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PREAMBLE

The facility is a specialty surgical and obstetrical hospital known as Mountain View Hospital.

The Governing Body of the Mountain View Hospital recognizes that the Facility requires policies and procedures to ensure surgical procedures are performed by qualified physicians and health care professionals who have been granted Clinical privileges by the Facility. The Governing Body recognizes that, in conjunction with the Medical Staff of the Facility, it must conduct an ongoing, comprehensive self-assessment of the quality of care provided, including medical necessity of procedure performed and appropriateness of care, and use findings, when appropriate, in the revision of Facility policies and consideration of Clinical Privileges.

The Governing Body of the Mountain View Hospital hereby adopts these Policies and Procedures to help assure a high quality of medical care for all patients of the Facility.

DEFINITIONS

1. The term “Medical Director” means the Facility’s medical director.
2. The term “Medical Staff” or “Staff” means all licensed physicians, dentists and podiatrists who are privileged to attend patients in the Facility.
3. The term “Governing Body” means the Board of Managers of the Facility.
4. The term “Clinical Privileges” or “Privileges” means the permission granted to a practitioner or allied health professional to render specific diagnostic, therapeutic, medical, dental, podiatric or surgical services.
5. The term “Practitioner” means any licensed physician who holds a M.D. or D.O. degree, any licensed dentist and any licensed podiatrist.
6. The term “Days” means business days.
7. “Allied Health Professional” means an individual, other than a practitioner, who exercises independent judgment within the areas of his professional competence and the limits established by the Governing Body, the Medical Staff and the applicable State Practice Acts, and who is qualified to render direct or indirect care under the supervision or direction of a Medical Staff member possessing privileges to provide such care in the Facility. Allied Health professionals are not eligible for Medical Staff membership.
8. As used in these Policies and Procedures, the masculine gender includes both the masculine and feminine genders.

SECTION I: PURPOSES

The purpose of these Policies and Procedures are:

- 1.1 To establish accountability of the Medical Staff to the Governing Body for appropriateness of professional performance and ethical conduct of its members and to strive towards the continual upgrading of quality and efficiency of patient care delivered in the Facility, consistent with the state of the healing arts and the resources locally available.
- 1.2 To monitor the quality of medical and health care provided by all Practitioners authorized to practice in the Facility, through the appropriate delineation of Clinical Privileges and an ongoing review and evaluation of each Practitioner's performance in the Facility.

SECTION 2: MEDICAL STAFF MEMBERSHIP

2.1 Nature of Medical Staff Membership:

Membership on the Medical Staff of the Facility is a privilege which shall be extended only to professionally competent Practitioners who continually meet qualifications, standards and requirements set forth in these Policies and procedures. No applicant shall be denied membership on the basis of sex, age, race, creed, color, religion, mental or physical handicap, political affiliation or national origin. Appointment to and membership on the Medical Staff shall confer on the appointee or member only such Clinical Privileges as have been granted by the Governing Body in accordance with these Policies and Procedures.

2.2 Qualifications for Membership:

- 2.2.1 Only Practitioners licensed to practice in the State of Idaho, who can document their background, experience, training and demonstrated competence, their adherence to the ethics of their profession, their good reputation, their ability to work with others, their willingness to participate in the discharge of Medical Staff responsibilities, and their good physical and mental health, shall be eligible for membership on the Medical Staff. No Practitioner shall be entitled to membership on the Medical Staff or to the exercise of particular Clinical Privileges in the Facility solely by virtue of the fact that he is duly licensed to practice medicine, dentistry, podiatry or any health profession in this or in any other state, or that he is a member of some professional organization or that he has in the past, or presently has, such privileges at another hospital or Facility.
- 2.2.2 An applicant for Medical Staff membership shall have the burden of producing adequate and complete information for a proper evaluation of his qualifications, and for resolving any reasonable doubts about any such qualifications, with respect to Medical Staff membership and the specific Clinical Privileges which he has requested. The applicant shall satisfy any reasonable request for information made of him by the Medical Staff or the Governing Body.

- 2.2.3 All members of the Medical Staff shall maintain and shall, upon request, verify the existence of, professional liability insurance coverage in an amount not less than \$1,000,000 per occurrence, \$3,000,000 annual aggregate. The Credentials Committee shall require verification of conforming coverage from any staff applicant or member, upon reapplication.
- 2.2.4 Acceptance of membership on the Medical Staff shall constitute the Member's agreement that he will strictly abide by these Policies and Procedures, the Principles of the American Medical Association Principles of Medical Ethics, the American Dental Association Principles of Ethics and Code of Professional Conduct, American Podiatric Medical Association Code of Ethics, and the State Medical Association's Medical Staff Guidelines, as appropriate.
- 2.2.5 Acceptance of membership on the Medical Staff shall constitute the Member's agreement that he will cooperate with all proctoring and monitoring requirements imposed upon him by the Credentials Committee during the period of Provisional Membership.

2.3 Particular Qualifications:

- 2.3.1 An applicant for membership must hold a M.D., D.O., D.D.S., or a D.P.M. degree.
- 2.3.2 Be a graduate of an approved residency and possess similar privileges as an active or provisional staff member within the community.
 - 2.3.2.1 Radiology reading of MRI must demonstrate Fellowship training or make special application to membership for approval.
- 2.3.2 Hold a valid, unrevoked, unsuspended, and non-sanctioned license issued by the State Medical Board.

2.4 Basic Responsibilities of Staff Membership:

Each member of the Medical Staff shall:

- 2.4.1 Comply with the provisions of these Policies and Procedures and all other policies and rules of the Facility.
- 2.4.2 Accept assignments and discharge Medical Staff functions for which he is responsible by appointment or otherwise.
- 2.4.3 Not engage in any unlawful form of fee splitting or ghost surgery.
- 2.4.4 Actively participate in performance improvement activities, utilization review and other performance evaluations and monitoring activities required of the Medical Staff.

2.5 Conditions and Duration of Appointment:

- 2.5.1 Initial appointments and reappointments to the Medical Staff shall be made by the Governing Body; provided, however, that the Medical Director may grant temporary privileges as specified herein. The Governing Body shall act on appointments, reappointments, or revocation of appointments only after there has been a recommendation from the Medical Director.

- 2.5.2 Appointments and reappointments to the Medical Staff shall be for a period of two (2) years and shall terminate at the end of the respective medical staff member's rotation.

2.6 Allied Health Professionals:

- 2.6.1 The Governing Body recognizes that in furtherance of the aims and objectives of the Facility, it may be appropriate to grant privileges to Allied Health professionals.
- 2.6.2 The qualifications, status, duties, responsibilities, and services of Allied Health Professionals shall be delineated and granted as determined by the Credentials Committee.
- 2.6.3 The training, experience, and demonstrated competence of such individuals shall be sufficient to permit their performing the exercising of judgment, within their areas of competence, providing that a physician member shall have the ultimate responsibility for patient care; and, within the limits established by the Medical Staff and legal requirements, recording reports and progress notes in the patient's medical record.
- 2.6.4 Allied Health Professionals shall apply for privileges pursuant to such procedures as may be established by the Board of Managers. Except as otherwise provided by the Board of Managers, each Allied Health Professional shall be sponsored in his or her application by a practitioner who shall be responsible for supervising the Allied health professional. An Allied Health Professional's privileges may be limited or terminated at any time by the Medical Director, or summarily suspended by any individual authorized to summarily suspend practitioners pursuant to section 5.2.1. Allied Health Professionals shall not have the rights specified in Sections 5 or 6 of these policies and procedures, nor shall they be entitled to any similar rights or procedures.

