Health Professional as described in subparagraph 8 above or reinstatement of the Medical Assistant's or Physician Assistant's employing Member's clinical privileges as described in subparagraph 9 above (and failure to notify the President of the Medical Staff of a correction shall be conclusive of the failure to correct any of such deficiencies) within six (6) months from the effective date of suspension, or the Member or Allied Health Professional has been suspended more than three (3) times

during a calendar year for delinquency or failure to complete medical records as provided in subparagraph 1 above, or the Member or Allied Health Professional has been convicted of, pleaded guilty to or entered a plea of no contest to a charge of, a felony as provided in subparagraph 6 above, the Medical Staff membership of such Member and/or clinical privileges of such Member or Allied Health Professional will be deemed voluntarily surrendered and terminated and such Member or Allied Health Professional shall be deemed to have voluntarily resigned from the Medical Staff or such Allied Health Professional shall be deemed to have voluntarily surrendered his/her clinical privileges.

3.D. PROCEDURE FOR LEAVE OF ABSENCE

1. Practitioners appointed to the Medical Staff and Allied Health Professionals having been granted clinical privileges may, for good cause, be granted leaves of absence by the Board for a definite stated period of time not to exceed one (1) year. Absence for longer than one year shall constitute voluntary resignation of the Member's Medical Staff appointment and the voluntary surrender of a Member's or Allied Health Professional's clinical privileges unless an exception is made by the Board.
2. Requests for leaves of absence shall be made to the chairperson of the department in which the Member or Allied Health Professional applying for leave holds clinical privileges (with a copy being provided to the Medical Staff Coordinator), and shall state the beginning and ending dates of the requested leave. The department chairperson shall transmit the request together with a recommendation to the Credentials Committee which, after review, shall forward its recommendation to the Executive Committee for evaluation and recommendation to the Board for action on such request by the Board.
3. At the conclusion of the leave of absence, the Member or Allied Health Professional may be reinstated, upon filing a written statement with the Chief Executive Officer summarizing the professional activities undertaken during the leave of absence and certifying that the Member or Allied Health Professional is physically and mentally capable of resuming a hospital practice without imposing a direct threat to the safety or welfare of patients, himself/herself and others with or without accommodation and if with accommodation the nature of the needed accommodation. The Member or Allied Health Professional shall also provide such other information as may be requested by the Executive Committee or the Board at that time. Such request shall be forwarded to the Credentials Committee for evaluation and recommendation to the Executive Committee for final action by the Board.
4. If the leave was for medical reasons, then the Member or Allied Health Professional must submit a report from his or her attending physician to the Credentials Committee indicating:

- (a) that such Member or Allied Health Professional is able to perform the essential functions of the Member's or Allied Health Professional's clinical privileges without posing a direct threat to the health or safety of the Member or Allied Health Professional, patients, or others;
- (b) whether there is a need for an accommodation to the Member or Allied Health Professional to enable the Member or Allied Health Professional to perform such privileges; and
- (c) what accommodation is suggested or required, if applicable.

The Member or Allied Health Professional shall also provide such other information as may be requested by the Credentials Committee at that time. After considering all relevant information, the Credentials Committee shall then make a recommendation to the Executive Committee for final action by the Board.

- 5. In acting upon the request for reinstatement, the Board may approve reinstatement for the Member or Allied Health Professional either to the same or a different staff category, and may limit or modify the clinical privileges to be extended to the Member or Allied Health Professional upon reinstatement.

3.E. CONFIDENTIALITY AND REPORTING

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 this Policy shall be made by the Chief Executive Officer to such governmental agencies as may be required by law.

3.F. PEER REVIEW PROTECTION

All minutes, reports, recommendations, communications, and actions made or taken pursuant to this Policy are deemed to be covered by the provisions of The Missouri Peer Review Statute, Mo. Ann. Stat. § 537.035 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 this Policy 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.

3.G. INFORMAL PROCEEDINGS

Nothing in this Policy or the Bylaws shall preclude collegial or informal efforts to address questions or concerns relating to a Member's or Allied Health Professional's practice and conduct in the Hospital.

ARTICLE 4

HEARING AND APPEAL PROCEDURES

4.A. BASIS FOR HEARING

4.A.1. General Grounds for Entitlement to Hearing

Except as otherwise specifically provided in this Policy, an applicant, a Member holding a Medical Staff appointment, and an Allied Health Professional applying for or holding clinical privileges shall be entitled to request a hearing and appeal of certain actions or recommendations as described in and in accordance with this Policy whenever:

- (a) an unfavorable recommendation has been made by, or adverse action taken by, or adverse action has been approved by the Executive Committee or the Board (except as provided in Section 4.A.3) regarding any of the following:
 - (1) denial of initial Medical Staff appointment;
 - (2) denial of Medical Staff reappointment;
 - (3) revocation of Medical Staff appointment;
 - (4) denial of requested advancement in Medical Staff category;
 - (5) denial of requested clinical privileges (other than temporary privileges), provided the Practitioner or Allied Health Professional has satisfied the basic criteria of training, education, experience and, if applicable, departmental affiliation established for such privileges;
 - (6) denial of requested department;
 - (7) denial of requested additional clinical privileges provided the Practitioner or Allied Health Professional has satisfied the basic criteria of training, education, experience and, if applicable, departmental affiliation established for such privileges;
 - (8) decrease or reduction in clinical privileges;
 - (9) suspension of Medical Staff membership or clinical privileges, either in whole or in part, for a period in excess of fourteen (14) days;
 - (10) denial of a request to return to active Medical Staff or Allied Health Professional status following a temporary leave of absence; or
 - (11) such other adverse action or recommendation which requires, under applicable law, giving a Practitioner or Allied Health Professional the right to a hearing; or

- (b) action has been taken by any person or body authorized by this Policy to do so to suspend the clinical privileges, either in whole or in part, of a Member or Allied Health Professional, except as provided in subparagraphs (h), (i), (j), (k) or (l) of Section 4.A.3 hereof, for a period in excess of fourteen (14) days;

Notwithstanding anything contained in subparagraph (a)(9) or (b) of this Section 4.A.1, if the Executive Committee upon conclusion of any investigation while a precautionary suspension is pending removes or terminates such suspension and restores the Member's or Allied Health Professional's clinical privileges prior to the thirty-first (31st) day after imposition of such suspension, the affected Member or Allied Health Professional shall have no right to seek review or appeal of such action and if a request for an appeal has been made prior to removal or termination of such suspension, such request for appeal shall be deemed withdrawn and of no further effect.

4.A.2. Must be Action by Certain Persons, Committees or the Board

A recommendation or action enumerated in Section 4.A.1(a) shall entitle a Practitioner or Allied Health Professional to a hearing only when it:

- (a) has been recommended by, the action has been taken by, or the action has been approved by the Executive Committee;
- (b) has been recommended by or the action has been taken by the Board contrary to a favorable recommendation by the Executive Committee under circumstances where no prior right to a hearing existed;
- (c) has been recommended by or the action has been taken by the Board on its own initiative without benefit of a prior recommendation by the Executive Committee; or
- (d) constitutes action described in Section 4.A.1(b).

4.A.3. Actions Which Do Not Give Right to Hearing

No recommendation or action except those enumerated in Section 4.A.1 and no action described in this Section 4.A.3 shall constitute grounds for or entitle the Practitioner or Allied Health Professional to request a hearing. As examples and not as a limitation, none of the following matters shall entitle a Practitioner or Allied Health Professional to a hearing under this Policy:

- (a) an oral or written reprimand or warning;
- (b) imposition of a requirement that the Practitioner or Allied Health Professional must be supervised while performing certain procedures;
- (c) denial of requested clinical privileges because the Practitioner or Allied Health Professional failed to satisfy the basic qualifications or criteria of training, education, experience or, if applicable, departmental affiliation established for the

granting of privileges for a specific procedure or procedures, as set forth in the Bylaws or this Policy or any Medical Staff credentials policy, or procedures manual or privileging criteria;

