

SHANDS AT LIVE OAK

ALLIED HEALTH PROFESSIONAL
POLICY ON APPOINTMENT AND REAPPOINTMENT

Adopted by Shands Teaching Hospital and Clinics, Inc.
Board of Directors, _____

Revised, November 18, 2004

| | |
|--|-----------|
| ARTICLE I | 1 |
| ARTICLE II | 1 |
| SECTION 1. INDEPENDENT ALLIED HEALTH PROFESSIONALS: | 1 |
| SECTION 2. DEPENDENT AHPs: | 2 |
| ARTICLE III | 2 |
| SECTION 1. PRE-APPLICATION REQUIREMENTS: | 2 |
| SECTION 2. QUALIFICATIONS: | 2 |
| SECTION 3. APPLICATION: | 3 |
| SECTION 4. UNDERTAKINGS: | 5 |
| SECTION 5. BURDEN OF PROVIDING INFORMATION: | 6 |
| SECTION 6. AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION: | 6 |
| SECTION 7. PRIMARY SOURCE VERIFICATION: | 7 |
| ARTICLE IV | 7 |
| SECTION 1. REVIEW OF APPLICATION OF IAHP: | 7 |
| UPON RECEIPT OF ALL THE INFORMATION OR MATERIALS DEEMED PERTINENT, THE AHP APPLICATION SHALL BE FORWARDED TO EXECUTIVE COMMITTEE, WHO SHALL REVIEW THE APPLICATION, THE SUPPORTING DOCUMENTATION, EVIDENCE OF ADHERENCE TO ACCEPTED PROFESSIONAL ETHICAL STANDARDS AND BEHAVIOR, AND SUCH OTHER INFORMATION AVAILABLE THAT MAY BE RELEVANT TO CONSIDER. THE EXECUTIVE COMMITTEE SHALL SUBMIT ITS RECOMMENDATION REGARDING EACH APPLICATION TO THE BOARD FOR FINAL ACTION. | 7 |
| SECTION 2. REVIEW OF APPLICATION OF DAHP: | 7 |
| SECTION 3. ADVERSE RECOMMENDATIONS: | 8 |
| SECTION 4. BOARD APPROVAL: | 8 |
| SECTION 5. TIME FOR FINAL ACTION: | 8 |
| ARTICLE V | 8 |
| SECTION 1. LEAVE OF ABSENCE | 8 |
| SECTION 2. CHANGE IN CATEGORY | 8 |
| ARTICLE VI | 9 |
| SECTION 1. PREROGATIVES: | 9 |
| SECTION 2. RESPONSIBILITIES: | 9 |
| ARTICLE VII | 9 |
| SECTION 1. TERM OF APPOINTMENT: | 9 |
| SECTION 2. APPLICATION FOR REAPPOINTMENT: | 9 |
| SECTION 3. FACTORS TO BE CONSIDERED: | 10 |
| SECTION 4. PROCESSING THE REAPPOINTMENT APPLICATION: | 10 |
| SECTION 5. APPLICATION FOR INCREASED CLINICAL PRIVILEGES/SCOPE OF PRACTICE: | 11 |
| ARTICLE VIII | 11 |
| SECTION 1. CORRECTIVE ACTION PROCEDURES: | 11 |
| SECTION 2. HEARING RIGHTS AND PROCEDURE: | 11 |
| SECTION 3. APPEALS PROCESS..... | 14 |
| SECTION 4. FINAL BOARD ACTION | 15 |
| ARTICLE IX | 15 |
| SECTION 1. INITIATION: | 15 |
| SECTION 2. EXECUTIVE COMMITTEE RECOMMENDATION: | 15 |
| SECTION 3. ADOPTION: | 15 |

ARTICLE I

DEFINITIONS

The following definitions shall apply to terms in this Policy:

- (1) "Administrator": the Administrator of Shands at Live Oak
- (2) "Allied Health Professional": an individual, other than a member of the medical staff, who is licensed or certified by the appropriate licensing or certifying agency, as appropriate, and who is qualified to provide health care services, either dependently or independently, in a discipline or practice area approved by the Board.
- (3) "Board": the Board of Directors of Shands HealthCare.
- (4) "Executive Committee": the Executive Committee of the Medical Staff.
- (5) "Hospital": Shands at Live Oak
- (6) "Medical Staff": medical and osteopathic physicians, and podiatrists who have met the requirements of the Medical Staff Bylaws and who have received an appointment by the Board
- (7) "Practitioner": unless otherwise indicated by context, a physician, or podiatrist who is a member of the Medical Staff.

