

**SHANDS STARKE
ALLIED HEALTH PROFESSIONAL**

POLICY ON CLINICAL PRIVILEGES

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**ALLIED HEALTH PROFESSIONAL POLICY
ON CLINICAL PRIVILEGES**

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ARTICLE I - DEFINITIONS

The following definitions shall apply to terms in this Policy:

- (1) **Administrator:** the administrator of Shands Starke.
- (2) **Allied Health Professional (AHP):** a non-physician health practitioner who is granted clinical privileges or an approved scope of practice to provide patient care. Unless otherwise indicated by content, for purposes of this Policy, the term “AHPs” shall only mean independent allied health professionals (“IAHPs”) as defined in Section 2 of Article III of this Policy.
- (3) **Board:** the Board of Directors of Shands HealthCare
- (4) **Chief Executive Officer (“CEO”):** the Chief Executive Officer of Shands HealthCare, or his or her designee
- (5) **License:** means license, certification or registration as appropriate to the Allied Health Professional category.
- (6) **Medical Executive Committee (“MEC”):** the Medical Executive Committee of the Medical Staff.
- (7) **Medical Staff:** the organized structure of medical and osteopathic physicians, dentists, and podiatrists who have met the requirements of the Shands Starke Medical Staff Bylaws and who have received an appointment to the Medical Staff by the Board.
- (8) **Notice:** Unless otherwise specifically provided for in the Policy, “Notice” shall mean and be deemed given when a written communication is (a) hand delivered to the addressee’s business office, as indicated by signature of addressee or addressee’s office staff member, or (b) deposited with any type of delivery service then offered by USPS, FED EX or other commercial express delivery service to be delivered to the addressee’s last known business or home address, or (c) transmitted by facsimile or e-mail to the addressee’s last known business fax or email address.
- (9) **Policy:** the Shands Starke Allied Health Professional Policy on Clinical Privileges.
- (10) **Practitioner:** unless otherwise indicated by context, a physician, dentist or podiatrist who is a member of the Medical Staff.
- (11) **Professional Review Body:** the Board, the Medical Executive Committee, or any other person, committee, or panel charged with making reports, findings, recommendations or investigations under this Policy and which has the authority to make an adverse recommendation or take an adverse action against an AHP.

- (12) **Supervising Practitioner:** a member of the Shands Starke Medical Staff who can attest to the competency of the AHP and supervises the AHP.

ARTICLE II - TERM OF CLINICAL PRIVILEGES

Clinical privileges shall be granted by the Board, for a period not to exceed two (2) years.

ARTICLE III - CATEGORIES OF ALLIED HEALTH PROFESSIONALS

Section 1. Board Approval of AHP Categories:

Qualified individuals in Allied Health Professional categories that are approved by the Board may be granted clinical privileges, in accordance with and subject to this policy, or a scope of practice, in accordance with and subject to the Shands HealthCare policy entitled "*Application Process for Supervised Clinical Practitioners.*"

Section 2. Privileged AHPs:

(a) The AHPs who are granted clinical privileges in accordance with, and who are subject to, the requirements of this Policy are Independent Allied Health Professionals ("IAHPs").

(b) For the purposes of this Policy, IAHPs are those individuals in the following 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 judgment in the provision of care, testing, and/ or treatment to a patient:

- Advanced Registered Nurse Practitioner
- Anesthesiologist Assistant
- Audiologist
- Certified Nurse Midwife
- Certified Registered Nurse Anesthetist
- Clinical Social Worker
- Mental Health Counselors
- Optometrist
- Physician Assistant
- Psychologist
- Radiation Oncology Physicist
- Radiology Assistant
- Speech Pathologist

(c) Clinical privileges of AHPs are coterminous with any employment or contractual relationship the AHP may have with Shands HealthCare or Supervising Practitioner(s); any termination of clinical privileges pursuant to this provision is not subject to the any hearing and appeals rights or procedures provided in Article XI.

Section 3. Supervised Clinical Practitioners:

Supervised Clinical Practitioners (“SCP”) are not subject to the procedures, requirements or rights set forth in this Policy. For the purposes of this Policy, SCPs 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 judgment in the provision of care, testing, and/ or treatment to a patient. SCPs include, but are not limited to: cardiographic technicians, genetic counselors, medical assistants, orthotists/prosthetists, physical therapists, registered nurses, respiratory therapists, and surgical assistants. With the exception of SCPs who are employed or provide services pursuant to a contract with Shands Starke, SCPs who wish to provide patient care services at Hospital are subject to the procedures set forth in the policy entitled “*Application Process for Supervised Clinical Practitioners.*”

ARTICLE IV – QUALIFICATIONS FOR CLINICAL PRIVILEGES

Section 1. Minimum Qualifications:

Minimum Required Qualifications: Only Allied Health Professionals for whom the following minimum qualifications can be documented are eligible for clinical privileges.

