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APPROVAL PAGE



Medical Staff

CREDENTIALING

and

CLINICAL PRIVILEGES PLAN

Adventist Behavioral Health Eastern Shore Cambridge, Maryland

ARTICLE 1: GENERAL PROVISIONS

PREAMBLE

Adventist Behavior Health seeks to serve its community by providing accessible medical care of consistently high quality. The Hospital thus strives to allow its facilities and equipment to be utilized in a fair and efficient manner by competent health care professionals committed to assisting the Hospital in meeting this objective. The Hospital encourages the application of such professionals to its Medical Staff or Allied Health Professional Staff. Individuals may only provide health care services to Hospital patients if they are members of the Medical Staff and Allied Health Professional Staff or otherwise employed by or under contract to the Hospital.

The Medical Staff of the Hospital, with the approval of the Hospital's Governing Board, has adopted Bylaws, which include certain rules and regulations, in order to provide for governance of the Medical Staff. Subject to the provisions of such Bylaws, and certain State and accreditation requirements, the Hospital has prepared this Manual in order to facilitate the application for and maintenance of privileges on the Hospital's Medical Staff.

This Manual, which has been prepared under the supervision of the Medical Staff Services, is intended to facilitate both the initial application and the biennial reapplication to the Medical Staff of the Hospital.

All members of the Medical Staff and Allied Health Professional Staff of Adventist Behavior Health are credentialed to provide care to patients at the Eastern Shore Campus.

DEFINITIONS

Active Staff, Courtesy Staff, Emeritus Staff, Consulting Staff and Honorary Staff shall refer to Members of either the Physician Staff or as appropriate, unless otherwise specified.

Governing Board means the Governing Board of the Hospital.

Bylaws mean the bylaws, rules and regulations of the Medical Staff.

Hospital's President means the individual appointed by the Governing Board to act in its behalf in the overall management of the Hospital.

Credentials Committee shall mean the Medical Executive Committee, presiding in lieu of Credentials Committee as convened in accordance with the Bylaws.

Director of Medical Staff Services means the individual employed by the Hospital to serve as support the Medical Staff in its day-to-day organizational functions.

Executive Committee means the Executive Committee of the Medical Staff unless specific reference is made to the Executive Committee of the Governing Board.

Hospital means Adventist Behavior Health Eastern Shore, Cambridge, Maryland.

Hospital's President means the individual appointed by the Governing Board to act in its behalf in the overall management of the Hospital.

Medical Staff means all Physician Members who are privileged to attend patients at the Hospital.

Medical Staff Year means the first day of January through the thirty-first day of December of each year, inclusive.

Member means any health care professional admitted to the Medical Staff, unless the context of this Manual requires otherwise.

Physician refers to an appropriately licensed medical physician.

Physician Staff means those Physicians admitted to the Medical Staff.

State means the State of Maryland.

CONFORMITY WITH BYLAWS

This Manual is not intended to replace the Bylaws. It generally describes the rights, privileges and obligations applicable to membership on the Medical Staff of the Hospital, and is a convenient reference document for such provisions. In the event of conflict between this Manual and the Bylaws, the provisions of the Bylaws shall govern.

ADOPTION AND AMENDMENTS

This Manual and any amendments thereto, shall become effective after they have been recommended by the Medical Executive Committee (in lieu of Credentials Committee) and have been approved by the Governing Board.

ACCESS TO MEDICAL STAFF FILES

To preserve and protect the confidentiality of credentialing, peer review and disciplinary proceedings, as required by the Bylaws and State law, no applicant, Member, or past Member shall have access to any information in any files maintained by the Medical Staff Coordinators; provided, however, that the applicant or Member shall have access to such information in the event of credentialing, peer review or disciplinary proceedings at the Hospital involving such applicant or Member. If the applicant or Member requests access to his or her Medical Staff files, the applicant or Member shall be permitted to review such file in the presence of the Medical Staff Coordinator and the President of the Medical Executive Committee; however, in such event, all confidential information (e.g., reference letters, peer review information) shall be removed from the file prior to such review.

The Maryland Board of Physicians or other Regulatory bodies has the legal authority to subpoena copies of a current or past Member's credentialing, peer review and disciplinary proceedings files. The Member will be notified in writing of said subpoena.

The Maryland Department of Health and Mental Hygiene (including but not limited to the Maryland Board of Physicians), Joint Commission, or other Regulatory bodies has the legal authority to review a current or past Member's credentialing files during a survey process or investigation process. Peer review and disciplinary materials will not be shared unless required by subpoena or law, authorized in writing by the Member, or allowed pursuant to a joint credentialing process with an entity that is afforded the same or similar peer review protections.

Confidentiality

All hard copies and electronic credentialing files/information, including computer passwords, are held in the strictest confidence. Access to the file/information of a specific applicant or medical staff member is only on a need-to-know basis.

ARTILE II: PRECEDURE FOR APPOINTMENT

SECTION 1 - PRE-SCREENING

Upon receipt of any request for an Application, the applicant shall be pre-screened before being sent an initial Application. The applicant will be asked to supply documentation of the following threshold requirements:

1. Current, unrestricted license to practice in this State.
2. Current, unrestricted DEA registration.
3. Professional liability insurance in the required amounts.

If the Applicant meets all of these requirements, he shall be provided with an Application. Failure to meet the above threshold requirements shall not be considered an adverse action, and the Applicant shall not be entitled to any hearing and appeal rights under these Bylaws.

SECTION 2 - GENERAL PROCEDURE

Each Practitioner who expresses formal interest in a recognized and appropriate category of membership and privileges, and who satisfies the requirements of Section 1 above, will be provided an application form.

Each Application for appointment to the Staff shall be in writing, submitted on the prescribed form, and signed by the applicant. When an applicant is provided an Application, he shall also be given access to a copy of these Bylaws, the Medical Staff Rules and Regulations, and applicable System policies. The Medical Staff, through its Services, committees, and officers, shall investigate, verify, and consider each Application for appointment or reappointment to any staff status and each request for modification of staff status and shall adopt and transmit recommendations thereon to the Board.

The Medical Staff shall consider each Application for appointment, reappointment, and Privileges, and each request for modification of Medical Staff category using the standards set forth in these Bylaws and Rules. The Board shall be ultimately responsible for granting membership and Privileges. The Medical Staff shall also perform this function for Practitioners who seek temporary Privileges and for AHPs. By applying to the Medical Staff for appointment and reappointment, the applicant agrees that regardless of whether he is appointed or granted the requested Privileges, he will comply with the responsibilities of Medical Staff membership and with these Bylaws, Rules, Hospital, and System policies as they now exist and as they may be modified from time to time.

Any application, whether for initial appointment or reappointment, will not be deemed to be complete and therefore ready for transmission to the Credentials Committee or other applicable Medical Staff Committee, until all information and attachments requested in the application are provided.

