

- (b) LLPs may participate in Medical Staff committees and activities.
- (c) LLPs may vote in Medical Staff elections.

LLPs shall be assigned to an appropriate department in accordance with the Rules and Regulations applicable to their particular specialty, as delineated by the appropriate departmental chair and approved by the Medical Executive Committee.

**5.7 WAIVER OF QUALIFICATIONS**

Any qualifications may be waived by the Board, only upon the recommendation of the Credentials Committee and the Medical Staff, and upon a determination that such waiver will serve the best interests of patient care in the Hospital.

**5.8 LIMITATION OF PREROGATIVES**

The Prerogatives set forth under each staff category are general in nature, and may be subject to limitation by special conditions attached to a Practitioner's Staff membership, by other Articles of the bylaws, and by other policies of the Hospital, for good cause shown.

**5.9 NON STAFF CONSULTANTS**

Non Staff consultants may be called to consult on a specific case or an emergency (in accordance with Article VIII), provided permission has been granted by the appropriate department and department chair, with the advance approval of the President and the CEO.

**ARTICLE VI: ALLIED HEALTH PROFESSIONALS**

**6.1 QUALIFICATIONS**

Only Allied Health Professionals (AHPs) holding a license, certificate or other legal credentials as required by state law, and who:

- (a) document their experience, background, training and demonstrated ability and, upon request of the Credentials Committee or the Board (or appropriate committee thereof), physical and/or mental health status with sufficient adequacy to demonstrate that any patient treated by them will receive care of the generally accepted professional level of quality and efficiency and that they are qualified to provide a needed service within the Hospital; and

- (b) are determined, on the basis of documented references, to adhere strictly to the ethics of their respective professions, as applicable, and to work cooperatively with others in the conduct of Hospital-related activities, shall be eligible to provide specified functions in the Hospital. Where appropriate, the Credentials Committee may establish particular qualifications required of members of a specific category of AHPs, provided that such qualifications are not founded on an arbitrary or discriminatory basis and are in conformity with applicable law.

**6.2 PROCEDURE FOR SPECIFICATION OF SERVICES**

An application shall be submitted by an AHP for permission to perform specified services at the Hospital, and acted upon by the Credentials Committee, in the same manner as is required by Article VIII for the submission of applications for clinical privileges. An AHP shall be individually assigned to the clinical department appropriate to that Practitioner's professional training and shall be subject in general to the same terms and conditions as specified in Sections 4.4 through 4.6 for Medical Staff appointments.

**6.3 PREROGATIVES**

The Prerogatives of an AHP shall be to:

(a) provide specified patient care functions under the supervision or direction of a physician member of the Medical Staff (except as defined by and as otherwise expressly provided by resolution of the department approved by the Executive Committee and the Board) and consistent with the limitations stated in Section 6.4;

(b) write orders only to the extent established by the Executive Committee, but not beyond the scope of the AHPs license, certificate, registration or other legal credential;

(c) serve on Staff, department and Hospital committees;

(d) attend meetings of the Staff and department to which that Practitioner is assigned, and Hospital education programs; and

(e) exercise such other Prerogatives as shall, by resolution or written policy duly adopted by the Staff or by any of its Departments or committees and approved by the Executive Committee and the Board, be accorded to AHPs as a group or to any specified category of AHPs, such as the right to vote on specified matters, to hold defined offices, or any other Prerogatives for which medical education, training and experience, beyond that which the AHP can demonstrate, is not a prerequisite. An AHP shall have no voting rights except as specifically provided in this paragraph.

**6.4 RESPONSIBILITIES.**

Each AHP shall:

(a) meet the same basic responsibilities as required by Section 4.3 for Medical Staff members;

(b) provide within that Practitioner’s area of professional competence, care and supervision of each patient in the Hospital for whom that Practitioner is providing services, or arrange a suitable alternative for such care and supervision;

(c) participate as appropriate in the patient care audit and other quality review, evaluation and monitoring activities required of the Staff, and in discharging such other Staff functions as may be required from time to time; and

(d) satisfy the requirements set forth in Article XIV for attendance at meetings of the department and committees to which that Practitioner is assigned.

**ARTICLE VII: PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT**

**7.1 GENERAL PROCEDURE**

**7.1.1 GENERAL**

The Medical Staff through its designated departments, committees, and officers shall investigate and consider each application for appointment or reappointment to the Staff and each request for modification of Staff membership status or privileges and shall adopt and transmit recommendations thereof to the MEC and to the Board. The Medical Staff shall: (i) gather essential information such as resources, equipment and personnel then currently available or available within a specified timeframe necessary to support the requested privilege; (ii) review and analyze all relevant information regarding each applicant’s current licensure status, training experience, current competence and ability to perform the requested Clinical Privileges and (iii) perform the investigation, evaluation, and recommendation functions in connection with any AHP or other individual who seeks to exercise clinical privileges or provide specified care in any department of the Hospital, whether or not such individual is eligible for Medical Staff membership.