- (d) ineligibility for Medical Staff appointment or reappointment or the clinical privileges requested because a department has been closed to new members, the Board has determined that certain medical services will only be provided or performed by certain types of healthcare providers that do not include the Allied Health Professional's or Practitioner's specialty, or there exists an exclusive contract limiting the performance of privileges within the specialty in which the Practitioner or Allied Health Professional practices or the privileges which the Practitioner or Allied Health Professional has requested to one or more Physicians and/or Allied Health Professionals;
- (e) termination or revocation of Medical Staff appointment, clinical privileges, in whole or in part, or departmental affiliation because the Hospital has determined to close a department to new members, or grant an exclusive contract limiting the performance of privileges within the specialty in which the Practitioner or Allied Health Professional practices to one or more Physicians or specialty;
- (f) ineligibility for Medical Staff appointment or reappointment because of lack of facilities or equipment for the service or procedure which the Practitioner or Allied Health Professional intends to provide;
- (g) ineligibility for requested clinical privileges because the Hospital has elected not to perform, or does not provide, the procedure for which clinical privileges are sought;
- (h) reduction, suspension or revocation of Medical Staff appointment, category of appointment or clinical privileges or denial of Medical Staff or department reappointment because of the failure of the Practitioner or Allied Health Professional to comply with requirements of the Bylaws including, but not limited to, any required attendance at committee, department, or general Medical Staff meetings, payment of required dues, compliance with medical records requirements, failure to maintain required insurance, exclusion from Medicare, Medicaid or other government sponsored healthcare program, or loss, revocation or suspension of state or other required licensure or registration;
- (i) reduction, suspension or revocation of Medical Staff appointment or category of appointment or denial of Medical Staff reappointment because of the Practitioner's failure to satisfy the requirements for appointment to the Medical Staff category to which appointment or reappointment was sought, as such requirements are set forth in Article 2 of the Bylaws;
- (j) denial of initial appointment or reappointment to the Medical Staff or of the initial grant or renewal of clinical privileges because of the Practitioner's or Allied Health Professional's failure to demonstrate evidence of the satisfaction of basic

requirements for appointment or reappointment or granting of clinical privileges, including, but not limited to, licensure, maintenance of required professional liability insurance, Board Certification as defined in the Bylaws, or any other criteria for appointment or reappointment or granting of clinical privileges as set forth in this Policy;

- (k) voluntary suspension or relinquishment of clinical privileges or Medical Staff membership, as provided for elsewhere in this Policy, including but not limited to Section 3.C;
- (l) conviction of, pleading guilty to a charge of, or entering a plea of no contest to a charge of, a felony which reasonably relates to the ability of the Member or Allied Health Professional to exercise the clinical privileges granted to him/her, whether or not sentence has been imposed;
- (m) the imposition of any general consultation requirement;
- (n) the imposition of a requirement for retraining, additional training or continuing education;
- (o) the imposition of a requirement that the Practitioner or Allied Health Professional must obtain a medical (including psychological) evaluation or counseling;
- (p) denial of a request for temporary clinical privileges; or
- (q) suspension of privileges, either in whole or in part, or Medical Staff membership for less than fifteen (15) days and during which an investigation is being conducted to determine the need for further action.

4.B. THE HEARING

4.B.1. Notice of Adverse Action or Recommendation

When an action or recommendation is made which, according to this Policy, entitles a Practitioner or Allied Health Professional to appeal such action or recommendation and seek a hearing prior to a final decision of the Board, the affected Practitioner or Allied Health Professional shall promptly be given Special Notice by the Chief Executive Officer of such action or recommendation. This notice shall contain:

- (a) a statement of the recommendation made or action taken and the general reasons or basis for such action or recommendation;
- (b) advice that the Practitioner or Allied Health Professional has the right, within thirty (30) days of receipt of the notice, to request a hearing on the recommendation or action taken;

- (c) a notice that failure to request a hearing within thirty (30) days shall constitute a waiver of the right to a hearing and to any appellate review of the matter and shall be deemed acceptance of the recommendation or action;
- (d) a summary of the Practitioner's or Allied Health Professional's rights in the hearing; and
- (e) a copy of this Article outlining the rights in the hearing procedure as provided for in this Policy.

4.B.2. Request for Hearing

A Practitioner or Allied Health Professional shall have thirty (30) days following the date of receipt of Special Notice given pursuant to Section 4.B.1 within which to request the hearing. The request shall be in writing delivered to the Chief Executive Officer or his/her designee either in person or by United States certified or registered mail.

4.B.3. Waiver by Failure to Request a Hearing

If a Practitioner or Allied Health Professional fails to appeal such action by requesting a hearing within the time and in the manner specified in Section 4.B.2, the Practitioner or Allied Health Professional shall be deemed to have waived any right to appeal the action taken or recommendation and to such hearing and to have accepted the action or recommendation involved. Such waiver in connection with:

- (a) an adverse recommendation or action by the Board shall constitute acceptance of that action, which shall thereupon become effective as the final decision of the Board; or
- (b) an adverse recommendation by the Executive Committee or action by a person or body authorized by this Policy to take action which prompted the right to a hearing shall constitute acceptance of that recommendation or action, which shall thereupon become and remain effective pending the final decision of the Board. Unless such recommendation or action shall have been made by the Executive Committee or the Board, such action or recommendation shall be considered by the Executive Committee at its next regular meeting following the effective date of such waiver and the Executive Committee shall report its recommendation to the Board. The Board shall consider the Committee's recommendation at its next regular meeting following the effective date of such waiver or meeting of the Executive Committee as provided in the immediately preceding sentence. In its deliberations, the Board shall review the recommendation and may consider all relevant information from such Committee or from any other source. If the Board's action on the matter is in accord with the Executive Committee's recommendation, such action shall constitute the final decision of the Board. If the Board's action has the effect of changing the Executive Committee's recommendation, the matter shall be submitted to a Joint Conference Review Committee as provided in Section 4.E.8(b). The Board's action on the matter

following receipt of the Joint Conference Review Committee's recommendation shall constitute its final decision.

4.B.4. Notice of Hearing and Statement of Reasons

- (a) As soon as practical after receipt of a request for a hearing from the affected Practitioner or Allied Health Professional, the Chief Executive Officer shall schedule the date upon which the hearing shall be held and shall advise the Practitioner or Allied Health Professional by Special Notice not later than thirty (30) days prior to the scheduled hearing date (except in the case of a hearing for a Member or Allied Health Professional who is under a suspension then in effect, in which event such notice shall be given not later than ten (10) days prior to the scheduled hearing date), of the following:
 - (1) the time, place, and date of the hearing;
 - (2) a proposed list of witnesses, so far as are then known, who are expected to give testimony or present evidence at the hearing in support of the action taken or recommended by the Executive Committee or the Board, as applicable; and
 - (3) a statement of the Practitioner's or Allied Health Professional's alleged acts or omissions and/or the specific reasons or the subject matter which is the basis for the recommendation or action, together with the list of specific or representative patient records, if applicable, and description of the incident(s) or other information supporting the recommendation or action. This statement, the list of supporting patient record numbers, if applicable, witness list, and other supporting information may be amended or added to at any time, even during the hearing, so long as the additional material is relevant and the Practitioner or Allied Health Professional and his/her counsel, if represented, shall have sufficient time to study this additional information to be able to rebut it.
- (b) The hearing date shall be scheduled for a date not sooner than thirty (30) days nor more than ninety (90) days after the date of receipt by the Chief Executive Officer of the request for a hearing; provided, however, that a hearing for a Practitioner or Allied Health Professional who is under suspension then in effect shall be scheduled by the Chief Executive Officer and held as soon as the arrangements for it may reasonably be made, but not later than thirty (30) days after the date of receipt of the request for a hearing unless otherwise requested by the Practitioner or Allied Health Professional as provided in Section 4.C.8, or as otherwise agreed upon by the parties.

4.B.5. Witness Lists

- (a) Within ten (10) days after receiving notice of the hearing (but in no event less than five (5) days prior to the scheduled date of the hearing in the event of a

hearing for a Practitioner or Allied Health Professional then under suspension), the Practitioner or Allied Health Professional requesting the hearing shall provide a written list of the names and addresses of the individuals expected to offer testimony or present evidence on his or her behalf. In keeping with the purpose of the hearing, patients and patients' relative should not ordinarily be called as witnesses. Patients and patients' relatives shall not be called as character witnesses. Patients and patients' relatives may, however, be permitted to testify only if the evidence to be provided by the patient or patients' relatives relates directly to any incident or matter of which they have direct knowledge and the subject of their testimony could not reasonably be adequately provided by available healthcare providers and is not otherwise attainable.

- (b) The witness list of either party may, in the discretion of the Presiding Officer or Hearing Panel Chairperson, be supplemented or amended at any time either prior to or 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 as set forth in Section 4.B.6.

4.B.6. Hearing Panel, Hearing Panel Chairperson, Presiding Officer and Hearing Officer

- (a) Hearing Panel

- (1) When a hearing which is occasioned by an action or recommendation which entitles a Practitioner or Allied Health Professional to a hearing pursuant to Section 4.A.1 (except action taken or recommended by the Board), is requested, the Chief Executive Officer, acting for the Board and after considering the recommendations of the President of the Medical Staff, shall appoint a Hearing Panel which shall be composed of not less than three (3) members. The Hearing Panel shall be composed of (i) Medical Staff Members and/or Allied Health Professionals (if appropriate) who have not actively participated in the consideration of the matter involved at any previous level, (ii) Physicians, Allied Health Professionals (as appropriate) or lay persons who are not connected with the Hospital or (iii) any combination of such persons.
- (2) When a hearing which is occasioned by the action or recommendation of the Board pursuant to Section 4.A.2(b) or (c) is requested, the Chief Executive Officer, acting for the Board and after considering the recommendations of the President of the Medical Staff, shall appoint a Hearing Panel which shall be composed of not less than three (3) members. The Hearing Panel shall be composed of (i) Medical Staff Members and/or Allied Health Professionals who have not actively participated in the consideration of the matter involved at any previous level, or members of the Board who shall not have actively participated in the matter involved, (ii) Physicians, Allied Health professionals (as appropriate) or lay persons who are not connected with the Hospital or (iii) any combination of such persons.