- Experience, education, training and judgment;
- Demonstrated clinical performance and current competence;
- Adherence to professional ethics and conduct in accordance with the mission and philosophy of the Hospital;
- Ability to care for patients safely and effectively;
- Reasonable communication skills;
- Ability to work harmoniously with others, so that all patients treated by them will receive quality care, and the Hospital and its Medical Staff will be able to operate in an orderly manner;
- Not excluded from current eligibility to participate in any federal programs;
- Satisfaction of financial responsibility through professional liability insurance, of a type and in an amount established in Article V, Section 2 (19);
- Designation of a Supervising Practitioner who is a member of the Medical Staff for Advanced Registered Nurse Practitioners, Certified Nurse Midwives, Certified Registered Nurse Anesthetists, Physician Assistants; Radiology Assistants, and Anesthesiology Assistants

Section 2. Education, Licensure and Certification Requirements

The minimum licensure and certification requirement for AHP Categories are as follows:

(a) Advanced Registered Nurse Practitioner

- (1) Shall be currently licensed in the State of Florida as an advanced registered nurse practitioner.
- (2) Shall be nationally certified in the specialty area in which the Nurse Practitioner requests privileges unless such requirement is waived by the Board in consideration

of the extraordinary competence and experience of a particular practitioner, or an identified critical hospital patient care need. Applicants who are licensed and have been educated in the specialty area for which privileges are requested, but who are not yet certified in that specialty area must acquire certification in the specialty area in which the Nurse Practitioner has been granted privileges within one year of an initial grant of privileges. Practitioners granted clinical privileges prior to August 23, 2006 are exempt from the aforementioned requirement.

(b) Anesthesiologist Assistant

- (1) Shall be currently licensed in the State of Florida as an Anesthesiologist Assistant
- (2) Shall have a Supervising Practitioner as defined in Article I of this Policy

(c) Audiologist

- (1) Shall be currently licensed in the State of Florida as a audiologist
- (2) Shall possess a Certification of Clinical Competence in Audiology issued by the American Speech Language Hearing Association.

(d) Certified Nurse Midwife

- (1) Shall be currently licensed in the State of Florida as an advanced registered nurse practitioner (nurse midwife).
- (2) Shall be certified by the American Midwifery Certification Board, or be actively seeking certification and obtain the same within one year.
- (3) Shall have a Supervising Practitioner as defined in Article I of this Policy.

(e) Certified Registered Nurse Anesthetist

- (1) Shall be currently licensed in the State of Florida as an advanced registered nurse practitioner (nurse anesthetist).
- (2) Shall be certified by the Council on Certification of Nurse Anesthetists, or be actively seeking certification and obtain the same within one year.
- (3) Shall have a Supervising Practitioner as defined in Article I of this Policy.

(f) Psychologist

Shall be currently licensed in the State of Florida as a psychologist.

(g) Optometrist

Shall be currently licensed in the State of Florida as an optometrist.

(h) Physician Assistant

- (1) Shall be currently licensed as a physician assistant by the Florida Board of Medicine or possess a temporary certificate.
- (2) Shall be certified by the National Commission on Certification of Physician Assistants unless such requirement is waived by the Board in consideration of the extraordinary competence and experience of a particular practitioner, or an identified critical hospital patient care need. Applicants who are licensed, but who are not yet certified must acquire certification within one year of an initial grant of privileges. Practitioners granted clinical privileges prior to (date of Board approval of this policy), are exempt from the aforementioned requirement.

- (3) Physician Assistants seeking outpatient prescriptive privileges must obtain a Prescriber Certificate from the Board of Medicine.
- (3) Shall have a Supervising Practitioner as defined in Article I of this Policy.

(i) Radiology Assistant

- (1) Graduation from an educational program recognized by the Certification Board of Radiology Practitioner Assistants (CBRPA)
- (2) Licensed by the State of Florida as a Radiology Technologist, as well as Certification by the American Registry of Radiologic Technologists and Certification Board for Radiology Practitioner Assistants

(j) Speech Pathologist

Shall be currently licensed in the State of Florida as a speech pathologist.

(k) Mental Health Counselor

Shall be currently licensed in the State of Florida as a mental health counselor or hold a provisional license as a mental health counselor in the State of Florida.

(l) Clinical Social Worker

Shall be currently licensed in the State of Florida as a clinical social worker.

(m) Radiation Oncology Physicist

Shall be currently licensed in the State of Florida as a medical physicist.

Section 3. Waivers

Only the Board may grant waivers to the Qualifications described in sections 1 or 2 above.