**7.1.2 RESOURCES**

The Medical Staff shall implement a process to determine whether sufficient space, equipment, staffing and financial resources are in place or available within a specified time frame to support each requested privilege and consistently determine the resources needed each requested privilege.

**7.2 APPLICATION FOR INITIAL APPOINTMENT**

**7.2.1 APPLICATION FORM**

Upon request, an application form appropriate to the category of Staff membership shall be issued by the Medical Staff office, along with a copy of, or access to a copy of, these bylaws, the Staff Rules and Regulations, the Hospital corporate bylaws and summaries of other Hospital and Staff policies relating to clinical practice in the Hospital, and to Medical Staff membership.

**7.2.2 APPLICATION FEE**

A non refundable application fee sufficient to cover the costs of processing shall accompany each initial application. No application shall be processed prior to receipt of this fee. The amount of this fee shall be determined by the Credentials Committee.

**7.2.3 CONTENT**

The application form shall include:

(a) Acknowledgment and Agreement: A statement that the applicant has received (or has had access to) and read these bylaws, Rules and Regulations of the Medical Staff and that the Practitioner agrees to abide by the terms thereof if granted membership and/or clinical privileges, and to abide by the terms thereof in all matters relating to consideration of that Practitioner's application without regard to whether or not that Practitioner is granted membership and/or clinical privileges. The application shall also include a statement that the applicant will abide by all Hospital policies, Rules and Regulations, that apply to that Practitioner's activities as a Medical Staff member or otherwise.

(b) Qualifications: Detailed information concerning the applicant's qualifications, including information in satisfaction of the basic qualifications specified in Section 4.2.1 and of any additional qualifications specified in these bylaws for the particular Staff category to which the applicant requests appointment. This information shall include data from professional practice review by organization(s) that currently privilege the applicant(s) if available.

(c) Requests: Requests stating the Staff category, department and clinical privileges for which the applicant wishes to be considered.

(d) References: The names of at least two (2) persons who have recently worked with the applicant and directly observed that Practitioner's professional performance over a reasonable period of time and who can and will provide reliable information regarding the applicant's current medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, professionalism, ethics, character and ability to work with others. At least one of the references must be from a person who has supervised the applicant. If the application is for practice in a subspecialty field, at least one reference must be in the same subspecialty.

(e) Professional Sanctions: Information as to whether any of the following have ever been or are in the process of being denied, revoked, suspended or reduced or debarred:

(1) Staff membership status or clinical privileges at any other Hospital or health care institution; and/or

(2) membership/fellowship in any local, state or national professional organization(s).

(f) Specialty board certification.

(g) License to practice any profession in any jurisdiction.

(h) Federal and State Drug Enforcement Administration registration.

(i) Medicare, Medicaid or other federal program participation.

(j) Signed agreement by the applicant that the applicant will refrain from admitting, or providing services at the Hospital to, Medicare or Medicaid patients, in the event the applicant is suspended or excluded from the Medicare or Medicaid program.

(k) Agreement by the applicant to cooperate with the Hospital in complying with technical and substantive requirements of third party payors, pursuing appeals or reconsideration of denial of reimbursement, and in all other dealings with third party payors.

(l) Professional Liability Information: The name of the carrier, the policy number and the amount of professional liability insurance carried by the Practitioner, which shall be not less than the minimum amount of coverage required by law. Written evidence of the existence of such professional liability insurance coverage shall be submitted to the Hospital, together with the application for appointment or reappointment to the Medical Staff. In addition, the application for appointment shall include a list of all professional liability claims made against the applicant during the past five (5) years, the name of the corresponding insurance carrier for each instance, and the nature of the decision or current status in each instance. The application shall include a consent for release of information by the applicant's present and past professional liability insurance carriers, and a statement from the applicant's present carrier that ten days prior notice will be given to the Medical Staff office before the applicant's policy is canceled, modified, or not renewed.

(m) A statement that no health problems exist that could effect the applicant's ability to perform the privileges requested.

(n) Evidence of current professional liability insurance as required in these Bylaws in limits no less than the amount mandated by applicable law.

(o) Pledge: The following statement shall be contained in the application for Medical Staff membership, and shall be separately executed by each applicant:

As a condition of my initial, provisional appointment and my subsequent reappointment to the Medical Staff, I hereby pledge to comply with the professional standards of the medical profession and I hereby agree to:

- (1) refrain from fee splitting or other inducements relating to patient referrals;
- (2) provide for continuous care of all patients, any portion of whose care for which I am responsible, while at this Hospital;
- (3) provide for such care without regard to race, religion, creed, or ability to pay;
- (4) delegate, in my absence, the responsibility for diagnosis or care of my patients only to a Practitioner who is qualified to undertake this responsibility, or who is adequately supervised, in accordance with these bylaws;
- (5) seek consultation wherever I deem it to be necessary and in accordance with generally accepted standards of patient care;
- (6) refrain from providing “ghost” surgical or medical services;
- (7) abide by these bylaws and the bylaws of this Hospital, its policies, and all Rules and Regulations applicable to members of the Medical Staff of this Hospital;
- (8) refrain from engaging in gender based discrimination or sexual harassment of other Staff members or employees of the Hospital;
- (9) not discriminate on the basis of age, sex, nationality, sexual or affectional orientation, ancestry, marital status, familial status, disability, ability to pay, race, creed, color, national origin or religion against any patients, other Staff members and Hospital employees; and
- (10) immediately self-report to the President and forthwith seek treatment should I become impaired or unable to care for my patients.