SECTION 3 - APPLICANT'S BURDEN (FOR APPOINTMENT AND REAPPOINTMENT)

Applicants for appointment, reappointment, transfer, and/or Privileges shall have the burden of producing accurate and adequate information for a thorough evaluation of the applicant's qualifications and suitability for the requested status or Privileges, resolving any reasonable doubts about these matters and satisfying requests for information. The provision of information containing significant misrepresentations or omissions and/or a failure to sustain the burden of producing information shall be grounds for denying an application or request. Neither the Board nor any Medical Staff committee shall have any obligation to review any application until the applicant completes it in all respects and submits all required information and supporting material. The applicant shall provide accurate, current information on the application. The applicant shall be responsible for resolving any doubts regarding his Application and qualifications for membership and all Privileges requested. The applicant agrees to immediately report to the President/Chief Operating Officer and to the Credentials Committee any change in the information that occurs after an application has been submitted. Any committee or its designee may request the applicant to appear for an interview with regard to his application. Failure to comply with any of these provisions may result in the application being deemed incomplete, or in the denial of membership or Privileges, or may subject the Practitioner to disciplinary action.

SECTION 4 - SUBMISSION OF APPLICATION

The Application shall be submitted to the Medical Staff Office, who shall initially process the Application and then submit it to the Credentials Committee Chairman, or his designee, to have all information verified. The System shall verify the applicant's current licensure, relevant training or experience, current competence and ability to perform the privileges requested.

Current licensure shall be verified with the primary source at the time of appointment and initial granting of clinical privileges, at reappointment or renewal or revision of clinical privileges, and the time of expiration by a letter or computer printout obtained from the appropriate state licensing board or by the primary source's internet site so long as the verification is documented.

At the time of appointment and initial granting of clinical privileges, verification of relevant training or experience shall be obtained from the primary source, whenever feasible. Examples of primary source verification include but are not limited to letters from professional schools, residency or post-doctoral programs and information obtained by credentials verification organizations (CVOs) from designated equivalent sources as stipulated by Joint Commission.

Current competence at the time of appointment and initial granting of clinical privileges shall be verified in writing from authoritative sources that are personally acquainted with the scope and level of the applicant's professional and clinical performance, either in teaching facilities or in

other hospitals. Such documentation shall address the types of outcomes of medical conditions managed by the applicant as the responsible physician and the applicant's clinical judgment and technical skills.

The applicant's ability to perform privileges requested shall be evaluated. Evaluation may include the confirmation of an applicant's statement that no health problems exist that could affect his or her practice. Upon initial application or granting of clinical privileges, the statement shall be confirmed by the director of a training program, the chief of services or chief of staff at another hospital at which the applicant holds privileges, or by a currently licensed physician designated by the hospital. For reappointment or renewal or revision of clinical privileges, the statement shall be confirmed by at least a countersignature on the applicant's statement by the Medical Director.

For all Practitioners and AHPs who are applying for Staff membership or Privileges, the System shall ensure that a query of the National Practitioner Data Bank and of the State licensing authority is performed. As stated above, information verification may be out-sourced at the discretion of the President/Chief Operating Officer and Chairman of the Medical Staff.

SECTION 5 - APPLICATION FORM/INFORMATION REQUIRED

A. Application Form

A single Application form may be developed and utilized for all System facilities to use and approved by the Board. The applicant shall indicate the specific facilities in the System or other Systems at which he desires to exercise Privileges, together with the Privileges requested. A coordinated investigation may be conducted, in accordance with the System's Credentialing rules. Such program may delegate investigatory responsibility to one or more participants in the program. The results of such investigation shall be then reported to the System's Credentialing Committee for processing and recommendation to the Board.

B. Specific Information Required

The information shall include but not be limited to, the following:

- (a) Identifying information – *to include the presentation of a current, valid picture ID from a state, federal or regulatory body;*
- (b) Undergraduate education;
- (c) Postgraduate education;
- (d) Internship;
- (e) Residency/fellowship;
- (f) All past and present System, hospital and other health care entity affiliations;

- (g) Memberships in professional associations, societies, academies, colleges, and faculty/training appointments;
- (h) Specially board certification status;
- (I) State licensure(s) with expiration date(s);
- (j) Drug Enforcement Administration (DEA) registration with expiration date (Federal DEA and State of practice Controlled Substance Registration, if applicable);
- (k) Professional references: References [three (3)] from persons other than family or affiliated by marriage who must have personal knowledge of the applicant's ability to practice within the privileges requested. The professional references should rate the applicant's competence in each of the following areas:
 - i. Medical/Clinical Knowledge
 - ii. Technical and clinical skills
 - iii. Clinical judgment
 - iv. Interpersonal Skills
 - v. Communication Skills
 - vi. Professionalism
- (l) Previous practice data;
- (m) Continuing medical education for the past two years (55% must be in their specialty);
- (n) Bibliography of publications, speeches, and meetings attended, with dates;
- (o) Professional liability insurance, including carrier, amount and dates of coverage, and professional litigation and liability history (past and present);
- (p) Responses to the following questions:
 - (1) Has any professional license of yours, in any jurisdiction, or your DEA registration, ever been denied, limited, suspended, revoked, voluntarily surrendered or otherwise acted against or is any such action pending?
 - (2) Have your Privileges (including but not limited to temporary, locum tenens, admitting, consulting, and assisting) or membership at any health care facility ever been limited, suspended, diminished, denied, modified, revoked, not renewed, voluntarily relinquished, or otherwise adversely acted upon, or is any such action pending?
 - (3) Have your Privileges at any managed care organization (e.g. HMO, PPO, EPA, etc.) ever been limited, suspended, diminished, denied, modified

revoked, not renewed, voluntarily relinquished or otherwise adversely acted upon, or is any such action pending?

- (4) Have you ever been denied or voluntarily relinquished membership, or renewal thereof, or had your membership revoked or otherwise acted against, or been subject to disciplinary action at any health care facility or in any medical or professional organization or is any such action pending?
- (5) Have you ever been notified of an investigation or to appear before any licensing agency (State Board of Examiners, DEA, etc.) for a hearing or complaint with regard to your professional license or DEA certificate?
- (6) Have you ever been indicted for or convicted of a felony or misdemeanor (other than minor traffic offenses) or is any such action pending?
- (7) Has any judgments or settlements been made against you in professional liability cases? If so, on a separate sheet, list the complete case name, the court in which the case is filed, the date of loss, the date you first received notice of the claim, the date of resolution, your insurance carrier and the amount of judgment or settlement paid on your behalf?
- (8) Have any professional liability insurance claims been filed against you or have you reported any malpractice claims to your insurance carrier or have you received any letters of intent to sue?
- (9) Are there any professional liability cases pending against you? If so, on a separate sheet, list the complete case name, court in which it was filed, date of loss, date you first received notice of the claim, its current status, and the name of your insurance carrier and an explanation of the nature of the case?
- (10) Has any insurance carrier canceled, refused coverage, excluded specific procedures from your coverage, or has your insurance been rated up or has a surcharge been imposed by your insurance carrier or is any such action pending?
- (11) Have you ever discontinued practice for any reason (other than for routine vacation or formal education/training) for one month or more?
- (12) Have you ever been sanctioned, suspended, or otherwise restricted from participation in Medicare, Medicaid, or any government or private insurance plan?
- (13) Are you aware of, or have you been advised that you had/have any physical or mental limitations which could impair or have impaired your ability to provide patient care services for which you are seeking Clinical Privileges?