ARTICLE V - APPLICATION FOR CLINICAL PRIVILEGES

Section 1. Pre-application Requirements:

Application for clinical privileges for AHPs shall be provided only to individuals in disciplines that have been approved by the Board and who can document that they meet the minimum objective criteria for clinical privileges 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. Application:

- (a) The application for clinical privileges shall be submitted in writing on the prescribed form and signed by the applicant. The application shall include a request for specific clinical privileges desired by the applicant and shall require detailed information concerning the applicant's professional qualifications, including, at a minimum:

- (1) The names and complete addresses of at least four (4) professionals who are familiar with the applicant's professional performance, clinical judgment and clinical or

technical skills (at least two (2) shall have the same credentials as the applicant). None of these references may be related to the applicant. In special circumstances where the AHP does not have any references with the same credentials who can attest to his/her competence, other professional references may be substituted at the discretion of the Medical Executive Committee;

- (2) The names and complete address of any and all hospitals and other health care organizations at which the applicant has had privileges, trained, or worked in the profession in which he or she is requesting clinical privileges;
- (3) Information as to whether there have been any previously successful or currently pending challenges (including inquiries or investigations) 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 at any hospital or other healthcare institution; membership in local, state, or national professional organization; professional certification; license(s) to practice any profession in any jurisdiction; 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 routine 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), arbitration, or other proceedings have ever been instituted against the applicant, or have resulted in a judgment against the applicant or a settlement;
- (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 the applicant, with or without reasonable accommodation, from performing professional or practice duties required for the privileges requested;
- (9) Information about whether the applicant has ever been sanctioned, restricted, excluded, suspended, by any private health insurance program, or any federal program;
- (10) Information about whether the applicant's privileges 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 engages in the use of illegal drugs or any other substance that could impair the applicant's ability to perform 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, or any other federal program, hospital or managed care organization;
- (14) Verification of the applicant's current license to practice in Florida;

- (15) A copy or verification of the applicant's prescriber registration, if applicable;
 - (16) A copy of the applicant's current Curriculum Vitae which reflects at a minimum, applicant's professional and educational activities since degree awarded;
 - (17) Copy of ARNP (including CNM and CRNA) protocol submitted to the Florida Board of Nursing for physician sponsorship;
 - (18) Copy of the Supervision Data Form for a physician assistant, or a current listing of all supervising physicians;
 - (19) A copy of the current certificate of professional liability coverage that denotes Shands HealthCare as the Certificate Holder, provides the effective dates of the policy, identifies the applicant by name, coverage exclusions, if any, and provides for either claims made or occurrence based coverage of \$250,000 per claim, \$750,000 in the aggregate.
 - (20) The applicant's dated signature on the prescribed Statement of Authorization and Release form;
 - (21) A current picture hospital ID card or a valid picture ID issued by a state or federal agency to be presented for verification that the individual requesting approval is the same individual identified in the credentialing documents; and
 - (22) Such other information as the Board may require.
- (b) The application shall be accompanied by a request for specific clinical privileges, signed by the Supervising Practitioner(s), if applicable.

Section 3 Undertakings:

The following undertakings shall be applicable to an AHP applicant as a condition of consideration of such application for clinical privileges and as a condition of continuation of clinical privileges:

- (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 the applicant's competence, character, ethics, health status and other qualifications and for 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 Credentials Committee or MEC or 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 the Hospital, in writing and within thirty days, of any changes or additions to the information provided by the applicant; and
- (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 of all clinical privileges.

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

Section 4. Burden of Providing Information:

The AHP applicant shall have the burden of providing adequate information for a proper evaluation of the applicant's competence, character, ethics, and other qualifications, and of resolving any questions about such qualifications. The applicant shall have the burden of providing evidence that all statements made and information given on the application is 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 of all necessary information; adequate responses from references; and any additional information deemed necessary and appropriate. It is the responsibility of the 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. Applications which are incomplete for four months because of a failure of an applicant to provide requested information shall be deemed expired.

Should information provided in the application for clinical privileges change at any time before or after privileges are granted; the AHP must provide notice of such change in writing within 30 days and sufficient information about such change for the Medical Executive Committees' review and assessment.

Section 5. Authorization to Obtain Information:

The following statements, which shall be included on the application form for clinical privileges, and which form a part of this policy, are express conditions applicable to any AHP applicant. By applying for clinical privileges, the applicant expressly accepts these conditions during the processing and consideration of the applicant's application, whether or not the applicant is granted clinical privileges. This acceptance also applies once privileges are granted and for as long as privileges continue.

- (a) **Authorization to Obtain Information:** The applicant shall specifically authorize the Hospital to inspect all records and documents that may be material to evaluating the applicant's professional qualifications and competence and to carry out the clinical privileges requested, as well as the applicant's moral and ethical qualifications. The applicant shall specifically authorize the Hospital 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. The applicant shall specifically authorize said individual(s) and/or entities, which shall include but not be limited to: (1) insurance companies; (2) the National Practitioner Data Bank; (3) peer 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 and others who may have information regarding professional liability claims or lawsuits; and (11)

training programs, to release said information to the Hospital, 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 the Hospital and its authorized representatives concerning the applicant's competence, ethics, character and other qualifications for AHP clinical privileges, including otherwise privileged and confidential information, as regards the application and/or continuation of privileges.
- (c) **Authorization to Release Information:** The applicant shall, if requested, specifically authorize the Hospital and its authorized representatives to release information to managed care organizations with which the Hospital and its authorized representatives may become affiliated, and release the Hospital from any and all liability for providing information concerning the applicant's competence, ethics, character, and other qualifications for AHP clinical privileges, including otherwise privileged and confidential information.

