

Advanced Practice Provider Policy

**COMMUNITY HOSPITALS AND
WELLNESS CENTERS**

A Medical Staff Document

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DEFINITIONS

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

"Advanced Practice Provider" or "APP" means those physician assistants, advanced practice registered nurses, and other allied health professionals as set forth in Appendix A, attached hereto and incorporated by reference herein, who have applied for and/or been granted Privileges to practice at the Hospital either independently, or in collaboration with or under the supervision of a Physician, Dentist, or Podiatrist, as applicable, with Medical Staff appointment and Privileges at the Hospital.

"Adverse" means a recommendation or action of the Medical Executive Committee or Board of Directors that denies, limits (*i.e.* suspension, restriction, *etc.*), or terminates Privileges on the basis of professional conduct or clinical competence, or as otherwise defined in this Policy.

"Appointee" means a Practitioner who has been granted appointment to the Medical Staff. An Appointee must also have applied for and been granted Privileges unless his/her appointment is to a Medical Staff category without Privileges or unless otherwise provided in the Bylaws.

"Board of Directors" or "Board" means the Board of Directors of Community Hospitals and Wellness Centers or the Board's designee.

"Bylaws" or "Medical Staff Bylaws" means the Medical Staff Bylaws, and amendments thereto, that constitutes the basic governing document of the Medical Staff.

"Chief Executive Officer" or "CEO" means the president of the Hospital.

"Chief of Staff" means the individual elected by the Medical Staff to be the spokesperson for the Medical Staff and chair of the Medical Executive Committee.

"Clinical Privileges" or "Privileges" means the authorization granted by the Board to a Practitioner or APP to render specific patient care services in the Hospital within defined limits.

"Dentist" means an individual who has received a doctor of dental medicine (D.M.D.) or doctor of dental surgery (D.D.S.) degree and who is currently licensed to practice dentistry in the State of Ohio, unless otherwise provided herein, and whose practice is in the area of oral and maxillofacial surgery or the area of general dentistry or a specialty thereof.

"Federal Health Program" means Medicare, Medicaid, TriCare, or any other federal or state program providing health care benefits that is funded directly or indirectly by the United States government.

"Hospital" means Community Hospitals and Wellness Centers composed of Bryan Hospital (Bryan) located in Bryan, Ohio and Montpelier (Montpelier) Hospital located in Montpelier, Ohio; as well as Bryan's and Montpelier's provider-based locations. Bryan and Montpelier have elected to have a Unified Medical Staff.

"Joint Advisory Committee" means the Board committee composed of an equal number of Board members and Medical Staff members as set forth in the Hospital's Code of Regulations. In the event the provision regarding the Joint Advisory Committee is changed from time to time in the applicable section of the Hospital's Code of Regulations, then this definition shall automatically be likewise amended.

"Medical Executive Committee" or "MEC" means the executive committee of the Medical Staff.

"Medical Staff" means all Physicians, Dentists, Psychologists, and Podiatrists who have obtained appointment status with such responsibilities, Prerogatives, and Privileges as defined in the category to which each has been appointed.

"Medical Staff Policy(ies)" means those additional Medical Staff governing documents approved by the Medical Executive Committee and Board that serve to implement the Bylaws including, but not limited to, this APP Policy.

"Oral Surgeon" or "Maxillofacial Surgeon" means a Dentist who has successfully completed an accredited post-graduate/residency program in oral/maxillofacial surgery.

"Physician" means an individual who has received a doctor of allopathy degree (M.D.) or doctor of osteopathy degree (D.O.) and who is currently licensed to practice medicine in the State of Ohio unless otherwise provided herein.

"Podiatrist" means an individual who has received a doctor of podiatric medicine (D.P.M.) degree and who is currently licensed to practice podiatry in the State of Ohio unless otherwise provided herein.

"Practitioner" means, unless otherwise expressly provided, a Physician, Dentist, Podiatrist, or Psychologist.

"Prerogative" means the right to participate, by virtue of Medical Staff category, granted to an Appointee and subject to the ultimate authority of the Board, and the conditions and limitations imposed in these Bylaws and in other Hospital and Medical Staff policies.

"Professional Liability Insurance" means professional liability insurance coverage acceptable to the Board as the Board may determine from time to time by an insurance company licensed in the United States or having coverage by a company who has an underwriting agreement with a licensed U.S. insurance company to assure adequate reserves for payment of claims.

"Psychologist" means an individual with a doctoral degree in psychology or a doctoral degree deemed equivalent by the Ohio State Board of Psychology who is currently licensed to practice psychology in the State of Ohio unless otherwise provided herein.

"Rules & Regulations" means the compendium of rules and regulations promulgated by the Medical Staff as approved by the Medical Executive Committee and Board to govern specific administrative and patient care issues that arise at the Hospital.

"Special Notice" means written notice (a) sent by certified mail, return receipt requested; or (b) delivered personally with the affected individual either signing as proof of receipt or other written documentation from the individual delivering the notice as to why signature was not obtained.

Words used in this Policy shall be read 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.

GENERAL OVERVIEW

INTRODUCTION

Applicability of Policy

All qualified and eligible APPs who request Privileges at the Hospital will be credentialed through the Medical Staff; and, if granted Privileges, managed pursuant to a Privilege set.

This Policy is only applicable to APPs requesting and/or granted Privileges at the Hospital.

APPs Eligible for Privileges

Attached to this Policy, and incorporated by reference herein, is Appendix A which sets forth the types of APPs that are permitted to practice at the Hospital.

The Medical Staff shall make recommendations to the Board, upon request, with respect to: (a) the APP practice groups, based upon occupation or profession, that shall be eligible to be credentialed and privileged at the Hospital; (b) for each eligible APP practice group, the mode and scope of practice in the Hospital setting and an applicable Privilege set for each; and, (c) whether any changes should be made.

Role of Nursing Leadership

Nursing leadership shall process, manage, evaluate, and support professional licensed nurses pursuant to currently established Hospital policies and procedures. Nursing leadership will not manage advance practice registered nurses (*e.g.*, certified nurse midwives, certified registered nurse anesthetists, certified nurse practitioners, or clinical nurse specialists) with respect to those Privileges that are granted through the Medical Staff.

Restrictions

APPs may admit patients to the Hospital subject to the conditions set forth in Article II of the Medical Staff Rules & Regulations.

APPs are not eligible for appointment to the Medical Staff, to hold Medical Staff office, or to vote on Medical Staff affairs.

APPs may serve on Medical Staff committees as specifically authorized by the Medical Executive Committee; and, if so appointed, are entitled to vote with respect to that committee's actions.

APPs are not entitled to the hearing and appeal rights set forth in the Medical Staff Bylaws. APPs granted Privileges shall have such procedural rights, to the extent applicable, as set forth in this Policy.

APPs must comply with all limitations and restrictions imposed by their respective licenses, certifications, or other credentials required by Ohio law, the terms of their standard care arrangement or supervision agreement, as applicable, and may only perform services in

accordance with Hospital/Medical Staff policy, the Privileges granted to them, and applicable law.

DUTIES OF APPOINTEES WHO SUPERVISE OR COLLABORATE WITH AN APP

Any Practitioner who employs, supervises, or collaborates with an APP who provides patient care, treatment, and/or services at the Hospital shall be responsible for the direction and supervision of, or collaboration with, the APP regarding the on-site and/or day-to-day patient care activities of that APP.

Practitioners who supervise or collaborate with an APP shall agree to abide by the following provisions:

Submit a written statement regarding the APP's credentials to the Medical Staff Office as part of the APP's application for Privileges.

Acquaint the APP with applicable Medical Staff/Hospital policies and procedures, as well as those Practitioners and Hospital personnel with whom the APP shall have contact at the Hospital.

Adhere to the requirements of the APP's Privilege set, any supervision agreement or standard care arrangement, and otherwise provide appropriate supervision/collaboration consistent with this Policy, accrediting agency requirements, and applicable law.

It shall be the responsibility of the supervising Physician or Podiatrist to have a current, valid supervision agreement with his/her physician assistant and to assure that the agreement is renewed in a timely manner in accordance with Ohio State Medical Board requirements.

It shall be the responsibility of the advanced practice registered nurse to maintain, if required, a current, valid standard care arrangement with his/her collaborating Physician or Podiatrist in accordance with applicable law.

Provide immediate notice to the Medical Staff Office when the standard care arrangement or supervision agreement expires or is terminated.

Provide immediate notice to the Medical Staff Office when the Practitioner receives notice of (i) any grounds for suspension or termination of the APP's Privileges; or (ii) the occurrence of any action that establishes grounds for corrective action against the APP.

Acknowledge and convey to the APP that the Privileges of the APP at the Hospital shall be automatically suspended:

if the APP's supervision agreement or standard care arrangement expires or is terminated and the APP does not have on file with the Medical Staff Office a current, valid standard care arrangement or supervision agreement with more than one (1) supervising or collaborating Physician or Podiatrist with Medical Staff appointment and Privileges at the Hospital; or,

if the Medical Staff appointment and/or Privileges of the supervising or collaborating Practitioner are terminated, suspended or otherwise limited for any reason and the

APP does not have more than one (1) supervising or collaborating Practitioner with Medical Staff appointment and Privileges at the Hospital.

In such event, if the APP does not, as applicable, arrange for supervision by/collaboration with another appropriate Medical Staff Appointee with Privileges and/or submit a new executed standard care arrangement or supervision agreement with another Physician or Podiatrist with Medical Staff appointment and Privileges at the Hospital within thirty (30) days of the APP's automatic suspension, the APP's Privileges shall automatically terminate. Such automatic suspension/termination of Privileges shall not constitute an event that gives rise to any procedural due process rights pursuant to the APP Policy.

The employer of an APP shall assume full responsibility for care delivered and be fully accountable for the conduct of the APP within the Hospital.