2.7 Proctoring Requirement:

- 2.7.1 For Provisional Staff Appointments: Each provisional staff member shall undergo a period of observation by the Medical Director or designee. The purpose of the observation shall be to evaluate the practitioner's proficiency in the exercise of clinical privileges initially granted by the Governing Body and overall eligibility for active staff membership. Observation of provisional staff members shall include, but not be limited to, retrospective review of twenty-five (25) completed medical records and direct observation of ten (10) procedures. The results of the observation shall be communicated to the Credentials Committee.
- 2.7.2 Medical Staff members who are initially granted additional privileges shall complete a period of proctoring in accordance with the procedures outlined in Section 2.7.1 for initial appointees, subject to the exceptions specified therein.

SECTION 3: PROCEDURES FOR APPOINTMENT AND REAPPOINTMENT

- 3.1 **General Procedures:** The Medical Staff, through its Credentials Committee and its officers, shall consider each application for appointment or reappointment to the Medical Staff and for clinical privileges and each request for modification of same, utilizing the resources of the Medical Director and his staff to investigate and validate the contents of each application, before adopting and transmitting its recommendation as provided

herein. All releases, agreements and waivers consented to or granted by applicants and Members shall apply to the Facility and its Medical Staff.

- 3.2 **Application for Appointment:** All applications for appointment to the Medical Staff shall be in writing, submitted on a form prescribed by the Credentials Committee, with all provisions completed, and signed by the applicant. The applicant shall be given a copy of these Policies and Procedures, the Facility Rules and Regulations, and summaries of other relevant policies relating to clinical practice, if any. The form shall require detailed information as prescribed by the Credentials Committee and include the clinical privileges for which the applicant wishes to be considered. The Credentials Committee shall review the application and shall make appropriate recommendations concerning the application to the Governing Body.

- 3.3 **Verification of Information:** The applicant shall deliver a completed application to the Chairman of the Credentials Committee or his designee, who shall, in timely fashion, seek to collect or verify the references, licensure, and other qualifying evidence submitted. The Chairman of the Credentials Committee or his designee shall promptly notify the applicant of any problems in obtaining the information required, and it shall then be the applicant's obligation to obtain the required information. An applicant whose application is not completed within four (4) months after it was received by the Chairman or his designee, or (if earlier) within ninety (90) days after a written request to the applicant for additional information, shall be automatically removed from consideration for Medical Staff membership. The time periods specified herein for action by the Medical Staff, Governing Body and their agents are to assist those named in accomplishing their tasks and shall not be deemed to create any right for the applicant to have his application processed within those periods.

- 3.4 **Basis for Appointment:** Each recommendation concerning an applicant for Medical Staff membership and clinical privileges shall be based upon whether the applicant meets the qualifications and meets all of the standards and requirements set forth in all sections of these Policies and Procedures. Specifically, recommendations shall also be based upon the practitioner's compliance with legal requirements applicable to the practice of his profession, rendition of services to his patients, the applicant's ability to practice his profession with reasonable skill and safety, and his provision of accurate and adequate information to allow evaluation of his competency and qualifications.

- 3.5 **Reapplication after adverse decision denying application, adverse corrective action decision, or resignation in lieu of medical disciplinary action:** An applicant who has received a final adverse decision regarding appointment or withdrawn his application or request for membership or privileges following an adverse recommendation by the Credentials Committee or Governing Body; a former Medical Staff member who has received final adverse decision resulting in termination of Medical Staff membership and clinical privileges at the Facility or resigned from the Medical Staff following the issuance of a Credentials Committee or Governing Body recommendation adverse to the member's medical staff membership or clinical privileges; or a Medical Staff member who has received a final adverse decision resulting in termination or restriction of his clinical privileges or membership at the Facility or denial of his request for additional clinical privileges shall not be eligible to reapply for Medical Staff membership and/or Clinical Privileges affected by the previous action for a period of at least two (2) years from the date the adverse decision became final, the date the application or request was withdrawn, or the date the former medical staff member's resignation became effective, whichever is applicable. After the two (2) year period, the former applicant, former Medical Staff member, or Medical Staff member may submit an application for Medical Staff membership and/or clinical privileges, which shall be processed as an initial application. The former applicant, former Medical Staff member, or Medical Staff member shall also furnish evidence that the basis for the earlier adverse recommendation or action no longer exists and/or of reasonable rehabilitation in those areas which formed the basis for the previous adverse recommendation or action, whichever is applicable. Notwithstanding anything to the contrary contained herein, except as provided by law, any applicant who has been denied Medical Staff membership two (2) consecutive times shall be ineligible for Medical Staff membership, and any future application from such applicant shall not be considered.
- 3.6 **Reappointment Process:** Reappointment of members shall occur at least every two (2) years. The reappointment application shall be in writing, on a form prescribed by the Credentials Committee. At the time of reappointment the Credentials Committee shall review the member's activity and performance at the Facility over the preceding two years, as well as any other relevant information requested in connection with the reappointment process.
- 3.7 **Basis for Reappointment.** Each recommendation concerning the reappointment of a Medical Staff member and the clinical privileges to be granted upon reappointment shall be based upon whether such Member has met the qualifications and has carried out the responsibilities specified in all sections of these Policies and Procedures. Recommendations shall also be based upon: the Practitioner's compliance with legal requirements applicable to the practice of his profession and with Facility policies; the competent rendition of services to his patients; affirmation of his ability to safely perform, with or without reasonable accommodations, all of the essential mental and physical functions related to the specific clinical privileges requested; and his provision

of accurate and adequate information to allow the Credentials Committee to evaluate his competency and qualifications.

- 3.8 **Extension of Appointment.** If the application for reappointment has not been fully processed by the expiration date of the appointment, a recommendation for reappointment will be made to the Governing Body for no more than six (6) months.
- 3.9 **Failure to File Reappointment Application.** The applicant shall be deemed to have resigned his membership in the Medical Staff upon failure to file an application for reappointment completed as required by these Policies and Procedures on or before the expiration date of appointment.

SECTION 4: CLINICAL PRIVILEGES

- 4.1 **Exercise of Privileges.** A member providing direct clinical services to Facility patients in connection with such practice, and except as otherwise provided for Emergency Privileges, shall be entitled to exercise only those Clinical Privileges specifically granted to him by the Governing Body. Such Privileges must be within the scope of any license, certificate, or other legal credential authorizing him to practice in this State and consistent with any restrictions thereon.
- 4.2 Delineation of Privileges in General.
- 4.2.1 Provisional Staff Appointment: A practitioner who, immediately prior to his application for operative privileges, was not a member of any category of this Medical Staff and did not possess active staff privileges with Mountain View Hospital shall be appointed to the Medical Staff on a provisional basis. While his appointment is provisional, such practitioner shall not be eligible to hold office in the Medical Staff organization but may serve on committees and may be required to take call for emergency services. Each provisional staff member shall undergo a period of proctoring as described in Section 2...7.1. A member's appointment shall remain provisional for a period of one year from the date of initial appointment by the Governing Body. However, provisional status may be extended for an additional period of time upon determination of good cause by the Credentials Committee, which determination shall be not be subject to hearing rights specified in Section 6. At the conclusion of the provisional period, and if the provisional staff member is satisfactorily demonstrated his or her ability to exercise the clinical privileges initially granted and otherwise appears qualified for active staff membership, the practitioner shall be eligible for full active staff membership. In all other cases, the Credentials Committee shall make its recommendation to the Governing Body regarding termination of staff membership. Any termination of provisional staff status shall be reported to the State Medical Board when and as required by the applicable state law.
- 4.2.2 Active Staff Appointment: A practitioner who practices one of the operative specialties of anesthesiology, gastroenterology, general surgery, gynecology, neurosurgery, ophthalmology, orthopedic surgery, otorhinolaryngology, pain management, plastic

surgery, urology, podiatry, dentistry, radiology, or family practice; and who meets the eligibility requirements described in Section 2; and has active medical staff privileges at a facility within a 30 mile radius, or has successfully completed a provisional staff appointment, shall be appointed to the active staff. All rights and privileges shall be awarded as defined herein and in the Mountain View Hospital Rules and Regulations. Active staff members see more than 12 patients each year.