The applicant shall authorize the Hospital to disclose and make available to any hospital/facility/program / state licensing agency to which the applicant has made or makes application, any and all information contained in the application and/or obtained as a result thereof.

ARTICLE VI – PROCESSING APPLICATIONS

Section 1. Medical Executive Committee:

- (a) The MEC shall review the application the supporting documentation, recommendations, evidence of adherence to accepted professional ethical standards and behavior and current competency to perform requested privileges, and such other information available that may be relevant to consideration of the applicant's qualifications for the AHP clinical privileges requested and shall recommend action upon each application and/or request for privileges. If a recommendation is favorable to the applicant, the recommendation shall be forwarded to the Board for final action. All recommendations to grant privileges must also recommend the specific clinical privileges to be granted.
- (b) If an adverse recommendation is made with respect to clinical privileges, the reason for such recommendation shall be stated and supported by reference to the completed application and all other documentation considered by the MEC, all of which shall be forwarded to the Administrator. The Administrator shall promptly provide Notice to the applicant of the adverse recommendation and of the applicant's right to a hearing in accordance with the procedure set forth in Article XI of this Policy.
- (c) If the applicant waives the right to a hearing, the Administrator shall forward the MEC's recommendation with supporting documentation to the Board for final action. If the applicant exercises the right to a hearing, the MEC may reconsider its adverse

recommendation after the hearing. The MEC shall forward its final recommendation to the Board for final action.

Section 2. Deferral:

When the recommendation of the MEC is to defer the application for further consideration, the applicant shall be provided with Notice of the reason for deferral. The Committee must make a subsequent recommendation within one hundred (100) days.

Section 3. Board Action:

The Board has final responsibility for approval or disapproval of all AHP applications for clinical privileges. Notification of the Board's decision shall be sent to the applicant within 30 days of the meeting during which it was considered unless the process has been delayed by a hearing or unless otherwise waived by the Board for good cause. For adverse decisions, Notice shall be provided to the applicant.

Section 4. Time for Final Action:

Once received from the Centralized Credentials Office, an AHP application must be acted upon by the MEC and presented to the Board within one hundred (100) days, unless the process has been delayed by a hearing, deferred or unless this requirement is otherwise waived by the Board for a good cause.

ARTICLE VII – TEMPORARY, EMERGENCY, DISASTER, AND INCREASED CLINICAL PRIVILEGES

Section 1. Request for Temporary Clinical Privileges:

- (a) Upon the recommendation of the Chief of Staff, the CEO, or designee may, at her/his sole discretion, grant temporary privileges to an AHP for a specified period of time.
- (b) Upon a written request and appropriate documentation as provided below, an AHP may be granted temporary privileges under either one of the following two circumstances:
 - (1) **New Applicant Awaiting Board Approval**

When an applicant for initial grant of clinical privileges is awaiting MEC or Board action on a completed, verified and clean application, temporary privileges may be granted under the conditions specified in this Section. A "clean" application is one where the applicant documents the minimum qualifications; has no current or previously successful challenge to licensure or registration; nor has he/she been subject to any limitations, reduction, denial, or loss of clinical privileges at another organization; nor is he/she currently excluded from participation in a federal health care program.
 - (2) **Important Patient Care Need**

When there is an important patient care need that requires urgent authorization to practice for a limited period of time, as determined on a case by case basis by the

Chief of Staff and CEO, temporary privileges may be granted after the following documentation is reviewed and found to be clean:

- (a) A query of the National Practitioner Data Bank;
- (b) Proof of valid licensure;
- (c) Evidence of professional liability coverage as set forth in Article V, Section 2 (19);
- (d) Current competence for the privileges requested; and
- (e) Relevant training or experience.

The applicant or Chief of Staff shall provide a written explanation of the urgent patient care need. All documentation under this subsection (b) (2) shall have been acquired within 90 days prior to a grant of Temporary Privileges.