Deleted: dentist

ARTICLE II

CATEGORIES OF ALLIED HEALTH PROFESSIONALS

Qualified individuals in Allied Health Professional ("AHP") categories approved by the Board, and deemed by Hospital to be necessary and/or beneficial to the appropriate delivery of care for patients in Hospital, may be granted clinical privileges/scope of practice in accord with and subject to this Policy.

Section 1. Independent Allied Health Professionals:

- (a) For the purposes of this Policy, Independent Allied Health Professionals ("IAHP") are those individuals in AHP categories that, in accordance with state law, (1) may provide care to patients without direct physician supervision and/or direction; and (2) exercise independent judgement in the provision of care, testing, and/or treatment to a patient. IAHPs include: advanced registered nurse practitioners; physician assistants, and psychologists.

- (b) An IAHP who wishes to provide patient care services in the Hospital must apply for clinical privileges in accordance with this Policy, regardless of employment or contract services status with Shands HealthCare.

Section 2. Dependent AHPs:

- (a) For the purposes of this Policy, Dependent AHPs (“DAHP”) are those AHPs that, in accordance with state law, (1) provide care to patients under some type of supervision or direction; and/or (2) do not exercise independent judgement in the provision of care, testing, and/or treatment to a patient. DAHPs include: ophthalmic assistants; cardiovascular perfusionists; cardiographic technicians/technologists; clinical exercise physiologists; clinical pharmacists; clinical social workers; dental assistants; EEG technologists; genetic associates; massage therapists; medical assistants; nurses; occupational therapists; physical therapists; respiratory therapists; certified orthotists; radiation oncology physicists; speech pathologists/audiologists; and surgical assistants.
- (b) A DAHP who is not employed by, or providing services subject to a contract with, Shands HealthCare who wishes to provide patient care services in the Hospital must apply for a scope of practice in accordance with this Policy. A DAHP who is employed by or subject to a contract with Shands HealthCare is not eligible for the application process for scope of practice under this Policy.

ARTICLE III

APPLICATION FOR CLINICAL PRIVILEGES/SCOPE OF PRACTICE

Each member of the AHP Staff of Shands at Live Oak at the time of this Policy’s adoption shall maintain her/his current appointment and privileges/scope of practice through the end of her/his current appointment period. Each such member will be appointed to the most appropriate AHP category. Reappointment and/or a request for change in clinical privileges/scope of practice for such AHP members shall be processed in accordance with this Policy.

Section 1. Pre-application Requirements:

Application for clinical privileges/scope of practice for AHPs shall be provided only to individuals in disciplines or categories that have been approved by the Board and who can document that they meet the minimum objective criteria for appointment as an AHP. Individuals who are not eligible to receive an application shall not be entitled to any procedural rights of review in connection with such ineligibility.

Section 2. Qualifications:

AHPs who meet the minimum licensure, education and/or training requirements specified in the “Guidelines for Allied Health Professionals”, attached hereto and incorporated herein as Appendix A, are eligible to apply for clinical privileges or scope of practice, as appropriate.

- (a) Minimum qualifications and criteria for exercise of clinical privileges by IAHPs shall be established. Qualifications and criteria may relate to training, experience, specialty or subspecialty certification and other pertinent factors. Qualifications and criteria must be approved by the Executive Committee and the Board, must be reviewed at least every two (2) years, and shall form the basis for clinical privileges recommendations.
- (b) Qualifications and criteria and job descriptions/scope of practice guidelines for DAHPs shall be developed by the Executive Committee in consultation with the Shands HealthCare Human Resources Department and/or the relevant department(s).