- (14) Have you been hospitalized during the past three years for any particular condition that could impair or has impaired your ability to provide patient care services for which you are seeking Clinical Privileges?
- (15) During the past three years, have you either suffered from or been treated for psychiatric, drug or alcohol problems which could impair or have impaired your ability to provide patient care services for which you are seeking Clinical Privileges?
- (16) Are you presently taking, or have you taken, medications or other substances that could impair or have impaired your ability to provide patient care services for which you are seeking Clinical Privileges?
- (17) During the past three years, have you been denied or had any limitations placed on your health, life or disability insurance coverage for reasons which could affect or have affected your ability to provide patient care services for which you are seeking Clinical Privileges?
- (18) If you answer yes to any of questions 13-17, please explain so that we may determine which, if any, of your patient care services could be impacted and also specify what accommodations you may need to perform those services. The MEC may request specific evidence of health status as it may deem appropriate for these purposes.
- (19) A request for Staff category and, if such is appropriate, the clinical Service assignment desired;
- (20) Clinical Privileges desired;
- (21) A specific signed consent for immunity and release from liability for all individuals involved in and performing the Credentialing function;
- (22) A signed and dated Statement and Release.

C. Effect of Application

By applying for or by accepting appointment or reappointment to the Medical Staff, the Applicant:

1. Signifies his willingness to appear for interviews in regard to his Application for Appointment or Reappointment;
2. Authorizes the Medical Staff and System Representatives to consult with other Systems, hospitals, persons or entities who have been associated with him and/or who may have information bearing on his competence and qualifications or that is

otherwise relevant to the pending review, and authorizes such persons to provide all information that is requested orally and in writing;

3. Consents to the inspection and copying, by System representatives, of all records and documents that may be relevant or lead to the discovery of information that is relevant to the pending review, regardless of who possesses those records and directs individuals who have custody of such records and documents to permit inspection and/or copying;
4. Certifies that he will report to the Credentials Committee and the President/Chief Operating Officer any changes in the information submitted on the Application form that may subsequently occur;
5. Releases from any and all liability the Medical Staff and the System and its representatives for their acts performed in connection with evaluating the Applicant;
6. Releases from any and all liability all individuals and organizations who provide information concerning the Applicant, including otherwise privileged or confidential information, to System representatives;
7. Authorizes and consents to System representatives providing other Systems, hospitals, professional societies, licensing boards, and other organizations concerned with the provider performance and the quality of patient care with relevant information the System may have concerning him, and releases the System and System representatives from liability for so doing;
8. Agrees that the System and Medical Staff may share information with a representative or agent from another System, including information obtained from other sources, and releases each person and each entity who received the information and each person and each entity who disclosed the information from any and all liability, including any claims of violations of any federal or state law, including the laws forbidding restraints of trade, that might arise from the sharing of information and likewise agrees that the System and any and all other Systems may act upon such information.
9. Consents, if deemed necessary by the MEC, to undergo and to release the results of medical, psychiatric, and/or psychological examinations by a Practitioner acceptable to the MEC, at the Applicant's expense,
10. Signifies his willingness to abide by all of the conditions of membership, as stated on the Appointment Application form, on the Reapplication form, and the Release to such Applications, and in these Bylaws and the System's Rules and Regulations.

SECTION 6 – BOARD CERTIFICATION

Effective May 21, 2000, new MD, DO, DPM, and DMD/DDS (Oral Surgeons only) applicants to the medical staff must be board certified or board admissible.

Effective June 27, 2005, all MD, DO, DPM, and DMD/DDS (Oral Surgeons Only) applicants who completed their residency program after January 1, 1990 must be board certified or board admissible by the appropriate Board recognized by the American Board of Medical Specialties or the American Osteopathic Association Boards or by the American Board of Oral and Maxillofacial Surgery or the American Board of Pediatric Dentistry by the American Board of Podiatric Surgery pertinent to their field of expertise and request for privileges.

Effective August 30, 2006, the American Osteopathic Association Boards (AOA) are considered equivalent to the American Board of Medical Specialties (AMBS) Boards for the purpose of credentialing and are accepted for membership and privileges. All new applicants must be board certified in their primary specialty within 3 years of completion of their residency.

If fellowship trained, the applicant must be board certified in their sub-specialty within 3 years of fellowship completion, in order to practice that sub-specialty in this institution.

Effective April 28, 2010, all Dentists coming on staff must be board certified by the American Board of Pediatric Dentistry in their sub-specialty within 3 years of fellowship to practice that sub-specialty in this institution. If a board certification is not available for their sub-specialty (i.e. General Dentistry), this rule does not apply.

Failure to achieve certification within the 3-year grace period will result in automatic termination of medical staff membership and clinical privileges at reappointment anniversary. This termination is not reportable to the National Practitioner Data Bank.

Board Recertification: Effective January 1, 2006, all new applicants who have completed residency in the year 2005 or after must comply with the re-certification requirements of their Board in their primary area of practice

SECTION 7- INCOMPLETE APPLICATION/FURTHER INFORMATION/APPLICATION WITHDRAWN FROM PROCESSING

Any committee or individual charged under these Bylaws with the responsibility of reviewing an Application for appointment, reappointment, or new Clinical Privileges, may request further documentation or clarification from the applicant. The applicant has sixty (60) days from receipt of the request to provide the requested information. Failure to do so will cause the processing of the application to be discontinued and, if this occurs, the committee or individual named above shall so notify the applicant in writing. Any further application submitted by this Practitioner shall be processed as an initial application under these Bylaws. A practitioner with an incomplete application is not eligible for expedited review. Notwithstanding any other provision of these Bylaws, any Practitioner, the processing of whose application is discontinued pursuant to this section, shall not be entitled to the hearing and appeal rights under these Bylaws.

SECTION 8 - REVIEW AND RECOMMENDATION PROCEDURES

A. MEC Review and Recommendations.

Within ninety (90) Days of receipt of the completed Application by the Medical Staff office and after all verification procedures are complete, the Medical Staff office shall forward the Application to the MEC. The Committee shall review the Application, conduct any interviews as it deems appropriate, and within sixty (60) days following receipt of the Application from the Medical Staff Office, the MEC shall submit its written recommendation to the Board relating to membership, and if appointment is recommended, to Staff category, Clinical Privileges, and any special requirements or conditions. The recommendation shall be based on the review of all available information. MEC may take action by recommending that the Board, either: (a) defer making a recommendation for a period not to exceed thirty (30) days; (b) appoint the applicant to a Medical Staff category, and grant Clinical Privileges; or c) reject the applicant's request for membership and/or Privileges.

- (1) Favorable recommendation: When the recommendation of the MEC is favorable to the applicant, the President/Chief Operating Officer will forward it, together with all supporting documentation, to the Board for consideration at its next scheduled meeting.
- (2) Adverse recommendation: When the recommendation of the MEC is adverse to the applicant, the President/Chief Operating Officer shall so inform the applicant within five (5) working days advising him of his hearing and appeal rights under these Bylaws. Notice of an adverse recommendation shall be forwarded to the Board for its information, but shall not be acted upon until after the affected individual has exercised or waived his right to a hearing under these Bylaws.