- (c) In addition, any individual requesting temporary privileges shall sign a statement subscribing to the following: (1) an agreement to be bound by all policies, procedures, bylaws and/or Rules and Regulations of the Hospital and / or Shands HealthCare; (2) an acknowledgement that the applicant has the burden of producing adequate information for proper evaluation of his/her competence; (3) an authorization for the Hospital and its authorized representatives to request and inspect all records and documents that may be material to evaluating the applicant's professional qualifications, competence, and ability to carry out the clinical privileges requested; (4) an agreement to release from any and all liability, to the fullest extent permitted by law, all individuals and organizations who provide information to the Hospital and its authorized representatives in good faith and without malice concerning the applicant's competence, ethics, character, and other qualifications for the privileges requested, including otherwise privileged and confidential information; and, (5) an attestation that the information provided in the request for temporary privileges is true, complete and correct.
- (d) The term of temporary privileges shall be set as appropriate for the circumstances, but shall not exceed 60 contiguous days. An individual may be granted multiple terms of temporary privileges, as appropriate to the circumstances, provided however, that the combined terms for such temporary privileges episodes should not exceed 90 days in a 365-day period. Each term requires a separate written request. Extensions beyond the 90-day maximum period may be granted by the CEO or designee under extraordinary circumstances only and never for more than 120 days within a 365-day period.
- (e) Temporary clinical privileges may be terminated by the Chair of the Board or her/his designee, the CEO, or designee, or the Chief of Staff at any time with or without cause. Neither the granting, nor the denial, nor the termination of temporary privileges shall entitle the subject individual to any of the procedural rights provided in this Policy with respect to hearings or appeals. Temporary privileges shall be automatically terminated at such time as the MEC makes an adverse recommendation with respect to an applicant's request for clinical privileges.

Section 2. Emergency Privileges:

In the case of an emergency, any AHP who has clinical privileges shall be permitted to provide any type of patient care necessary as a life-saving measure or to prevent serious harm, regardless of clinical privileges, provided that the care rendered is within the scope of the individual's license. For the purpose of this section, an "emergency" is defined as a condition that would result in serious or permanent harm 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 danger.

Section 3. Disaster Privileges:

Disaster privileges are granted only when the emergency management plan has been activated, and the organization is unable to meet immediate patient needs. An individual requesting disaster privileges shall produce the following documents/information:

- a) license to practice;
- b) photo identification issued by a state or federal agency;
- c) an attestation with the name of professional liability insurance carrier; and
- d) name and telephone number of a hospital where privileges are currently granted.

In granting disaster privileges, the hospital shall make every effort to verify current licensure directly with the appropriate state licensing agency within 72 hours from the time the volunteer practitioner presents to the Hospital. If the individual is not a member of the Disaster Medical Assistance Team (DMAT), the hospital shall attempt to contact the hospital at which the applicant has recently practiced to verify that he/she is in good standing.

The AHP granted emergency privileges shall be paired with a credentialed provider with permanent Hospital privileges who practices in the same specialty. Within 72 hours of initial granting of privileges, a decision shall be made regarding continuation of privileges. Disaster privileges shall immediately terminate once the emergency is over.

Section 4. Application for Increased Clinical Privileges:

Whenever an individual desires additional clinical privileges, such person shall make the request in writing, stating in detail the specific additional clinical privileges desired and the requestor's relevant training and experience that support such additional privileges. The request shall be processed in the same manner as an application for initial clinical privileges.

ARTICLE VIII – RENEWAL OF CLINICAL PRIVILEGES

Section 1. Application:

Each AHP who wishes to continue his or her clinical privileges shall be responsible for returning a completed renewal application, accompanied by all required supporting documents, by a specified deadline. Applications that are not submitted by the requested deadline are subject to a late fee as established by the Shands HealthCare Central Credentialing Office and may result in automatic expiration of clinical privileges, if insufficient time is remaining in which to process the application before the current privileges expire. In applying for renewal of clinical privileges, the AHP shall have the burden of producing adequate information to assure that the AHP continues to meet those

criteria outlined in Article IV of this Policy. If granted by the Board, renewal shall be for a period not to exceed two (2) years.

Section 2. Factors to be considered:

Each recommendation regarding renewal of clinical privileges shall be based, in part, on 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 policies and procedures and with the Medical Staff Bylaws and rules and regulations;
- (c) Behavior in the Hospital, cooperation with Medical Staff and Hospital personnel as it relates to patient care or the orderly operation of this Hospital, and general attitude toward patients, the Hospital, and its personnel;
- (d) Ability to perform the clinical privileges requested;
- (e) Completion of the appropriate State of Florida licensing board's mandated continuing education requirements for the individual's most recent license renewal period, if applicable, with a majority of the required hours related to the individual's clinical (as determined by the Medical Executive Committee); and,
- (f) Any other findings relevant to the AHP's competence and ability to perform professional duties and responsibilities and work harmoniously with others in the Hospital to ensure delivery of quality patient care, including results from ongoing professional practice evaluation.

Section 3. Renewal Procedure:

The completed application and supporting documents shall be forwarded to the MEC for evaluation of the AHP's demonstrated competence, professional performance, judgment, and clinical/technical skills, as indicated by evaluation activities and other reasonable indicators of continuing qualifications, and by observation of the individual's ability to perform the clinical privileges granted. Peer recommendations will also be solicited and considered in recommending the AHP for continuation of specific clinical privileges. Upon completion of the evaluation, the procedure provided in Article VI, Processing Applications, shall be followed.