- 4.2.3 Courtesy/Consulting Staff Appointment: A practitioner shall be appointed to the courtesy/consulting staff for the specific purpose of providing consultations in the diagnosis and treatment of patients. Such practitioner may perform History and Physical Examinations, interpret diagnostic lab, radiology or other services as requested by a member of the active staff. Courtesy/Consulting status may also be granted to a practitioner who desires to be associated with the Facility but does not intend to establish a practice at the Facility. Courtesy/Consulting staff members must be active or provisional staff members at another operating hospital. Courtesy/Consulting staff see 12 or fewer patients in a given year.
- 4.2.3.1 Courtesy/Consulting staff members are not required to serve on committees or hold office in the Medical Staff organization or take call for emergency services. However, on occasion, courtesy/consulting staff members may be asked to attend medical staff meetings for specific reason(s) with adequate notice of five (5) days.
- 4.3 **Requests.** Each application for appointment and reappointment to the Medical Staff must contain a request for the specific clinical privileges desired by the applicant. Requests from an applicant for privileges or from Members for modification of privileges must be supported by documentation of the requisite training, experience, qualifications, and competence to exercise such privileges.
- 4.4 **Basis for Privileges Determination.** Requests for clinical privileges shall be evaluated on the basis of the Practitioner's education, training, experience, and demonstrated ability and judgment. The elements to be considered in making determinations regarding clinical privileges, whether in connection with periodic reappointment or otherwise, shall include education, training, observed clinical performance and judgment at the Facility, performance of a sufficient number of procedures each year to develop and maintain the Practitioner's skills and knowledge, and the documented results of the patient care audit and other quality review, evaluation, and monitoring activities required to be conducted pursuant to these Policies and Procedures. Clinical privileges determinations shall also take into account pertinent information concerning clinical performance obtained from other sources, especially other institutions and health care settings where a Practitioner exercises or has exercised clinical privileges. The applicant shall have the burden of establishing his qualifications and competency in the clinical privileges he requests. Clinical privileges shall be delineated for every applicant and shall not be stated in general, broad terms.

4.4.1 Modification of Clinical Privileges. Periodic re-determination of clinical privileges and the increase or curtailment of same shall be based upon the direct observation of care provided, review of the records of patients treated at the Facility, review of the member's participation in the delivery of medical care, and any documented additional training and/or experience. All requests for additional clinical privileges shall be submitted in writing.

4.5 **Special Conditions**

4.4.2 **Limited Licensed Practitioners** Surgical or invasive procedures performed by dentists and podiatrists shall be under the overall supervision of the Medical Director or a physician designee with respect to any medical aspects of the patient's condition. All patients admitted for care in the Facility by a dentist or podiatrist shall have received a basic medical appraisal deemed acceptable by the Medical Director or his designee, unless deemed unnecessary by the Medical Director.

4.4.3 **Limited Privileges** may be granted to Locum Tenens anesthesia providers who practice at Mountain View Hospital at the invitation of the Director of Anesthesia Services. [Amended 11-15-2002]

4.6 **Temporary Privileges.** The Medical Director may grant temporary privileges to a Practitioner, subject to the conditions in the following circumstances:

4.6.1 Pendency of Application. After receipt of a fully completed application for appointment, including a request for specific temporary privileges, and after initial review and deemed completion by the Credentials Committee, the Medical Director may grant the applicant temporary privileges, where unusual circumstances warrant, for an initial period determined by the Credentials Committee, with subsequent renewals not to exceed the pendency of application. An applicant with temporary privileges shall be under the supervision of the Medical Director or his designee.

4.6.2 Care of Specific Patients by a Non-Applicant. Upon receipt of a written application for specific temporary privileges, a practitioner who is not an applicant for membership may be granted temporary privileges for the sole purpose of assisting in a specific surgical procedure. Such privileges shall be restricted to the treatment of not more than four (4) patients in any one (1) calendar year by any practitioner and shall not be granted in more than two (2) consecutive years, except as permitted by the Credentials Committee. Such non-applicants shall be evaluated by the Credentials Committee as to their qualifications to assist at such procedures. Practitioners requesting permission to attend more than four (4) patients in any one (1) calendar year or to exercise temporary privileges in more than two (2) consecutive years shall be required to apply for membership in the Medical Staff before being granted the requested privileges.

4.6.2 Conditions. Temporary privileges may be granted only when the Practitioner has submitted a written application for appointment at the Facility and the information available reasonably supports a favorable determination regarding the requesting practitioner's licensure, qualifications, ability, and judgment to exercise the

privileges requested, and, in all cases, only after the practitioner has satisfied the requirements established by the Governing Body regarding professional liability insurance. The Medical Director or his designee shall be responsible for supervising the performance of the practitioner granted temporary privileges, and may impose special requirements of consultation and monitoring.

Before temporary privileges are granted, the practitioner must acknowledge in writing that he has received, or has been given access to, and read the Facility Policies and Procedures and that he agrees to be bound by the terms thereof in all matters relating to his temporary privileges.

4.6.3 Termination. On the discovery of any information or the occurrence of any event of a nature which raises a question about a practitioner's professional qualifications, ability to exercise any or all of the temporary privileges granted, or compliance with any Policies and Procedures, or special requirements, the Medical Director may terminate any or all of such practitioner's temporary privileges, provided that where a patient's life or well-being is determined to be endangered by continued treatment by the practitioner, the termination may be effected by any person entitled to impose summary suspensions.

4.6.4 Rights of Practitioner. Except as required by law in cases where a report must be filed, a practitioner shall not be entitled to the procedural rights afforded by Section 6 because his request for temporary privileges is refused or because all or any portion of his temporary privileges are terminated, suspended or not renewed.

4.7 **Emergency Privileges**. For the purposes of this section, an "emergency" is defined as a condition in which a patient is in imminent danger of serious or permanent harm or death and any delay in administering treatment would add to that danger. In the case of an emergency, any practitioner or allied health care professional, to the degree permitted by his license and regardless of clinical privileges, shall be permitted to do, and shall be assisted by Facility personnel in doing, everything possible to save a patient from such danger.