### 7.3 EFFECT OF APPLICATION

By applying for initial appointment to the Medical Staff, or for reappointment, or clinical privileges, or for any category of limited membership or appointment, or for eligibility to provide specified functions or services at the Hospital, or for modification of membership status or privileges, each applicant:

- (a) signifies the applicant’s willingness to appear for interviews in regard to such application;
- (b) authorizes representatives of the Medical Staff and of the Hospital to consult with others who have been associated with the applicant and/or who may have information bearing on the applicant’s competence and qualifications;

(c) consents to representatives of the Medical Staff and of the Hospital inspecting all records and documents that may be material to an evaluation of the applicant’s professional qualifications and competence to carry out the clinical privileges the applicant has and/or requests, of the applicant’s physical and mental health status and of the applicant’s professional ethical qualifications;

(d) releases from any liability all Medical Staff and Hospital representatives for their acts performed in good faith and without malice in connection with evaluating the applicant and the applicant’s credentials;

(e) releases from any liability all individuals and organizations who provide information, including otherwise privileged or confidential information, to Medical Staff or Hospital representatives in good faith and without malice concerning the applicant’s competence, professional ethics, character, physical and mental health, emotional stability, and other qualifications for Staff appointment and clinical privileges;

(f) authorizes and consents to Hospital and Medical Staff representatives providing other hospitals, medical associations, licensing boards, and other organizations concerned with provider performance and the quality and efficiency of patient care with any information relevant to such matters that the Hospital or the Medical Staff may have concerning the applicant and releases Hospital and Medical Staff representatives from liability for so doing, provided that such furnishing of information is done in good faith and without malice; and

(g) agrees to be bound by the information, terms and conditions set forth on the application form.

For purposes of this Section, the term “Hospital representative” means the employees of the Staff office and includes the Board and its committees; the Staff and its members, departments and committees that have responsibility for collecting or evaluating credentials or acting upon applications; and any authorized representative of any of the foregoing.

**7.4 PROCESSING THE APPLICATIONS**

**7.4.1 APPLICANT’S BURDEN**

The applicant shall have the burden of producing adequate information for a proper evaluation of the applicant’s experience, background, training, demonstrated ability, and physical and mental health status, and of resolving any doubts about these or any of the other basic qualifications specified in Section 4.2.1.

**7.4.2 VERIFICATION OF INFORMATION**

The applicant shall deliver a completed application to the President of the Medical Staff. The Medical staff office shall verify that the applicant is the same person identified in the credentialing document by viewing a current picture hospital ID card or a valid picture ID issued

by a state or federal agency. It shall also query the National Practitioner Data Bank (“NPDB”). The President or the President’s designee shall forward the application to the Credentials Committee which will, in timely fashion, seek to collect, assess and/or verify the references, licensure, and other qualification evidence submitted and shall obtain and verify all other information required by law. The Credentials Committee shall promptly notify the applicant of any problems in obtaining the information required, and it shall then be the applicant’s obligation to obtain the required information. When collection and verification is accomplished, the Credentials Committee shall transmit the application and all supporting materials to the chair of each department in which the applicant seeks privileges.

**7.4.3 INTERVIEWS**

The applicant must make him or herself available for any personal interviews which may be required.

**7.4.4 DEPARTMENTAL CHAIR ACTION**

Upon receipt, the departmental chair or the authorized designee, shall review the application and supporting documentation, conduct a personal interview with the applicant, and transmit to the Credentials Committee on the prescribed form a written report and recommendations as to Staff appointment and, if appointment is recommended, as to Staff category, department, division and/or section affiliation, clinical privileges to be granted, and any special conditions to be attached to the appointment. The chair may also recommend that the Credentials Committee defer action on the application. The reasons for each recommendation shall be stated in writing and supported by reference to the completed application and all other documentation considered by a departmental chair, all of which shall be transmitted with the report.