ARTICLE IX – LEAVE OF ABSENCE

- (a) The Board may grant a leave of absence to an AHP for a maximum of one (1) year. At the end of the approved leave, but in no event longer than one (1) year if no time is specified in the leave of absence, an AHP who does not return to active practice will be automatically terminated unless a request for an extension is made based on extenuating circumstances and approved by the Board.

- (b) At the conclusion of the approved leave of absence, the AHP may be reinstated upon written request, accompanied by a written statement summarizing professional activities during the leave of absence. If the AHP is not clinically active during the leave of absence, evidence of current clinical competence related to the privileges requested shall be required. In acting upon the request for reinstatement, the Board may approve reinstatement with the same clinical privileges, or may recommend limitation or modification of the clinical privileges upon reinstatement.

ARTICLE X -- CORRECTIVE ACTIONS

Section 1. Summary Suspension of Privileges Prior to Investigation.

(a) The Chief of Staff, the Administrator, or in her/his absence, her/his designee, or the Chair of the Board shall each have the authority to summarily suspend or restrict all or any portion of the clinical privileges of an AHP whenever there is a reasonable belief that failure to take such action may result in imminent danger to the health and/or safety of any individual. Prior to implementing such summary suspension or restriction, the Administrator, her/his designee or the Chair of the Board shall, whenever practicable, consult with the Chief of Staff. Such suspension shall be deemed an interim precautionary step in the professional review activity and shall not imply a final finding of responsibility for the situation that prompted the suspension.

(c) Any individual who exercises authority under subsection (a) or (b) to summarily suspend clinical privileges must immediately report this action to the Administrator, or the Chief of Staff, the suspended AHP's Supervising Practitioner (if applicable) and the suspended AHP and shall confirm such suspension in writing within two (2) business days. Such summary suspension shall become effective immediately upon imposition and remain in effect unless or until modified by the Administrator or the Board.

(d) The Chief of Staff shall initiate an investigation of the matter prompting the summary suspension in accordance with Section 4 of this Article. Every effort shall be made to complete such investigation within fourteen (14) days of the suspension. If the investigation is not completed within (14) days of the suspension, the reasons for the delay shall be transmitted to the Administrator so that he/she may consider, as soon as practicable, whether the suspension should be lifted prior to its completion.

(e) It shall be the duty of the Chief of Staff to cooperate with the Administrator in enforcing all suspensions.

Section 2. Grounds for Initiating an Investigation

Whenever, on the basis of information and belief, the Chief of Staff, the chair or a majority of any Medical Staff committee, a Medical Staff member, the Chairperson of the Board, or the Administrator has cause to question:

- (a) the clinical competence of any AHP;
- (b) the care or treatment of a patient or patients or management of a case by any AHP;
- (c) the conduct of any AHP with regards to applicable ethical standards or a violation of the bylaws, policies, procedures, rules or regulations of the Hospital, Board or Medical Staff, including, but not limited to the Hospital's quality improvement, risk management, and utilization review programs; or
- (d) the conduct of any AHP that may be considered lower than the standards of the Hospital or disruptive to the orderly operation of the Hospital, including the inability of the AHP to work harmoniously with others, then

a written request for an investigation of the matter shall be addressed to the Chief of Staff, making specific reference to the incident(s), activity(ies) or conduct that constitutes the basis for the request. The Chief of Staff shall promptly notify the Administrator of all such requests and shall initiate further action in accordance with the investigation procedures outlined in this Article. Nothing in this Article is meant to restrict the ability of any medical review or peer review committee to conduct a review or informal investigation of an AHP's practice in connection with such committee's quality improvement and/or assurance responsibilities.

Section 3. Self Referral

Whenever an AHP has cause to question his/her own ability to perform his/her professional responsibilities due to physical, psychiatric or emotional illness, the Chief of Staff shall assist in facilitating a referral to the appropriate agency. The AHP shall cooperate with the Chief of Staff, to assure that patient care is not compromised.

Section 4. Suspension of Privileges During Investigation

- (a) At any time during an investigation, the Medical Executive Committee, with the approval of the Administrator, may suspend all or any part of the clinical privileges of the AHP being investigated whenever there is a reasonable belief that failure to take such action may result in an imminent danger to the health and/or safety of any individual. Such suspension shall be deemed an interim precautionary step in the professional review activity and shall not imply a final conclusion regarding the validity of the allegations or concerns..
- (b) The suspension shall become effective immediately upon imposition and remain in effect unless or until modified by the Administrator or the Board. Every effort shall be made to complete such investigation within fourteen (14) days of the suspension. If the investigation is not completed within (14) days of the suspension, the reasons for the delay shall be transmitted to the Administrator so that he/she may consider, as soon as practicable, whether the suspension should be lifted prior to its completion..

- (c) It shall be the duty of the Chief of Staff to cooperate with the Administrator in enforcing all suspensions.