SECTION 5: CORRECTIVE ACTION

5.1 Routine Corrective Action.

5.1.1 Request for Initiation. Whenever a practitioner with clinical privileges shall engage in, make, or exhibit acts, statements, demeanor, or professional conduct, either within or outside of the Facility, and the same is, or is reasonably likely to be detrimental to patient safety or to the delivery of care to Facility patients that is within applicable professional standards, to be disruptive to Facility operations, to constitute improper use of Facility's resources, to constitute fraud or abuse or unethical conduct, or is reasonably likely to be contrary to applicable bylaws, policies and procedures, or rules and regulations governing the Medical Staff, or the same results in the imposition of sanctions by any governmental authority, an investigation or corrective action against such person may be requested by the Credentials Committee, by the Medical Director, or by the Governing Body, upon the complaint, request or suggestion of any person.

- 5.1.2 Initiation. Proposed corrective action, including a request for an investigation, must be initiated by the Credentials Committee on its own initiative or by a written request submitted to the Credentials Committee which identifies the specific activities or conduct alleged to constitute the grounds for proposing an investigation or specific corrective action. The Credentials Committee shall request the Governing Body to authorize an investigation and to act upon a request for proposed corrective action.
- 5.1.3 Investigation. The Governing Body shall assume responsibility for any investigation or proposed corrective action, as well as hearings. Upon approval by the Governing Body, the Credentials Committee shall conduct an investigation. Such investigative process may include an interview with the affected practitioner advising him of the reasons for the investigation and giving him an opportunity to comment. No such investigative process shall be deemed to be a “hearing” as that term is used in Section 6. The Credentials Committee may at any time within its discretion, and shall at the request of the Governing Body, terminate the investigative process and proceed with presenting recommendations to the Governing Body as outlined in Section 5.1.4 below.
- 5.1.4 Credentials Committee Action. As soon as is practicable after the conclusion of any investigative process the Credentials Committee shall make recommendations for action. The recommendations may include, without limitation, the following:
- 5.1.4.1 No corrective action shall be taken and, if the Credentials Committee determines that no credible evidence existed for the complaint, removal of such information from the member’s file as the Credentials Committee deems appropriate.
 - 5.1.4.2 Modification of the proposed corrective action.
 - 5.1.4.3 Letters of admonition, censure, reprimand, or warning, be issued, although nothing herein shall be deemed to preclude committee chairmen, the Credentials Committee, or the Medical Director from issuing informal written or oral warnings outside the corrective action mechanism. If such letters are issued, the affected member may make a written response that shall be placed in the member’s file.
 - 5.1.4.4 Probation or special limitations be imposed on continued Medical Staff membership or exercise of clinical privileges, including without limitation, requirements for co-admissions, mandatory consultation, or monitoring.
 - 5.1.4.5 Reduction or revocation of clinical privileges.
 - 5.1.4.6 Suspension of Medical Staff membership until completion of specific conditions or requirements.
 - 5.1.4.7 Revocation of Medical Staff membership.
 - 5.1.4.8 Other actions appropriate to the facts which prompted the investigation.
Nothing set forth herein shall inhibit the Credentials Committee from implementing summary suspension at any time, in the exercise of its discretion pursuant to Section 5.2 below.

5.2 Summary Suspension.

- 5.2.1 Criteria for Initiation. Whenever a member's conduct leads to a reasonable belief that immediate action should be taken to reduce a substantial likelihood of future injury or the imminent impairment of the health or safety of a Facility patient, prospective patient, employee or other person, the Credentials Committee, the Medical Director, or the Governing Body shall have the authority to suspend the Medical Staff membership status or all or any portion of the Clinical Privileges of such member. Such summary suspension shall become effective immediately upon imposition, and the person or body responsible therefor shall promptly give oral or written notice of the suspension to the member, Credentials Committee, Governing Body, and Medical Director. The notice of the suspension given by the Credentials Committee shall constitute a request for corrective action and the procedures set forth in Section 5.1 shall be followed.
- 5.2.2 Credentials Committee Action. After such summary suspension, the affected practitioner may request an interview with the Credentials Committee. The interview shall be convened as soon as reasonably possible under all of the circumstances. The Credentials Committee may at any time before or after the interview, modify, continue, or terminate the terms of the summary suspension order and it shall give the practitioner written notice of its decision.

5.3 Automatic Suspension.

- 5.3.1 License. Revocation or Expiration – whenever a practitioner's license authorizing him to practice in this State is revoked or has expired, his Medical Staff membership and Clinical Privileges shall be immediately and automatically terminated. Such practitioners shall not be entitled to the rights afforded by Section 6.
- 5.3.2 License. Restriction – whenever a practitioner's license authorizing him to practice in this State is limited or restricted by the applicable licensing authority, those Clinical Privileges which he has been granted rights to perform that are within the scope of said limitation or restriction shall be immediately and automatically terminated.
- 5.3.3 License. Suspension – whenever a practitioner's license authorizing him to practice in this State is suspended, his Staff membership and Clinical Privileges shall be automatically suspended effective upon and for at least the term of the suspension.
- 5.3.4 License. Probation – whenever a practitioner is placed on probation by the applicable licensing authority, his membership status, privileges and responsibilities, if any, shall automatically become subject to the terms of the probation effective upon and for at least the term of the probation.
- 5.3.5 Drug Enforcement. Revocation or Expiration – whenever a practitioner's DEA certificate is revoked or has expired, he shall immediately and automatically be divested of his right to prescribe medications covered by the certificate.

- 5.3.6 Drug Enforcement. Suspension – whenever a practitioner’s DEA certificate is suspended, he shall be divested, at a minimum, of his right to prescribe medications covered by the certificate effective upon and for at least the term of the suspension.
- 5.3.7 Drug Enforcement. Probation – whenever a practitioner’s DEA certificate is subject to an order of probation, his right to prescribe medications covered by the certificate shall automatically become subject to the terms of the probation effective upon and for at least the term of the probation.
- 5.3.8 Failure to Satisfy Special Appearance Requirement. At the discretion of a Facility committee chairman, when a member’s clinical practice or conduct is scheduled for discussion at a committee meeting, the member may be requested to attend. If a suspected deviation from standard clinical practice is involved, notice shall be given at least seven (7) days prior to the meeting and shall include the time and place of the meeting, a statement of the issue involved and that the member’s appearance is mandatory. If a member fails to appear at any meeting for which he was given this notice, unless excused by the Credentials Committee on a showing of good cause, all or such portion of the member’s Clinical Privileges as the Credentials Committee shall direct shall be automatically suspended. The suspension shall remain in effect until the matter is resolved by subsequent action of the Credentials Committee as provided in Section 5.3.9
- 5.3.9 Credentials Committee Deliberation on Matters Involving License, Drug Enforcement Administration, and Failure to Satisfy Special Appearance. As soon as practicable after action is taken as described in Sections 5.3.1 through 5.3.8, the Credentials Committee or its designee shall convene to review and consider the facts upon which such action was predicated. The Credentials Committee may then recommend such further corrective action as may be appropriate based upon information disclosed or otherwise made available to it and/or it may direct that an investigation be undertaken pursuant to Section 5.1.3.
- 5.3.10 Medical Records. Members of the Medical Staff are required to complete medical records within such reasonable time as may be prescribed by the Credentials Committee. A limited suspension in the form of withdrawal of admitting and other privileges until medical records are completed shall be imposed by the Medical Director, or his designee, after notice of delinquency and appearance before the board, for failure to complete records within the established period. Bona fide vacation or illness may constitute an excuse subject to approval by the Credentials Committee. The suspension shall continue until removed by the Medical Director, or his designee; however, a failure to complete the medical records within one (1) month after the date the suspension became effective, in accordance with this section, shall be deemed to be a voluntary resignation of Medical Staff membership. Only in the event there has been a suspension of a member’s privileges pursuant to this section which requires the filing of a report is the Member entitled to hearing rights as set forth in Section 6. In all other instances, no procedural rights are available for members whose privileges are suspended due to incomplete medical records.
- 5.3.11 Malpractice Insurance. For failure to maintain the amount of professional liability insurance, or its equivalent if any, required by the Governing Body, a Practitioner’s

clinical privileges, after written warning of delinquency, shall be automatically suspended and shall remain so suspended until the member provides evidence to the Credentials Committee that he has secured professional liability coverage in the amount required. A failure to provide such evidence within three (3) months after the date the automatic suspension became effective shall be deemed to be a voluntary resignation of the member's medical staff membership.