Section 3. Application:

- (a) The application for appointment to the AHP Staff shall be submitted in writing on the prescribed form and signed by the applicant. The application shall include detailed information concerning the applicant’s professional qualifications, including, at a minimum:
 - (1) the names and complete addresses of at least four professionals who are familiar with the applicant’s current clinical competency. Not more than one may be associated or about to be associated with the applicant in a professional practice. At least one reference shall be from the same professional and specialty area as the applicant; and none of the references may be related to the applicant;
 - (2) the names and complete addresses of any and all hospitals or other healthcare institutions at which the applicant has worked or trained;
 - (3) information as to whether there have been any previously successful or currently pending challenges which have or may result in any of the following being denied or voluntarily or involuntarily suspended, reduced, revoked, relinquished or withdrawn, or not renewed for any reason: membership status and/or clinical privileges/scope of practice at any hospital or healthcare institution; membership in local, state, or national professional organization; professional certification; license(s) to practice any profession in any jurisdiction; or Drug Enforcement Agency (DEA) or Prescriber Registration;
 - (4) information as to whether the applicant has ever been subjected to any disciplinary action by any of the institutions or agencies at which the applicant has worked or trained, including, but not limited to, mandatory chart review, requirements for continuing education, probation (subsequent to initial probation period upon first application);
 - (5) information regarding the applicant’s current and past professional liability insurance coverage, the names of the insurance companies, and the amounts and classifications of such coverage
 - (6) information about whether any malpractice actions (including notice of intent), arbitrations, or other proceedings have ever been instituted against the applicant;

- (7) information about whether any professional liability carriers have ever denied, cancelled, limited, or not renewed the applicant's liability coverage;
- (8) information about whether the applicant has any physical or mental condition which would prevent her/him, with or without reasonable accommodation, from performing professional or practice duties required for the privileges/scope of practice requested;
- (9) information about whether the applicant has ever been reprimanded, censured, excluded, suspended, or disqualified by any private health insurance program, Medicare or Medicaid;
- (10) information about whether the applicant's privileges/scope of practice have ever been limited, suspended, revoked, or cancelled, either temporarily or permanently by any healthcare organization;
- (11) information about whether the applicant has ever been convicted of a felony, or is presently under indictment for a felony;
- (12) information about whether the applicant has, within the last year, engaged in the use of illegal drugs or any other substance that could impair the applicant's ability to perform his/her professional or practice duties;
- (13) information about whether the applicant has ever been the subject of any investigation by a state license board or certification agency, Medicare, Medicaid, hospital or managed care organization;
- (14) a copy of the applicant's current license and/or certification to practice in Florida, if applicable;
- (15) a copy of the applicant's DEA or Prescriber registration, if applicable;
- (16) a copy of the applicant's current, dated Curriculum Vitae which reflects, at a minimum, all professional activities since degree awarded and all educational activities;
- (17) a copy of Basic Life Support, or equivalent, certification, if applicable;
- (18) a copy of the protocol submitted to the State of Florida for physician sponsorship, if appropriate;
- (19) a copy of the current certificate of liability coverage which indicates the effective dates, amount and coverage exclusions and identifies the applicant by name;
- (20) the applicant's dated signature on the prescribed authorization and release form, as described in Section 6 of this Article, and
- (21) such other information as the Board may require;

- (22) a current picture hospital ID card or a valid picture ID issued by a state or federal agency shall be presented for verification that the individual requesting approval is the same individual identified in the credentialing documents.
- (b) The application shall be accompanied by a request for specific clinical privileges/scope of practice, signed by the sponsoring practitioner(s), if appropriate, and including the following:
 - (1) the specification of clinical responsibilities
 - (2) the services to be provided and procedures to be performed (which may be defined by terms of employment or a contract)
 - (3) responsibility for recording and documentation in the patient's medical record, and
 - (4) the degree of supervision to be provided, and by whom.

Section 4. Undertakings:

The following undertakings shall be applicable to every AHP applicant for appointment/reappointment as a condition of consideration of such application and as a condition of continued AHP staff appointment :

- (a) an agreement to be bound by all policies, procedures, bylaws and/or rules and regulations of the Hospital and/or Shands HealthCare;
- (b) an acknowledgement that the applicant has the burden of producing adequate information for a proper evaluation of her/his competence, character, ethics, health status and other qualifications, and of resolving any questions about such qualifications;
- (c) an agreement to appear for an interview, if requested, and acknowledgement that failure to produce requested information or appear for a requested interview will prevent the application from being evaluated and acted upon;
- (d) an agreement to undergo a physical and/or mental health examination at any time, at the request of the Executive Committee or the Board. Such request shall be supported by a statement of reasons;
- (e) an attestation that the information in the application is true, complete and correct, and an agreement to notify Shands HealthCare, in writing and in a timely fashion, of any changes or additions to the information provided by the applicant;
- (f) an acknowledgement that as a condition of making an application, any misrepresentation, misstatement, or omission, may constitute cause for automatic and immediate rejection of the application, including acknowledgement that, in the event that approval has been granted prior to the discovery of such misrepresentation, misstatement, or omission, such discovery may result in immediate termination from the AHP staff;

- (g) a pledge to provide for continuous quality patient care for her/his patients if granted clinical privileges/scope of practice.