**7.4.5 CREDENTIALS COMMITTEE ACTION**

(a) Standard of Review. The Credentials Committee shall, review the completed application, the supporting documentation, the departmental chair’s report and recommendations and such other information available to it that may be relevant to consideration of the applicant’s qualifications for the Staff category, department affiliation and clinical privileges requested and determine whether the information collected is sufficient. All of the criteria for consideration shall be consistently applied to all applicants. The Credentials Committee shall then forward to the Medical Executive Committee (MEC) a written report and recommendations on the prescribed form as to Staff appointment and, if appointment is recommended, as to Staff category, department affiliation, clinical privileges to be granted, and any special conditions to be attached to the appointment. The Credentials Committee may also defer action on the application pursuant to Section 7.4.6.

(b) Criteria. The recommendation shall be objective, evidenced based and supported by reference to the completed application and all other documentation considered by the Credentials Committee.

(c) MEC Action. The MEC shall approve or reject the Credential Committee’s recommendations and forward its determination to the President, who shall forward his or her recommendation to the (CEO).

**7.4.6 EFFECT OF CREDENTIALS COMMITTEE ACTION**

(a) Deferral: Action by the Credentials Committee to defer the completed application for further consideration must be followed at the next regularly scheduled meeting by a subsequent recommendation for appointment with specified clinical privileges, or rejection for Staff membership. With the applicant’s consent, or on determination by the Committee that additional supporting information is required, consideration of the application may be deferred for such additional time period as the Credentials Committee, and the applicant, mutually agree upon in writing.

(b) Favorable Recommendation: When the recommendation of the Credentials Committee and MEC is favorable to the applicant, the CEO shall promptly forward it, together with all supporting documentation, to the Board. For the purposes of this Section 7.4 6(b), “all supporting documentation” includes the application form and its accompanying information and the reports and recommendations of the departmental chair and of the Credentials Committee, along with any minority views.

(c) Adverse Recommendation by Credentials Committee: When the recommendation of the Credentials Committee is adverse to the applicant, the CEO shall, within seven (7) days of receipt of such recommendation, so inform the applicant of the adverse recommendation by Special Notice, and the applicant shall be entitled to the procedural rights as provided in Article X. For the purposes of this Section 7.4.6 (c), an “adverse recommendation” by the Credentials Committee is as defined in Section 10.1.

(d) Adverse Recommendation by MEC: When the recommendation of the MEC is adverse to the applicant, the CEO shall, within seven (7) days of the receipt of such recommendation, so inform the applicant by Special Notice, and the applicant shall be entitled to the procedural rights as provided in Article X. For the purposes of this Section 7.4.6 (d), an “adverse recommendation” by the Credentials Committee is as defined in Section 10.1.

**7.4.7 BOARD ACTION**

(a) On Favorable Credentials Committee Recommendation: The Board shall, in whole or in part, adopt or reject a favorable recommendation of the Credentials Committee or refer the recommendation back to the Credentials Committee based upon an objective, evidenced based determination for further consideration stating the reasons for such referral back and setting a time limit within which a subsequent recommendation shall be made. If the Board’s action is adverse to the applicant as defined in Section 10.1 the CEO shall, within seven (7) days after the Board acts, so inform the applicant by Special Notice, and the applicant shall be entitled to the procedural rights as provided in Article X.

(b) Without Benefit of Credentials Committee Recommendation: If the Board does not receive a Credentials Committee recommendation within the time period specified in Section 7.4.12, it may, after notifying the Credentials Committee and providing ten (10) days additional notice to the Credentials Committee to provide such recommendation, direct the Joint Conference Committee to review the application, supporting documentation, the departmental chair's report and recommendations and such other information available to it that may be relevant to consideration of the applicant's qualifications for Staff category, department affiliation, and clinical privileges requested. The Joint Conference Committee shall then transmit to the Board a written report and recommendations as to Staff appointment and, if appointment is recommended, as to Staff category, department affiliation, clinical privileges to be granted, and any special conditions to be attached to the appointment.

The reasons for each recommendation shall be stated in writing and supported by reference to the completed application and all other documentation considered by the Committee, all of which shall be transmitted with the report.

The Board shall, at its next regular meeting, act upon the recommendation from the Joint Conference Committee in the manner set forth in Section 7.4 7(c) in these bylaws. If such action is favorable, it shall become effective as the final decision of the Board. If such action is adverse, as defined in Section 10.1, the CEO shall, within seven (7) days after the Board acts, so inform the applicant by Special Notice, and the applicant shall be entitled to the procedural rights as provided in Article X.

(c) After Procedural Rights: In the case of an adverse Credentials Committee recommendation pursuant to Section 7.4.6 (c) or an adverse Board decision pursuant to Section 7.4.7 (a) or (b), the Board shall take final action in the matter only after the applicant has exhausted or has waived the applicant's procedural rights as provided in Article X. Action thus taken shall be the final decision of the Board, except that the Board may defer final determination by referring the matter back for further reconsideration to the Credential Committee. Any such referral back shall state the reasons therefore, shall set a time limit within which a subsequent recommendation to the Board shall be made, and may include a directive that an additional hearing be conducted to clarify issues which are in doubt. After receipt of such subsequent recommendation and of new evidence in the matter, if any, the Board shall make a final decision.