- (3) The Hearing Panel shall not include any individual who is in direct economic competition with the affected Practitioner or Allied Health Professional or any such individual who is professionally associated with or related to the affected Practitioner or Allied Health Professional. Such appointment shall include designation of one of the members of the Hearing Panel as the Chairperson or the Presiding Officer. Knowledge of the matter involved, or participation in the investigation of the underlying matter, shall not preclude any individual from serving as a member of the Hearing Panel.
- (b) Presiding Officer
- (1) In lieu of appointing a member of the Hearing Panel as chairperson, the Chief Executive Officer may appoint an attorney at law as Presiding Officer. Such Presiding Officer may be legal counsel to the Hospital, but shall 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 be a legal advisor to it, but shall not be entitled to vote on its recommendations. Legal counsel may thereafter continue to advise the Board on the matter.
 - (2) If no Presiding Officer has been appointed, a Chairperson of the Hearing Panel shall be appointed by the Chief Executive Officer, shall serve as the Presiding Officer, and shall be entitled to one (1) vote.
 - (3) The Presiding Officer (or Hearing Panel Chairperson) shall:
 - (i) act in an impartial manner to insure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence subject to reasonable limits on the number of witnesses and duration of direct and cross examination, applicable to both parties, as may be necessary to avoid cumulative or irrelevant testimony or to prevent abuse of the hearing process;
 - (ii) maintain decorum throughout the hearing;
 - (iii) determine the order of procedure throughout the hearing, including limiting duplicative or redundant testimony and witnesses or testimony which is not relevant to the issue presented, and excluding expert witnesses or others during the proceedings;
 - (iv) 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;
 - (v) act in such a way that all information relevant to the continued appointment or clinical privileges of the Practitioner or Allied

Health Professional requesting the hearing is considered by the Hearing Panel in formulating its recommendations; and

(vi) 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.

(c) Hearing Officer

(1) As an alternative to the Hearing Panel described in paragraph (a) of this Section 4.B.6, 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 performed by the Hearing Panel. The Hearing Officer shall preferably be an attorney at law (who may also be legal counsel to the Hospital) or some other individual capable of conducting a hearing.

(2) The Hearing Officer may not be in direct economic competition with the Practitioner or Allied Health Professional requesting the hearing, and shall not act as a prosecuting officer or as an advocate to either side at the hearing. 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.

(3) In the event of the appointment of a Hearing Officer as provided in this subparagraph (c), the Chief Executive Officer shall immediately notify the affected Practitioner or Allied Health Professional of such action and the identity of such person who shall be reasonably acceptable to the Practitioner or Allied Health Professional. In the event such person is unacceptable, the Practitioner or Allied Health Professional shall so advise the Chief Executive Officer within fifteen (15) days (and the Practitioner or Allied Health Professional shall be notified of such duty and right) of his or her objection and the basis therefor, which shall not be arbitrary or unreasonable. Failure to so object within said fifteen (15) days shall be deemed as acceptance of such Hearing Officer. If the Chief Executive Officer accepts the basis for the Practitioner's or Allied Health Professional's objection and desires to appoint a substitute Hearing Officer, the Chief Executive Officer and affected Practitioner or Allied Health Professional shall agree on such person. The Chief Executive Officer may elect, however, not to appoint a substitute Hearing Officer, in which event a Hearing Panel shall be appointed as otherwise provided herein as quickly as reasonably possible.

4.C. HEARING PROCEDURE

4.C.1. Nature of Hearing

The hearing shall be conducted in as informal a manner as possible, subject to the rules and procedures set forth in this Policy.

4.C.2. Pre-Hearing Conference

Prior to the scheduled date of the Hearing, the Hearing Officer or Presiding Officer, as the case may be, shall schedule a conference between the Practitioner or Allied Health Professional and representatives of the Medical Staff or Board, as the case may be, to discuss preliminary matters concerning the hearing in order that the hearing may be conducted in an orderly and expeditious fashion. The Hearing Officer or Presiding Officer may rule on preliminary matters and define the scope of the hearing, including any limitations on witnesses (either number or subject matter), objections to documents or witnesses (as provided in Section 3(b)(3)(iii), and admissibility of evidence relating to other Members or Allied Health Care Providers, if applicable.

4.C.3. Pre-Hearing Discovery

- (a) There shall be no right to pre-hearing discovery for either party. Nothing shall prevent either party, however, from otherwise preparing its position, including interviewing witnesses (subject to the limitations in subparagraph (c) of this Section 4.C.3), obtaining statements therefrom. The Practitioner or Allied Health Professional 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 referenced in the statement of reasons, at the Practitioner's or Allied Health Professional's expense;
 - (2) reports of experts relied upon by the Executive Committee, or Board, as the case may be;
 - (3) redacted copies of relevant committee or department minutes (such provision shall not constitute a waiver of the state peer review protection statute, however); and
 - (4) copies of any other documents relied upon by the Executive Committee, or Board, as the case may be.
- (b) Prior to the hearing, on dates set by the Presiding Officer or Hearing Panel Chairperson or agreed upon by both sides or, if represented by counsel, counsel for both parties, 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 or Hearing Panel Chairperson shall not entertain subsequent objections unless the party offering the objection demonstrates good cause.

- (c) Neither the affected Practitioner or Allied Health Professional, nor his/her attorney, if represented, nor anyone else on his/her behalf shall contact Hospital employees appearing on the Hospital's witness list concerning the subject matter of the hearing, unless such is specifically agreed upon by counsel for the Hospital.

4.C.4. Failure to Appear

Failure, without good cause, of the Practitioner or Allied Health Professional requesting the hearing to appear and proceed at such a hearing shall be deemed to constitute a withdrawal of the Practitioner's or Allied Health Professional's request for a hearing and waiver of the Practitioner's or Allied Health Professional's rights to appeal the adverse action or recommendation and shall further constitute a voluntary acceptance of the recommendations or actions pending in the same manner and with the same consequences as provided in Section 4.B.3.

4.C.5. Record of Hearing

The Hearing Panel shall maintain a record of the hearing by a 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 Practitioner or Allied Health Professional requesting the hearing at the Practitioner's or Allied Health Professional's expense. The Hearing Panel may, but shall not be required to, order that 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.

4.C.6. Rights of Both Parties

- (a) At the hearing both parties shall have the following rights, subject to reasonable limits determined by the Presiding Officer or Hearing Panel Chairperson:
 - (1) to call and examine witnesses to the extent available;
 - (2) to introduce exhibits and present other evidence which is determined by the Hearing Officer to be relevant to the hearing in accordance with this Article;
 - (3) to cross-examine any witness on any matter relevant to the issues and to rebut any evidence;
 - (4) representation by counsel who may call, examine, and cross-examine witnesses and present the case. The affected Practitioner or Allied Health Professional may elect, as an alternative, to be represented by another person of the Practitioner's or Allied Health Professional's choice. Both sides shall notify the other of the name of their counsel (or other

representative as the case may be) at least ten (10) days prior to the date of the hearing (five [5] days in case of a hearing scheduled sooner than thirty [30] days after receipt of the request for a hearing), provided, however, that either party may change such counsel at any time without prejudice; and

- (5) to submit a written statement at the close of the hearing or within not later than five (5) business days after the close of the hearing, as set by the Hearing Officer.
- (b) If the Practitioner or Allied Health Professional who requested a hearing does not testify in his or her own behalf, the Practitioner or Allied Health Professional may be called and examined as if under cross-examination.

4.C.7. Admissibility of Evidence

The hearing shall not be conducted strictly in accordance with the rules of evidence. Hearsay evidence shall not be excluded merely because it constitutes hearsay. Any relevant evidence upon which responsible persons are accustomed to rely in the conduct of serious affairs shall be admitted, regardless of the admissibility of such evidence in a court of law. Each party shall have the right to submit a memorandum concerning any issue of law or fact, and points and authorities supporting it, and such memorandum shall become part of the hearing record. The Hearing Panel may request such a memorandum to be filed, following the close of the hearing. The Hearing Panel may question the witnesses, call additional witnesses or request documentary evidence if it deems it appropriate.

4.C.8. Official Notice

The Presiding Officer shall have the discretion to take official notice, either before or after the submissions of the matter for decision, of any matters, either technical or scientific, relating to the issues under consideration and of any facts that could have been judicially noticed by the courts of the State of Missouri. Participants in the hearing shall be informed of the matters to be officially noticed and such matters shall be noted in the hearing record. Either party shall have the opportunity, if timely made, to request that a matter be officially noticed or to refute the noticed matter by evidence or by written or oral presentation of authority, the sufficiency of presentation to be determined by the Presiding Officer. The Hearing Panel shall also be entitled to consider any pertinent material contained on file in the Hospital and all other information that can be considered pursuant to this Policy in connection with applications for appointment or reappointment to the Medical Staff or for the granting of clinical privileges.