Each AHP applicant for clinical privileges or scope of practice shall specifically agree to these undertakings as part of the application.

Section 5. Burden of Providing Information:

The AHP applicant shall have the burden of providing adequate information for a proper evaluation of her/his competence, character, ethics, and other qualifications, and of resolving any questions about such qualifications. The AHP applicant shall have the burden of providing evidence that all the statements made and information given on the application are true and correct. An application is not considered complete until all information requested by the Hospital has been received, including: an application form with all required responses provided; verification, if required, of all necessary information; adequate responses from references; and any other additional information deemed necessary and appropriate. It is the responsibility of the AHP applicant to ensure that the application is complete. An application shall be deemed incomplete if at any time during the evaluation the need arises for new, additional, or clarifying information. An incomplete application will not be processed.

Should information provided in the AHP application change during the course of an appointment, the AHP must provide notice of such change and sufficient information about such change for appropriate review and assessment. Applications which are not complete within five months because of a failure of an applicant to provide requested information shall be deemed expired.

Section 6. Authorization to Obtain and Release Information:

The following statements, which shall be included on the application form for appointment/reappointment, and which form a part of this policy, are express conditions applicable to any AHP applicant. By applying for clinical privileges or scope of practice, the AHP applicant expressly accepts these conditions during the processing and consideration of her/his application, whether or not s/he is granted clinical privileges or scope of practice. This acceptance also applies during the time of any appointment or reappointment to the AHP staff.

- (a) Authorization to Obtain Information: The applicant shall specifically authorize Shands HealthCare to inspect all records and documents that may be material to evaluating her/his professional qualifications and competence and to carry out the clinical privileges or scope of practice requested, as well as her/his moral and ethical qualifications. The applicant shall specifically authorize Shands HealthCare and its authorized representatives to consult with any individual(s) and/or entities who may have information, including, but not limited to, otherwise privileged or confidential information, bearing on the professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior or any other matter bearing on the satisfaction of the criteria for granting of clinical privileges or scope of practice. The applicant shall specifically authorize said individual(s) and/or entities, which shall include but not be limited to, as appropriate: (1) insurance companies; (2) The National Practitioner Data Bank; (3) personal references; (4) health care plans; (5) schools; (6) employers; (7) hospitals or facilities with which the applicant has been in association; (8) state licensing boards; (9) state or national certification agencies; (10) claims adjusters, attorneys or

others who may have information regarding professional liability claims or lawsuits; and (11) training programs, to release said information to the facilities and/or programs of Shands HealthCare, upon request and receipt of a copy of the applicant's consent and release form.

- (b) Immunity: The applicant shall specifically agree to release from any and all liability, to the fullest extent permitted by law, all individuals and organizations who provide information to Shands HealthCare in good faith and without malice concerning the applicant's competence, ethics, character and other qualifications for clinical privileges or scope of practice, including otherwise privileged and confidential information, as regards the application and/or continued appointment.
- (c) Authorization to Release Information: The applicant shall specifically authorize Shands HealthCare to release information to managed care organizations with which Shands HealthCare may become affiliated, and release Shands HealthCare from any and all liability for providing information concerning the applicant's competence, ethics, character, and other qualifications for clinical privileges or scope of practice, including otherwise privileged and confidential information, so long as such release of information is done without malice and in good faith.

The applicant shall authorize Shands HealthCare to disclose and make available to any of Shands HealthCare's hospitals/facilities/programs to which the applicant has made or makes application, any and all information contained in her/his application and/or obtained as a result thereof.

Section 7. Primary Source Verification:

Only information relative to IAHPs shall be subject to primary source verification requirements. Information provided by DAHPs will be verified in the same manner as would that for a Shands HealthCare employed AHP of the same or similar category.