(d) If the Executive Committee recommends approval of the application and a delineation of the scope of privileges and the category of Staff membership requested in the application, the President shall forward the Executive Committee's decision and a copy of the Credentials Committee report to the Board of Trustees. Notwithstanding any other provision of these bylaws, the Board of Trustees may delegate the authority to the Executive Committee of the Board of Trustees to approve appointment and reappointment to membership and initial grant of privileges, renewal or modification of privileges if a practitioner's privileges will expire before the next Board of Trustees meeting. The Executive Committee of the Board of Trustees will be authorized to grant a practitioner's privileges effective the date they meet when appointment and reappointment criteria for that process are met as referenced under Article VII

Procedure for Appointment and Reappointment. All appointments and reappointments will be reviewed by the full Board of Trustees at its next regular meeting.

**7.4.8 ACCESS TO DUE PROCESS IN THE EVENT OF DENIAL BASED ON CONSIDERATIONS OTHER THAN PROFESSIONAL QUALIFICATIONS**

In order to protect the rights of applicants, a proposed decision by the Board, to deny Staff membership, department affiliation or Staff category assignment, or particular clinical privileges shall, if based on any of the following considerations, be considered adverse in nature and shall entitle the applicant to the procedural rights as provided in Article X:

(a) Hospital's Inability to Accommodate

(1) on the basis of the Hospital's present inability to provide adequate facilities, supportive services or patient load for the applicant, or

(2) on the basis of inconsistency with the Hospital's written plan of development, including the mix of patient care services to be provided, as currently being implemented, or

(3) in the case of a Limited License Practitioner, the absence of a recognized need for the specific capabilities of such a Practitioner.

(b) Adverse Patterns of Patient Care

(c) Adverse Utilization of Hospital Resources

(d) Failure to meet any of the qualifications for membership

Upon written request by the applicant to the Chief Executive Officer, the application shall be kept in a pending status for the next succeeding two years. If during this period, the circumstances which impel the Hospital to deny the application have changed such that the Hospital is willing or able to accept such application, the CEO shall promptly inform the applicant by Special Notice. Within thirty (30) days of receipt of such notice, the applicant shall provide, in writing, an updated application form, detailing information as is required to update all elements of the applicant's original application. Thereafter, the procedure provided in Section 7.4 for initial appointments shall apply.

**7.4.9 CONFLICT RESOLUTION**

Whenever the Board's proposed decision will be contrary to the Credentials Committee recommendation, the Board shall submit the matter to the Joint Conference Committee for review and recommendation before making its final decision and giving notice of final decision required by Section 7.4.11. The Board shall give due deference to the recommendation of the Credentials Committee and shall reject its recommendation only upon a finding supported by the

record, demonstrating that the recommendation of the Credentials Committee is contrary to law, or that the recommendation of the Credentials Committee must be rejected in order to assure quality of patient care.

**7.4.10 NOTICE OF FINAL DECISIONS**

(a) Notice of the Board’s final decision shall be given in writing through the Chief Executive Officer, to the chair of the Medical Executive Committee, to the chair of the Credentials Committee, to the Chief of Staff, to the chair of each department concerned, and to the applicant by means of Special Notice, within seven (7) days after the Board acts.

(b) A decision and notice to appoint shall include:

- (1) the Staff category to which the applicant is appointed;
- (2) the department to which that Practitioner is assigned;
- (3) the clinical privileges that the Practitioner may exercise; and
- (4) any special conditions attached to the appointment, including but not limited to the observation period required by these bylaws.

(c) Notice of an adverse decision regarding initial appointment shall include stipulation of the basis for the decision, a summary of the information required by Section 9.2.2, and shall reiterate the reapplication provisions of Section 7.4.11.

**7.4.11 RE-APPLICATION AFTER ADVERSE APPOINTMENT DECISION**

An applicant who has received a final adverse decision regarding appointment shall not be eligible to reapply to the Medical Staff for a period of twelve (12) months from the date of the notice of final decision sent to the applicant pursuant to Section 7.4.10 of these bylaws. Any such re-application shall be processed as an initial application, and the applicant shall submit such additional information, as the Credentials Committee or the Board may require, to demonstrate that the basis for the earlier adverse action no longer exists.

**7.4.12 TIME PERIODS FOR PROCESSING**

Application for Staff appointment shall be considered in a timely and good faith manner by all individuals and groups required by these bylaws to act thereon and, except for good cause, shall be processed within the time periods specified in this Section. The President shall transmit an application to the Staff upon completing the information collection and verification tasks, but in any event within thirty (30) days after receiving the completed application. The Credentials Committee shall conduct its first review of a completed application at its next meeting following receipt of the document from the President of the Medical Staff. The Board shall take action on

the application at its next regular meeting after receiving the recommendation of the Credentials Committee.