Failure to properly supervise or collaborate with the APP shall be grounds for corrective action against the Appointee under the Medical Staff Bylaws.

TIME COMPUTATION

In computing any period of time set forth in the Medical Staff governing documents, the date of the act from which the designated period of time begins to run shall not be included. The last day of the period shall be included unless it is a Saturday, Sunday, or legal holiday in which event the period runs until the end of the next day which is not a Saturday, Sunday, or legal holiday. When the period of time is less than seven (7) days, intermediate Saturdays, Sundays, and legal holidays shall be excluded.

USE OF DESIGNEE(S)

Whenever an individual is authorized to perform a duty by virtue of his or her position, then the term shall also include the individual's designee.

NOT A CONTRACT

This Policy is not intended to and shall not create any contractual rights between the Hospital and any APP. Any and all contracts of association or employment shall control contractual and financial relationships between the Hospital and its APPs.

APP QUALIFICATIONS AND RESPONSIBILITIES

NATURE OF PRIVILEGES

Privileges shall be extended only to professionally competent APPs who continuously meet the qualifications, standards, and requirements set forth in this Policy.

QUALIFICATIONS FOR PRIVILEGES

Qualifications and Eligibility. Competency, as that term is used throughout this Policy, shall be based on assessment in the following general areas: patient care; medical/clinical knowledge; practice-based learning; interpersonal and communication skills; professionalism; and systems-based practice. Unless otherwise provided in this Policy, to be eligible to apply for Privileges, an APP must satisfy the following qualifications:

Have a current, valid license/certificate to practice in the state of Ohio and hold, as applicable, a Certificate to Prescribe or prescriber number and a current, valid Drug Enforcement Administration (DEA) and Ohio controlled substance registrations.

Possess current, valid Professional Liability Insurance coverage in a form and in amounts satisfactory to the Hospital.

Not be currently excluded from participation in any Federal Health Program.

Provide documentation of successful completion of applicable education/training programs in accordance with the requirements set forth in the applicable delineation of Privileges.

Provide documentation of board certification if required by the applicable Privilege set in accordance with the requirements set forth in such Privilege set.

Document the following:

Background, experience, education/training, and demonstrated current competence.

Adherence to the ethics of their profession.

Good reputation and character.

Current ability to perform the Privileges requested safely and competently with or without a reasonable accommodation.

Ability to work cooperatively and harmoniously so that all patients treated by them at the Hospital will receive quality care and the Hospital and its Medical Staff will be able to operate in an orderly manner.

Communication skills (ability to speak, understand, read, and legibly write the English language and to prepare medical records entries and other required documentation).

Compliance with the Hospital's conflict of interest policy, if any, as applicable.

Where applicable, have and maintain a current, valid, supervision agreement or standard care arrangement with his/her supervising or collaborating Physician or Podiatrist as required by Ohio law. A copy of such agreement/arrangement, and any amendments thereto, must be provided to the Medical Staff Office by the APP.

Designate a Physician, Podiatrist or Dentist, as applicable, with Medical Staff appointment and Privileges at the Hospital to supervise or collaborate with the APP.

No Entitlement to Privileges. No APP shall be entitled to exercise particular Privileges in the Hospital merely because he or she:

Is licensed to practice a profession in this or any other state.

Is a member of any particular professional organization.

Has had in the past, or currently has, privileges at any other hospital or other health care facility.

Resides in the geographic service area of the Hospital.

Is affiliated with, or under contract to, any managed care plan, insurance plan, health maintenance organization, preferred provider organization, or other entity.

Is employed by or contracts with the Hospital.

Nondiscrimination. No APP shall be denied Privileges on the basis of age, sex, race, creed, religion, color, national origin, disability (unrelated to his/her ability to fulfill patient care duties and APP obligations), or as otherwise prohibited by law.

TERM OF PRIVILEGES

Grants of Clinical Privileges shall be for a period of not more than two (2) years, except that:

The exact period of time may vary depending upon the processing schedule of the Medical Staff office. Grants of Privileges for periods of time less than two (2) years shall not be deemed Adverse.

The Board, after considering the recommendations of the Credentials Committee and the MEC, may set a more frequent reappraisal period for the exercise of particular Privileges by an APP.

Corrective action involving Clinical Privileges may be initiated and taken in the interim under the appropriate provisions of this Policy.

In the case of an APP providing professional services by contract/employment (see Section 2.4), termination or expiration of the contract/employment may result in a shorter period of Privileges.

APPS PROVIDING PROFESSIONAL SERVICES BY CONTRACT OR EMPLOYMENT

Qualifications and Selection. An APP who is or who will be providing specified professional services pursuant to a contract/employment with the Hospital must meet the same qualifications, must be evaluated for Clinical Privileges in the same manner, and must

fulfill the same obligations as any other APP. No APP, including those contracted with or employed by the Hospital, may provide any professional clinical care, treatment, or services to patients in the Hospital unless he/she has been granted Privileges to do so in accordance with the procedures set forth in this Policy.

Effect of Adverse Change in Clinical Privileges. The effect of an Adverse change in an APP's Clinical Privileges on continuation of the contract or employment is governed solely by the terms of the contract or employment arrangement; or, if the contract or employment arrangement is silent on the matter, will be as determined by the Board after soliciting and considering the recommendations of relevant components and officials of the Medical Staff.

Effect of Contract/Employment Expiration or Termination.

The effect of expiration or other termination of a contract or employment upon an APP's Clinical Privileges shall be governed solely by the terms of the APP's contract/employment with the Hospital, if the same addresses the issue.

If the contract or employment arrangement is silent on the matter, then contract/employment expiration or other termination alone will not affect the APP's Clinical Privileges, except that the APP may not thereafter exercise any Clinical Privileges for which exclusive contractual arrangements have been made as provided in Section 2.4.4 below.

Termination of Clinical Privileges pursuant to this section or a limitation on Clinical Privileges pursuant to an exclusive contract as provided in Section 2.4.4 shall not give rise to the procedural rights afforded by Article 5.

The only exception to this rule shall be if the basis of such termination or limitation is such that the Hospital would be obligated to report the APP's actions to the applicable State licensure board (*i.e.* the Ohio State Medical Board or Ohio Board of Nursing) or to the National Practitioner Data Bank. In such circumstances, the APP shall be entitled to the procedural rights afforded by Article 5 solely with respect to those issues that formed the basis of the reporting requirement.

Exclusive Contracts

If the Hospital/Board approves an exclusive contract or other exclusive arrangement for a particular service(s), any APP previously privileged to provide such service(s) in the Hospital who is not a party to the exclusive contract/arrangement (or otherwise employed by or contracted with the party with the exclusive contract/arrangement with the Hospital) will no longer be permitted to exercise those Privileges as of the effective date of the exclusive contract/arrangement, irrespective of any remaining time on his/her current Privilege period.

When the ability to exercise Privileges is terminated solely on this ground then, to the extent the APP seeks to exercise his/her procedural rights pursuant to Article 5, such rights shall be limited to the issue of whether the APP's Privileges come within the scope of said exclusive contract/arrangement.

EXHAUSTION OF ADMINISTRATIVE REMEDIES

Each APP agrees that when corrective action is initiated or taken pursuant to Article 5, or when an Adverse recommendation or action is proposed or taken, he/she will exhaust the administrative remedies afforded in this Policy prior to taking legal action.

ETHICAL REQUIREMENTS

An APP who accepts Privileges agrees to act in an ethical, professional, and courteous manner and to cooperate and work collegially with the Medical Staff leadership and Hospital management and personnel in accordance with this Policy.

APP RESPONSIBILITIES

Unless otherwise provided in this Policy, each APP, as a condition of an initial grant/regrant of Privileges, shall specifically agree to:

Provide appropriate and continuous care for his/her patients.

Assist the Hospital in fulfilling its responsibilities for providing emergency and charitable care consistent with requirements adopted by the Medical Staff/MEC and approved by the Board.

Designate another APP or Appointee with comparable Privileges who will agree to provide back-up coverage for the APP's patients in the event the APP is not available (Privileges may be granted conditional upon this information being made available).

Abide by this Policy and, as applicable, the Medical Staff Bylaws, Rules & Regulations, and other policies and procedures of the Medical Staff and the Hospital.

Abide by the terms of the Hospital's Compliance Program.

Abide by the Hospital's Notice of Privacy Practices prepared and distributed to patients as required by the federal patient privacy regulations.

Provide new or updated information to the Medical Staff Office, during the course of a Privilege period and as it occurs, on any changes to the information provided in the APP's most recent application for Privileges.

If granted Privileges, use the Hospital and its facilities sufficiently to allow appropriate Medical Staff committees to evaluate the APP's continuing current competence and to provide such additional competency information from other facilities at which the APP has privileges as reasonably requested.

Complete medical and other required records in a complete, timely, and legible manner for all patients.

Work cooperatively and professionally with other APPs, Practitioners, Medical Staff leadership, Hospital administration and other Hospital personnel.

EMERGENCY, DISASTER, TEMPORARY, AND *LOCUM TENENS* PRIVILEGES

EMERGENCY PRIVILEGES

In the case of emergency in which serious permanent harm or aggravation of injury or disease is imminent, or in which the life of a patient is in immediate danger, any APP is authorized, when better alternative sources of care are not available within the necessary time frame, to do everything possible to save the patient's life or to save the patient from serious harm to the degree permitted by the APP's license/certificate but regardless of affiliation or Privileges. An APP providing services in an emergency situation that are outside of his or her usual scope of Privileges is obligated to summon all consultative assistance deemed necessary and to arrange for appropriate followup care.