ARTICLE IV

PROCESSING THE APPLICATION

Section 1. Review of Application of IAHP:

Upon receipt of all the information or materials deemed pertinent, the AHP application shall be forwarded to Executive Committee, who shall review the application, the supporting documentation, evidence of adherence to accepted professional ethical standards and behavior, and such other information available that may be relevant to consider. The Executive Committee shall submit its recommendation regarding each application to the Board for final action.

Section 2. Review of Application of DAHP:

- (a) Upon receipt of all the information or materials deemed pertinent, the application shall be evaluated by a peer and forwarded to the Administrator, or his/her designee, for approval.

(b) Those DHPs approved by the Administrator shall be reported to the Board for final action, but may begin providing clinical services upon approval by the Administrator, or his/her designee.

Section 3. Adverse Recommendations:

If, at any time prior to Board action, an adverse recommendation is made that would entitle an IAHP to a hearing pursuant to Article VII, Section 2 of this Policy, the Executive Committee shall inform the Administrator, or her/his designee, who shall inform the applicant by certified mail, return receipt requested. Such recommendation shall be held until the IAHP has exercised or waived her/his right to a hearing.

Section 4. Board Approval:

The Board of Directors has final responsibility for approval or disapproval of all applications for AHP clinical privileges and scope of practice. Notification of the Board's decision shall be sent to the applicant. Adverse decisions shall be sent by certified mail, return receipt requested.

Section 5. Time for Final Action:

Once an application is complete, it must be acted upon by the Executive Committee or the Administrator and presented to the Board within 60 days, unless otherwise waived by the Board for good cause.

ARTICLE V

STATUS CHANGES

Section 1. Leave of Absence

Persons appointed to the AHP Staff may be granted leaves of absences by the Board for up to one year. At the end of one year, members who do not return to active practice will be automatically terminated unless a request for an extension is made and approved by the Board for extenuating circumstances. At the conclusion of the approved leave of absence, the AHP may be reinstated upon written request, accompanied by a written statement summarizing her/his professional activities during the leave of absence and confirmation of a current sponsoring relationship with an active member of the Medical Staff, as appropriate.

If the AHP is not clinically active during the leave of absence, evidence of her/his current clinical competence related to the privileges/scope of practice requested, shall be required. In acting upon the request for reinstatement, the Board may approve reinstatement either to the same or a different AHP category, and may recommend limitation or modification of the clinical privileges/scope of practice to be extended the AHP upon reinstatement.

Section 2. Change in Category

Whenever, during the term of an appointment to the AHP Staff, an individual desires to change her/his category, s/he shall make the request in writing, stating in detail the reasons for the change and providing a revised request for clinical privileges/scope of practice. The request will be processed in the same manner as an application for initial appointment.

ARTICLE VI

AHP STAFF PREROGATIVES AND RESPONSIBILITIES

Section 1. Prerogatives:

An AHP staff member may:

- (a) Provide specified patient care services pursuant to the clinical privileges or scope of practice granted by the Board.
- (b) Write orders within the scope of her/his license, certificate or other legal credential, if applicable, and to the extent consistent with the clinical privileges or scope of practice granted by the Board and the Rules and Regulations of the Medical Staff and of the department to which s/he is assigned.
- (c) Serve on Medical Staff, department, service, and Hospital committees.
- (d) Attend meetings of the Hospital department and/or clinical department to which s/he is assigned, as well as departmental and Hospital education programs.
- (e) Exercise such other prerogatives specified in the Rules and Regulations of the Medical Staff.

Section 2. Responsibilities:

All AHPs, regardless of whether they are subject to the application process under this Policy, shall be responsible for operating within the parameters of the "Guidelines for Allied Health Professionals," attached hereto and incorporated herein as Appendix A.

ARTICLE VII

REAPPOINTMENT TO THE AHP STAFF AND INCREASE IN PRIVILEGES

Section 1. Term of Appointment:

Clinical privileges/scope of practice shall be granted by the Board for a period not to exceed two years; provided that, regardless of the period designated by the Board, clinical privileges of IAHPs and scope of practice of DAHPs shall be coterminous with any employment or contractual relationship the AHP may have with Shands HealthCare or supervising/sponsoring Medical Staff members.