5.3.12 Procedural Rights – Medical Records and Malpractice Insurance. Practitioners whose clinical privileges are automatically suspended and/or who have resigned their membership pursuant to the provisions of 5.3.10 and 5.3.11 shall not be entitled to the procedural rights set forth in Section 6.

5.3.13 Notice of Automatic Suspension. Whenever a member's privileges are automatically suspended in whole or in part, notice of such suspension shall be given to the member, the Credentials Committee, and the Governing Body. Giving of such notice shall not, however, be required in order for the automatic suspension to become effective.

5.4 **Interviews.** Interviews shall neither constitute nor be deemed a "hearing" as that term is used in Section 6. Interviews shall be preliminary in nature and shall not be conducted according to the procedural rules applicable with respect to hearings. In addition, the Credentials Committee may exercise its discretion, at the member's request, to grant him an interview. In the event an interview is granted, the member shall be informed of the general nature of the circumstances leading to such recommendation and may present information relevant thereto. A record of the matters discussed and findings resulting from such interview shall be made.

5.5 **Routine Monitoring.** Quality assurance and review functions are an essential and routine part of the activities carried out by the Medical Staff, and may routinely include concurrent or retrospective monitoring. Notwithstanding any other provision in these Policies and Procedures, such monitoring shall not constitute a limitation or restriction of privileges, nor be deemed an adverse action or give rise to any hearing or appeal rights, so long as the member is required only to give reasonable notice of admissions and procedures.

SECTION 6: HEARINGS AND APPELLATE REVIEW

6.1 Preamble and Definitions

6.1.1 Intra-Organizational Remedies. The intra-organizational remedies and the hearing and appellate review bodies provided for in this Section 6 are strictly quasi-judicial in structure and function, and said bodies shall have no power or authority to hold legislative, notice and comment type hearings or to make legislative determinations, or determinations as to the substantive validity of policies and procedures, bylaws, rules, regulations, or other intra-organizational

legislation. Notwithstanding the foregoing, the Governing body may entertain challenges to the substantive validity of intra-organizational legislation and in all proper cases shall hear and decide those questions. Where the substantive validity question is the sole issue, the petitioner shall be permitted a direct appeal and hearing, in the first instance, before the Governing Body or its Credentials Committee. The final determination by the body conducting such hearing shall be a condition precedent to petitioner's right to seek judicial review in a court of law.

- 6.1.2 Exhaustion of Remedies. If an adverse ruling is made with respect to a practitioner's staff membership, or clinical privileges at any time, regardless of whether he is an applicant or a Medical staff member, he must exhaust the intra-organizational remedies afforded by these Policies and Procedures before resorting to formal legal action challenging the decision, the procedures used to arrive at it, or asserting any claim against the Facility or participants in the decision process; and the exclusive procedure for obtaining judicial review shall be by Petition for Writ of Mandate.
- 6.1.3 Definitions. "Days" refers to calendar days for purposes of determining periods of time. "Notice" refers to a written communication sent by certified, return receipt requested mail. "Petitioner" refers to the practitioner who has requested a hearing. "Medical Disciplinary Cause or Reason" means that aspect of a practitioner's competence or conduct which is reasonably likely to be detrimental to patient safety or to the delivery of patient care.
- 6.1.4 Grounds for Hearing. Except as otherwise provided in these Policies and Procedures, any one or more of the following actions or recommended actions shall constitute grounds for a hearing if taken for a Medical Disciplinary Cause or Reason. a) denial of membership; b) denial of reappointment; c) suspension of membership; d) expulsion from membership; e) denial of requested privileges; f) reduction in privileges; g) suspension of privileges; h) termination of privileges; I) requirement of consultation or co-admitting.

6.2 Requests for Hearing.

- 6.2.1 Notice of Decision. In all cases in which the body that, under these Policies and Procedures has the authority to, and pursuant to that authority, has recommended or taken any of the actions constituting grounds for hearing as set forth in Section 6.1.4 above, then said body shall give the affected practitioner Notice of its recommendation, decision or action and of his right to request a hearing pursuant to Section 6. The Notice shall, if applicable, also state that said recommendation, decision or action, if adopted, will be reported pursuant to regulatory guidelines.
- 6.2.2 Request for Hearing. The Petitioner shall have fifteen (15) days following the date of receipt of Notice of such action to request a hearing by a Judicial Hearing Committee. Said request shall be affected by Notice to the Medical Director. In the event the Petitioner does not request a hearing within the time and in the manner herein above set forth, he shall be deemed to have accepted the recommendation, decision, or action involved and it shall thereupon become the final action of the Medical Staff. Such final recommendation shall be considered by the Governing Body within forty-five (45) days, but shall not be binding on the Governing Body.

- 6.2.3 Time and Place for Hearing. Upon receiving a request for hearing, the Medical Director, within ten (10) days after the date of receipt of the request (or such longer period as may be required to make the necessary arrangements as promptly as reasonably possible), shall schedule and arrange for a hearing. He shall give Notice to the Petitioner of the time, place, and date of the hearing. The date of the commencement of the hearing shall be not less than thirty (30) days, nor more than sixty (60) days from the date of receipt of the request for a hearing; provided, however, that when the request is received from a Petitioner who is under a suspension which is then in effect, the hearing shall be held as soon as the arrangements may reasonably be made, but not to exceed forty-five (45) days from the date of receipt of the request for hearing by the Medical Director. However, the date of hearing may be delayed upon a written decision issued by the presiding officer finding that the Petitioner failed to comply with this Section 6 or consented to the delay.
- 6.2.4 Notice of Charges or Grounds for Action. As a part of, or together with the Notice of hearing, the Medical Director, on behalf of the Credentials Committee, shall state in writing the acts or omissions with which the Petitioner is charged including a list of the charts being questioned or the grounds upon which the application was denied, where applicable.
- 6.2.5 Judicial Hearing Committee. When a hearing is requested, the Medical Director shall appoint a Judicial hearing Committee consisting of at least three (3) members, and alternates as appropriate. The Judicial Hearing Committee shall be composed of individuals who shall gain no direct benefit from the outcome of the hearing, who have not acted as accusers, investigators, fact finders, or initial decision makers in the matter at any previous level, and shall include, where feasible, an individual practicing the same specialty as the Petitioner. In the event it is not feasible or practical to appoint a Judicial hearing Committee from the Facility Staff, the Credentials Committee may appoint Practitioners who are not members of the Medical Staff. The Medical Director shall designate a chair, who shall preside in the manner described in this Section 6, and handle all prehearing matters and preside until a hearing officer is appointed.
- 6.2.6 Failure to Appear. Failure without good cause of the Petitioner to appear and proceed at such a hearing shall be deemed to constitute voluntary acceptance of the recommendations or actions involved and it shall thereupon become the final recommendation of the Medical Staff. Such final recommendation shall be considered by the Governing Body within forty-five (45) days, but shall not be binding on the Governing Body.