The time periods specified herein are to assist those named in accomplishing their tasks and shall not be deemed to create any rights for the Practitioner to have the applicant's application processed within those periods.

**7.5 REAPPOINTMENT PROCESS**

**7.5.1 INFORMATION FORM FOR REAPPOINTMENT**

The President shall, at least ninety (90) days prior to the expiration date of the present Staff appointment of each Medical Staff member, provide such Staff member with an interval information form for use in considering the member's reappointment. Each Staff member who desires reappointment shall, at least sixty (60) days prior to such expiration date, send the member's interval information form to the President and Staff. Failure, without good cause, to so return the form shall be deemed a voluntary resignation from the Staff and shall result in automatic termination of membership and privileges at the expiration of the member's current term. A Practitioner whose membership is so terminated shall be entitled to the procedural rights provided in Article X for the sole purpose of determining the issue of good cause. A Practitioner who resigns under this provision may reapply as a new applicant, subject to the requirements then in effect for new applicants.

**7.5.2 CONTENT OF APPLICATION FOR RE-APPOINTMENT**

The application for reappointment form shall request data necessary to update the Medical Staff file on the Staff member's health care related activities other than as a member of the Staff. This form shall include, without limitation, information about the following:

- (a) continuing training, education and experience that qualifies the Staff member for the privileges sought on reappointment, as defined by the department(s) within which that Practitioner serves;
- (b) upon request of the Credentials Committee or the Board, current physical and mental health status, to the extent permitted by law;
- (c) the name and address of any other health care organization or practice setting where the Staff member provided clinical services during the preceding period;
- (d) membership, awards, or other recognition conferred or granted by any professional health care societies, institutions, or organizations;
- (e) sanctions of any kind (including denial) imposed or pending by any other health care institution, professional health care organization, or licensing authority;

(f) any pending actions wherein the member has received written notice of a potential sanction;

(g) evidence of professional liability insurance coverage including cancellations, non renewals, limits and claims (as per Article 7.2.3 (h));

(h) information related to the quality of patient care and the appropriate utilization of resources in furtherance of that care; and

(i) such other specifics about the Staff member's professional ethics, qualifications and ability that may bear on the member's ability to provide good patient care in the Hospital.

**7.5.3 VERIFICATION OF INFORMATION**

The President shall, in timely fashion, seek to collect or verify the additional information made available on each interval information form and to collect any other materials or information deemed pertinent, including information regarding the Staff member's professional activities, performance and conduct in this and other Hospitals and health care settings, information require by law, and the member's fulfillment of Staff membership obligation. The CEO shall promptly notify the Staff member of any problems in obtaining the information required. The Staff member shall then have the same burden of producing adequate information and resolving doubts as provided in Section 7.4.1. When collection and verification are accomplished, the President or the President's designee, shall transmit the information form and supporting materials to the chair of each department in which the Staff member has requested privileges and to the Credentials Committee.

**7.5.4 DEPARTMENTAL ACTION**

Departmental chairs shall, acting as peers, review the information form and the Staff member's file and shall transmit to the Credentials Committee on the prescribed form a report and recommendation that appointment be renewed, renewed with modified Staff category, departmental affiliation and/or clinical privileges, or terminated. A chair may also recommend that the Credentials Committee defer action. Each such report shall satisfy the requirements of Section 7.5 7.

Each recommendation concerning the reappointment of and clinical privileges to be granted a Department Chair shall require the signature approval of the Senior Vice President of Medical Affairs. The President of the Medical-Dental Staff shall designate an Active Staff Member within the Department who shall review and recommend the clinical privileges.

**7.5.5 CREDENTIALS AND EXECUTIVE COMMITTEE ACTION**

The Credentials Committee shall review each information form and all other pertinent information available on each member being considered for reappointment, including the recommendation of each department in which the Staff member has requested privileges, and shall transmit to the Executive Committee in the prescribed manner its report and recommendation that an appointment be either renewed, renewed with modified Staff category, departmental affiliation and/or clinical privileges or terminated. Each such report shall satisfy the requirements of Section 7.5.7 and 8. Any minority views shall also be reduced to writing and transmitted with the majority report.

The Executive Committee then will review and act on the Credentials Committee's report and recommendation. The Executive Committee shall recommend that an appointment be either renewed, renewed with modified Staff category, departmental affiliation and/or clinical privileges or terminated. That recommendation is then to be conveyed to the Board through the Chief Executive Officer. Any minority views expressed by Executive Committee members shall also be reduced to writing and transmitted with the majority recommendation.

#### 7.5.6 FINAL PROCESSING AND BOARD ACTION

Thereafter, the procedure provided in Section 7.4.7 through 7.4.12 shall be followed. For purposes of reappointment, the terms "applicant" and "appointment" as used in those Sections shall be read, respectively, as "Staff member" and "reappointment".