B. Action by the Board

- (1) Unless subject to the provisions of Article XII of the Bylaws, the Board (or its duly authorized committee) shall act on the matter at its next regular meeting following receipt of the recommendation of the MEC.
- (2) To expedite the appointment, reappointment or renewal process or modification of clinical privileges, the Board, at its discretion, may delegate authority to render those decisions to its duly authorized committee that consists of at least two voting governing body members. Decisions made by the committee shall be reported to the Governing Board at its next regular meeting. An applicant shall not be deemed eligible for the expedited review process if (1) the applicant submits an incomplete application or (2) the MEC makes a final recommendation that is adverse or has limitations.

- (3) In taking action under this Section, the Board shall give great weight to the recommendation of the MEC and shall not act arbitrarily or capriciously.
 - (a) If the Board adopts the recommendation of the MEC, it shall become the final action of the hospital.
 - (b) If the Board does not adopt the recommendation of the MEC, the Board may refer the matter back to the MEC with instructions for further review and recommendation. The MEC shall review the matter and shall promptly forward its recommendation to the Governing Body. If the Board adopts the recommendation of the MEC it shall become the final action of the hospital.
 - (c) If the action of the Board is adverse to the applicant, the President/Chief Operating Officer shall send written notice by Certified Mail to the applicant within five (5) working days advising the applicant that he shall be entitled to the hearing and appeal rights under these Bylaws.
 - (d) An adverse decision of the Board shall not become final until the applicant has exercised or waived his hearing and appeal rights under these Bylaws. The fact that such adverse decision is not yet final shall not be deemed to confer membership or Privileges when none existed before.
- (4) At its next regular meeting, after all of the affected individuals hearing and appeal rights **under these Bylaws have been exhausted or waived, the Board shall take final action.** All decisions to appoint shall include a delineation of Clinical Privileges, Staff category, and any applicable conditions and the applicant shall be so notified.
- (5) Subject to any applicable provisions of Bylaws Article XII, notice of the Board's final decision shall be given in writing through the President/Chief Operating Officer to the applicant within five (5) working days of the final decision. The President shall give notice to the MEC, and the Credentials Committee. In the event a hearing and/or appeal was held, Bylaws Article XII, Section 7 shall govern notice of the Board's final decision.
- (6) Privileges of individuals newly appointed to the staff are considered provisional pending completion of a period of Focused Professional Practice Evaluation as specified in the Policy on Professional Practice Evaluation.

SECTION 9 - DENIAL FOR ACCOMMODATION REASONS

A recommendation by the MEC, or a decision by the Board, to deny Staff status or particular Clinical Privileges, deny reappointment, revoke clinical privileges or Staff status, deny a

requested advancement in Staff status, deny additional Clinical Privileges or reduce Staff status or Clinical Privileges either:

- (1) Because the Hospital does not then provide adequate facilities or supportive services for the applicant and his patients, for whatever reason, including but not limited to utilization levels then existing or services not then offered, or
- (2) Because of inconsistency with the Hospital's plans in respect to its development, including the mix of patient care services to be provided, as currently being implemented, shall not be considered an Adverse Action and shall not entitle the applicant to the procedural rights as provided in Bylaws Article XII. In the event of denial of an Application for Staff status and clinical privileges, denial of reappointment, revocation of Clinical Privileges or Staff status, denial of a requested advancement in Staff status, denial of requested Clinical Privileges or reduction in Staff status or Clinical Privileges because of the exclusivity policy stated in Article I, Section 13, such action shall also not be considered an Adverse Action.

SECTION 10 - PREVIOUSLY DENIED OR TERMINATED APPLICANTS

Notwithstanding any other provision of these Bylaws, if an application is tendered by an applicant who has been previously denied membership and/or Privileges, or who has had membership and/or Privileges terminated, or who has been expelled from Medical Staff membership, or whose prior application was deemed incomplete and withdrawn, and it appears that the application is based on substantially the same information as when previously denied, terminated, expelled or deemed withdrawn, then the application shall be deemed insufficient by the Credentials Committee and returned to the applicant as unacceptable for processing. No such application shall be processed, and no right of hearing or appeal shall be available in connection with the return of such application.

SECTION 11 - TIME PERIODS FOR PROCESSING

Applications for Staff appointment and reappointment shall be considered in a timely manner by those persons required or permitted by these Bylaws to act thereon, and shall be processed within the time limits specified in applicable state law (if any). The Medical Staff Office, upon completing initial processing, collection, and verification tasks, shall transmit the Application to the Credentialing Committee within ninety (90) days after receipt of the completed Application. No such transmittal shall be made, however, unless responses have been received from all references and other requests for information and if all responses are not received within eighty (80) days after being requested, the Application shall be deemed denied and such action shall not be deemed to be an adverse professional review action or recommendation as defined herein. The Medical Executive Committee can decide that the references which have been responded to are adequate even if all have not been received. Upon Applicant's written request and for good cause shown, the Credentialing Committee shall grant an additional ten (10) days for receipt of responses and other information. The Credentialing Committee shall act on the Application no later than sixty (60) days after receiving it from the System Medical Staff Office. The MEC

shall make its recommendation to the Board within sixty (60) days of receipt of the Credentialing Committee report. The Board shall then take action on the Application at its next meeting.

SECTION 12 - THE REAPPOINTMENT PROCESS

A. Application

No appointment shall exceed a two- year period. Within a reasonable period of time prior to the expiration of the Member' State licensure (but not less than one hundred fifty (150) days unless otherwise deemed necessary by the Board), the President/Chief Operating Officer or his designated representative, such as Medical Staff Coordinator, shall provide each Member with an approved Application for Reappointment form which must be completed and returned within thirty (30) Days to the President/Chief Operating Officer for review on behalf of the Credentials Committee. Professionals whose licensure exceeds a two year cycle, shall undergo the reappointment process based on the date of their licensure expiration if such date does not exceed the two-year credentialing cycle. If it does, the professional shall undergo the re-credentialing process according to their two- year cycle and then again upon their licensure expiration date. Thereafter, the licensure expiration date shall begin the two-year credential cycle

Information to be available for review shall include at least the following:

1. Results of Ongoing Professional Practice Review, which includes objective evidence of the individual's professional performance, judgment, and clinical competence based on peer review, performance improvement, physician profile data activities and other activities designed to monitor the efficient and effective delivery of patient care, as applicable by staff category;
2. Evidence of the individual's support of the Medical Staff and System (e.g., medical record deficiency/delinquency status, meeting attendance, committee service, satisfaction of minimum patient care requirements to maintain Staff category, compliance with the Bylaws, rules and regulations, and applicable Hospital and System policies) as applicable by staff category;
3. Evidence of continuing licensure, training, education, and experience;
4. Any request or recommendation for change in Staff category or Clinical Privileges, citing the reasons and supporting information;
5. Evidence of consideration of the Staff Member's health status with respect to his ability to exercise the Privileges granted;
6. Information regarding any sanctions imposed by another health care facility, professional organization, or licensing authority;