4.C.9. Postponements and Extensions

Postponements and extensions of time beyond any time limit set forth in this Policy may be requested by anyone but shall be permitted only by the Hearing Panel on a showing of good cause, except upon the agreement of both parties and except that the Practitioner or

Allied Health Professional shall be granted a request for a later hearing when the action involves a Practitioner or Allied Health Professional who is under suspension then in effect if the Practitioner or Allied Health Professional believes he/she needs additional time to prepare for such hearing.

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4.D. HEARING CONCLUSION, DELIBERATIONS, AND RECOMMENDATIONS

4.D.1. Burden of Proof

- (a) The Executive Committee or the Board, depending on whose recommendation prompted the hearing initially, shall first present evidence in support of its recommendation or action. Thereafter, the burden shall shift to the Practitioner or Allied Health Professional who requested the hearing to present evidence.
- (b) After all the evidence has been presented by both sides, the Hearing Panel shall recommend in favor of the body whose action prompted the hearing unless it finds that the Practitioner or Allied Health Professional who requested the hearing has proved, by clear and convincing evidence, that the recommendation or action that prompted the hearing was arbitrary, unreasonable, capricious, or not supported by any rational basis.

4.D.2. Basis of Decision

The decision of the Hearing Panel shall be based on the evidence produced at the hearing including matters to which official notice was taken and shall not be limited to the evidence before the body whose action prompted the hearing in determining whether such action was arbitrary, unreasonable, capricious, or not supported by any rational basis. This evidence may consist of the following:

- (a) oral testimony of witnesses;
- (b) memoranda concerning any issue of law or fact and points and authorities supporting it presented in connection with the hearing;
- (c) any information regarding the Practitioner or Allied Health Professional 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;
- (d) any and all applications, references, and accompanying documents;
- (e) other documented evidence, including medical records; and
- (f) any other evidence that has been admitted, including matters to which official notice was taken.

4.D.3. Adjournment and Conclusion

The Presiding Officer or Hearing Panel Chairperson may adjourn the hearing and reconvene the same at the convenience and with the agreement of the participants or for the purpose of obtaining new or additional evidence or consultation without additional notice. Upon conclusion of the presentation of oral and written evidence, including any new or additional evidence or consultation, the hearing shall be closed.

4.D.4. Deliberations and Recommendation of the Hearing Panel

Within thirty (30) days after final adjournment of the hearing, the Hearing Panel shall conduct its deliberations outside the presence of any other person (except the Presiding Officer, if one is appointed) and shall render a recommendation, accompanied by a report, which shall contain a concise statement of the reasons for the recommendation. Such report shall contain the Hearing Panel's findings and recommendations.

4.D.5. Disposition of Hearing Panel Report

Within twenty (20) days after conclusion of such deliberations the Hearing Panel shall deliver its report, together with the hearing record and all other documentation considered by it, to the Chief Executive Officer who shall forward it, along with all such supporting documentation, to the Board if its adverse action or recommendation prompted the hearing, or to the Executive Committee, if such committee's action or recommendation prompted the hearing, for further action.

4.D.6. Action on Hearing Panel's Report

The Executive Committee or the Board, as the case may be as provided in Section 4.D.5., at its next regularly scheduled meeting (but not later than 45 days after receipt of the report of the Hearing Panel), shall consider the same and affirm, modify or reverse its previous recommendation or action in the matter. It shall transmit notice of its action and the basis for its action, together with the hearing record, the report of the Hearing Panel and all other documentation considered, to the Chief Executive Officer.

4.D.7. Notice and Effect of Results

(a) Effect of Favorable Result

- (1) Adopted by the Executive Committee: If the Executive Committee's findings pursuant to Section 4.D.6 are favorable to the Practitioner or Allied Health Professional, the Chief Executive Officer shall promptly forward such findings, together with all supporting documentation, to the Board for its final action. The Board shall take action thereon by adopting or rejecting the Executive Committee's recommendation in whole or in part, or by referring the matter back to the Executive Committee for further reconsideration. Any such referral back shall state the reasons therefor, set a time limit within which a subsequent recommendation to the

Board must be made, and may include a directive that an additional hearing be conducted to clarify issues that are in doubt. After receipt of such subsequent recommendation and any new evidence in the matter, the Board shall take final action. The Chief Executive Officer shall promptly send the Practitioner or Allied Health Professional Special Notice informing the Practitioner or Allied Health Professional of each action taken pursuant to this subparagraph (1) and his/her right to request a copy of the recommendation of the Executive Committee and the Board.

Favorable action shall become the final decision of the Board, and the matter shall be considered finally closed. If the Board's action is adverse in any of the respects listed in Section 4.A.1, the Special Notice required by subparagraph (c) of this Section 4.D.7 shall inform the Practitioner or Allied Health Professional of his/her right to request an appellate review by the Board as provided in Section 4.E.

- (2) Adopted by the Board: If the Board is the body whose action or recommendation prompted the hearing and thus is considering the recommendation of the Hearing Panel, it shall take action thereon by adopting or rejecting the Hearing Panel's recommendation in whole or in part, or by referring the matter back to the Hearing Panel for further reconsideration. Any such referral back shall state the reasons therefor, set a time limit within which a subsequent recommendation to the Board must be made, and may include a directive that an additional hearing be conducted to clarify issues that are in doubt. After receipt of such subsequent recommendation and any new evidence in the matter, the Board shall take final action. If the Board's action pursuant to Section 4.D.6 is favorable to the Practitioner or Allied Health Professional, such result shall become the final decision of the Board and the matter shall be considered finally closed. The Practitioner or Allied Health Professional shall be so notified of the action taken and of the Practitioner's or Allied Health Professional's right to request a statement of the basis for the decision.

(b) Effect of Adverse Result

If the action of the Executive Committee or of the Board pursuant to subparagraph (a) continues to be adverse to the Practitioner or Allied Health Professional in any of the respects listed in Section 4.A.1, the Special Notice required by Section 4.D.7(c) shall inform the Practitioner or Allied Health Professional of his/her right to request an appellate review by the Board as provided in Section 4.E.

(c) Notice

The Chief Executive Officer shall promptly advise the Practitioner or Allied Health Professional by Special Notice of the action taken by the Executive

Committee or the Board, as the case may be, and shall also advise the President of the Medical Staff and the Board, if such action was of the Executive Committee. The Practitioner or Allied Health Professional shall be furnished, upon request, a copy of the written recommendation of the Executive Committee or the Board and of the Hearing Panel and the basis for the Hearing Panel's recommendation.

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4.E. INITIATION AND PREREQUISITES OF APPELLATE REVIEW

4.E.1. Request for Appellate Review

A Practitioner or Allied Health Professional shall have fifteen (15) days following his/her receipt of the notice pursuant to Section 4.D.7(c) to file a written request for an appellate review. Such request shall be in writing delivered to the Chief Executive Officer either in person or by certified or registered mail, shall include a brief statement of the basis or reasons for appeal and may include, if desired, a request for a copy of the report and record of the Hearing Panel and all other material, favorable or unfavorable, that was considered in making the adverse recommendation or finding.

4.E.2. Grounds for Appeal

The grounds for appeal shall be as follows:

- (a) there was substantial failure to comply with this Policy and/or the Hospital or Medical Staff bylaws in the matter which was the subject of the hearing so as to deny due process or a fair hearing; or
- (b) the recommendations were made arbitrarily, unreasonably, or capriciously; or
- (c) the recommendations were not supported by any rational basis.

4.E.3. Waiver by Failure to Request Appellate Review

A Practitioner or Allied Health Professional who fails to request an appellate review within the time and manner specified in Section 4.E.1 waives any right to such review. If an appellate review is not requested as provided in Section 4.E.1, such failure shall be deemed to be an acceptance of the recommendation or action involved, which action shall become effective immediately upon final Board action.

4.E.4. Notice of Time and Place for Appellate Review

Whenever an appellate review is requested in the manner set forth in the preceding sections, the Chief Executive Officer shall deliver such request to the President of the Board. Within 15 days after receipt of such request, the President of the Board shall schedule and arrange for an appellate review which shall be scheduled not less than 20 days nor more than 60 days from the date of receipt of the appellate review request; provided, however, that an appellate review for a Practitioner or Allied Health Professional who is under suspension then in effect shall be held as soon as the arrangements for it may reasonably be made, but not later than 15 days from the date of

receipt of the request for review. Not later than 15 days (7 days when the action involves a suspension then in effect) prior to the scheduled date for the appellate review, the Chief Executive Officer shall send the Practitioner or Allied Health Professional Special Notice of the date, place and time of the review. The time for the appellate review may be extended by the Appellate Review Body for good cause.