Section 5. Investigative Procedure

If, after receiving the request for investigation, the Chief of Staff determines:

(a) the request for investigation contains sufficient information to support a recommendation, s/he shall make a recommendation for action to the Executive Committee, with or without a personal interview with the AHP; or

(b) the request for investigation does not contain sufficient information to support a recommendation, the Chief of Staff shall immediately appoint a subcommittee of the MEC to do so, or, appoint an *ad hoc* Investigating Committee.

(1) An *ad hoc* Investigating Committee shall consist of up to three practitioners, of which two (2) may be physicians, who may or may not hold an appointment to the Medical Staff, and one (1) must be an AHP who has the same credentials as the individual who is the subject of the investigation. If possible, this committee shall not include partners, associates, or relatives of the subject of the investigation, nor any individual in direct economic competition with the subject of the investigation.

(2) The Investigating Committee, whether it be a subcommittee of the MEC or an *ad hoc* Investigating Committee, shall have available to it the full resources of the Medical Staff and the Hospital to aid in its work, as well as the authority to use outside consultants as required.

(3) The Investigating Committee may require a physical and/or mental examination of the AHP by a physician(s) satisfactory to the committee and that the results of such examination be made available for the committee's consideration.

(4) The AHP who is the subject of the investigation shall have an opportunity to meet with the Investigating Committee before it makes its report. At this meeting (but not, as a matter of right, in advance of it) the AHP shall be informed of the general nature of the evidence supporting the investigation and shall be invited to discuss, explain or refute it. The proceedings of an Investigating Committee are considered an administrative matter and not an adversarial proceeding. This interview does not constitute a hearing, and none of the procedural rules provided in this Policy with respect to hearings, including the right to have legal counsel present, apply. A summary of such interview shall be made by the Investigating Committee and included with its report to the Chief of Staff.

(5) The Investigating Committee shall make a report to the Chief of Staff that includes the evidence, its findings and, if appropriate, a proposal for corrective action. This report shall also be promptly forwarded to the Medical Executive Committee for review and recommendation to the Board.

Section 6. Recommendations for Corrective Actions

- (a) In acting after the investigation, the Executive Committee may recommend:
- (1) that no action is justified;
 - (2) issuance of a written warning;
 - (3) issuance of a letter of reprimand;
 - (4) probation;
 - (5) a requirement for consultation;
 - (6) reduction of clinical privileges;
 - (7) suspension of clinical privileges for a term;
 - (8) revocation of clinical privileges;
 - (9) referral to the appropriate professional internal or external resource, including physical, psychiatric or emotional diagnostic and/or rehabilitative programs;
 - (10) such other recommendations as it deems necessary or appropriate.
- (b) If the recommendation of the Executive Committee would entitle the affected AHP to a hearing in accordance with Article VII, the recommendation shall be forwarded to the Administrator, who shall promptly provide Notice to the affected AHP of her/his right to a hearing. The Administrator shall then hold the recommendation until after the AHP has exercised or waived her/his right to a hearing and appeal as provided in Article VII. At that time, the Administrator shall forward the recommendation of the Executive Committee, together with all supporting documentation, to the Board. The Chief of Staff or her/his designee shall be available to the Board to answer any questions that may be raised with respect to the recommendation.
- (c) If the recommendation of the Executive Committee would not entitle the individual to a hearing, in accordance with Article VII, Section 2, the action shall take effect immediately. A report of the action taken and reasons therefore shall be made to the Board through the Administrator and the action shall stand unless modified by the Board.
- (d) In the event the Board considers modification of an action of the Executive Committee taken pursuant to subsection (c), and such modification would entitle the individual to a hearing, the affected AHP shall be notified by the Administrator, and no final action thereon shall be taken by the Board until the individual has exercised or waived her/his right to a hearing and appeal.

Section 7. Automatic Suspension or Revocation of Privileges

Suspension of all clinical privileges, shall occur automatically as indicated upon the occurrence of any of the following events:

- (a) As provided in Article III, Section 2, clinical privileges of an AHP are coterminous with any employment or contractual relationship the AHP may have with the Hospital or the AHP's supervising Medical Staff member. Upon termination of such employment or contractual relationship, AHPs shall have no rights under Article XI.
- (b) Revocation of license to practice shall result in automatic termination of clinical privileges. Suspension of license to practice shall result in automatic suspension of all clinical privileges for a concomitant period of time and prompt initiation of an investigation in accordance with this Article.
- (c) Failure to take appropriate steps to cause license renewal, thereby rendering the license inactive, shall result in automatic suspension of all clinical privileges. The suspension shall remain in effect until proof of current licensure has been submitted.
- (d) Failure to report to the Hospital any restriction or condition imposed on or probation with respect to the AHP's license within thirty (30) days of the imposition of such restriction, condition or probation shall result in automatic termination of privileges.
- (e) Failure to appear at a Medical Staff or Hospital committee meeting to which the appointee has been invited, and at which a discussion of the AHP's suspected deviation from standard clinical or professional practice is scheduled, unless excused by the Executive Committee upon a showing of good cause, shall result in automatic suspension of privileges. Such suspension will be automatically rescinded upon the AHP's participation in a rescheduled conference.
- (f) . Failure to maintain the minimum professional liability insurance coverage provided in Article V, Section 2, (19) shall result in automatic suspension of membership. Such suspension shall be rescinded upon the submission of proof of acceptable professional liability insurance.
- (g) Exclusion from participation in any federal program shall result in automatic suspension and/or termination of privileges as appropriate.
- (h) Expiration of a present term of privileges, when failure to submit a complete application by the stated deadline results in insufficient time to process the application before the current privileges expire.
- (k) Lack of patient care activity during the previous term of privileges shall result in automatic termination of privileges.