7. Malpractice claims experience since the last reappraisal, including at a minimum, final judgments and settlements against the applicant, identifying the case name, court, date of loss, date of disposition, amount paid in judgment or settlement and a description of the case;
8. Membership, awards, or other recognitions conferred, granted or revoked by any professional health care societies, institutions, or organizations;
9. Evidence of current licensure and DEA registration and State Controlled Substance Registration if applicable;
10. Evidence of professional liability coverage (carrier, policy number, amount, expiration date);
11. Information regarding previously successful or currently pending challenges to any licensure or registration (State or district, DEA) or the voluntary relinquishment of such licensure or registration;
12. Information on any Peer Review Organization, governmental, utilization review or third party Payer proceeding or litigation challenging or sanctioning the applicant's patient admission, treatment, discharge, charging, collection, or utilization practices.
13. Information regarding voluntary or involuntary termination of membership or voluntary or involuntary limitation, reduction, or loss of Clinical Privileges at another health care facility;
14. Information regarding the Applicant's clinical practice during the previous appointment
15. Evidence of a query sent to the National Practitioner Data Bank; and
16. Information regarding any pending criminal charges or criminal convictions.

B. Incomplete Reappointment Application

The provisions of Article I, Section 6 govern the effect of a failure to complete a Reappointment Application.

C. Processing Delays

If reappointment processing has not been completed by an appointment expiration date, current membership status and privileges shall terminate. To minimize this risk, applicants are encouraged to return documentation well within the required timeframes and expedite the process by contacting references from whom documented responses are required

D. Verification of Information

The Medical Staff Office shall, within ninety (90) days after receipt of the completed Application for Reappointment, collect or verify additional information made available or requested on the Application. When collection and verification is accomplished by receipt of responses from all persons or entities so contacted, the Medical Staff Office shall transmit the information form and related materials in which the reappointment applicant requests privileges to the Credentials Committee.

E. MEC (Credentials) Action

Within ninety (90) days prior to the end of the appointment period, MEC shall review each Application for Reappointment and all other relevant information available on each professional being considered for reappointment, including all relevant quality assurance information and other clinical practice data requirements as may be developed, and shall transmit to the Board its report and recommendation that appointment be either renewed, renewed with modified staff status and/or Clinical Privileges, renewed with special conditions or terminated. MEC may defer action. Any minority views shall also be reduced to writing and transmitted with the majority report.

The MEC shall forward to the President/Chief Operating Officer for transmittal to the Board prior to the end of the appointment period its report and recommendation that appointment be either renewed, renewed with modified staff status and/or Clinical Privileges, renewed with special conditions or terminated. .

F. Final Processing and Board Action

The procedure provided in Sections 7(C) above shall be followed. For purposes of reappointment, the terms applicant and appointment as used in those sections shall be read, respectively, as reappointment applicant and reappointment.

As stated in 7(C), a duly appointed committee of the Governing Board may expedite the credentialing process by reviewing and evaluating the qualifications and competence of the practitioner. The full Governing Board will consider and, if appropriate, ratify all positive committee decisions at its next regularly scheduled meeting.

An applicant is usually ineligible for the expedited process if at the time of appointment, or if since the time of reappointment, any of the following has occurred: (1) the applicant submits an incomplete application; (2) the MEC makes a final recommendation that is adverse or with limitation; (3) there is a current challenge or a previously successful challenge to licensure or registration; (4) the applicant has received an involuntary termination of medical staff membership at another organization; (5) the applicant has received involuntary limitation, reduction, denial or loss of clinical privileges; or (6) there has been a final judgment adverse to the applicant in a professional liability action.

G. Bases for Recommendations and Actions

Each recommendation concerning the reappointment of an applicant and the Clinical Privileges to be granted upon reappointment, and the action taken with respect thereto, shall be made in the reasonable belief that the recommendation or action is in the furtherance of the effective and efficient delivery of quality health care patient services and related to current competence or professional conduct (which conduct affects or could affect adversely the health or welfare of a patient or patients), and shall be based upon such reappointment applicant's ability to deliver quality patient care; his compliance with policies of the System and Board, these Bylaws and the rules and regulations of the Medical Staff; his disruption, if any, of System operations; his willingness and ability to cooperate and work in harmony with other professionals, System employees and patients, and his meeting of the qualifications for Staff status and fulfilling of the responsibilities of Staff status set forth herein.

H. Requests for Modification of Appointment

A Staff Member or AHP may, either in connection with reappointment or at any other time, request modification of his Staff status, Service assignment or privileges by submitting a written request to the President/Chief Operating Officer. Such request shall be processed in substantially the same manner as provided in this Section 12 for reappointment.

SECTION 13 - CLOSED STAFF OR EXCLUSIVE CONTRACTS

A. Policy

The Board may determine, as a matter of policy from time to time, that certain System clinical facilities and services may be used only on an exclusive basis in accordance with written contracts between the System and qualified professionals selected by the Board. Applications for initial appointment or reappointment or for Clinical Privileges related to those System facilities and services specified in such contract(s) will not be accepted for processing unless submitted with confirmation from the President/Chief Operating Officer that they are from applicants that have an existing or proposed contract with the System.

B. Qualifications

A Practitioner who is providing contract services pursuant to this Section 13 must meet the same membership qualifications, must be processed for appointment, reappointment, and Clinical Privilege delineation in the same manner, and must fulfill all of the obligations for his membership category and Clinical Privileges as any other applicant or Staff Member.

Practice within the System is always contingent upon continued Staff membership, and is also dependent on the Clinical Privileges granted. The right of a Practitioner who is providing contract services to practice within the System is automatically terminated

when his Staff membership expires or is terminated. Similarly, his right to render services under the contract is automatically limited to the extent that his Clinical Privileges are reduced, restricted or terminated.

C. Effect of Termination

The effect of expiration or other termination of a contract upon a Practitioners Staff membership and Clinical Privileges will be governed solely by the terms of the Practitioners contract with the System. If the contract is silent on the matter, then contract expiration or termination will not affect the Practitioners Staff membership or Clinical Privileges, except that the Practitioner may not thereafter exercise any Clinical Privileges for which the System has made exclusive contractual arrangements with another Practitioner.

SECTION 14 - SYSTEM EMPLOYEES

The System may determine as a matter of policy that certain Practitioners may be employed in accordance with a written contract between the System and the Practitioner. An employed practitioner must meet the same membership qualifications, must be processed for appointment, reappointment, and Clinical Privilege delineation in the same manner, and must fill all of the obligations for membership category as any other applicant or Member. The termination of an employed Practitioner shall be handled in accordance with the provisions of Bylaws Article V, Section 8.

SECTION 15 - MEDICO-ADMINISTRATIVE PRACTITIONERS

Practitioners, who have a contract with the System, either full-time or part-time, in a medico-administrative position that includes staff clinical responsibilities or functions, must be Members of the Medical Staff. In addition to any applicable terms of the contract, such Practitioners shall achieve Staff membership and Clinical Privilege delineation through the same procedure as is required for other Medical Staff Members. Any Practitioner so engaged by the System shall not have his Staff membership or Clinical Privileges terminated without the hearing and appeal rights under these Bylaws, unless otherwise specifically stated in the contract between such Practitioner and the System. The right to the hearing and appeal procedures under these Bylaws shall apply if the Practitioners Medical Staff membership status or Clinical Privileges are also terminated, removed, or suspended are independent of the Practitioners contract.