4.E.5. Composition of Appellate Review Body

The appellate review shall be conducted by an appellate review committee (the "Appellate Review Body") composed of not less than 3 nor more than 7 persons, who may be members of the Board or such other persons, including but not limited to reputable persons outside the Hospital, appointed by the President of the Board to consider the record upon which the recommendation before it was made. One of the committee members shall be designated as chairperson.

4.E.6. Nature of Proceedings

- (a) The proceedings by the Appellate Review Body shall be in the nature of an appellate review based on its examination of the record of the hearing before the Hearing Panel or Hearing Officer, including their report, and all subsequent results and actions thereon to consider whether the hearing was fair and whether the recommendation of the Hearing Panel or Hearing Officer (and any subsequent recommendation of the Executive Committee) was reasonable and supported by the record. The Appellate Review Body shall also consider the written statements submitted pursuant to subsection (c) of this Section 4.E.6 and such other materials as may be presented and accepted under subsections (b) and (d) of this Section 4.E.6.
- (b) New or additional matters or evidence not raised or presented during the original hearing or in the hearing report and not otherwise reflected in the record shall be introduced at the appellate review only for good cause shown. The Appellate Review Body, in its sole discretion, shall determine whether such matters or evidence shall be considered or accepted. The Appellate Review Body may, but shall not be obligated to, accept such additional oral or written evidence, subject to the same rights of cross-examination or confrontation provided at the Hearing Panel proceedings, as it may determine to be appropriate or helpful, in its sole discretion.
- (c) The Practitioner or Allied Health Professional requesting the review shall have the right to submit a written statement detailing the findings of fact, conclusions and procedural matters with which he/she disagrees, and his/her reasons for such disagreement. This written statement may cover any matters raised at any step in the hearing process, and legal counsel may assist in its preparation. The statement shall be submitted to the Appellate Review Body through the Chief Executive Officer at least 10 days prior to the scheduled date of the appellate review except in the event the action being appealed is a suspension then in effect, in which event such written statement must be submitted at least 4 days prior to the

appellate review. A written statement in reply may be submitted by the Executive Committee or by the Board, as applicable, and if submitted, the Chief Executive Officer shall provide a copy thereof to the Practitioner or Allied Health Professional at least 5 days prior to the scheduled date of the appellate review, except for an action involving a suspension then in effect in which event such statement may be submitted two days prior to the appellate review.

- (d) The Appellate Review Body, in its sole discretion, may allow the parties or their representatives to personally appear and make oral statements in favor of their positions. Any party or representative so appearing shall be required to answer questions put to him/her by any member of the Appellate Review Body.
- (e) The chairperson of the Appellate Review Body shall be the presiding officer. He/she shall determine the order and procedure during the review, make all required rulings, and maintain decorum.
- (f) The Appellate Review Body shall have all powers granted to the Hearing Committee, and such additional powers as are reasonably appropriate to the discharge of its responsibilities.
- (g) The Appellate Review Body may recess and review proceedings and reconvene the same without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon the conclusion of oral statements, if allowed, and the receipt of additional evidence or consultation, if requested by the Appellate Review Body, the appellate review shall be closed. The Appellate Review Body shall thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the parties. Upon the conclusion of those deliberations, the appellate review shall be declared finally adjourned except in the event of referral back to the Hearing Panel as provided in Section 4.F hereof. Unless so referred back to the Hearing Panel, the Appellate Review Body will make its recommendation to the Board within 30 days of its final conclusion of its review.

4.E.7. Action Taken

- (a) The Appellate Review Body may recommend that the Board affirm, modify or reverse the adverse result or action taken by the Executive Committee or by the Board, as applicable, pursuant to Section 4.D.6 or Section 4.D.7(b), or, in its discretion, may refer the matter back to the Executive Committee or Hearing Panel for further review and recommendation to be returned to it within 45 days and in accordance with its instructions. Within 30 days after receipt of such further recommendation after referral, the Appellate Review Body shall make its recommendation to the Board as provided in this Section 4. E.
- (b) The appellate review shall not be deemed to be concluded until all of the procedural steps provided in this Section 4.E have been completed or waived.

4.E.8. Board Action

(a) Initial Action:

Within 45 days after the conclusion of the appellate review, the Board shall render its decision in the matter in writing and shall send notice thereof to the Practitioner or Allied Health Professional by Special Notice, to the President of the Medical Staff, and to the Executive Committee. The Board may affirm, modify or reverse the recommendation of the Appellate Review Body or, in its discretion, refer the matter for further review and recommendation. If its decision is in accord with the last recommendation of the Executive Committee in the matter, if any, it shall be immediately effective and final. If the Board's action has the effect of changing the last recommendation of the Executive Committee, if any, the Board shall refer the matter to a Joint Conference Review Committee as provided in subparagraph (b) of this Section 4.E.8.

(b) Joint Conference Review Committee:

The Joint Conference Review Committee shall consist of equal numbers of Medical Staff and Board members who shall be appointed by the President of the Board after consultation with the President of the Medical Staff. One of its members shall be designated as chairperson. Within 20 days of its receipt of a matter referred to it by the Board pursuant to Section 4.B.3.(b) or Section 4.E.7.(a) the Joint Conference Review Committee shall convene to consider the matter and shall submit its recommendation in writing to the Board no later than 30 days thereafter.

(c) Final Board Action:

In the event the Board has referred the matter to the Joint Conference Review Committee pursuant to either Section 4.B.3.(b) or Section 4.E.7.(b), the Board, within 45 days after receipt of the Joint Conference Review Committee's recommendation, shall render its final decision. The Board's action on the matter following receipt of the Joint Conference Review Committee's recommendation, if applicable, shall be immediately effective and final.

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4.F. GENERAL PROVISIONS

4.F.1. Further Review

The final decision of the Board following an appeal shall become effective immediately and shall not be subject to further review.

4.F.2. Right to One Appeal Only

No applicant, Medical Staff Member or Allied Health Professional shall be entitled to more than one appellate review on any matter which may be the subject of an appeal. If the Board determines to deny initial Medical Staff appointment to an applicant, granting

of clinical privileges to an Allied Health Professional or reappointment to a Member, or to revoke or terminate the Medical Staff appointment and/or clinical privileges of a current Member or Allied Health Professional, that Practitioner or Allied Health Professional may not apply for Medical Staff appointment or for those clinical privileges at the Hospital for a period of 5 years unless the Board provides otherwise.

4.F.3. Waiver

If at any time after receipt of a Special Notice of an adverse recommendation, action or result, a Practitioner or Allied Health Professional fails to make a required request or appearance or otherwise fails to comply with this Article, he or she shall be deemed to have consented to such adverse recommendation, action or result and to have voluntarily waived all rights to which he or she might otherwise have been entitled under the Bylaws then in effect or under this Policy then in effect with respect to the matter involved.

ARTICLE 5

ALLIED HEALTH PROFESSIONALS

5.A. GENERAL

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1. No healthcare provider (other than Physicians or Dentists) shall provide, or assist in the provision of, health care services to patients in the Hospital unless such person has been granted clinical privileges to do so by the Board or committee of the Board designated to grant such privileges, except as specifically provided in this Article 5.
2. All persons who may provide, or intend to provide, health care services to patients within the Hospital including clinical psychologists, Advanced Practice Nurses, social workers, registered nurses, technologists, technicians, Medical Assistants, Physician Assistants and such other persons providing health care services who have been individually authorized by license or certification, or both, to provide such healthcare within the scope of his/her license or certification or who provide limited care under the direct supervision of Members of the Medical Staff, other than (i) Physicians or Dentists, and (ii) those employees of the Hospital (other than Advanced Practice Nurses or clinical psychologists, if any, employed by the Hospital) who may be credentialed through other mechanisms at the Hospital, shall be subject to this Article.
3. Only those Allied Health Professionals who can document their experience, background, training, demonstrated ability and continuing competence, ability to perform the essential functions of the clinical privileges sought, with or without accommodation, adherence to the ethics of their profession, ability to work harmoniously with others, provide professional services deemed by the Board to be consistent with the mission of the Hospital and in the best interests of patient care as determined by the Board and for which services there is determined to be a need and who satisfy the other requirements of this Article shall be eligible to be

granted privileges to practice at the Hospital. No Allied Health Professional who has been excluded from Medicare, Medicaid or other government sponsored health plan or who has been convicted of, plead guilty to a charge of, or entered a plea of no contest to a charge of, a felony which reasonably relates to the ability of the Allied Health Professional to exercise the clinical privileges requested or granted to him/her, whether or not sentence has been imposed, shall be eligible for the granting of clinical privileges.