Section 2. Application for Reappointment:

Each AHP who wishes to be reappointed shall be responsible for returning a completed reappointment application, accompanied by all required supporting documents, by a specified deadline. Failure to submit an application by the requested deadline may result in automatic expiration of the appointment and clinical privileges/scope of practice, if insufficient time is remaining in which to process the application before the current appointment expires. In applying for reappointment, the AHP shall have the burden of producing adequate information to assure that s/he continues to meet those criteria outlined in Article III of this Policy. If granted by the Board, reappointment shall be for a period not to exceed two years. The conditions set forth in Article IV, Sections 3-7 are equally applicable to the reappointment application process.

Section 3. Factors to be Considered:

Each recommendation concerning reappointment of an AHP, or concerning change in category, where applicable, shall be based, in part, upon the AHP's:

- (a) ethical behavior, current clinical competence, clinical judgment and quality of care in the treatment of patients;
- (b) compliance with the Hospital bylaws, policies and procedures and with applicable Medical Staff policies and rules and regulations;
- (c) behavior in the Hospital, cooperation with other health care staff and Hospital personnel as it relates to patient care or the orderly operation of this Hospital, and general attitude toward patients, other health care staff of the Hospital and its personnel;
- (d) ability to perform the clinical privileges/scope of practice requested;
- (e) satisfactory (as determined by the appropriate Department Chair or Hospital administrator) completion of continuing education requirements related to the individual's clinical privileges or scope of practice; and,
- (f) other relevant findings.

Section 4. Processing the Reappointment Application:

- (a) Upon completing the necessary documents, the applicant shall return them to the appropriate Hospital office, whereupon it will be provided to the AHP staff member's clinical department chair or appropriate Hospital administrator for evaluation of the AHP staff member's demonstrated current clinical competence, professional performance, clinical judgment, and clinical/technical skills, as indicated by quality assurance monitoring and evaluation activities and other reasonable indicators of continuing qualifications, and/or by observation of the individual's ability to perform the clinical privileges/scope of practice granted. If appropriate, peer recommendations shall be solicited and considered. For IAHPs who are employed by, or subject to a contract with, Shands HealthCare, feedback from Shands HealthCare Human Resources shall also be solicited.
- (b) The application along with the department chair/Hospital administrator's or designee's evaluation and recommendation shall be forwarded to the Executive Committee for its consideration. The application process will then be the same as described in Article IV. Until a final decision is issued

by the Board, the AHP staff member shall continue to function under her/his currently approved clinical privileges or scope of practice.

Section 5. Application for Increased Clinical Privileges/Scope of Practice:

Whenever, during the term of an appointment to the AHP staff, an individual desires additional clinical privileges/scope of practice, s/he shall make the request in writing, stating in detail the specific additional clinical privileges/scope of practice desired and the AHP staff member's relevant recent training and experience which justify such additional privileges/scope of practice. The request will be processed in the same manner as an application for initial clinical privileges/scope of practice.

ARTICLE VIII

CORRECTIVE ACTIONS

Section 1. Corrective Action Procedures:

AHPs shall be subject to the corrective action procedures set forth in Article VI of the Shands at Live Oak Medical Staff Policy on Appointment and Clinical Privileges except that:

- (a) any reference in Article VI of the Medical Staff Policy to "clinical privileges" shall also be deemed to include the scope of practice of a DAHP.
- (b) any reference in Article VI of the Medical Staff Policy to a hearing and/or appeal be considered a reference to the process set for the in Section 2 below, not to Article VII of the Medical Staff Policy.
- (c) clinical privileges of IAHPs and scope of practice of DAHPs are coterminous with, and subject to disciplinary procedures associated with, any employment or contractual relationship the AHP may have with Shands HealthCare or supervising/sponsoring practitioner(s). IAHPs who are employed by or subject to a contractual relationship do not have a right to a hearing and appeal process as described in Sections 2 and 3 of this Article upon termination of the relationship for any reason.
- (d) an IAHP will not be entitled to a hearing or appeal with regard to any elimination or change in privileges resulting from a determination by Hospital that a category of IAHPs, or a service provided by IAHPs will no longer be provided at the Hospital.