SECTION 16 - LEAVE OF ABSENCE FOR EDUCATION, MEDICAL OR PERSONAL REASONS

A. General Policy

A Member may request a voluntary leave of absence from the Medical Staff by submitting a written request to the President/Chief Operating Officer, who will then transmit this

request to the Credentials Committee and the MEC. The request shall state the reason for and the specific time period of the request, which may not exceed two (2) years. All leaves must be approved by the MEC and the Board. By requesting a leave of absence the Member agrees that as a condition of reinstatement, he will bear the burden of proof to demonstrate to the MEC and the Board that he is qualified for reinstatement. During the period of leave, the Members Clinical Privileges and prerogatives shall be inactive. If the Member comes up for reappointment during his/her leave, the Member shall make application for reappointment to the Medical Staff within the stipulated time frame and must be re-appointed prior to reinstatement.

B. Procedure

At least forty-five (45) days prior to termination of the leave, or at any earlier time, the Member may request reinstatement of his Privileges by submitting a written notice to that effect to the President/Chief Operating Officer, who will transmit this notice to the Credentials Committee and the MEC. The Member shall submit a written summary, detailing any of his professional and patient care activities during the leave. The Credentials Committee shall evaluate the request and may deem it incomplete if all necessary information is not provided. The MEC, on receipt of the recommendation of the Credentials Committee, may deem the request incomplete, may request further information from the Member, may defer action on the request, or may make a recommendation to the Board concerning the reinstatement of the Members Privileges and Prerogatives and any conditions that should be attached. Thereafter, the procedure provided in Article II, Section 2 shall apply.

C. Requesting Reinstatement

Failure without good cause to request reinstatement, to supply sufficient information for the request to be deemed complete, or failure to provide a summary of professional and other activities as above required shall constitute a voluntary resignation from the Staff and from the exercise of Privileges, effective immediately. The MEC shall in its sole discretion, and after giving the Practitioner an opportunity to address the MEC, determine whether good cause exists. Such voluntary resignation shall not be deemed an adverse action or professional review recommendation and shall not entitle the Practitioner to the hearing and appeal rights under these Bylaws. A request for Staff membership subsequently received from this Practitioner shall be treated and processed as an application for initial appointment.

At the discretion of the MEC, reinstatement may be made subject to an observation requirement for a period of time during which the Practitioners clinical performance is observed by one (1) or more designated Medical Staff Members. Such routine observation shall not be considered disciplinary or adverse action and shall not entitle the Practitioner to the hearing and appeal rights under these Bylaws.

SECTION 17 - RESIGNATION FROM MEDICAL STAFF

Any Practitioner who desires to resign from the Medical Staff must submit his letter of resignation, through the President, to the MEC and the President/Chief Operating Officer. Such a Practitioner's subsequent application for Medical Staff membership or Clinical Privileges will not be processed if he has any unfulfilled obligations under these Bylaws or the Rules and Regulations, including, but not limited to, delinquent medical records as set forth in Section 17 below. Any such delinquencies will be reported in response to any requests for references.

SECTION 18 - COMPLETION OF MEDICAL RECORDS PRIOR TO RESIGNATION OR LEAVE

No later than ten (10) days prior to the effective date of any resignation or leave of absence pursuant to Article I, Sections 15 or 16, a Practitioner must satisfactorily complete all medical records and chart requirements, as specified by these Bylaws and by the System, or such Practitioner will be subject to automatic suspension pursuant to Bylaws Article XI, Section 4(A).

ARTICLE III: CLINICAL PRIVILEGES

SECTION 1 - EXERCISE OF PRIVILEGES

Every Practitioner providing direct clinical services within this System, by virtue of staff membership or otherwise, shall, in connection with such practice and except as provided in Sections 3 and 4 below, be entitled to exercise only those Privileges specifically granted to him by the Board. The Privileges must be within the scope of the license authorizing the Practitioner to practice in this State. Regardless of the Privileges granted, each Practitioner must obtain consultation when necessary for the safety of his patients or when required by these Bylaws, the Rules and Regulations and other policies of the Board, the Medical Staff or any of its clinical units, or the System.

SECTION 2 - DELINEATION OF CLINICAL PRIVILEGES

A. Application

Clinical Privileges may be granted only upon formal request on forms provided by the System with subsequent processing and approval. Every Application for Staff appointment and reappointment must contain a request for the specific Clinical Privileges desired by the applicant. A request by a Member for a modification of Privileges must be supported by documentation of additional training and/or experience supportive of the request.

B. Basis for Privilege Determination

Requests for Clinical Privileges shall be evaluated on the basis of the Practitioner's license, training, documented experience, and education; his demonstrated current competence (which may be gleaned from results of treatment, performance improvement conclusions, and Board certification, among others); any required references; and other relevant information, including health status as it may affect the Practitioner's ability to exercise the Privileges if granted. In granting Privileges, consideration must be given to objective information received from sources outside the System; to the need for an adequate ongoing experience (volume) to maintain proficiency; to the System's ability to support such patient care services; and to the objective findings of patient care evaluation and peer review activities. Peer input shall be obtained and considered in the determination of Clinical Privileges. All information relating to the granting or denial of Privileges shall be added to and maintained in the System's files established for a professional.

C. Procedure

All requests for Clinical Privileges shall be processed, evaluated, granted, modified, and/or derived pursuant to the procedures outlined in Bylaws Article III for Medical Staff membership.

D. Unavailable Clinical Privileges

Notwithstanding any other provisions of these Bylaws, to the extent that any requested Clinical Privileges are not available within the System (whether because of exclusive contract, lack of facilities, policy decision of the Board, or otherwise), the request shall be rejected without the necessity of processing pursuant to Section 2 above. Because such a rejection is unrelated to the applicants' qualifications, an applicant whose request is so rejected shall not be entitled to the hearing and appeal rights under these Bylaws, and such a rejection shall not be considered an Adverse Action as defined herein.

E. Special Conditions for Privileges

Requests for Clinical Privileges from non-physician practitioners shall be processed, evaluated and granted or denied in the manner specified in Section 2 above. As stated in the Rules and Regulations, all patients shall have a prompt history taken and comprehensive physical examination performed by a qualified physician or a licensed independent practitioner, such as a nurse practitioner or resident, who has delineated privileges to do so. A physician member of the Medical Staff or a licensed independent practitioner, such as a nurse practitioner or resident who has delineated privileges, shall be responsible for the care of any medical problem that may be present at the time of admission or that may arise during hospitalization and shall determine the risk and effect of any proposed procedure on the total health status of the patient.

Only Physician members of the Medical Staff, who have delineated privileges to do so, may write orders for admission and orders for psychotropic medications, seclusion and restraint as these therapeutic orders are considered to be high risk therapeutic interventions.