DISASTER PRIVILEGES

Eligibility for Disaster Privileges

In circumstances of a disaster when the Hospital's emergency medical plan has been activated and the Hospital is unable to meet patient needs, disaster Privileges may be granted to qualified volunteer APPs for up to thirty (30) days. The Chief Executive Officer or the Chief of Staff may grant such disaster Privileges on a case-by-case basis after verification of a valid government-issued photo identification issued by a state or federal agency (*i.e.* driver's license or passport) and at least one of the following: (i) current licensure; (ii) primary source verification of licensure; (iii) a current hospital identification card that clearly identifies the individual's professional designation; (iv) identification indicating the individual is a member of a Disaster Medical Assistance Team ("DMAT"), the Medical Reserve Corp ("MRC"), the Emergency System for Advance Registration of Volunteer Health Professionals ("ESAR-VHP"), or other recognized state or federal response organization or group; (v) identification indicating the individual has been granted authority to render patient care, treatment, or services in disaster circumstances by a government agency; or (vi) identification by current Hospital employees or Appointees who have personal knowledge regarding the volunteer's ability to act as an APP during a disaster.

Identification and Management.

All volunteer APPs who receive disaster Privileges must at all times while at the Hospital wear an identification badge, with photograph, from the facility at which they otherwise hold privileges. If the volunteer APP does not have such identification, he or she will be issued a badge identifying him or her and designating the volunteer APP as an emergency provider.

The activities of volunteer APPs who receive disaster Privileges shall be managed by and under the supervision of the Chief of Staff or an appropriate designee (*e.g.*, the chair of the Emergency Medicine Service).

Verification

Primary source verification of licensure will begin as soon as the immediate situation is under control; and, in the absence of extraordinary circumstances, is to be completed within seventy-two (72) hours from the time the volunteer APP presents to the Hospital.

In extraordinary circumstances where verification cannot be completed within this time frame, and provided the volunteer APP has been exercising disaster Privileges, the Medical Staff Office must document: 1) why primary source verification could not be performed in the required time frame; 2) evidence of the volunteer APP's demonstrated ability to continue to provide adequate care, treatment, and services; and 3) attempts to rectify the situation as soon as possible.

Within seventy-two (72) hours from the time the volunteer APP begins exercising disaster Privileges, the Chief Executive Officer or Chief of Staff must make a decision, based upon the information obtained during that time, related to the continuation of the disaster Privileges initially granted.

At such time as circumstances allow, the remainder of the verification process shall be done in the same manner as set forth with respect to temporary Privileges to meet an important patient care need.

Termination of Disaster Privileges. Disaster Privileges shall cease upon alleviation of the circumstances of disaster as determined by the Chief Executive Officer.

TEMPORARY PRIVILEGES

Conditions. Temporary Privileges may be granted only in the circumstances and under the conditions described in §3.3.2-§3.3.4 below. Special requirements of consultation and reporting may be imposed by the Chief of Staff or Vice Chief of Staff. Under all circumstances, the APP requesting temporary Privileges must agree in writing to abide by this Policy and, as applicable, the Medical Staff Bylaws, Rules & Regulations, and policies of the Medical Staff and Hospital in all matters relating to his or her activities in the Hospital.

Circumstances. Upon written recommendation of the Chief of Staff or Vice Chief of Staff, the CEO may grant temporary Privileges on a case-by-case basis in the following circumstances:

Pendency of a Completed Application:

To an APP for new Privileges awaiting review and approval by the MEC and Board but only after: receipt of a completed application for Privileges (including a request for the specific temporary Privileges desired) that raises no concerns consistent with the requirements set forth in §2.2.1, §4.3.3, and §4.6.1(a).

Along with the completed application, the record must establish that the APP has no current or previously successful challenges to licensure or registration; has not been subject to any involuntary limitation, reduction, denial, or loss of privileges; and has not been suspended or terminated from any Federal Healthcare Program.

Temporary Privileges may be granted in this circumstance for an initial period of up to thirty (30) days, with subsequent renewals of up to thirty (30) days not to exceed the

pendency of the application or one hundred and twenty (120) days, whichever is less. Any such renewal shall be made upon the written recommendation of the Chief of Staff or Vice Chief of Staff and the written concurrence of the CEO, and may be made only when the information available continues to support a favorable determination regarding the APP's application for Privileges. Under no circumstances may temporary Privileges be initially granted or regranted if the application is still pending because the APP has not responded in a satisfactory manner to a request for clarification of a matter or for additional information.

Important Patient Care Need:

To an APP when necessary to fulfill an important patient care, treatment, or service need(s) but only after: a) receipt of a written request for the specific Privileges desired; b) telephonic confirmation (or receipt of a copy) of appropriate licensure, Certificate to Prescribe or prescriber number, and DEA/controlled substances registration, if applicable; c) appropriate Professional Liability Insurance; and d) a fully positive written or oral reference specific to the APP's current competence with respect to the Privileges being requested from a responsible medical staff authority at the APP's current hospital affiliation.

Temporary Privileges may be granted in this circumstance for an initial period of up to thirty (30) days and may be regranted for additional periods not to exceed thirty (30) days as necessary to fulfill the important patient care, treatment, or service need(s).

LOCUM TENENS PRIVILEGES

Conditions. *Locum tenens* Privileges may be granted only in the circumstances and under the conditions described in §3.4.2 below. Special requirements of consultation and reporting may be imposed by the Chief of Staff or Vice Chief of Staff as applicable. Under all circumstances, the APP requesting *locum tenens* Privileges must agree in writing to abide by this Policy and, as applicable, the Bylaws, Rules & Regulations, and policies of the Medical Staff and Hospital in all matters relating to his or her activities in the Hospital.

Circumstances. An APP seeking Privileges as a *locum tenens* must meet the general requirements of any other APP seeking Privileges at the Hospital as set forth in this Policy. An APP seeking Privileges as a *locum tenens* shall submit an application and shall have such application processed in accordance with the routine credentialing procedure set forth in Article 4.6 (e.g. review and action on the application by the Credentials Committee, MEC, and the Board). Privileges shall be granted for a period of time as determined by the Medical Executive Committee, to include extensions of such Privileges; provided, however, that neither the initial period nor any single extension shall be for a period in excess of thirty (30) days. An approved application for Privileges as a *locum tenens* shall be valid for a period of two (2) years. In the event an APP seeks to exercise Privileges as a *locum tenens* more than once during this two (2) year period, the APP will not be required to submit a new application for Privileges; rather, the APP will only be required to update the information given in the prior approved application and such other information as is deemed necessary by the Medical Executive Committee. An APP may be eligible for temporary Privileges, as provided in §3.3 while the APP's application for *locum tenens* Privileges is being processed.

TERMINATION OF TEMPORARY, *LOCUM TENENS*, AND DISASTER PRIVILEGES

Termination. The Chief Executive Officer or Chief of Staff may at any time terminate all, or any portion, of an APP's temporary, *locum tenens*, or disaster Privileges. Where the life or well-being of a patient is determined to be endangered, the APP's temporary, *locum tenens*, or disaster Privileges may be terminated by any person entitled to impose a summary suspension pursuant to this Policy.

Procedural Due Process Rights. An APP who has been granted *locum tenens*, temporary, or disaster Privileges is not an Appointee to the Medical Staff and is not entitled to the procedural due process rights afforded to Appointees. An APP shall not be entitled to the procedural due process rights set forth herein because the APP's request for *locum tenens*, temporary, or disaster Privileges is refused, in whole or in part, or because all or any portion of such Privileges are terminated, not renewed, restricted, suspended or otherwise limited, modified or monitored in any way.

Patient Care. In the event an APP's *locum tenens*, temporary, or disaster Privileges are revoked, the APP's patients then in the Hospital shall be assigned to another APP or Practitioner by the Chief of Staff. The wishes of the patient will be considered, where feasible, in choosing a substitute APP or Practitioner.

PROFESSIONAL PRACTICE EVALUATION

Focused Professional Practice Evaluation. The Focused Professional Practice Evaluation ("FPPE") process is set forth, in detail, in the Peer Review/Professional Practice Evaluation Policy, as such policy may be amended from time to time, and shall be implemented: (a) for all APPs requesting initial Privileges; (b) for existing APPs requesting new Privileges during the course of a Privilege period; and (c) in response to concerns regarding an APP's ability to competently exercise the Privileges granted. The FPPE period shall be used to determine the APP's current clinical competence and ability to perform the Privileges requested/granted.

Ongoing Professional Practice Evaluation. Upon conclusion of the FPPE period, Ongoing Professional Practice Evaluation ("OPPE") shall be conducted on all APPs with Privileges. The OPPE process is set forth, in detail, in the Peer Review/Professional Practice Evaluation Policy, as such policy may be amended from time to time, and requires the Hospital to gather, maintain, and review data on the performance of all APPs with Privileges on an ongoing basis.

RECOGNITION OF A NEW SERVICE, PROCEDURE, OR TECHNIQUE

Need for Privilege Criteria. A Privilege set must be approved by the Board for all new services and procedures not currently being performed at the Hospital (and for new techniques with respect to existing procedures) except for those that are clinically or procedurally similar to an existing modality.

Considerations. The Board shall determine the Hospital's scope of patient care services based upon a recommendation from the MEC. Overall considerations for establishing new services and procedures (and for recognizing new techniques with respect to existing procedures) include, but are not limited to:

The Hospital's available resources and staff (*i.e.* equipment required, staff skills/training required, *etc.*).

The Hospital's ability to appropriately monitor and review the competence of the performing APP(s) (*i.e.* risks to patients *etc.*).

The availability of other qualified APP(s) or Practitioner(s) with Privileges at the Hospital to provide coverage for the procedure when needed.

The quality and availability of training programs.

Whether such service or procedure currently, or in the future, would be more appropriately provided through a contractual arrangement with the Hospital.

Whether there is a community need for the service or procedure.