6.3 **Continuances.** Continuances shall be granted upon agreement of the parties or by the presiding officer on a showing of good cause.

6.4 **Hearing Procedure.**

- 6.4.1 Discovery. Both parties have the right to inspect and copy at their own expense any relevant documentary information which the other party has in its possession or under its control. The right to inspect and copy by either party does not extend to

confidential information referring solely to individually identifiable Practitioners, other than the Practitioner under review.

- 6.4.1.1 In order to insure a fair and expeditious hearing, all requests for discovery of this information shall be received no later than four (4) days before the hearing, except in the case of a summary suspension or when determined impracticable by the hearing officer.
- 6.4.1.2 The hearing officer shall consider and rule upon any request for access to information. In ruling upon these requests and in determining the relevancy thereof, the hearing officer shall consider the following factors: a) whether the information sought may be introduced to support or defend the charges; b) the exculpatory or inculpatory nature of the information sought; c) the burden imposed on the party in possession of the information sought; d) any previous request for access to information submitted or resisted by the parties to the same proceeding. Additionally, the hearing officer may impose any safeguards the protection of the peer review process and justice require. Unless waived by the affected party in order to expedite the hearing or for other valid cause, failure to provide access to the information requested at least thirty (30) days before the hearing constitutes good cause for a continuance.
- 6.4.2 Prehearing Procedure. At the request of either side, the parties shall exchange lists of witnesses expected to testify and copies of all documents expected to be introduced. If after this list has been given to the other party, witnesses are added, it shall be the duty of that party to notify the other of the change. Unless waived by the affected party, failure to disclose the identity of a witness or produce copies of all documents expected to be produced at least ten (10) days before commencement of the hearing shall constitute good cause for a continuance.
- 6.4.3 Representation. The hearing at the judicial hearing level is for the purpose of inter-professional resolution of matters bearing on conduct or professional competency. Accordingly, neither the Petitioner nor the Credentials Committee shall be represented at the judicial hearing by an attorney at law unless the Judicial Hearing Committee, in its discretion, permits both sides to be represented by legal counsel. The foregoing shall not be deemed to deprive any party of its right to the assistance of legal counsel for the purpose of preparing for the hearing. The Petitioner shall be entitled to be accompanied by and represented at such hearings only by a physician, dentist, or podiatrist licensed to practice in the State who is not also an attorney at law, and who is preferably a member in good standing of the Medical Staff. The Body whose Decision Prompted the Hearing shall appoint a representative from the Medical Staff who shall present its recommendation, decision, or action taken and the materials in support thereof and examine witnesses.
- 6.4.4 Presiding Officer. The presiding officer at the hearing shall be a hearing officer as described in Section 6.4.5 or, if no such hearing officer has been appointed, the chair of the Judicial Hearing Committee. The presiding officer shall act to assure that all participants in the hearings have a reasonable opportunity to be heard and to present all relevant oral and documentary evidence, and that proper decorum is

maintained. He shall be entitled to determine the order of procedure for presenting evidence and argument during the hearing. He shall have the authority and discretion, in accordance with these Policies and Procedures to make all rulings on questions which, with reasonable diligence, could not have been raised prior to the hearing and which pertain to matters of law, procedure, or the admissibility of evidence.

- 6.4.5 Hearing Officer. At the request of the Petitioner, the Credentials Committee, the Judicial hearing Committee, or the Governing Body, the Medical Director or his designee may appoint a hearing officer to preside at the hearing. The hearing officer shall be an attorney at law qualified to preside over a quasi-judicial hearing, preferably with experience in Medical Staff matters. The hearing officer shall gain no direct financial benefit from the outcome of the hearing. He must not act as a prosecuting officer, as an advocate for the Facility, Governing Body, Credentials Committee, Body Whose Action Prompted the Hearing, or the Petitioner. If requested by the Judicial Hearing Committee, he may participate in the deliberations of such body and be a legal advisor to it, but he shall not be entitled to vote.
- 6.4.6 Record of Hearing. The Judicial Hearing Committee shall maintain a record of the hearing by one of the following methods: a certified shorthand reporter present to make a record of the hearing or a recording of the proceedings. The cost thereof shall be borne by the Facility. The cost of any transcript of the proceeding shall be borne by the party requesting same. The Judicial Hearing Committee may, but shall not be required to, order that oral evidence shall be taken only on oath administered by any person designated by such body and entitled to notarized documents in this State or by affirmation under penalty of perjury to the presiding officer.
- 6.4.7 Rights of the Parties. At a hearing both sides shall have the following rights: to ask Judicial Hearing Committee members and the hearing officer questions which are directly related to determining whether they are impermissibly biased and to challenge the impartiality of any members or the hearing officer, to call and examine witnesses, to introduce exhibits or other documents, to cross-examine or otherwise attempt to impeach any witness who shall have testified orally on any matter relevant to the issues, and otherwise to rebut any evidence, and to be provided with all information made available to the Judicial Hearing Committee. The Petitioner may be called by the Body Whose Decision prompted the Hearing and examined as if under cross-examination. Any challenge directed at one or more members of the Committee or the hearing officer shall be resolved by the Committee prior to the continuation of the proceedings.
- 6.4.8 Miscellaneous Rules. The rules of law relating to the examination of witnesses and presentation of evidence shall not apply in any hearing conducted here under. Any relevant evidence, including hearsay, shall be admitted by the presiding officer if it is the sort of evidence which responsible persons are accustomed to rely on in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. Each party shall have the right to submit a written statement in support of his position and the Judicial Hearing Committee may request such a statement to be filed following the conclusion of the presentation of

oral testimony. The Judicial Hearing Committee may interrogate the witnesses or call additional witnesses if it deems such action appropriate.

- 6.4.9 Basis of Decision. If the Judicial Hearing Committee finds the charge(s) or ground(s) or any part of them to be true, it shall impose such form of discipline or action as it finds warranted, provided; however, that such form of discipline or action may be more stringent than that recommended by the Body Whose Decision Prompted the Hearing. The decision of the Judicial Hearing Committee shall be based on the evidence produced at the hearing. Such evidence may consist of the following: a) Oral testimony of witnesses b) Briefs or written statements presented in connection with the hearing c) Any material contained in the Facility or Medical Staff files regarding the Petitioner, or in the files of any facility or service, which shall have been made a part of the hearing record d) Any and all applications, references, medical records, exhibits and other documents and records which have been made a part of the hearing record e) Any other evidence admissible here under.
- 6.4.10 Burdens of Presenting Evidence and Proof. The Credentials Committee shall have the initial duty to present evidence which supports the charge or recommended action. When the hearing involves an initial applicant, and his Medical Staff membership and/or Privileges, the applicant shall bear the burden of persuading the Judicial Hearing Committee, by a preponderance of the evidence, of his qualifications by producing information which allows for adequate evaluation and resolution of reasonable doubts concerning his current qualifications for staff privileges or membership. Initial applicants shall not be permitted to introduce information not produced upon request of the Credentials Committee during the application process, unless the initial applicant establishes that the information could not have been produced previously in the exercise of reasonable diligence. Except as provided above for initial applicants, the Credentials Committee shall bear the burden of persuading the Judicial Hearing Committee, by a preponderance of the evidence, that its action or recommendation was reasonable and warranted.