Section 2. Hearing Rights and Procedure:

- (a) In the event that an IAHP is the subject of any of the following recommendations by the Executive Committee, s/he shall have the right to a hearing with a Hearing Officer appointed by the Administrator, before the recommendation is forwarded to the Board for its consideration:
 - (1) denial of requested increase in clinical privileges
 - (2) decrease or termination of clinical privileges

- (b) When a recommendation is made or action is taken that entitles an individual to a hearing prior to final action of the Board, the IAHP shall promptly be given written notice by the Administrator, by hand-delivery or certified mail, return receipt requested. This notice shall contain:
 - (1) a statement of the recommendation and the general reasons for it;
 - (2) a statement that the individual has a right to a hearing on the recommendation and fifteen (15) days from receipt of the notice to request such hearing;
 - (3) a statement that failure to request a hearing in the time and manner specified will result in a waiver of the practitioner's right to a hearing and acceptance of the adverse recommendation; and
 - (4) a copy of this Article on Corrective Actions.
- (c) The affected IAHP must request a hearing within fifteen (15) days of receipt of the notification by the Administrator of one of the above listed adverse recommendations. Failure to timely request a hearing will be deemed a waiver of the IAHP's right to the hearing and acceptance of the recommendation.
- (d) Upon a timely request for a hearing, the Administrator shall:
 - (i) appoint a Hearing Officer, who may or may not hold clinical privileges at Hospital. If deemed necessary based upon the issue under review by the Administrator, and after consultation with the Chief of Staff, the Hearing Officer may be an AHP of the same professional title as the affected IAHP.
 - (ii) schedule the hearing and, within 21 days of receiving the request, give written notice to the IAHP of the hearing time, place and date, by hand-delivery or certified mail, return receipt requested. The hearing shall begin as soon as practicable. The notice shall also inform the IAHP of the general nature of the evidence supporting the recommendation and a list the patient records supporting the recommendation;
- (e) Postponement of the hearing beyond the time originally noticed may be requested by either party, but permitted only by the Hearing Officer upon a showing of good cause.
- (f) The personal presence of the affected IAHP at the hearing is required. Failure of the affected IAHP to appear and be present for the hearing, without good cause as determined by the Hearing Officer, shall be deemed to constitute acceptance of the recommendation(s) pending.
- (g) The hearing shall be conducted in as informal a manner as possible. At the hearing, a member of the Executive Committee shall first present the basis for the recommendation, and the evidence relied upon to support it. The IAHP may then submit any relevant (as determined by the Hearing Officer) evidence pertaining to the basis for the recommendation. The Hearing Officer shall admit any evidence which is commonly relied upon by reasonably prudent persons in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of

law.

- (h) The IAHP may not be accompanied by an attorney, but may be accompanied by her/his supervising or sponsoring Medical Staff member, and witnesses pertinent to the specific incident(s) related to the recommendation.
- (i) The IAHP may be accompanied by witnesses provided that their testimony is directly related to the specific evidence upon which the Executive Committee relied. If the IAHP intends to have witnesses comment on her/his behalf, s/he shall provide the names of the witnesses to the Administrator ten days prior to the hearing.
- (j) The Hearing Officer shall
 - 1) act to insure that the IAHP has a reasonable opportunity to be heard and to present relevant witnesses and/or documentary evidence and that decorum is maintained throughout the hearing;
 - 2) determine the order of the proceeding, including questioning of witnesses;
 - 3) have the authority and discretion to make rulings, consistent with this Policy, on all questions of procedure and admissibility of evidence; and
 - 4) have the authority to remove any person who is disruptive to the orderly and professional process of the hearing.

The Hearing Officer may be advised on these matters by legal counsel to the Hospital.

- (k) Minutes of the hearing shall be kept.
- (l) Within twenty (20) days after conclusion of the hearing, the Hearing Officer shall render a recommendation accompanied by a report which includes a concise summary of the evidence and reasons justifying her/his recommendation. Unless the affected IAHP proves that the Executive Committee's recommendation was unreasonable, not sustained by the evidence, or otherwise unfounded, the Hearing Officer must support the recommendation of the Executive Committee.
- (m) The Hearing Officer's recommendation shall be delivered to the Administrator. Upon its receipt, the Administrator shall send a copy of the recommendation to the Executive Committee, and by hand-delivery or certified mail, return receipt requested, to the affected AHP and her/his sponsoring Medical Staff member. The Administrator shall forward the recommendation to the Board for final action upon waiver or after exercise of the AHP's right to an appeal pursuant to Section 3.
- (n) An IAHP subject to an adverse recommendation listed in this section shall have the right to a hearing only upon the initial adverse recommendation. . A hearing provided on an initial adverse recommendation satisfies the requirements for a hearing right as to any final recommendation or action which is based on the same subject matter.