SECTION 3 - TEMPORARY PRIVILEGES

A. Qualifications for Temporary Privileges

Prior to Temporary Privileges being granted, a Practitioner must demonstrate that he has appropriate professional qualifications, a valid State license, a current DEA registration, a current CDS license (if applicable) and professional liability insurance coverage, and a query must be submitted as required by federal law to the State licensing agency (See Section 3 C. below for additional conditions). By applying for Temporary Privileges all Practitioners agree to be bound by the Medical Staff Bylaws, Rules, Regulations, and applicable Hospital, System, and Board policies.

B. Authority to Grant Temporary Privileges/Conditions

The President/Chief Operating Officer, with the written concurrence of the Medical Director and the chairman of the MEC, may grant Temporary Privileges under the circumstances noted below. In all cases, Temporary Privileges shall be granted for a

specific period of time, not to exceed one hundred twenty (120) days. Temporary Privileges shall terminate automatically at the end of the specific period for which they were granted, without the hearing and appeal rights set forth in these Bylaws. Special requirements of supervision and consultation may be imposed upon the granting of Temporary Privileges.

1. Care of a Specific Patient. Temporary Privileges may be granted to an appropriate Licensed Independent Practitioner when that LIP possesses the necessary skills to provide care to a patient that an LIP currently privileged does not possess. Such privileges shall be restricted to where urgent patient care matters are of necessity and the existing medical staff does not have the expertise to address the specific clinical need (s) of the patient. Privileges will be limited to 120 days or the duration of the patient's hospitalization, whichever is less. In these circumstances, the President/ COO, upon recommendation of either the applicable clinical department or the president of the medical staff, may grant temporary privileges, if current licensure and competence are verified.
2. Locum Tenens. Temporary Privileges may be granted to an appropriately qualified practitioner serving as locum tenens for a Member of the Medical Staff. Such Privileges shall be limited based on the locum tenens Practitioner's individual training, experience and qualifications, and be for a period of no more than one-hundred-twenty (120) days.
3. Pending Appointment to the Medical Staff. In addition to the general requirements noted in above, the applicant must submit a complete application with all appropriate accompanying documents including a copy of his/her current license, current DEA registration, any specialty claimed and documentation of the current requisite amount of professional liability insurance coverage. Under no circumstances shall Temporary Privileges be extended under this paragraph for more than a total of 120 Days. The applicant shall be under the supervision of the Medical Director. All of the care provided by the Practitioner can be reviewed during this period. Special consultation requirements and reporting may be imposed by the supervising Medical Director.

C. Conditions

Temporary Privileges shall be granted only when the information available reasonably supports a favorable determination regarding the requesting professional's or applicant's qualifications, ability and judgment to exercise the privileges requested. Specifically, the President/ COO may grant temporary privileges upon recommendation of either the applicable clinical department chairperson or the president of the medical staff, if (1) there is verification of current licensure, relevant training or experience, current competence, ability to perform the privileges requested, and other criteria required by these Bylaws; (2) the results of the National Practitioner Data Bank query have been obtained and evaluated; (3) there is no inconsistency in or excessive amount of liability insurance; and (4) the applicant has a complete application, no current or previously successful challenge to licensure or registration, not been subject to involuntary termination of medical staff

membership at another organization, and not been subject to involuntary limitation, reduction, denial or loss of clinical privileges.

During the period of temporary privileges granted pending application, such applicant can be subject to proctoring and supervision by Member of Active Staff, to be designated by Medical Director and President/Chief Operating Officer, pursuant to such procedures as outlined in the Rules. Special requirements of consultation and reporting may be imposed by, and in the discretion of, the chairman of the Service responsible for supervision of a professional or applicant granted temporary privileges. The monitoring and proctoring activities contemplated herein are not to be viewed as a disciplinary measure, but rather as an information gathering measure. Monitoring and proctoring does not give rise to the procedural rights granted in these Bylaws unless they become a restriction on Clinical Privileges because procedures cannot be done unless a proctor is present and proctors are not available after reasonable attempts to secure a proctor. Proctoring shall be deemed successfully completed when the Practitioner completes the required number of proctored cases and within the time frame established herein and in the Rules.

Before Temporary Privileges are granted, the professional or applicant must acknowledge in writing that he has received and read the Medical Staff Bylaws, Rules and Regulations and that he agrees to be bound by the terms thereof in all matters relating to his temporary privileges.

D. Termination

The President/Chief Operating Officer may at any time upon reasonable notice under the circumstances and for any reason, after consultation with the Service chairman responsible for supervision or the chairman of the medical executive committee, terminate any or all Temporary Privileges granted. In the event of any such termination, the professional's patients then in the System shall be assigned to another professional by the Service chairman responsible for supervision. The wishes of the patient shall be considered, where feasible, in choosing a substitute.

E. Rights

No professional shall be entitled to the procedural rights afforded by Bylaws Article XII because of his inability to obtain Temporary Privileges or because of any termination or suspension of Temporary Privileges. Denial or termination of Temporary Privileges shall not be deemed to be an Adverse Action as defined herein.

SECTION 4 - EMERGENCY PRIVILEGES

A. Privileges

In an emergency, any Practitioner to the degree permitted by his license and regardless of Service or Medical Staff status or lack of it, shall be permitted and assisted to do everything he deems necessary and appropriate to save the life of or to prevent serious harm to a patient. The President/Chief Operating Officer and Medical Director, at their

discretion and on a case by case basis, shall have the authority to grant Emergency Privileges in situations in which the emergency management plan has been activated. In the case of an emergency, any professional, to the degree permitted by his license and regardless of service, staff status or Clinical Privileges, shall be permitted to do, and be assisted by Hospital personnel in doing, everything possible to save the life of or to prevent serious harm to a patient.

The President/Chief Operating Officer or Medical Director or their designee may grant emergency privileges upon presentation of any of the following: (1) A current picture hospital ID card; (2) a current license to practice and a valid picture ID issued by a state, federal or regulatory agency; (3) identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT); (4) identification indicating that the individual has been granted authority to render patient care in emergency circumstances, such authority having been granted by a state, federal or municipal entity; and (5) presentation by current hospital or medical staff member(s) with personal knowledge regarding the practitioner's identity.

B. Conclusion of Emergency

As soon as the emergency situation is under control, the verification of credentials and privileges for those who receive emergency privileges shall be initiated. The credentialing and privileging process shall be the same as that of those who request temporary privileges to, as stated above. In the event such privileges are the physician's patients shall be assigned to an appropriate member of the Medical Staff.

C. Definition of Emergency

For the purpose of this Section, an "Emergency" is defined as a condition in which serious or permanent harm could result to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that harm or danger. Additionally, an emergency exists when the emergency management plan has been activated.

SECTION 5 - CHANGE IN MEMBERSHIP

A Staff Member may, at any time, request a change of his Staff category or Privileges by submitting a written request to the President/Chief Operating Officer. Such request shall be processed in substantially the same manner as an initial appointment application.

SECTION 6 - RELINQUISHMENT OF PRIVILEGES

A Practitioner who wishes to limit or relinquish specific Clinical Privileges shall send written notice to the President/Chief Operating Officer, identifying the particular privileges to be relinquished or limited. A copy of this notice shall be forwarded to the Medical Staff office for inclusion in the Member's credentials file. The Medical Staff Office will notify the Medical Director and Medical Executive Committee.