Privilege Requests for a New Service, Procedure, or Technique. Requests for Privileges for a service, procedure, or technique that has not yet been recognized by the Board shall be processed as follows:

The APP must submit a written request for Privileges to the Medical Staff Office. The request should include a description of the Privileges being requested, the reason why the APP believes the Hospital should recognize such Privileges, and any additional information that the APP believes may be of assistance to the Hospital in evaluating the request.

The Credentials Committee will review requests for new services, procedures, and techniques taking into account the considerations set forth in §3.7.2 as well as what specialties are likely to request the proposed Privileges, positions of specialty societies, certifying boards, *etc.* with respect to the proposed Privileges, and criteria with respect to the proposed Privileges by other hospitals with similar resources and staffing (*i.e.* indications when use of the new service, procedure, or technique is appropriate, *etc.*). The Credentials Committee may convene an *ad hoc* committee to assist with this review.

If the Credentials Committee recommends that Privileges to perform the service, procedure, or technique be recognized at the Hospital, the committee will prepare a written report including the recommended standards to be met with respect to the following: education; training; fellowship/board certification status; experience; and type of professional practice evaluation (*e.g.* whether proctoring/monitoring should be required; and, if so, the number of cases/procedures to be included/performed during a Privilege period to establish current competency) required to perform the new service, procedure, or technique.

If the Credentials Committee recommends that the service, procedure, or technique be included in an existing Privilege set, the committee will provide the basis for its determination.

If the Credentials Committee recommends that Privileges to perform the service, procedure, or technique not be offered at the Hospital, the committee will prepare a written report detailing its findings.

The Credentials Committee shall forward its report to the MEC. Upon receipt of the Credentials Committee's report, the MEC will act. The recommendation of the MEC, whether favorable or not favorable, will be forwarded to the Board for review and action.

If the Board approves the proposed Privileges, the requesting APP(s) may apply for such Privileges consistent with the process set forth in this Policy.

If the Board does not approve the proposed Privileges, the requesting APP(s) will be so notified. A decision by the Board not to recognize Privileges for a new service, procedure, or technique does not constitute an appealable event for purposes of this Policy.

AMENDMENT OF EXISTING PRIVILEGE SETS

Proposed amendments to existing Privilege sets shall be reviewed by the Credentials Committee recommended/not recommended by the MEC, and acted upon by the Board. A decision by the Board not to approve proposed amendments to an existing Privilege set does not constitute an appealable event for purpose of this Policy.

APPLICATION PROCESS

GENERAL

Except as otherwise specified herein, no APP shall exercise Privileges in the Hospital unless and until that APP applies for and is granted appropriate Privileges in accordance with this Policy. By applying or reapplying for Privileges, the APP acknowledges his/her responsibility to first review this Policy and, as applicable, the Medical Staff Bylaws, Rules & Regulations, and applicable Hospital/Medical Staff policies and agrees that during all times that the APP holds Privileges at the Hospital, the APP will comply with this Policy and, as applicable, the Medical Staff Bylaws, Rules & Regulations, and related Hospital/Medical Staff policies as they exist and as they may be modified from time to time.

BURDEN OF PRODUCING INFORMATION

In connection with all applications for Privileges, the APP shall have the burden of producing information for an adequate evaluation of the APP's qualifications and suitability for the Privileges requested, of resolving any reasonable doubts about these matters, and of satisfying requests for information. This burden may include a request for a medical examination or psychological evaluation, at the APP's expense and by an individual of the MEC's or Board's choosing, if deemed appropriate by the Medical Executive Committee or the Board.

APPLICATIONS FOR PRIVILEGES

An application form shall be developed and revised, as needed, by the Medical Executive Committee.

Each application for Privileges shall be in writing, submitted on the prescribed form with all provisions completed (or accompanied by an explanation of why information is incomplete), and signed by the APP. When an APP requests an application form, the APP shall be given access to this Policy.

The application form shall require detailed information that shall include, but not be limited to, information concerning:

The APP's qualifications including education, professional training and experience, current licensure, current Certificate to Prescribe or prescriber number and DEA registration (if applicable), photographic identification, and continuing education information related to the Privileges to be exercised by the APP.

For initial applications for Privileges, three (3) peers familiar with the APP's current professional competence, ethical character, and ability to work with others, who will provide written references regarding the APP's current medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism. Peer references must have had recent experience in working with the APP. References may not be from individuals associated or about to be associated with the APP in professional practice or personally related to the APP. At least one (1) reference shall be from an APP in the same specialty area as the APP with personal knowledge of the APP's ability to practice. For applications for regrant of Privileges,

this requirement may be met by an appropriate endorsement from the Chief of Staff or Vice Chief of Staff based upon the APP's performance within the Hospital.

Request for Privileges desired.

Information as to whether the APP's privileges have ever been voluntarily (while under investigation or to avoid investigation or an Adverse recommendation or action) or involuntarily relinquished, withdrawn, denied, revoked, suspended, subject to probationary or other conditions (that restricted the APP's ability to exercise previously granted privileges), reduced, or not renewed at any other hospital or health care facility.

Information as to whether the APP has ever voluntarily (to avoid an Adverse recommendation or action) or involuntarily withdrawn an application for privileges/regrant of privileges, not including a voluntary personal decision by the APP to request a lesser scope of privileges; or resigned his/her privileges while under investigation or to avoid investigation.

Information as to whether the APP's license to practice any profession in any state, Certificate to Practice, prescriber number, DEA registration, or academic appointment has ever been voluntarily (while under investigation or to avoid investigation or an Adverse recommendation or action) or involuntarily relinquished, suspended, modified, terminated, restricted, or is currently being challenged.

Documentation concerning the APP's current Professional Liability Insurance coverage including the name of the insurance company, the amount and classification of such coverage, and whether said insurance coverage covers the Privileges requested.

Information concerning all professional liability litigation, final judgments, or settlements: (i) the substance of the allegations, (ii) the findings, (iii) the ultimate disposition, and (iv) any additional information the Medical Executive Committee or the Board may deem appropriate.

Information concerning any professional misconduct proceedings involving the APP, in this state or any other state, and whether such proceedings are closed or still pending.

Information concerning a suspension or termination of the APP for any period of time from any Federal Health Program or any private or public medical insurance program in addition to information as to whether the APP is currently, or has been, under investigation by a Federal Health Program.

Current information regarding the APP's ability to exercise the Privileges requested competently and safely, with or without a reasonable accommodation, and to perform assigned APP duties and responsibilities.

Information as to whether the APP has ever been named as a defendant in a criminal action and/or convicted of a crime (with the exception of routine traffic tickets).

Complete chronological listing of the APP's professional and educational appointments, employment, or positions.

Information on the citizenship or visa status of the APP.

Proof of ability to read and understand the English language, to communicate effectively and intelligibly in the English language (written and verbal), and to prepare medical record entries and other required documentation in a legible and professional manner.

Performance Measurement Data including morbidity and mortality data, when available.

Designation of another APP or Appointee with comparable Privileges who has agreed to provide back-up coverage for the APP's patients in the event the APP is not available (Privileges may be granted conditional upon this information being provided).

Information required pursuant to the Hospital's conflict of interest policy, if any.

Information necessary to complete a criminal background check on the APP, if applicable.

Such other information as the MEC may recommend and the Board may require from time to time.

EFFECT OF APPLICATION

By signing and submitting an application for Privileges, each APP:

Attests to the correctness and completeness of all information furnished and acknowledges that any significant misstatement in or omission from the application constitutes grounds for denial or termination of Privileges.

Confirms that he or she has been given access to this Policy and agrees to be bound by the terms thereof in all matters relating to consideration of the application without regard to whether or not Privileges are granted.

Signifies his or her willingness to appear for interviews in regard to the application.

Authorizes, as needed, consultation with others who have been associated with the APP or who may have information bearing on the APP's competence, qualifications, and performance, and authorizes such individuals and organizations to candidly provide all such information.

Consents, as needed, to inspection of records and documents that may be material to an evaluation of the APP's qualifications and ability to carry out the Privileges requested and authorizes all individuals and organizations in custody of such records and documents to permit such inspection and copying.

Agrees to the release and immunity provisions as set forth in Article 6.

Pledges to maintain an ethical practice including, as applicable, refraining from illegal inducements for patient referral, providing continuous quality care for his or her patients, seeking consultation whenever necessary, refraining from providing "ghost" surgical or medical services (billing for services the APP did not provide), and refraining from delegating patient care responsibility to non-qualified or inadequately supervised health care providers.

Understands and agrees that if requested Privileges are denied based upon the APP's competence or conduct, the APP may be subject to reporting to the National Practitioner Data Bank and/or state authorities.

Agrees to notify the Medical Staff Office immediately if any information contained in the application changes. The foregoing obligation shall be a continuing obligation of the APP so long as he/she has Privileges at the Hospital.

Agrees that when an Adverse action or recommendation is made with respect to his/her Privileges, the APP will exhaust the administrative remedies afforded by this Policy before resorting to formal legal action.

Acknowledges his/her obligation to satisfy the applicable responsibilities set forth in this Policy.

Agrees to be bound by the terms of and to comply in all respects with this Policy and, as applicable, the Medical Staff Bylaws, Rules and Regulations, and Hospital/Medical Staff policies.

VERIFICATION OF INFORMATION

The APP shall deliver a completed application and the application fee to the Medical Staff Office. Steps shall be taken to ensure that the APP requesting Privileges is the same individual identified in the application.

The Medical Staff Office shall conduct all necessary primary source verifications.

The Medical Staff Office shall query the National Practitioner Data Bank and any other data bank as permitted or required by law. The Medical Staff Office shall also check the OIG Cumulative Sanction report, the General Services Administration List of Parties Excluded from Federal Procurement and Non-Procurement Programs, and any other appropriate sources to determine whether the APP has been convicted of a health care related offense, or debarred, excluded, or otherwise made ineligible for participation in a Federal Healthcare Program.