Section 3. Appeals Process

- (a) Within 10 days of notification of an adverse recommendation from the Hearing Officer, the affected IAHP may request an appeal. The request shall be in writing, and shall be delivered to the Administrator by hand-delivery or by certified mail, return receipt requested, and shall include a brief statement of the grounds for the appeal. The Administrator shall promptly forward the request to the Chair of the Board. If an appeal is not requested in a timely fashion and the manner required, the affected IAHP shall be deemed to have waived her/his right to an appeal and to have accepted the adverse recommendation of the Hearing Officer.
- (b) The grounds for an appeal are that the recommendations of the Hearing Officer were:
 - (i) arbitrary, capricious, or with prejudice; or
 - (ii) not supported by the evidence.
- (c) Within 14 days of receipt of a request for an appeal, the Chair of the Board shall schedule and arrange for an appellate review. The date of appellate review shall be not less than 20 days, nor more than 30 days, from the date of receipt of the request. The Administrator shall give the affected IAHP notice of the time, place, and date of the appellate review by hand-delivery or by certified mail, return receipt requested. The time for appellate review may be extended at the discretion of the Chair of the Board.
- (d) The Chair of the Board shall appoint a Review Panel composed of not less than three persons, who may be members of the Board or others, including but not limited to reputable persons outside the hospital, to consider the basis upon which the Hearing Officer recommendation was made.
- (e) The Chair of the Board shall designate a Chair of the Review Panel. A majority of the members of the Review Panel must be present at each meeting of the Panel. The Chair of the Review Panel may, without special notice, adjourn and reconvene the review meeting at the convenience of the participants.
- (f) The purpose of the appeal is to ascertain whether the recommendation of the Hearing Officer is supported by the evidence and other testimony and documents submitted at the hearing. The Review Panel shall review the Hearing Officer report, the hearing minutes, and all documentary evidence submitted by the parties before making its determinations and recommendations to the Board. The Review Panel may not accept additional oral or written evidence, unless so directed by the Board upon a good faith belief that the affected practitioner was unfairly denied the opportunity to present such evidence at the hearing. Nevertheless, the Review Panel may, in its sole discretion, invite the affected IAHP to appear and make a statement.
- (g) The Review Panel shall uphold the recommendation of the Hearing Officer unless it finds that the Hearing Officer's recommendation was not supported by the evidence considered, or was arbitrary, capricious, or made with prejudice.

- (h) Within twenty-one (21) days of the date of the Review Panel's last meeting, the Review Panel shall forward its recommendation and report of the reasons for the recommendation to the Board and the Administrator. Agreement by a majority of all the members of the Review Panel shall be required for the issuance by the Panel of any recommendation or report.
- (i) Upon its receipt, the Administrator shall forward the Review Panel's recommendation and report to the Hearing Officer, the Executive Committee, and by hand-delivery or certified mail, return receipt requested, to the affected IAHP and her/his sponsoring Medical Staff member.

Section 4. Final Board Action

- (a) The Board may affirm, modify or reverse the recommendation presented to it for final action, after exhaustion or waiver of hearing and appeal rights.
- (b) Final Board action shall be rendered in writing to the Administrator within 30 days of receipt of the final recommendation. The Administrator shall promptly deliver copies thereof by hand or by certified mail, return receipt requested, to the affected practitioner, the panel providing the recommendation, and the Executive Committee.
- (c) The decision of the Board with regard to any recommendation is final, shall be effective immediately and shall not be subject to further review.
- (d) In the event that the Board denies all requested initial clinical privileges to an IAHP, or revokes or terminates all privileges of an AHP, that AHP may not apply again for clinical privileges at Hospital for a period of five (5) years, unless the Board provides otherwise in its written final decision.

ARTICLE IX

AMENDMENTS

Section 1. Initiation:

- (a) Amendments to this Policy may be initiated by the Board or the Executive Committee.

Section 2. Executive Committee Recommendation:

Amendments may be recommended to the Board upon a majority vote of the members of the Executive Committee present and voting at any meeting of that committee where a quorum exists.

Section 3. Adoption:

An amendment shall be effective upon adoption by the Board