#### 7.5.7 BASIS FOR RECOMMENDATIONS

Each recommendation concerning the reappointment of a Staff member and the clinical privileges to be granted upon reappointment shall be based upon documented evidence of such member's (a) professional ability, (b) competence and clinical judgment in the treatment of patients, (c) professional ethics, (d) discharge of Staff obligations, (e) compliance with the Hospital Bylaws and Policies, (f) compliance with Medical Staff bylaws, Rules and Regulations, (g) cooperation with other Practitioners and with patients, as necessary, to effectuate appropriate patient care, and other matters bearing on the member's ability and willingness to contribute to quality patient care in the Hospital, (h) conformity with the health recommendations of the health evaluation committee, (i) participation in continuing medical education as may be required by the State Board of Medical Examiners, and (j) continued compliance with the applicable requirements of Section 3.2.1 of these bylaws.

#### 7.5.8 TIME PERIODS FOR PROCESSING

Transmittal of the interval information form to a Staff member and the member's return of it shall be carried out in accordance with Section 7.5.1. Thereafter and except for good cause, each person, department and committee required by these bylaws to act thereon shall complete such action in timely fashion such that all reports and recommendations concerning the reappointment of a Staff member shall have been transmitted to the Credentials Committee for its consideration and action pursuant to Section 7.5.5 and to the Board for its action pursuant to Section 7.5.6, all

prior to the expiration date of the Staff membership of the member being considered for reappointment.

The time periods specified herein are to guide the acting parties in accomplishing their tasks. If the processing has not been completed by the expiration date of the appointment, the Staff member shall maintain the member's current membership status and clinical privileges until such time as the processing is completed unless corrective action is taken with respect to all or any part thereof, or unless the delay is due to the Practitioner's failure to return the interval information form as required. Such extension of an appointment shall not be deemed to create a right for the Staff member to be automatically reappointed for the coming term.

**7.6 REQUESTS FOR MODIFICATION OF MEMBERSHIP STATUS OR PRIVILEGES**

A Staff member may, either in connection with reappointment or at any other time, request modification of the member's Staff category, department assignment, or clinical privileges by submitting a written application to the President on the prescribed form. Such application shall be processed in substantially the same manner as provided in Section 7.5 for reappointment.

**7.7 ONGOING PROFESSIONAL PRACTICE EVALUATION**

Each member of the Medical Staff shall be subject to an ongoing professional practice evaluation in accordance with the policy adopted by the Medical Executive Committee and approved by the Board of Trustees in accordance with these Bylaws.

**7.8 FOCUSED PROFESSIONAL PRACTICE EVALUATION**

A period of focused professional practice evaluation shall be implemented in accordance with the policy adopted by the Medical Executive Committee and approved by the Board of Trustees in accordance with these Bylaws for all initially requested Clinical Privileges during a Practitioner's initial provisional appointment period and where the Practitioner has requested a new Clinical Privilege where there is no documented evidence of the Practitioner having performed competently the Clinical Privilege at the Hospital. The Medical Executive Committee may also prescribe a period of focused professional practice evaluation in accordance with the Focused Professional Practice Evaluation Policy, to monitor a Practitioner's performance when issues affecting the provision of safe, high quality patient care are identified.

**ARTICLE VIII: DETERMINATION OF CLINICAL PRIVILEGES**

**8.1 EXERCISE OF CLINICAL PRIVILEGES**

A Practitioner or other professional providing direct clinical services at this Hospital by virtue of Medical Staff membership or otherwise shall, in connection with such practice and except as otherwise provided in Sections 8.4, be entitled to exercise only those clinical privileges or specified services specifically authorized by the Board. Said privileges and services must be

within the scope of the license, certificate or other legal credential authorizing the Practitioner to practice in this State and consistent with any restrictions thereon.

A Medical Staff member with admitting privileges may only admit patients to his or her service or department. If in exercising his or her clinical privileges, a member of the Staff must obtain a valid patient consent, such member is responsible for obtaining such consent him or herself.

**8.2 DELINEATION OF CLINICAL PRIVILEGES IN GENERAL**

**8.2.1 REQUESTS**

Each application for appointment and reappointment to the Medical Staff must contain a request for the specific clinical privileges desired by the applicant. A request by a Staff member pursuant to Section 7.6 for an expansion of clinical privileges must be supported by documentation of training and/or experience supportive of the request.

**8.2.2 BASIS FOR PRIVILEGES DETERMINATION**

(a) Requests for clinical privileges shall be evaluated on the basis of the Practitioner's education, training, experience, demonstrated ability and judgment, and the recommendations of the member's professional peers. The basis for privileges determinations made in connection with periodic reappointment or otherwise shall include observed clinical performance and the documented results of the patient care audit and other quality review, evaluation and monitoring activities to be conducted at the Hospital, as required by these and the Hospital bylaws.