The APP shall be notified of any problems in obtaining the information required, and it shall be the APP's obligation to obtain the required information and provide it to the Medical Staff Office. When collection and verification is accomplished, the completed application and accompanying materials shall be transmitted by the Medical Staff Office to the Credentials Committee.

PROCESSING OF APPLICATION

The Credentials Committee shall review the application and accompanying documentation, and may conduct a personal interview with the APP at the Credentials Committee's discretion. The Credentials Committee shall evaluate all matters deemed relevant to a recommendation regarding Privileges, categorize the application as follows, and forward to the Medical Executive Committee:

Category 1. A completed application that does not raise concerns as identified in the criteria for category 2 may be treated as a category 1 application. The MEC reviews the application, together with all accompanying data, and forwards a report with findings and a recommendation to a subcommittee of the Board consisting of not less than two

(2) voting Board members ("Subcommittee"). The Subcommittee reviews the application, recommendation, and accompanying data and, pursuant to policy adopted by the Board, acts upon the application for Privileges/regrant of Privileges. The effective date of the Privileges is the date the Subcommittee acts upon the application and approves the request therefore. If at any time during the above reviews, a negative recommendation is made or the reviewers are otherwise not in agreement that the application should be processed as a category 1 application, the application shall be processed as a category 2 application. No APP is entitled to have his or her application processed as a category 1 application.

Category 2. If one or more of the following criteria are identified in the course of review of a completed application, the application will be treated as a category 2. The Credentials Committee, MEC, and Board of Directors review applications in category 2. The Credentials Committee, MEC, or Board may request that an appropriate subject matter expert assess selected applications. Criteria for category 2 applications include, but are not necessarily limited to, the following:

The Credentials Committee, MEC, or Subcommittee has requested that the application not be processed as a category 1.

The APP is found to have experienced an involuntary limitation (*i.e.* suspension, *etc.*), reduction, denial, or loss (*i.e.* termination) of privileges at another organization.

The APP is, or has been, under investigation by a state medical/other professional board or has had prior disciplinary actions or legal sanctions related to licensure, Certificate to Prescribe, prescriber number, or DEA registration, or alleged criminal activity.

The APP has had two (2) or more professional liability cases or one final adverse judgment in a professional liability action filed within the past five (5) years.

The APP changed professional schools or programs or has unaccounted gaps in training or practice.

The APP has practiced or been licensed in three (3) or more states or has had a substantial number of health care organization affiliations in multiple areas during the past five (5) years (with the exception of *locum tenens* APPs).

The APP has one or more reference responses that raise concerns or questions.

There is a discrepancy between information received from the APP and references or verified information.

The APP has an adverse National Practitioner Data Bank report or state professional board report.

The request for Privileges is not reasonable based upon the APP's education, experience, training, and competence, and/or is not in compliance with applicable criteria.

The Privileges requested vary from those traditionally requested by other APPs in the same specialty.

The APP has been removed from a managed care panel for reasons of professional conduct or clinical competence.

MEDICAL EXECUTIVE COMMITTEE ACTION

At its next regular meeting after receipt of the Credentials Committee report and recommendation, or as soon thereafter as is practicable, the Medical Executive Committee shall consider the report and any other relevant information. The Medical Executive Committee may request additional information, refer the matter back to the Credentials Committee for further investigation, elect to interview the APP, or defer action on the application. The Chief of Staff shall present to the Board of Directors the written report and recommendation of the Medical Executive Committee as to Privileges and any special conditions to be attached to the Privileges. The reasons for each recommendation shall be stated.

EFFECT OF MEDICAL EXECUTIVE COMMITTEE ACTION

Deferral. Action by the MEC to defer the application for further consideration must, except for good cause, be followed up within thirty (30) days with its report and recommendation. The Chief of Staff shall advise the APP in writing, by Special Notice, of any action to defer including a request for the specific data/explanation or release/authorization, if any, required from the APP and the time frame for response. Failure of the APP, without good cause, to respond with the requested information within ninety (90) days of receipt of notice shall be deemed a voluntary withdrawal of the application.

Favorable Recommendation. An MEC recommendation that is favorable to the APP in all respects shall be forwarded to the CEO who shall promptly transmit it, together with all accompanying information, including the reports and evaluations of the Credentials Committee and the MEC, to the Board.

Adverse Recommendation. If the MEC's recommendation is Adverse to the APP, the Chief of Staff shall promptly advise the APP in writing, by Special Notice, of the Adverse recommendation and of the APP's procedural rights, if any, as provided in Article 5. No such Adverse recommendation shall be required to be forwarded to the Board until after the APP has exercised, or has been deemed to have waived, his/her procedural rights as provided for herein.

BOARD OF DIRECTORS ACTION

Additional Information. If, as part of its deliberations pursuant to this Section, the Board determines that it requires further information, it may defer action and shall notify the APP and the Chief of Staff in writing of the deferral and the grounds therefore. If the APP is to provide the additional information, the CEO shall advise the APP in writing, by Special Notice, through the Medical Staff Office including a request for the specific data/explanation or release/authorization, if any, required from the APP and the time frame for response. Failure of the APP, without good cause, to respond with the requested information within thirty (30) days of receipt of notice shall be deemed a voluntary withdrawal of the application.

On Favorable MEC Recommendation.

The Board may adopt or reject, in whole or in part, a favorable MEC recommendation or refer the recommendation back to the MEC for further consideration stating the reasons for such referral back and setting a time limit within which a subsequent recommendation must be made back to the Board.

If the Board's action is favorable to the APP, it shall be effective as its final decision.

If the Board's action is Adverse to the APP in any respect, the CEO shall promptly inform the APP in writing, by Special Notice, of the Board's action and of the APP's procedural rights, if any, as provided in Article 5.

Without Benefit of MEC Recommendation.

If the Board, in its determination, does not receive a recommendation from the MEC in timely fashion the Board may, after notifying the MEC of its intent including a reasonable period of time for response, take action on its own initiative employing the same type of information usually considered by the Medical Staff authorities.

Favorable action by the Board shall be effective as the final decision.

If the Board's action is Adverse in any respect, the CEO shall promptly so inform the APP in writing, by Special Notice, of the Board's action and of the APP's procedural rights, if any, as provided by Article 5.

After Procedural Rights. In the case of an Adverse MEC recommendation, the Board shall take final action in the matter as provided in Article 5.

CONFLICT RESOLUTION

Whenever the Board determines that it will decide a matter contrary to the recommendation of the MEC, and the matter has not previously been submitted to the Joint Advisory Committee, the matter will be submitted to the Joint Advisory Committee for review and recommendation before the Board makes its decision.

NOTICE OF FINAL DECISION

Notice. Notice of the final decision shall be given by the CEO to the Chief of Staff, the Medical Executive Committee, and to the APP (by Special Notice).

Information Notice. A decision and notice to grant or regrant Privileges shall specify the Privileges granted or regrant and any special conditions attached to the Privileges.

REAPPLICATION

An APP:

whose Privileges are automatically terminated pursuant to §5.6.1 (a)-(d); or,

who has received a final Adverse decision regarding Privileges/regrant of Privileges; or,

who has resigned his/her Privileges or withdrawn an application for Privileges/regrant of Privileges to avoid an Adverse recommendation/decision or while under investigation or to avoid an investigation for professional behavior or clinical competency concerns.

may not reapply for Privileges for a period of at least one (1) year from (i) the effective date of the automatic termination; (ii) the later of the date of the notice of the final Adverse decision or final court decision, as applicable; or (iii) the effective date of the resignation or application withdrawal.

Any reapplication after the one (1) year period will be processed as an initial application, and the APP must submit such additional information as required by the Credentials Committee, MEC, or the Board to show that any basis for the earlier automatic termination, Adverse decision, resignation, or withdrawal has been resolved.

TIMELY PROCESSING OF APPLICATIONS

Applications for Privileges shall be considered in a timely manner by all persons and committees required by this Policy to act thereon. While circumstances may warrant exceptions, as determined by the Medical Executive Committee in its sole discretion, the following time limits provide a guideline for routine processing of applications:

Evaluation, review, and verification of the application and all accompanying documents: within thirty (30) days from receipt of all necessary documentation.

Review and recommendation by the Credentials Committee: within thirty (30) days after receipt of all necessary documentation.

Review and recommendation by the Medical Executive Committee: within forty-five (45) days after receipt of all necessary documentation.

Board action: within forty-five (45) days after receipt of all necessary documentation.

These time periods are considered guidelines and do not create any rights for an APP to have his/her application processed within these precise periods. The time periods set forth in this section shall not apply to the time periods contained in the provisions of Article 5. When Article 5 is activated by an Adverse recommendation or action as provided herein, the time requirements set forth in Article 5 shall govern the continued processing of the application.

APPLICATION FOR REGRANT OF PRIVILEGES AND REQUESTS FOR MODIFICATIONS OF PRIVILEGES

Submission of Application. Approximately ninety (90) days prior to the expiration date of the APP's current Privilege period, a Privilege reapplication form approved by the Medical Executive Committee shall be mailed or delivered to the APP. The reapplication form shall include all information necessary to update and evaluate the qualifications of the APP including, but not limited to, the information set forth in §2.2.1, §4.3 and §4.4 as well as other relevant matters. If a completed form is not received by the Medical Staff Office at least forty-five (45) days prior to the expiration date of the APP's current Privilege period, the Medical Staff Office will give the APP written notice, by Special Notice, advising him or her that the reapplication form has not yet been received. At

least thirty (30) days prior to the expiration date of the APP's current Privilege period, the APP shall submit to the Medical Staff Office the completed reapplication form.