ARTIICAL IV: CREDENTIALING AND CLINICAL PRIVILEGES PLAN

SECTION 1- INTRODUCTION

This Credentialing and Clinical Privileges Plan (“Plan”) guides the credentialing function of the Medical Staff and Health Professional Affiliates in accordance with the Governing Board Bylaws, the Medical Staff Bylaws and the Performance Improvement Plan of Adventist HealthCare, Inc. d/b/a Adventist Behavioral Health. It defines the process by which competency and qualifications are determined and reviewed as the basis upon which privileges are granted for the provision of clinical services in this facility.

The criteria in this plan are defined and approved by the Medical Staff, the Medical Executive Committee and the Governing Board and are reviewed at least annually.

SECTION 2 - GOAL

The goal of the Plan is to define the criteria that form the basis of a facility-specific mechanism for granting, renewal and/or revision of clinical privileges. The intent of the plan is to assure the current competence of the clinical staff who provide direct services to patients and to assure provision of the same level of quality care to all patients.

The core criteria for credentials review consist of (1) current licensure by the state in which the practitioner is to perform clinical responsibilities; (2) relevant training or experience; (3) current competence; and (4) ability to perform clinical responsibilities (physically and mentally able to perform clinical responsibilities in the requested areas.)

Primary source verification for the initial granting, renewal, or revision of credentials and privileges shall be obtained.

SECTION 3 - CLINICAL STAFF DEFINED

For purposes of this plan, the clinical staff is defined as those professionals who have been granted privileges to provide direct treatment services to patients within the facility. The clinical staff is composed of two categories:

- a. Medical Staff: An organized staff consisting of licensed physicians.
- b. Health Professional Affiliates: Mental health professionals who are granted specific privileges to provide services to patients including, but not limited to, psychologists, social workers, nurse practitioners, and registered dietitians.

SECTION 4 - PRIVILEGE LEVEL

For non-physician clinical staff members, all privileges will be exercised under the direction of the attending physician.

- a. Full Privileges allow independent practice of privileges under the guidance and direction of the attending physician.
- b. Limited Privileges allow the practice of privileges only under direct supervision, guidance and direction of the attending physician.
- c. Temporary Privileges may be granted in accordance with the Medical Staff Bylaws.

SECTION 5 - CLINICAL PRACTICE BY FACILITY EMPLOYEES AND CONTRACT PRACTITIONERS

The scope of this plan does not cover clinical practice by facility employees and/or contract practitioners unless otherwise deemed prudent and necessary by the Governing Board and Medical Executive Committee.

- a. Qualifications of facility employees, including education, training, experience, licensure, and competency shall be determined and verified through the administrative employment process of the facility pursuant to approved policies and procedures. Any privileges exercised by such staff will be defined by the written description of required position responsibilities. Supervision of employees will occur pursuant to the administrative organizational chart.
- b. Qualifications of contract practitioners, including education, training, experience, licensure, and competency shall be determined and verified through the administrative process prior to the effective date of the written contract. Any privileges exercised by such staff will be defined by the written contract and/or position description, as appropriate. Supervision of contract staff will occur pursuant to the administrative organizational chart.

SECTION 6 - AUTHORITY AND RESPONSIBILITY

The Governing Board of Adventist HealthCare, Inc. d/b/a Adventist Behavioral Health, having final authority for the provision of the quality of care of patients, has delegated the authority and responsibility for such provision of high quality care to the medical staff. The Bylaws of the Governing Board require that the medical staff conduct and be accountable for all activities that contribute to maintaining and enhancing the high quality and efficiency of patient care provided in this facility.

- a. Each professional seeking to provide clinical services shall make formal application to the Chief Operating Officer of the facility, who is responsible to assure that the application is processed in a timely manner and forwarded to the Medical Executive Committee for peer review and recommendation.
- b. The Medical Executive Committee shall perform the credentials review function. It is responsible to evaluate all applications for appointment, reappointment and privilege delineation in a timely manner. Its actions and recommendations for privileging and credentialing shall be presented to the Governing Board for final action. The Committee may, in its discretion, obtain and receive consultation from an individual of the appropriate discipline or specialty in formulating its recommendations.6.3 It is recognized that new specialties and subspecialties have recently been added to psychiatry, medicine, neurology, etc., and that new specialties and subspecialties will be added. Because of this ongoing process, the MEC will retain the authority to revise all Requests for Privileges and make exceptions to the below delineations when it is clear and convincing that a practitioner has the documented skills requested by experience and/or training even though the request for a privilege does not follow the delineations to the exact degree specified below. The rationale for any exceptions will be documented at the time they are made in the practitioner's file.

SECTION 7 - DELINEATION OF PRIVILEGES

- a. Practitioners shall practice only within the scope of their granted privileges. Violations of privilege delineation are considered serious breach of professional conduct and will be referred to the Peer Review and Medical Executive Committee for review and possible disciplinary action Following are the specific medical privileges.
 1. Admission to Adult Psychiatry Services
 2. Admission to Adolescent Psychiatry Services
 3. Admission to Addictive Disease Program
 4. Admission to Geriatric Services
 5. Admission to Partial Hospitalization
 6. Admission to Residential Treatment Center
 7. Admission to Intensive Outpatient Program
 8. Outpatient Treatment Services
 9. Psychiatric Consultation - Adult
 10. Psychiatric Consultation - Adolescent
 11. Psychiatric Consultation - Child
 12. Medical History and Physical Examination
 13. Psycho-pharmacotherapy
 14. Individual Psychotherapy
 15. Group Psychotherapy
 16. Family Psychotherapy
 17. Chemical Dependency Group Therapy

18. Addictionology
 19. Medical Specialty
- b. Specific Privileges for Independent Practitioners and Health Professional Affiliates
1. Psychological Testing/Evaluation - Adult
 2. Psychological Testing/Evaluation - Adolescent
 3. Psychological Testing/Evaluation - Child
 4. Neuropsychological Testing/Evaluation - Adult
 5. Neuropsychological Testing/Evaluation - Adolescent
 6. Neuropsychological Testing/Evaluation - Child
 7. Individual Psychotherapy - Adult
 8. Individual Psychotherapy - Adolescent
 9. Individual Psychotherapy - Child
 10. Group Psychotherapy - Adult
 11. Group Psychotherapy - Adolescent
 12. Group Psychotherapy - Child
 13. Educational Testing/Evaluation
 14. Vocational Testing/Evaluation
 15. Medical History and Physical Examination
 16. Pharmacotherapy
 17. Dictation of Discharge Summaries

SECTION 8 - CONFIDENTIALITY OF CREDENTIALS

All applications for clinical staff, related correspondence and records pertaining to verification of credentials and delineation of privileges are confidential and shall be maintained as such in the CVO office in the custody of the Medical Staff Verification Coordinator.

It is the responsibility of the Chief Executive Officer to assure that the clerical processing of any application for appointment or reappointment by the CVO service, maintains it files in a confidential manner.