4. No Allied Health Professional shall be entitled to be granted or to exercise any particular clinical privileges in the Hospital merely by virtue of the fact that such Allied Health Professional:
 - (a) is licensed to practice a profession in the State of Missouri or any other state;
 - (b) is a member of any particular professional organization;
 - (c) has had in the past, or currently has, clinical privileges at any hospital, including this Hospital;
 - (d) resides in the geographic service area of the Hospital as defined by the Board; or
 - (e) satisfies the threshold requirements or qualifications for granting of clinical privileges in Paragraph 3.
5. Pursuant to Missouri law (including applicable regulations) and JCAHO standards, the Board has the ultimate responsibility and authority with respect to granting of clinical privileges to Allied Health Professionals and the Board may also consider, in addition to whether the Allied Health Professional satisfies the basic qualifications for granting of clinical privileges, the Allied Health Professional's employment by or affiliation with competing organizations, the effect granting of clinical privileges to the Allied Health Professional would have on Hospital operations, administration, or financial position, including the cost of Hospital's provision of specific services or procedures, effect on Hospital's reputation, effect on Hospital's competitive position, or any other factor in addition to the Allied Health Professional's competence and qualifications which the Board determines in its discretion may adversely affect the best interests of patient care or the operations of Hospital.
6. No qualified Allied Health Professional shall be denied clinical privileges on the basis of sex, race, disability, creed, religion, color, national origin, age, veteran or military status or other legally protected status. Reasonable accommodations will be made for the known disabilities of qualified Allied Health Professionals. Allied Health Professionals are expected to cooperate fully in the identification and selection of reasonable accommodations, focusing on the abilities of the Allied Health Professional and the health and safety of patients.

5.B. SUBMISSION OF APPLICATION

1. Each individual who is subject to this Article seeking to practice as an Allied Health Professional shall submit an application to the Centralized Verification Office as the Chief Executive Officer's designee on a form provided by the Centralized Verification Office for the Hospital, developed by the System and approved by the Board, upon which form the applicant shall demonstrate such individual's qualifications, areas of practice and job description, and privileges desired, and such other information as shall be requested. All requested information and supportive documentation shall be furnished before such application will be considered. Any application which continues to be incomplete 60 days after the applicant has been notified of the failure to provide any information initially requested on the application form or of any additional information thereafter required shall be deemed to be withdrawn.
2. The application of individuals seeking to provide services at the Hospital under the direct supervision of a Member of the Medical Staff, including but not limited to Medical Assistants or Physician Assistants, shall also be signed by the applicant's employer who shall be a Member of the Medical Staff (and which, for such purpose, shall be deemed to include a medical group, corporation or other entity which includes Members of the Medical Staff) who shall verify that the individual is an employee of the Member of the Medical Staff (or such Member's group), that such Member has the sole responsibility for such Allied Health Professional, that such individual is competent to perform the duties intended and requested and will not act outside of such described duties and is covered by appropriate liability insurance satisfying the requirements of the Hospital. Employment of the Allied Health Professional by a sponsoring Member is a prerequisite to the granting (and continued exercise) of clinical privileges.
3. The application of individuals seeking to provide services at the Hospital as Advanced Practice Nurses shall be accompanied, as applicable, by a Collaborative Practice Agreement executed by a Member of the Medical Staff (and which, for such purpose, shall be deemed to include a medical group, corporation or other entity that includes Members of the Medical Staff).
4. The completed application shall be processed as follows:
 - (a) Applications submitted by all Allied Health Professionals shall be initially reviewed by the Centralized Verification Office who shall verify the information contained in the application. If the applicant is a nurse (including an Advanced Practice Nurse), the application shall be referred to the Chief Nursing Officer of Hospital for evaluation and a finding as to the qualification of the nurse applicant. The application shall then be referred to the Medical Staff Coordinator for referral to the chairperson of the applicable Medical Staff department for review and evaluation. The chairperson of the applicable department shall prepare a written report on

a form prescribed by the Credentials Committee concerning the applicant's qualifications for the clinical privileges requested.

- (b) The department chairperson's findings as to the qualifications of the applicant and appropriateness of the clinical privileges requested, together with the application, shall then be transmitted to the Credentials Committee for its evaluation.
- (c) The Credentials Committee shall consider the application and findings of the department chairperson as to the qualifications of the applicant and the appropriateness of the privileges being sought and in its review, if it determines it to be appropriate, may use the expertise of outside consultants or any Member or Allied Health Professional having clinical privileges at the Hospital if additional information is needed regarding the Allied Health Professional's application or may refer the application to an ad hoc committee comprised of appropriate health care professionals (which may include Allied Health Professionals) for its review and findings as to the requested privileges, the required training, education and experience and satisfaction thereof by the applicant. The Credentials Committee shall have the right to require the applicant and, in the case of Allied Health Professionals who will act only under the direct supervision of a Member of the Medical Staff, their supervising Medical Staff Member, to meet with the committee to discuss any aspects of the applicant's application, qualifications, or clinical privileges. Following its review (including its consideration of the findings of the ad hoc committee, if any), the Credentials Committee shall forward its findings as to the qualifications of the Allied Health Professional for the clinical privileges sought to the Executive Committee for its evaluation.
- (d) The Executive Committee shall review the application and report of the Credentials Committee at its next regularly scheduled meeting.
- (e) If the evaluation and recommendation of the Executive Committee is delayed longer than sixty (60) days from receipt of the report of the Credentials Committee, the Chairperson of the Executive Committee shall send a letter to the applicant, with a copy to the Chief Executive Officer and president of the Board, explaining the reasons for the delay. If the Chief Executive Officer or president of the Board determines that there has been unreasonable delay in the issuing of a recommendation by the Executive Committee, either the Chief Executive Officer or president of the Board may require that a recommendation be made by a specific date.
- (f) Following completion of its review and evaluation, the Executive Committee shall determine whether the applicant is qualified for the privileges requested and shall make a recommendation in writing to the

Board through the Chief Executive Officer at the Board's next scheduled meeting.

- (g) As part of its evaluation, the Executive Committee may meet with the chairperson of the Credentials Committee to discuss the recommendations and may:
 - (1) recommend to the Board that the applicant be granted the clinical privileges requested, in whole or in part;
 - (2) refer the matter back to the Credentials Committee for additional research or information before making its recommendation to the Board;
 - (3) request additional information from the applicant, including a physical or mental examination, as provided in subparagraph (h); or
 - (4) recommend to the Board that it reject the recommendations of the application, in whole or in part.

- (h) As part of the process of evaluating the application including review of applicable reports, the Executive Committee may require the applicant, as a condition to further recommending the granting of clinical privileges, to undergo a physical and/or mental examination by a physician or physicians satisfactory to the Executive Committee. The Executive Committee may also require such an examination at any time the applicant has privileges to aid it in determining whether clinical privileges should be continued. Further consideration of the application shall cease until such time as the Executive Committee has received the examination results and has had a reasonable opportunity to evaluate them. The report of any such examination as to applicant's ability to perform the essential functions of the clinical privileges requested without posing a direct threat to the health or safety of patients, the applicant or others and whether there is a need for an accommodation to the applicant to enable applicant to perform such privileges shall be made available to the Executive Committee for its consideration. Failure of an applicant to undergo such an examination within sixty (60) days after being requested to do so in writing by the Executive Committee or failure of the applicant to make such report available to the Executive Committee shall constitute a voluntary withdrawal of the application for clinical privileges, and all processing of the application shall cease. The Executive Committee may request additional information or refer the matter or any specific issue back to the Credentials Committee or department chairperson for advice or evaluation as to the conditions disclosed and the applicant's qualification for granting

clinical privileges or for additional information before making its recommendation.

- (i) If the Executive Committee finds that the applicant is otherwise qualified for the requested privileges, the Executive Committee through the Medical Staff Coordinator shall notify the applicant that its recommendation is favorable to applicant but such grant is conditioned upon the completion and delivery of a health status questionnaire in form approved by the Board and the responses contained therein and upon the applicant providing a certificate of completion of Hospital's on-line HIPAA training program. Such questionnaire and certification shall be delivered to the Medical Staff Coordinator to be submitted to the Board. The application shall be deemed incomplete and shall not be further processed until such questionnaire and HIPAA training have been completed and the questionnaire and certification have been so delivered by the applicant.
- (j) If the Executive Committee's recommendations would entitle the applicant to request a hearing pursuant to this Policy, such recommendations shall be forwarded to the Chief Executive Officer. The Chief Executive Officer shall promptly so notify the applicant by Special Notice of the recommendation and of his/her rights to appeal such recommendation and request a hearing in accordance with this Policy. The application shall not be forwarded to the Board until the applicant has exercised the right to a hearing as provided in this Policy and the procedure provided in this Policy has been completed or the applicant has been deemed to have waived the right to a hearing as provided in this Policy.
- (k) If the Executive Committee's recommendation is to grant only certain of the requested clinical privileges but not all, the Executive Committee shall forward its written report and recommendation with respect to the applicant and both those privileges recommended to be granted and those privileges recommended not to be granted to the Board, through the Chief Executive Officer. As to the clinical privileges which the Executive Committee has recommended not be granted, such recommendation shall be forwarded to the Chief Executive Officer who shall promptly so notify the applicant by Special Notice of the recommendation and of his/her rights to a hearing in accordance with this Policy.
- (l) If the Executive Committee's recommendation is to grant the privileges requested, the Executive Committee shall submit a written report and recommendation with respect to the applicant to the Board.
- (m) Upon receipt of a recommendation from the Executive Committee that the applicant be granted the clinical privileges requested, the Board shall review the recommendations of the Executive Committee and the

applicant's responses to the health status questionnaire and may meet with the Executive Committee Chairperson to discuss the recommendations and the applicant's responses to the health status questionnaire and may:

- (1) grant the applicant clinical privileges requested, in whole or in part;
 - (2) refer the matter for additional research or information including requesting advice from the Executive Committee with respect to the applicant's responses to the health status questionnaire or as to any physical or mental examination;
 - (3) request additional information from the applicant including a physical or mental examination in the same manner as the Executive Committee as provided in subparagraph (h) of this Section 5.B.3 before making its final decision; or
 - (4) reject the recommendations of the Executive Committee, in whole or in part.
- (n) Upon receipt of the recommendations from the Executive Committee that the applicant be granted only certain of the clinical privileges requested but not all, the Board shall review the recommendations of the Executive Committee as to the privileges recommended to be granted and the applicant's responses to the health history questionnaire and may meet with the Executive Committee Chairperson to discuss the recommendations and may:
- (1) grant the recommended clinical privileges (without taking action as to those clinical privileges for which a recommendation not to grant was made and as to which the applicant is entitled to a hearing until the hearing process provided in this Policy shall have been completed or the applicant is deemed to have waived such rights);
 - (2) refer the matter for additional research or information including requesting advice from the Executive Committee with respect to the applicant's responses to the health history questionnaire;
 - (3) request additional information from the applicant including a physical or mental examination as provided in subparagraph (h) of this Section 5.B.3;
 - (4) request additional information before making its final decision; or
 - (5) reject the recommendations of the Executive Committee, in whole or in part.

- (o) If the initial decision of the Board is to reject a favorable recommendation of the Executive Committee or a portion thereof, it shall first discuss its initial determination with the Chairperson of the Executive Committee prior to taking further action. If the Board's determination is still unfavorable to the applicant, it shall make no final decision until the applicant has been informed of such recommendation by Special Notice and has exercised the rights to a hearing and appeal as outlined in this Policy and the procedure provided for in this Policy has been completed or the applicant has deemed to have waived those rights, provided, however, if any portion of the Board's initial decision is favorable to the applicant in granting appointment and as to a portion of the requested privileges, it shall take final action as to such approved portion.

- (p) If the determination of the Board is to grant clinical privileges or is unfavorable and either the Allied Health Professional has waived his/her rights to appeal such recommendation or, having exercised such right to appeal, the Hearing Panel, as described in Article 4 of this Policy, has rendered a decision supporting such adverse recommendation, it may take final action. If approved by the Board, the Chief Executive Officer or his/her designee, acting on behalf of the Board, shall so inform the applicant and the chairperson of the applicable department of the decision. If the application for clinical privileges is denied by the Board, in whole or in part, the applicant shall be notified by Special Notice and the provisions of Article 4 shall apply, which may entitle the applicant to appeal such action if not previously afforded such appeal rights as provided in Article 4.

- (q) The Board may consider the Medical Staff Development Plan, if applicable, and existing contractual arrangements (including employment relationships) concerning the Allied Health Professional's area of practice in determining whether to grant clinical privileges.

5. C. PROCEDURE FOR TEMPORARY CLINICAL PRIVILEGES

5.C.1. Temporary Clinical Privileges

Temporary privileges shall not routinely be granted to Allied Health Professionals. In extraordinary situations when necessary to avoid undue hardship to the Hospital or the Medical Staff, the Chief Executive Officer or his/her designee may, upon receipt of a completed application for clinical privileges and after making inquiry to the National Practitioner Data Bank (and receipt of the response therefrom), if applicable, verifying information as to licensure or certification, if applicable, competence, character, ethical standing (including whether the Allied Health Professional has ever been excluded from the Medicare, Medicaid or other government sponsored healthcare program) and professional liability insurance coverage, receipt of the acknowledgment from the Allied

Health Professional's employer who is a Medical Staff Member of employment and responsibility for the applicant, if the Allied Health Professional is a Medical Assistant or Physician Assistant, receipt of the favorable recommendation of the chairperson of the applicable department, and after consulting with the Chairperson of the Credentials Committee and the Medical Director, grant temporary clinical privileges to an applicant for a specific time period not exceeding 90 days. In exercising such privileges, the applicant shall act under the supervision of the sponsoring Member of the Medical Staff or, if the Allied Health Professional may exercise the clinical privileges without direct physician supervision, the chairperson of the department applicable to the requested privileges.

5.C.2. Special Requirements

Special requirements of supervision and reporting may be imposed by the department chairperson concerned on any Allied Health Professional granted temporary clinical privileges. Temporary privileges shall be immediately terminated by the Chief Executive Officer or designee upon notice of any failure by the Allied Health Professional to comply with such special conditions.

5.C.3 Termination of Temporary Clinical Privileges

- (a) The Chief Executive Officer may, at any time after receiving a recommendation from the President of the Medical Staff or the chairperson of the department responsible for the Allied Health Professional's supervision, terminate temporary privileges.
- (b) The granting of any temporary clinical privileges is a courtesy on the part of the Hospital. Neither the granting, denial or termination of such privileges, except a termination prior to the expiration of the specified duration of such temporary grant which is based upon an evaluation of the Allied Health Professional's professional competency or professional conduct which affects or could adversely affect the health or welfare of a patient, shall entitle the Allied Health Professional to any of the procedural rights provided in this Policy.
- (c) Temporary privileges shall be terminated automatically at any time the Executive Committee recommends, or the Board determines, not to grant clinical privileges or at any time the application for privileges is withdrawn or deemed to be withdrawn. Similarly, at the Executive Committee's or Board's discretion, temporary clinical privileges shall be modified to conform to the recommendation of the Executive Committee or decision of the Board that the applicant be granted permanent privileges different from the temporary privileges.

5.D. CONDITIONS OF PRACTICE

1. Allied Health Professionals Generally:

- (a) Allied Health Professionals, other than Medical Assistants and Physician Assistants may, subject to any licensure requirement or other legal limitations and subject to the scope of the privileges granted to them by the Board, exercise clinical judgment within the areas of their professional competence and may participate directly in the medical management of patients within the scope of their privileges and licensures pursuant to the written orders of a Physician or a Dentist, if applicable.
- (b) Allied Health Professionals shall not have admitting privileges and shall practice at the discretion of the Board, subject to the rights contained in Article 4. Subject to the foregoing, the grant of all initial clinical privileges shall be provisional for a period of up to, but not exceeding, twenty-four (24) months (which period may be extended by the Board upon the recommendation of the Executive Committee) from the date of the original grant of clinical privileges.
- (c) During the term of this provisional grant, the Allied Health Professional shall be evaluated by the chairperson of the department in which the Allied Health Professional has clinical privileges, and by the relevant committees of the Medical Staff as to clinical competence and by the Hospital as to the Allied Health Professional's general behavior and conduct in the Hospital.
- (d) Provisional clinical privileges shall be adjusted to reflect clinical competence at the end of the provisional period, or sooner if warranted.
- (e) Continued granting of privileges after the provisional period shall be conditioned on an evaluation of the factors to be considered for renewal of privileges.
- (f) Application for renewal of such privileges shall be submitted at least five months prior to expiration of such initial grant period and shall be processed in the same manner as for initial grant as set forth in Section 5.B. Privileges shall be granted for no more than two-year periods.
- (g) Allied Health Professionals may only engage in acts within the scope of practice or clinical privileges specifically granted by the Board.
- (h) Allied Health Professionals may be assigned to one or more department(s) (but shall not have any vote therein) and may be assigned to and serve on Medical Staff and department committees and on Hospital services.

2. Applicable to Medical Assistants, Physician Assistants and Nurses Only:

- (a) Any activities permitted by the Board to be done at the Hospital by Medical Assistants, Physician Assistants or nurses other than Advanced Practice Nurses shall be done only under the direct and immediate supervision of that individual's

employer who shall be at all times a Member of the Medical Staff. (For these purposes if a corporation, partnership or other entity is the employer, the requirement that such Medical Assistant's or Physician Assistant's employer be a Member shall be deemed satisfied if such entity has Physician or Dentist employees, partners or members who are Members of the Medical Staff and one of such Members shall be the supervising Physician or Dentist of such Medical Assistant, Physician Assistant or nurse). However, "direct and immediate supervision" shall not require the actual physical presence of the Member, unless required by state regulations or the nature of the Allied Health Professional's activities or privileges. Should any Medical Staff Member or Hospital employee have any question regarding the clinical competence or authority of the Medical Assistant, Physician Assistant or nurse either to act or to issue instructions outside the physical presence of the Member in a particular instance, such Member or Hospital employee has the right to require that the Medical Assistant's, Physician Assistant's or nurse's supervising Member validate, either at the time or by a later specified time, the instructions of the Medical Assistant, Physician Assistant or nurse. Any act or instruction of the Medical Assistant, Physician Assistant or nurse shall be delayed until such time as the Member or Hospital employee is reasonably assured that the act is clearly within the scope of the Medical Assistant's, Physician Assistant's or nurse's activities as permitted by the Board. At all times the employing or supervising Medical Staff Member will remain responsible for all acts of the Medical Assistant, Physician Assistant or nurse while at the Hospital.