Procedure. When an APP submits an application for regrant of Privileges, the APP shall be subject to an in-depth review including, but not limited to, relevant results of quality improvement review (*i.e.* focused professional practice evaluation and ongoing professional practice evaluation) conducted during the prior Privilege period. The National Practitioner Data Bank and any other mandatory data banks shall be queried at the time of regrant of Privileges and in conjunction with requests for additional Privileges during a current Privilege period. The application for regrant of Privileges shall be processed in the same manner as set forth in §4.1 - §4.11 for an initial application for Privileges; provided that references in §4.1 - §4.11 to initial grant/grant of Privileges shall be read as regrant of Privileges for purposes of this Section.

Extension of Privileges. If an application for regrant of Privileges is timely filed and the Board has not acted upon it prior to the expiration of the APP's current term of Privileges, through no fault of the APP, then consideration shall be given to whether the APP qualifies for temporary Privileges. In no event, however, shall Privileges extend beyond the designated two (2) year Privilege period.

MODIFICATION OF PRIVILEGES

Request to Change/Expand. An APP who seeks to expand his/her Privileges may submit such a request at any time using a form approved by the Medical Executive Committee, except that such application may not be filed within one (1) year of the time a similar request has been denied.

Request to Reduce. An APP requesting a reduction of Privileges must provide written notice to the Chief of Staff.

Procedure. A request for modification of Privileges shall be processed in the same manner as a request for regrant of Privileges.

LEAVE OF ABSENCE

Request for Leave. An APP may, for good cause shown such as for medical reasons, educational reasons, or military service obtain a voluntary leave of absence by submitting written notice to the MEC stating the approximate period of time of the leave, which may not exceed one (1) year or the last date of the current Privilege period, whichever occurs first. An APP on a leave of absence shall not be entitled to admit, attend, or treat patients or otherwise exercise any Privileges in the Hospital during the period of the leave. The APP shall also be excused from all Medical Staff and committee meetings and responsibilities during the leave with the exception that he/she must continue to pay APP dues, if applicable, unless otherwise waived by the MEC. Prior to a leave of absence being granted, the APP shall have made arrangements for the care of his or her patients during the leave of absence that are acceptable to the MEC and Board.

Request for Reinstatement. In order to qualify for reinstatement after a leave of absence, the APP must maintain Professional Liability Insurance coverage during the leave, or purchase tail coverage for all periods during which the APP held Privileges. The APP shall provide information to demonstrate satisfaction of continuing Professional Liability

Insurance coverage or tail coverage as required by this provision upon request for reinstatement. If the leave of absence is for educational or military reasons, the APP may be reinstated at the conclusion of the leave of absence upon filing with the MEC a written request for reinstatement and a statement summarizing the educational activities undertaken during the leave of absence or by providing proof of military status. The APP shall also submit such other information as reasonably requested by the MEC. If the leave of absence is for any other reason, then the APP must submit to the MEC a written request for reinstatement as well as such additional information as is reasonably necessary to reflect that the APP is qualified for reinstatement. If the APP is returning from a medical leave of absence, the APP may be asked to submit to a physical examination and/or mental evaluation addressing the APP's capability to resume practice. The APP shall also provide such other information as may be requested by the MEC.

Extension of Leave. For good cause and upon notice received not less than thirty (30) days prior to expiration of a leave, an APP's leave may be extended by the MEC, with approval of the Board, for an additional specified period not to exceed the final date of the APP's current Privilege term.

Process. Once the APP's request for reinstatement is deemed complete, the same process as is followed for regrant of Privileges shall apply.

Failure to Request Reinstatement. If an Appointee fails to request reinstatement upon the termination of a leave of absence, the MEC shall make a recommendation to the Board as to how the failure to request reinstatement should be construed. If such failure is determined to be a voluntary resignation, it shall not give rise to any rights pursuant to Article 5 of this Policy.

RESIGNATIONS & TERMINATIONS

Request. Resignation of Privileges shall be submitted in writing to the CEO. Upon receipt of the resignation, the CEO shall notify the Chief of Staff and all appropriate Hospital personnel. An APP must provide the Hospital with not less than thirty (30) days advance notice of his or her resignation date. Regardless of the date when the notice is received, a resignation will become effective on the later of either thirty (30) days from the date received by the Chief of Staff or the date set forth in the APP's written notice. During this thirty (30) day period, the APP shall continue to be obligated to participate in the Emergency Room call schedule, if this is a responsibility of the APP, to provide consultation services if requested to do so, and to complete his/her patients' medical records. A failure to provide advance notice as required herein, in the absence of good cause shown, may form the basis for corrective action.

Departure From Area Without Forwarding Address. In those cases when an APP moves away from the area without submitting a forwarding address, the APP shall be deemed to have resigned and his/her Privileges shall be terminated upon recommendation by the Medical Executive Committee and approval of the Board.

Departure from Area With Forwarding Address. If a forwarding address is known, the APP will be asked his/her intentions with regard to the Privileges. If the APP does not respond within thirty (30) days, the APP shall be deemed to have resigned and his/her Privileges shall be terminated upon recommendation of the Medical Executive Committee and approval of the Board.

Failure to Comply. Consideration may be given to contacting the applicable State licensing board regarding the APP's actions for failure to comply with the requirements of this §4.17 in the absence of good cause shown.

Procedural Rights. Provided a resignation or termination pursuant to this §4.17 is determined by the Board to be voluntary, such resignation or termination shall not give rise to any procedural rights set forth in Article 5 of this Policy.

**COLLEGIAL INTERVENTION, CORRECTIVE ACTION, SUMMARY
SUSPENSION, PROCEDURAL RIGHTS, AND AUTOMATIC
SUSPENSION/TERMINATION**

COLLEGIAL INTERVENTION

Prior to initiating corrective action against an APP for professional conduct or competency concerns, a Medical Staff officer or the Board (through the Chief Executive Officer as its administrative agent) may elect, but is not obligated, to attempt to resolve the concern(s) informally. Any such informal/collegial attempts shall be documented and retained in the APP's quality file.

Nothing in this Section shall be construed as obligating the Hospital or Medical Staff to engage in informal remediation prior to implementing formal corrective action on the basis of a single incident.

CORRECTIVE ACTION

Criteria for Initiation. Any person may provide information to the Medical Executive Committee about the conduct, performance, or competence of an APP. When reliable information indicates an APP may have exhibited acts, demeanor, or conduct reasonably likely to be (1) detrimental to patient safety or to the delivery of quality patient care within the Hospital; (2) unethical or damaging to the Hospital's or Medical Staff's reputation; (3) contrary to this Policy or related Medical Staff documents; (4) disruptive to Hospital operations; or (5) below applicable professional standards, a request for corrective action against such APP may be initiated by the Medical Executive Committee (or chair thereof), the CEO, or the Board (or chair thereof).

Initiation. A request for corrective action must be in writing (which writing may be evidenced by minutes), submitted to the Medical Executive Committee, and supported by reference to specific activities or conduct alleged. If the Medical Executive Committee initiates the request, it shall make an appropriate record of the reasons through its minutes. The Chief of Staff shall promptly notify the CEO in writing of all requests for corrective action received by the MEC and shall keep the CEO fully informed of all action taken in connection with such requests.

Investigation. Upon receipt of the request for corrective action, the MEC shall act on the request:

A matter shall be deemed to be under formal investigation upon the following event, whichever occurs first:

The APP is notified (either verbally or upon proof of receipt of Special Notice) that a request for corrective action has been submitted to the MEC.

The start of the MEC meeting at which a request for corrective action is to be presented. In such event, Special Notice thereof shall be provided to the APP immediately following the meeting.

Once a matter is under formal investigation, the matter shall remain under formal investigation until such time as the MEC rejects the request for corrective action, closes the investigation, or a final decision is rendered by the Board.

If the Medical Executive Committee concludes an investigation is warranted, it shall direct an investigation to be undertaken. The Medical Executive Committee may conduct the investigation itself; assign the task to a Medical Staff officer, or to a standing or *ad hoc* committee of the Medical Staff (that may consist of one (1) or more members); or, may refer the matter to the Board for investigation and resolution. If the task is assigned to an *ad hoc* committee, members of the *ad hoc* committee cannot be in direct economic competition with the APP to be investigated. The Medical Executive Committee, at its discretion, may appoint Practitioners or other individuals who are not Appointees as members of an *ad hoc* committee.

The investigating individual or group will proceed with its investigation in a prompt manner. The investigative process may include, without limitation, a meeting with the APP involved who may be given an opportunity to provide information in a manner and upon such terms as the investigating individual/group deems appropriate; with the individual or group who made the request for corrective action; and/or with other individuals who may have knowledge of or information relevant to the events involved. The investigating individual or group may utilize the expertise of outside consultants so long as such use is approved by the Hospital.

If the investigating individual or group has reason to believe that the APP's conduct giving rise to the request for corrective action is the result of a physical or mental impairment, the MEC may request that the APP submit to an impartial physical examination or mental evaluation within a specified time and pursuant to guidelines set forth in the Practitioner Effectiveness Policy. The MEC, or its designee, shall name the independent, third party Practitioner(s) who will conduct the evaluation at the APP's expense.

If the investigation is conducted by a group or individual other than the MEC or the Board, that group or individual shall submit a written report of the investigation, which may be reflected by minutes, to the MEC as soon as is practical after its receipt of the assignment to investigate. The report should contain such detail as is necessary for the MEC to rely upon it including recommendations for appropriate corrective action or no action at all (and the basis for such recommendations).

Despite the status of any investigation, at all times the Medical Executive Committee shall retain authority and discretion to take whatever action may be warranted by the circumstances, including summary suspension, termination of the investigative process, or other action.

Action. As soon as practical following completion of its report (which may be reflected by minutes), or receipt of a report from the investigating individual or group, the MEC shall act upon the request for corrective action. Its action may include, without limitation, the following:

Determine that no corrective action be taken.

Defer action for a reasonable time where circumstances warrant.

Issue a letter of admonition, censure, reprimand, or warning, although nothing herein shall be deemed to preclude the Chief of Staff or Vice Chief of Staff from issuing informal written or oral warnings outside of the mechanism for corrective action. In the event such letter is issued, the affected APP may make a written response that shall be placed in the APP's file.