- 6.4.11 Adjournment and Conclusion. The presiding officer may adjourn the hearing and reconvene the same at the convenience of the participants without further notice. Upon conclusion of the presentation of oral and written evidence and argument, the hearing shall be closed. The Judicial Hearing Committee shall thereupon, outside of the presence of any other person, conduct its deliberations and render a decision and accompanying report.
- 6.4.12 Decision of the Judicial Hearing Committee. Within fifteen (15) days after final adjournment of the hearing (provided that in the event the Petitioner is currently under suspension, this time shall be ten (10) days), the Judicial Hearing Committee shall render a decision which shall be accompanied by a written report that contains findings of fact which shall be in sufficient detail to enable the parties, and appellate review board, and the Governing Body to determine the basis for the Judicial Hearing Committee's decision on each matter contained in the notice of charges, and an explanation of the procedure for appealing the decision. The decision and report shall be delivered to the Credentials Committee, the Medical Director and The Governing Body. At the same time, a copy of the report and decision shall be delivered to the Petitioner by registered or certified mail, return receipt requested. The decision of the Judicial Hearing Committee shall be considered final, subject only to the right of appeal to the Governing Body as provided in Section 6.5.

6.5 Appeals to the Governing Body

- 6.5.1 Time for Appeal. Within thirty (30) days after the Date of Receipt of the Judicial Hearing Committee decision, either the Petitioner or the Body Whose Decision Prompted the Hearing may request an appellate review by the Governing Body. Said request shall be delivered to the Medical Director in writing either in person, or by certified or register mail, return receipt requested and it shall include a brief statement of the reasons for the appeal. If such appellate review is not requested within such period, both sides shall be deemed to have accepted the action involved and it shall there upon become the final action of the Medical Staff. Such final recommendation shall be considered by the Governing Body within forty-five (45) days, but shall not be binding on the Governing Body.
- 6.5.2 Grounds for Appeal. The written request for an appeal shall include the grounds for appeal, and a clear and concise statement of the facts in support of the appeal. The grounds for appeal from the hearing shall be: a) Substantial non-compliance with the procedures required by these Policies and Procedure or applicable law so as to deny a fair hearing; b) The decision was not supported by substantial evidence based on the hearing record or such additional information as may be permitted; c) Action was taken arbitrarily, unreasonably, or capriciously.
- 6.5.3 Time, Place and Notice. When appellate review is requested pursuant to the preceding subsection, the Governing Body shall, within thirty-five (35) days after the Date of Receipt of such an appeal notice, schedule and arrange for an appellate review. The Governing Body shall give the Petitioner Notice of the time, place, and date of the appellate review. The date of appellate review shall not be less than fifteen (15) nor more than ninety (90) days from the date of receipt of the request

for appellate review; provided; however, that when a request for appellate review is from a Petitioner who is under suspension which is then in effect, the appellate review shall be held as soon as the arrangements may reasonably be made, not to exceed forty-fives (45) days from the date of receipt of the request for appellate review. The time for appellate review may be extended for good cause by the Governing Body, or appeal board (if any).

- 6.5.4 Appeal Board. When an appellate review is requested, the Governing Body may sit as the appeal board or it may appoint an appeal board composed of Governing Body members which shall have at least three (3) members. Knowledge of the matter involved shall not preclude any person from serving as a member of the appeal board, as long as that person did not take part in a prior hearing on the same matter. For the purposes of this Section, participating in an initial decision to recommend adverse action shall not be deemed to constitute participation in a prior hearing on the same matter.
- 6.5.5 Hearing Procedure. The proceedings by the appeal board shall be in the nature of an appellate hearing based upon the record of the hearing before the Judicial Hearing Committee, provided that the appeal board may accept additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available to the Judicial Hearing Committee in the exercise of reasonable diligence and subject to the same rights of cross-examination or confrontation provided at the Judicial Hearing Committee hearing; or may remand the matter to the Judicial Hearing Committee for the taking of further evidence and for decision. Each party shall have the right to present a written statement in support of his position on appeal, the right to personally appear and respond, and the right to be represented by an attorney or any other representative designated by the party. At the conclusion of oral argument, the appeal board may there upon conduct, at a time convenient to itself, deliberations outside the presence of the appellant and respondent and their representatives. If an appeal board is appointed, the appeal board shall present to the Governing Body its written recommendations as to whether the Governing Body should affirm, modify, or reverse the Judicial Hearing Committee decision, or remand the matter to the Judicial Hearing Committee for further review and decision. If no appeal board is appointed, the procedures outline in this subsection shall apply to a hearing before the Governing Body.
- 6.5.6 Decision. Within fifteen (15) days after the conclusion of the appellate review proceeding, the Governing Body shall render a final decision in writing. The Governing Body may affirm, modify, or reverse the Judicial Hearing Committee decision, or, in its discretion, remand the matter for further review and recommendation by the Judicial Hearing Committee or any other body or person. Copies of the decision shall be delivered to the Petitioner and to the Credentials Committee, by personal delivery or by certified or registered mail, return receipt requested.
- 6.5.7 Further Review. Except where the matter is remanded for further review and recommendation pursuant to Section 6.5.6, the final decision of the Governing

Body following the appeal procedures set forth in this Section shall be effective immediately and shall not be subject to further review. However, if the matter is remanded to the Judicial Hearing Committee or any other body or person, that committee, body, or person shall promptly conduct its review and make its recommendations to the Governing Body in accordance with the instructions given by the Governing Body. This further review process and the time required to report back shall in no event exceed thirty (30) days in duration except as the parties may otherwise stipulate.

6.5.8 Right to One Hearing. Notwithstanding any other provision of these Policies and Procedures, no Practitioner shall be entitled as a right to more than one (1) judicial, evidentiary hearing and one (1) appellate review on any matter which shall have been the subject of action by either the Credentials Committee or the Governing Body or by both.

6.6 **Exceptions to Hearing Rights**. The fair hearing rights of Sections 5 and 6 do not apply to those persons serving the Facility or exercising privileges pursuant to a contractual arrangement except as required by law and provided in this section. Termination of any such arrangement or privileges for such person shall instead be governed by the terms of their individual contracts and agreements with the Facility. However, the hearing rights of the preceding sections of this Section 6 and of Section 5 shall apply to the extent the Practitioner's Medical Staff membership status or Clinical Privileges are removed, suspended or restricted by (or expressly based on a formal recommendation from) the Credential Committee for a Medical Disciplinary Cause or Reason in a manner requiring the filing of report.

6.6.1 Automatic Suspension or Limitation of Privileges. No hearing is required when a member's license or legal credential to practice has been revoked or suspended as set forth in Section 5. In other cases described in section 5, the issues which may be considered at a hearing, if requested and required by Section 6, shall include evidence concerning whether the member may continue to practice in the Facility with those limitations imposed, and shall not include whether the determination by the licensing or credentialing authority or the DEA was unwarranted.

SECTION 7: COMMITTEES

7.1 **Tenure of Appointment**. The term shall be for one (1) year and until the Committee member's successor is appointed or until the member is removed, resigns, or otherwise ceases to qualify as a member of a Committee, although there is nothing to preclude appointment for successive years. Vacancies on Committees shall be filled for the unexpired portion of the term by the Medical Director.