- (b) The number of Medical Assistants, Physician Assistants and nurses acting as employees of one Medical Staff Member, as well as the scope of the activities they may undertake, shall be consistent with the applicable state statutes and regulations, the rules and regulations of the Medical Staff and the policies of the Board.
- (c) It shall be the responsibility of the Medical Staff Member employing the Medical Assistant, Physician Assistant or nurse to provide professional liability insurance for the assistant in amounts required by the Board that covers any activities of the Medical Assistant, Physician Assistant or nurse at the Hospital, and to furnish evidence of such to the Hospital. The Medical Assistant, Physician Assistant or nurse shall act at the Hospital only while such coverage is in effect.
- (d) Medical Assistants, Physician Assistants and nurses may act at the Hospital pursuant to their approved delineation of privileges only so long as he or she remains an employee of and is directly supervised by the sponsoring Medical Staff Member who has been granted appropriate privileges by the Board. Termination of employment by the sponsoring Member (or Member's group, as applicable) or termination or suspension of the sponsoring Member's clinical privileges may result in suspension of clinical privileges, and may result in loss of clinical privileges, as provided in Section 3C.

5.E. RESPONSIBILITIES

Each Allied Health Professional shall:

1. provide his or her patients with quality and efficient care consistent with the generally recognized professional standards of his or her specialty and at all times retain appropriate responsibility within his or her area of professional competence for the care and supervision of each patient in the Hospital for whom he or she is providing services, or arrange for an appropriate qualified alternate for such care and supervision;
2. be subject to and abide by the policies and rules of the Hospital and the Medical Staff applicable to his or her practice and privileges and with all other lawful standards;
3. discharge all department, committee and Hospital functions for which he or she is responsible by appointment, election or otherwise, including attendance at such meetings;
4. if permitted by law to do so, write orders only to the extent established for him or her by any Hospital or Medical Staff rules or credentialing manual or procedure but not beyond the scope of his or her license, certificate or other credentials;
5. prepare and complete in a timely, legible and accurate manner the medical and other required records in accordance with the Medical Staff Rules and Regulations for all patients to whom he or she provides care in the Hospital;
6. abide by the ethical principles of his or her profession;
7. participate, as appropriate, in the patient care monitoring and other quality improvement activities required by the Medical Staff, in supervising provisional grantees of his or her same profession, and in the discharge of such other functions as may from time to time be required;
8. conduct his/her activities in conformity with Hospital's Corporate Compliance Plan;
9. maintain and provide at least annually verification of licensure or certification, if applicable, and evidence of current, valid professional liability insurance coverage having such limits and coverage as are satisfactory to the Board;
10. work cooperatively with Medical Staff Members, other Allied Health Professionals, nurses, Hospital administration and other Hospital personnel so as not to adversely affect patient care;
11. agree that any significant misrepresentation or misstatement in, or omission from, the application, whether intentional or not, shall constitute cause for automatic and immediate rejection of the application resulting in denial of clinical

privileges. In the event that clinical privileges have been granted prior to the discovery of such misrepresentation, misstatement or omission, such discovery shall be grounds for and may result in immediate termination of clinical privileges;

12. provide annually verification of professional liability insurance satisfying the requirements described in this Policy or by the Board and current licensure, as required by this Policy;
13. maintain the confidentiality of Hospital's strategic plans, budgets, financial information or other proprietary or confidential information which the Allied Health Professional may be provided or otherwise acquire by virtue of service on Medical Staff or Hospital committees or participation in Medical Staff functions, activities or otherwise;
14. authorize the release of all information necessary for an evaluation of their qualifications for the initial or continued granting of clinical privileges;
15. agree 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 the Hospital;
16. agree not to sue the Hospital, the Medical Staff or anyone acting by or for the Hospital and the Medical Staff for any matter relating to the application for clinical privileges, the evaluation of the applicant's qualifications or any matter related to granting clinical privileges; and
17. extend absolute immunity to the Hospital, the Medical Staff and all individuals acting by or for the Hospital and/or the Medical Staff for all matters relating to granting of clinical privileges or the applicant's qualifications for the same.

5.F. EMPLOYEES OF HOSPITAL

For the purposes of this Policy and the procedures for granting clinical privileges pursuant to this Article 5, individuals who are employees of the Hospital, other than clinical psychologists or Advanced Practice Nurses, while working as employees of the Hospital shall not practice at the Hospital as Allied Health Professionals nor shall they be subject to the provisions of this Article, but shall be governed by the Hospital's policies, employee manuals and procedures and job descriptions as may be established and by the condition of or terms of their employment. Individuals performing services at the Hospital as Allied Health Professionals while not working as employees of the Hospital shall be subject to the procedures of this Article.

ARTICLE 6

IMMUNITY AND INDEMNITY

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6.A. IMMUNITY FROM LIABILITY

6.A.1. For Action Taken

Each representative of the Medical Staff and the Hospital shall be exempt, and have absolute immunity to the fullest extent permitted by law, from liability to the Practitioner, Member or Allied Health Professional for damages or other relief for any action taken or statements or recommendations made within the scope of his or her duties as a representative of the Medical Staff or the Hospital, their committees, members, agents, employees, advisors, counselors, consultants, attorneys, or any other person providing services to or through the Medical Staff, Hospital, or committee in conjunction with evaluation of a Practitioner, Member, or Allied Health Professional.

6.A.2. For Providing Information

Each representative of the Medical Staff, the Hospital, and all third parties shall be exempt, to the fullest extent permitted by law, from liability to a Practitioner, Member or Allied Health Professional for damages or other relief by reason of providing information to a representative of the Medical Staff or Hospital concerning such person.

6.A.3. Activities and Information Covered.

The immunity provided by this Article shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with this or any other healthcare facility's or organization's activities concerning, but not limited to:

- (a) applicants for appointment, reappointment, or clinical privileges;
- (b) corrective action;
- (c) hearing and appellate reviews;
- (d) utilization review, and
- (e) other department, section, committee or Medical Staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct.

6.A.4. Releases

Each applicant, Allied Health Professional or Member shall, upon request of the Medical Staff or Hospital, execute general and specific releases in accordance with the express provisions and general intent of this Article. Execution of such releases shall not be deemed a prerequisite to the effectiveness of this Article.

6.A.5. Cumulative Effect

The provisions in this Policy and in application forms relating to authorizations, confidentiality of information and immunities from liability shall be in addition to all other protections provided by law and not in limitation thereof.

6.B. INDEMNITY

All Medical Staff officers, department chairpersons, committee chairpersons, committee members and specially appointed individual Members who act, in good faith, for and on behalf of the Hospital in discharging their hospital responsibilities and professional review activities, including quality improvement and utilization review activities, pursuant to this Policy or the Bylaws shall be indemnified, to the fullest extent permitted by law, upon approval of the appointment and/or election of such Members by the Board.

ARTICLE 7

AMENDMENTS

7.A. ULTIMATE AUTHORITY OF BOARD

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The Board has the ultimate duty and responsibility for appointments to the Medical Staff. The Board respects the advice of the Medical Staff, however, as to the matters which are the subject of this Policy and therefore all amendments shall first be submitted to the Bylaws and Executive Committees for review and comment at least thirty (30) days prior to any final action by the Board on such amendment. Notwithstanding the foregoing, the Board may amend this Policy without prior consultation with the Bylaws Committee or Executive Committee where such amendments are deemed necessary by the Board:

1. to comply with changes in federal and state laws that affect the Hospital or any parent corporation thereof, including any of their entities;
2. to comply with state licensure requirements, JCAHO Accreditation Standards, and Medicare/Medicaid Conditions of Participation for Hospitals; and
3. to correct clerical errors or omissions, or make technical or legal modifications or clarifications, reorganization or renumbering or amendments made necessary because of punctuation, spelling or other errors of grammar or expression.

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7.B. AMENDMENT UPON REQUEST OF BYLAWS COMMITTEE

This Policy may also be amended by the Board upon written request from the Bylaws Committee setting forth the requested amendment and reasons therefor and approval by the Board. The Board shall not adopt any such recommended amendment without first having submitted it to the Executive Committee for review and comment at least thirty

(30) days prior to any final action by the Board on such amendment, except as provided in the preceding Section 7.A.

ARTICLE 8

ADOPTION

This Policy is adopted and made effective upon approval of the Board and henceforth all activities and actions of the Medical Staff and of each individual seeking Medical Staff appointment, the granting of or exercising of clinical privileges at the Hospital shall be taken under and pursuant to the requirements of this Policy.