Impose a focused professional practice evaluation period with retrospective review of cases or other review of professional behavior but without requiring prior or concurrent consultation or direct supervision.

Recommend the imposition of terms of focused professional practice evaluation or special limitations upon continued exercise of Privileges including, without limitation, requirements for co-admission, mandatory prior or concurrent consultation, direct supervision, or other monitoring of the APP's practice in the Hospital that limits the APP's ability to exercise previously exercised Privileges.

Recommend reduction, modification, suspension, or revocation of all, or any portion, of the APP's Privileges.

Take other actions deemed appropriate under the circumstances.

Notification.

If the MEC determines that no action is justified, it shall notify the APP in writing, by Special Notice, of its determination.

If the recommendation by the MEC entitles the APP to the procedural rights set forth in Section 5.4, the recommendation shall be forwarded to the Chief Executive Officer who shall promptly notify the affected APP, in writing, by Special Notice. The Chief Executive Officer shall then hold the recommendation until the APP has exercised or has waived his/her procedural rights, after which the Chief Executive Officer shall forward the final MEC recommendation, together with all accompanying information, to the Board.

If the MEC (i) refers the matter to the Board; or (ii) fails to act on a request for corrective action within an appropriate time as determined by the Board, the Board may proceed with its own investigation or determination, as applicable to the circumstances. In the case of (ii), the Board shall make such determination after informing the MEC of the Board's intent and allowing a reasonable period of time for response by the MEC. If the Board's decision is not Adverse to the APP, the action shall be effective as its final decision and the CEO shall inform the APP of the Board's decision by Special Notice. If the Board's decision is Adverse to the APP, the CEO shall inform the APP, by Special Notice, and the APP shall be entitled, upon timely and proper request, to the procedural rights set forth in Section 5.4.

The commencement of corrective action procedures against an APP shall not preclude the summary suspension or automatic suspension or termination of all, or any portion of, the APP's Privileges in accordance with the procedures set forth in Sections 5.3, 5.5, or 5.6 of this Article.

SUMMARY RESTRICTION OR SUSPENSION

Criteria for Initiation. Whenever an APP's conduct appears to require that immediate action be taken to protect the life or health of any person, or to reduce material disruption of the operation of the Hospital, the Chief of Staff, the Chief Executive Officer, the Medical Executive Committee, or the chair of the Board shall each have the authority to summarily restrict or suspend all, or any portion of, the Privileges of such APP.

Effect. Unless otherwise stated, such summary restriction or suspension shall become effective immediately upon imposition, and the person or body responsible for imposing the summary restriction or suspension shall promptly give written notice to the Medical Executive Committee and the Chief Executive Officer (assuming the summary restriction or suspension was not imposed by the CEO or MEC). The summary restriction or suspension may be limited in duration and shall remain in effect for the period stated or, if none, until resolved as set forth herein. Unless otherwise indicated by the terms of the summary restriction or suspension, the affected APP's patients shall be promptly assigned to another APP or Appointee with appropriate Privileges by the Chief of Staff considering where feasible, the wishes of the patient in the choice of a substitute APP or Practitioner.

Written Notice of Summary Suspension. As soon as possible following the imposition of a summary suspension, the affected APP shall be provided with written notice of such suspension from the CEO or Chief of Staff, by Special Notice. This notice shall include a statement of facts setting forth the basis for the action.

Medical Executive Committee Action. Unless the summary suspension was imposed by action of the MEC, in which case no further action on the part of the MEC shall be required, within seventy-two (72) hours after a summary suspension, the MEC shall convene to review and consider the action taken and the need, if any, for corrective action. At such meeting, the MEC may recommend modification, continuation, or lifting of the terms of the summary restriction or suspension provided that the summary restriction or suspension was not imposed by the Board or the CEO. At the discretion of the MEC, the affected APP may be invited to attend such meeting. In the case of a summary suspension imposed by the Board or CEO, the MEC shall give its recommendation to the Board as to whether such summary suspension should be modified, continued, or terminated. The Board may accept, modify, or reject the MEC's recommendation.

Length of Summary Suspension. Not later than fourteen (14) days following the original imposition of the summary restriction or suspension, the APP shall be advised, by Special Notice, of the MEC's determination; or, in the case of a summary restriction or suspension imposed by the Board or CEO of the MEC's recommendation as to whether such restriction or suspension should be terminated, modified, or sustained, and of the APP's rights, if any, pursuant to Section 5.4. Lifting of a summary restriction or suspension within fourteen (14) days of its imposition on the ground that such restriction or suspension was not required shall not be deemed to have been Adverse, and a statement to such effect shall be placed in the APP's file.

PROCEDURAL RIGHTS

Applicability. The procedural rights set forth in this Section are only applicable to APPs requesting or granted Privileges through the Medical Staff process. The provisions in the

Medical Staff Bylaws setting forth the procedural rights of Medical Staff applicants and Medical Staff Appointees do not apply to APPs.

Action on Application for Privileges (Recommendation of Denial of Privileges) and Procedural Rights

When the MEC proposes to make a recommendation to deny an APP's application for Privileges based upon professional conduct or clinical competence concerns, the APP shall be provided written notice, by Special Notice, of the MEC's proposed recommendation.

The APP shall then have ten (10) days in which to submit a written response to the MEC as to why such Adverse recommendation should be withdrawn and a favorable recommendation made. At the MEC's discretion, it may meet (or have a subcommittee of the MEC meet) with the affected APP. After reviewing the APP's written response and results of the meeting, if any, the MEC shall make its final recommendation to the Board. The APP shall be advised, by Special Notice, of the MEC's final recommendation and, if applicable, the APP's right to appeal.

If the MEC's recommendation continues to be Adverse to the APP, the APP shall have ten (10) days in which to submit a written appeal to the Board. At the Board's discretion, it may meet (or have a committee of the Board meet) with the affected APP. During this meeting, the basis of the Adverse action that gave rise to the appeal will be reviewed with the APP and the APP will have the opportunity to present any additional information the APP deems relevant to the review and appeal of the MEC's Adverse recommendation. After reviewing the Adverse recommendation of the MEC, the APP's written response/appeal, and the results of meetings with the APP, if any, the Board shall take action.

Whenever the Board determines that it will decide a matter contrary to the recommendation of the MEC and the matter has not previously been submitted to the Joint Advisory Committee, the matter will be submitted to such committee for review and recommendation before the Board makes its final decision.

The APP will receive written notice, by Special Notice, of the Board's final decision.

Procedural Rights Following Corrective Action or Summary Suspension

The APP shall have ten (10) days in which to submit a written response to the MEC as to why such limitation, suspension, or termination should, as applicable, be lifted, rescinded, or not take place. At the MEC's discretion, it may meet (or have a subcommittee of the MEC meet) with the affected APP. After reviewing the written response and results of the meeting, if any, the MEC shall make a recommendation regarding the limitation, suspension, or termination to the Board. The APP shall be advised, by Special Notice, of the MEC's recommendation, the basis for such recommendation; and, if applicable, the APP's right to appeal.

If the MEC's recommendation is Adverse to the APP, the APP shall have ten (10) days in which to submit a written appeal to the Board. At the Board's discretion, it may meet (or have a committee of the Board meet) with the affected APP. During this meeting, the basis of the Adverse action that gave rise to the appeal will be reviewed with the APP and the APP will have the opportunity to present any additional information the APP deems

relevant to the review and appeal of the MEC's recommendation. After reviewing the recommendation of the Hospital CEO or CMO, the Chief of Staff, or the person/group that imposed a summary suspension, the recommendation of the MEC, the APP's written response/appeal, and the results of meetings with the APP, if any, the Board shall take action.

Whenever the Board determines that it will decide a matter contrary to the recommendation of the MEC and the matter has not previously been submitted to the Joint Advisory Committee, the matter will be submitted to such committee for review and recommendation before the Board makes its final decision.

The APP will receive written notice, by Special Notice, of the Board's final decision.

Notice to Supervising or Collaborating Practitioner. When an APP's request for Privileges is denied, or the APP's Privileges are limited, suspended, or terminated, the APP's supervising or collaborating Practitioner(s) shall be notified as to the reasons for such action.

AUTOMATIC SUSPENSION OR LIMITATION

Imposition of Automatic Suspension or Limitation and Subsequent Process. The following events shall result in an automatic suspension or limitation of Privileges without recourse to the procedural rights set forth in this Article.

Licensure. Action by any federal or state authority suspending or limiting an APP's professional license/certificate shall result in an automatic comparable suspension/limitation on the APP's Privileges. Whenever an APP's licensure is made subject to probation, the APP's right to practice shall automatically become subject to the same terms of the probation.

Certificate to Prescribe, Prescriber Number, Controlled Substance Authorization. Whenever an APP's federal or state Certificate to Prescribe, prescriber number, or DEA/other controlled substance registration/certificate is suspended, limited, or revoked, the APP shall automatically and correspondingly be divested and/or limited of the right to prescribe medications covered by the number, certificate, or registration as of the time such action becomes effective and through its term. Whenever an APP's state or federal Certificate to Prescribe, prescriber number, or DEA/other controlled substance registration/certificate is made subject to probation, the APP's right to prescribe such medications shall automatically become subject to the same terms of the probation.

Insurance Coverage. If an APP's Professional Liability Insurance coverage lapses, falls below the required minimum, is terminated, or otherwise ceases to be in effect, in whole or in part, the APP's Privileges shall be automatically suspended until adequate Professional Liability Insurance coverage is restored. The Medical Staff Office shall be provided with a certified copy of the insurance certificate from the insurance company and a written statement explaining the circumstances of the previous insurance being canceled or not renewed, any limitations on the new policy, and a summary of relevant activities during the period of no coverage. For purposes of this section, the failure of an APP to provide proof of Professional Liability Insurance shall constitute a failure to meet the requirements of this paragraph.