7.2 **Credentials Committee Duties**. The physician members of the Continuous Quality Improvement Committee shall act as the Credentials Committee until such time as the Governing Body deems it necessary to appoint a separate Committee.

In addition to all duties and responsibilities delegated to the Committee from time to time by the Governing body, the duties of the Credentials Committee shall be as follows:

- 7.2.1 Review credentials of all applicants and to make recommendations for membership and delineation of Clinical Privileges in compliance with these Policies and Procedures.
 - 7.2.2 Report to the Governing Body on each applicant for Medical Staff membership or Clinical Privileges.
 - 7.2.3 Review the credentials of all Medical Staff members and to make recommendations for appointment to the Medical Staff in compliance with these Policies and Procedures.
 - 7.2.4 Report to the Governing Body on each Medical Staff member for reappointment to the Medical Staff.
 - 7.2.5 Review periodically all information available regarding the competence of Staff members and, as a result of such review, to make recommendations for the granting of Privileges and reappointments (this Committee shall consider and take into account the recommendations of the Continuous Quality Improvement Committee in considering reappointment recommendations).
 - 7.2.6 Investigate charges of misconduct by Medical Staff members and make corrective action recommendations concerning staff members to the Governing Body.
 - 7.2.7 Advise the Medical Director in appointment of appropriate medical staff and facility personnel to serve on committees.
 - 7.2.8 Review summary reports submitted by the Continuous Quality Improvement Committee and to approve, reject or amend various Continuous Quality Improvement Committee problems, studies or actions.
 - 7.2.9 Review Continuous Quality Improvement Committee recommendations for yearly changes in the entire Quality Plan.
 - 7.2.10 Review and assess the quality of care provided by Medical Staff members.
- 7.3 **Continuous Quality Improvement Committee Duties.** The duties of the Continuous Quality Improvement Committee shall include the following:
- 7.3.1 Review and assess the quality of care provided by Medical Staff members including evaluating the quality and appropriateness of surgical and anesthesia services.
 - 7.3.2 Review and update surgical procedures that may be performed at the Facility and make recommendations to Governing Body for approval.
 - 7.3.3 Identify and evaluate all present Facility and Medical Staff activities concerned with quality of patient care, including utilization.
 - 7.3.4 Promote the development of standards of care and assist the Medical Staff in organizing continuous quality improvement activities.
 - 7.3.5 Receive, evaluate and coordinate reports of all continuous quality improvement activities of the Facility.
 - 7.3.6 Identify problems in the area of quality of care and utilization and make recommendations to the Credentials Committee concerning actions to correct such problems.
 - 7.3.7 Identify areas of possible substandard care or high risk and set priorities for their investigation and resolution.
 - 7.3.8 Monitor problem resolutions.

- 7.3.9 Review and appraise the Continuous Quality Improvement Plan annually and to submit an annual report to the Credentials Committee.
 - 7.3.10 Review all cases where Facility patients are hospitalized after a Facility procedure.
 - 7.3.11 Suggest quality improvement topics for review by appropriate Medical Staff committees.
 - 7.3.12 Perform tissue review, including recording discrepancies between surgical and tissue diagnoses.
 - 7.3.13 Perform product and equipment review functions including periodic review of the Facility's equipment needs and evaluating changes in pharmaceuticals and disposables.
 - 7.3.14 Review and evaluate any matters referred to it from any administrative committee, including review of Medical Records, and review of Plant and Safety matters relating to quality assurance and/or utilization review.
- 7.4 **Quorum.** A Committee quorum shall be a simple majority, except that a majority of the Committee members present, whether or not a quorum, may adjourn any meeting of this Committee to another time and place. Notwithstanding the previous provisions of this Section, the Committee members present at a meeting at which a quorum is initially present may continue to transact business, notwithstanding the withdrawal of Committee members, so long as any action taken is approved by at least a majority of the required quorum for such meeting.
- 7.5 **Manner of Action.** The action of a majority of the Committee members present at a meeting at which a quorum is present shall be the action of the Committee. Action may be taken without a meeting by unanimous consent in writing, setting forth the action so taken, signed by each member entitled to vote thereon.
- 7.6 **Minutes.** Minutes of meetings shall represent a written report of the business introduced, transactions and reports made, conclusions reached, and recommendations made. The responsibility for the final preparation of the Minutes rests with the Committee Chairman. The responsibility for preparation of the minutes may be delegated to the Administrator. Minutes are to be prepared promptly and maintained in a permanent file, and submitted to the Governing Body without unnecessary delays.
- 7.7 **Attendance Requirements.** Each Committee member shall be required to attend not less than two-thirds (2/3) of all meetings of the Committee. Any Committee member who is compelled to be absent from a meeting of the Committee shall submit to the Chairman, in writing, the reason for such absence. For any Medical Staff member, the failure to meet the foregoing annual attendance requirement, unless excused by the Chairman for good cause shown, shall be grounds for corrective action.

SECTION 8: IMMUNITY FROM LIABILITY AND CONFIDENTIALITY

- 8.1 **Immunity from Liability.** The following shall be express conditions to any Practitioner's application for, or exercise of, Clinical Privileges at the Facility.

- 8.1.1 That any act, communication, report, recommendation, or disclosure, with respect to any such Practitioner, performed or made at the request of an authorized representative of the Facility or any other health care facility, for the purpose of achieving and maintaining quality patient care in the Facility or any other health care facility, shall be privileged to the fullest extent permitted by law.
- 8.1.2 That such privilege shall extend to members of the Facility's Medical Staff and of its Governing Body, its other Practitioners, its Medical Director and his representatives, and to third parties who supply information to any of the foregoing authorized to receive, release, or act upon the same. For the purpose of this Section 8, the term "third parties" means both individuals and organizations from which information has been requested by an authorized representative of the Governing Body or to the Medical Staff.
- 8.1.3 That there shall, to the fullest extent permitted by law, be absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where information involved would otherwise be deemed privileged.
- 8.1.4 That such immunity shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with the Facility or any other health care institution's activities related, but not limited to: a) application for appointment or clinical privileges; b) periodic reappraisals for reappointment or clinical privileges; c) corrective action, including summary suspension; d) medical care evaluations; e) utilization reviews; f) other Facility service or committee activities related to quality patient care and inter-professional conduct.
- 8.1.5 That the acts, communications, reports, recommendations and disclosures referred to in this Section 8 may relate to a Practitioner's professional qualifications, clinical competency, character, mental or emotional stability, physical condition, ethics, or any other matter that might directly or indirectly have an effect on patient care.
- 8.1.6 That in furtherance of the foregoing, each Practitioner shall, upon request of the Facility, execute releases in accordance with the tenor and import of this Section 8 in favor of the individuals and organizations specified in Section 8.1.2. However, execution of these releases is not requisite to the effectiveness of this Section 8.

8.2 Confidentiality Provisions. The personal files of Practitioners, as well as all files, records and related information pertaining to the evaluation and improvement of the quality of patient care, shall be confidential and shall be maintained as such to the fullest extent provided by law. No Medical Staff member shall voluntarily disclose confidential information, oral or written except as is expressly required by law or authorized pursuant to these Policies and Procedures.

SECTION 9: AMENDMENTS

These Policies and Procedures were adopted by the Governing Body on August 6, 2002 and may be amended only by the Governing Body. Such amendments shall be directed in writing by the

Governing Body to the Medical Director who shall then submit copies to each Medical Staff Member.