(b) Each department is delegated the authority to promulgate rules and regulations governing the exercise of privileges in such department. The recommendation for clinical privileges shall be made in accordance with the guidelines set forth in the respective department's Rules and Regulations as hereinafter appended, and shall also be based on pertinent information concerning clinical performance obtained from other sources, especially other institutions and health care settings where a Practitioner exercised clinical privileges. This information shall be added to and maintained in the Medical Staff file established for each Staff member, which shall be available in the Medical Staff office for review by the staff member upon reasonable notice to the Medical Staff secretary.

(c) Clinical privileges within the Rules and Regulations of each Department shall be reviewed annually.

**8.2.3 PROCEDURE**

All requests for clinical privileges shall be processed pursuant to the procedures outlined in Article VII.

**8.3 CLINICAL PRIVILEGES OF DENTISTS**

**8.3.1 PRIVILEGES GRANTED TO DENTISTS**

Privileges granted to dentists shall be based upon their training, experience and demonstrated competence and judgment. Surgical procedures performed by dentists shall be under the overall supervision of the Director of the department of Surgery and the Director of the department of Dentistry.

**8.3.2 BASIS FOR PRIVILEGES DETERMINATION**

Patients admitted for dental care shall be given the same medical appraisal as patients admitted for surgical services. There shall be a dual responsibility of the dentist and physician, each limited to his respective field, with the dentist having responsibility for the dental and the physician having responsibility for the medical aspects of the patient's care.

**8.4 CLINICAL PRIVILEGES OF PODIATRISTS**

**8.4.1 PRIVILEGES GRANTED TO PODIATRISTS**

Privileges granted to podiatrists shall be based upon their training, experience and demonstrated competence and judgment. Podiatrists shall not have the privilege to admit patients but shall be limited to the practice of podiatry on patients admitted by and under the supervision of a member of the department of Orthopedics.

**8.4.2 PROCEDURES PERFORMED BY PODIATRISTS**

All procedures performed by podiatrists shall be under the supervision of the Director of the department of Orthopedics.

**8.5 SPECIAL CONDITIONS FOR LIMITED LICENSURE PRACTITIONERS**

**8.5.1 REQUESTS FOR CLINICAL PRIVILEGES**

Requests for clinical privileges by LLPs shall be processed in the manner specified in Section 7.2. The specific privileges to be granted to each LLP shall be determined in accordance with the provisions of this Article VIII. The Rules and Regulations of the Medical Staff shall specify those areas of clinical privileges generally to be accorded to each category of LLPs. LLPs shall not, however, have the right to admit patients to the Hospital. No LLP shall have the right to use any Hospital laboratory, X ray, or ancillary service facilities for diagnosis or care of patients, or the operating room, unless specifically authorized in the clinical privileges available to the category of LLP to which the applicant belongs, and unless such privileges are specifically granted to the particular applicant, pursuant to the recognized needs of the Hospital.

**8.5.2 PRIVILEGES APPLICABLE TO EACH MEMBER**

The privileges applicable to each member of the LLP staff shall be designated by the Credentials Committee at the time of the member's appointment to the Staff and shall be in accordance with the member's training and capabilities. Subject to the member's licensure requirements, or other legal limitations, LLP Staff members may exercise independent judgment within the areas of their professional competence, and may participate directly in the medical management of patients only under the supervision of a physician on the Medical Staff, who shall exercise overall responsibility for the patient's general medical care.

**8.6 SPECIAL CONDITIONS FOR ALLIED HEALTH PROFESSIONALS**

Requests for the provision of specified patient care services by Allied Health Professionals shall be processed in the manner specified in Section 6.2. An allied health professional, subject to any licensure requirements or other legal limitations, may exercise independent judgment within the areas of the Allied Health Professional's professional competence, and may participate directly in the medical management of patients only under the supervision of a physician who has been accorded privileges to provide such care and who has, and shall continue to exercise, ultimate responsibility for the patient's care.

**8.7 TEMPORARY AND EMERGENCY PRIVILEGES**

**8.7.1 TEMPORARY PRIVILEGES - CIRCUMSTANCES**

Upon written request from the appropriate chair of a department and with the concurrence of the President, the CEO, or designee acting on behalf of the Board, may grant temporary privileges in the following circumstances:

(a) Patient Care Need: Such privileges shall only be granted to meet an important patient care need in accordance with the requirements of State law and standards of the Joint Commission on Accreditation of Health Care Organizations; or

(b) Pendency of Application: After the Credentials Committee's receipt and approval of a verified, complete application for Staff appointment that raises no concerns, including a request for specific temporary privileges, an appropriately licensed applicant may be granted temporary privileges for a period not to exceed one hundred twenty (120) days. In exercising such privileges, the applicant shall act under the supervision of the chair of the department requesting such privileges and in accordance with the conditions specified in Section 8.2, or

(c) Special expertise: Upon receipt of a written request for specific temporary privileges, and after making such inquiries as may be required by law, an appropriately licensed Practitioner of documented expertise who is not an applicant for