Federal Health Program. Whenever an APP is suspended from participating in a Federal Health Program, the APP's Privileges shall be automatically suspended.

Standard Care Arrangement/Supervision Agreement. Termination or expiration of the APP's standard care arrangement or supervision agreement shall result in an automatic suspension of the APP's Privileges provided that the APP does not have on file with the Medical Staff Office a current, valid supervision agreement or standard care arrangement with more than one (1) supervising or collaborating Physician or Podiatrist with Medical Staff appointment and Privileges at the Hospital.

Supervising/Collaborating Practitioner. Lapse, suspension, or termination of the supervising or collaborating Practitioner's Medical Staff appointment and/or Privileges, for any reason, shall result in an automatic suspension of the APP's Privileges provided the APP does not have more than one (1) supervising or collaborating Practitioner with Medical Staff appointment and Privileges at the Hospital.

Failure to Complete Medical Records. Whenever an APP fails to complete medical records as provided for in the Medical Staff Rules & Regulations or applicable Medical Staff/Hospital policy, the APP's Privileges shall be automatically suspended.

Impact of Automatic Suspension/Limitation

During such period of time when an APP's Privileges are suspended or limited pursuant to §5.5.1 (a) – (f) above, he or she may not, as applicable, exercise any Privileges at the Hospital.

An APP's whose Privileges are automatically suspended pursuant to §5.5.1(g) is subject to the same limitations except that such APP may:

Conclude the management of any patient under his or her care in the Hospital at the time of the effective date of the automatic suspension of Privileges.

Attend an obstetrical patient who has been under his or her active care and management and who comes to term and is admitted to the Hospital in labor.

Attend to the management of any patient under his or her care whose admission or outpatient procedure was scheduled prior to the effective date of the automatic suspension.

Attend to the management of any patient requiring emergency care and intervention.

Action Following Imposition. As soon as practicable after the imposition of an automatic suspension, the MEC shall convene to determine if corrective action is necessary in accordance with §5.2. The lifting of the action or inaction that gave rise to an automatic suspension or limitation on Privileges shall result in the automatic reinstatement of the APP's Privileges, as applicable; provided, however, that the APP shall be obligated to provide such information as the Medical Staff Office shall reasonably request to assure that all information in the APP's credentials file is current.

AUTOMATIC TERMINATION

Imposition of Automatic Termination. The following events shall result in an automatic termination of Privileges without recourse to the procedural rights set forth in this Article. Reapplication shall be subject to the provisions of §4.12.

Licensure. Action by any federal or state authority terminating an APP's professional license/certificate shall result in an automatic termination of the APP's Privileges.

Insurance. If an APP's Professional Liability Insurance coverage lapses, falls below the required minimum, is terminated, or otherwise ceases to be in effect for a period greater than thirty (30) days, the APP's Privileges shall automatically terminate as of the thirty-first (31st) day. For purposes of this section, the failure of an APP to provide proof of Professional Liability Insurance shall constitute a failure to meet the requirements of this paragraph.

Federal Health Program. Whenever an APP is excluded from participating in a Federal Health Program, the APP's Privileges shall be automatically terminated.

Plea of Guilty to Certain Offenses. If an APP pleads guilty to or is found guilty of a felony or other serious offense that involves (i) violence or abuse upon a person, conversion, embezzlement, or misappropriation of property; (ii) fraud, bribery, evidence tampering, or perjury; or (iii) a drug offense, the APP's Privileges shall be immediately and automatically terminated; provided, if the behavior which triggered the conviction is based on APP impairment, then the matter shall be referred to the MEC for consideration as to what action should be taken.

Standard Care Arrangement/Supervision Agreement. If the APP's Privileges are suspended pursuant to Section 5.5.1(e) above and the APP does not submit a new, executed standard care arrangement or supervision agreement with a Physician or Podiatrist with Medical Staff appointment and Privileges at the Hospital within thirty (30) days of the automatic suspension, the APP's Privileges shall automatically terminate.

Supervising/Collaborating Practitioner. If the APP's Privileges are suspended pursuant to Section 5.5.1 (f) above and the APP does not make arrangements for supervision by/collaboration with an appropriate Practitioner with Medical Staff appointment and Privileges at the Hospital within thirty (30) days of the automatic suspension, the APP's Privileges shall automatically terminate.

CONFIDENTIALITY, IMMUNITY, AND RELEASES

SPECIAL DEFINITIONS

For purposes of this Article, the following definitions shall apply:

INFORMATION means records of proceedings, minutes, interviews, records, reports, forms, memoranda, statements, investigations, examinations, meetings, recommendations, findings, evaluations, opinions, conclusions, actions, data and other disclosures or communications whether in written or oral form relating to any of the subject matter specified in §6.5.

REPRESENTATIVE means the Board of Directors of the Hospital and any director or committee thereof; the Hospital, the CEO or the CEO's designee, and other employees of the Hospital; the Medical Staff organization, Medical Staff committees, the Medical Staff officers, other Practitioners with Medical Staff appointment and/or Privileges; and any individual authorized by any of the foregoing to perform specific information gathering, analysis, use or disseminating functions.

THIRD PARTIES means any individual or organization providing information to any Representative.

AUTHORIZATIONS AND CONDITIONS

By applying for or exercising Clinical Privileges at the Hospital, an APP:

Authorizes, as needed, Representatives to solicit, provide, and act upon Information bearing on his or her professional ability and other qualifications.

Agrees to be bound by the provisions of this Article and to waive all legal claims against any Representative who acts in accordance with the provisions of this Article.

Acknowledges that the provisions of this Article are express conditions to his or her application for, or acceptance of, Privileges and the continuation of such Privileges at the Hospital.

CONFIDENTIALITY OF INFORMATION

Information with respect to any APP submitted, collected or prepared by any Representative of this Hospital or by any other health care facility or organization for the purpose of: evaluating, monitoring or improving the quality, appropriateness, and efficiency of patient care; reducing morbidity and mortality; contributing to teaching or clinical research; determining that health care services are professionally indicated and were performed in compliance with the applicable standards of care; or, establishing and enforcing guidelines to help keep health care costs within reasonable bounds shall, to the fullest extent permitted by law, be confidential. Said Information shall not be disseminated to anyone other than a Representative or other health care facility or organization of health professionals engaged in an official, authorized activity for which the information is needed nor be used in any way except as provided herein or except as otherwise required by law. Such confidentiality shall also extend to Information of like kind that may be provided to Third Parties. This Information shall not become part of any particular patient's

record. It is expressly acknowledged by each APP that violation of the confidentiality provided herein is grounds for corrective action.

IMMUNITY FROM LIABILITY

For Action Taken. No Representative shall be liable to an APP for damages or other relief for any decision, opinion, action, statement or recommendation made within the scope of his or her duties as a Representative provided that such Representative does not act on the basis of false Information knowing such Information to be false.

For Providing Such Information. No Representative and no Third Party shall be liable to an APP for damages or other relief by reason of providing Information, including otherwise privileged or confidential Information, to a Representative or to any other health care facility or organization of health professionals concerning an APP who is or has been an applicant or who did or does exercise Clinical Privileges at this Hospital, provided that such Representative or Third Party does not act on the basis of false Information knowing such Information to be false.

ACTIVITIES AND INFORMATION COVERED

Activities. The confidentiality and immunity provided by this Article applies to all Information in connection with this Hospital's or any other health care facility's or organization's activities concerning, but not limited to:

Applications for Clinical Privileges.

Periodic reappraisals for regrant of Clinical Privileges.

Corrective actions recommended or taken.

Procedural rights.

Performance improvement/quality assessment activities.

Utilization review activities.

Claims reviews.

Profiles and profile analysis.

Risk management activities.

Other Hospital, committee, or Medical Staff activities related to monitoring and maintaining quality and efficient patient care and appropriate professional conduct.

Information. The Information referred to in this Article may relate to an APP's professional licensure or certification, education, training, clinical competency, judgment, utilization practices, character, ability to fully and competently carry out the Clinical Privileges requested, professional ethics, or any other matter that might directly or indirectly affect the quality, efficiency, or appropriateness of patient care provided in the Hospital.

RELEASES

Execution. Each APP shall, upon request of the Hospital, execute general and specific releases in accordance with the tenor and import of this Article subject to such requirements as may be applicable under the State of Ohio and federal law. Execution of such releases is not a prerequisite to the effectiveness of this Article.

Failure to Execute.

Failure to execute such releases in connection with a corrective action shall be grounds for automatic suspension of Clinical Privileges.

Failure to execute such releases in connection with a corrective action shall result in the facts or circumstances that are the subject matter of the particular releases being construed in the most negative manner possible in relation to the APP involved.

CUMULATIVE EFFECT

Provisions in this Policy and in application forms relating to authorization, confidentiality of Information, and release of/immunities from liability are in addition to other protections provided by State of Ohio and federal law and not in limitation thereof.

ADOPTION AND AMENDMENT OF APP POLICY

This Advanced Practice Provider Policy shall be adopted and amended in accordance with the applicable procedure set forth in the Medical Staff Bylaws.

CERTIFICATION OF ADOPTION AND APPROVAL

This Advanced Practice Provider Policy is recommended by the Medical Executive Committee and made effective upon approval of the Board, superseding and replacing any and all other documents pertaining to the subject matter contained herein.

Recommended by the Medical Executive Committee:

Signed Original on File in the Medical Staff Office

Chief of Staff Signature

Date: _____

Approved by the Board:

Signed Original on File in the Medical Staff Office

Chair of the Board of Directors Signature

Date: _____

APPENDIX A

Physician Assistants

Certified Registered Nurse Anesthetists

Certified Nurse Midwives

Certified Nurse Practitioners