Upon the occurrence of any of the foregoing events, the Administrator, or her/his designee, shall promptly give the affected AHP notice, by hand-delivery or certified mail, return receipt requested,

of the automatic termination or suspension, and the specific grounds for the termination/suspension. Within ten (10) days of receipt of such notice, the affected AHP may present written evidence to the Administrator that negates the grounds for the automatic suspension or termination. If the Administrator determines, in his/her sole discretion, that the written evidence is sufficient to negate the grounds for the automatic suspension or termination, s/he shall so notify the affected AHP and the automatic suspension or termination shall be considered void from the beginning. Any automatic suspension that is not corrected within thirty days shall result in automatic termination, without further notice.

It is the responsibility of the Chief of Staff, with the cooperation of the Administrator, to enforce all automatic suspensions and terminations.

Section 8. Confidentiality and Reporting

All minutes, reports, recommendations, communications, and actions made or taken pursuant to this Policy are deemed confidential pursuant to the provisions of federal or state statute providing protection to peer review or related activities and to the provision of such policies regarding confidentiality as may be adopted by the Board. Furthermore, the committees and/or panels charged with making reports, findings, recommendations or investigations pursuant to this Policy shall be considered to be acting on behalf of the Hospital and its Board when engaged in such professional review activities and thus shall be deemed the "professional review bodies" as that term is defined in the Health Care Quality Improvement Act of 1986.

Reports of actions taken pursuant to this Policy shall be made by the Administrator to such governmental agencies as may be required by law.

ARTICLE XI – HEARING AND APPEAL PROCESS

Section 1. Preliminary Matters:

1. There shall be no right of review with regard to elimination or change in privileges resulting from a determination by the Hospital regarding allocation or elimination of clinical services among AHP categories.
2. If an AHP is the subject of any of the following recommended actions by the MEC, the AHP shall have the right for a review of such recommended action under the Hearing and Appeal process before the recommended action goes to the Board for its consideration:
 - (a) Denial of request for renewal of clinical privileges;
 - (b) Denial of a request for increase in clinical privileges;
 - (c) Decrease or termination of clinical privileges; or
 - (d) Suspension of clinical privileges for thirty (30) days or more.
3. Recommendations for, or imposition of, any of the following actions by the MEC or the Board do not constitute grounds for a hearing:

- (a) Denial of all clinical privileges based on an inability to meet any one of the minimum objective criteria for clinical privileges set forth in Article IV;
 - (b) Automatic suspension of privileges pursuant to Article X, Section 6;
 - (c) Summary suspension pursuant to Article X, Sections 1 and 3, unless such suspension remains effective for more than 14 days; in the event of such a hearing for such Summary suspension, the only issue to be considered at a hearing or appeal is the reasonableness of continuing the suspension.
 - (d) Denial or termination of temporary privileges under Article VII;
 - (e) Requirement for supervision or observation of an AHP that does not restrict the clinical privileges of the AHP;
 - (f) A general consultation or corrective counseling requirement;
 - (g) Issuance of a letter of warning, admonition or reprimand;
 - (h) Denial of a request for clinical privileges on the basis that approval would contravene the terms of an exclusive agreement between the Hospital and any other party; and
 - (i) Denial of a request to be granted privileges to perform a procedure or service not currently provided at the Hospital.
4. The Administrator shall promptly give Notice to the subject AHP in the event any recommendation is made that gives rise to the Hearing and Appeal Process as identified above. This Notice shall specify the recommendation made and the general reasons for the recommendation and provide the AHP with a copy of the Hearing and Appeal Process.
5. The affected AHP shall have fifteen (15) calendar days from receipt of the Notice to request a hearing in writing delivered to the Administrator.
6. Failure to request a hearing in the time and manner specified herein shall be deemed a waiver of the affected AHP's right to a hearing on the recommendation and shall be considered an acceptance of the recommendation, which recommendation shall go to the Board and any action taken by the Board shall be deemed final.

Section 2. The Hearing:

1. Within twenty-one (21) days of the Administrator's receipt of a timely request for a hearing, the Administrator shall:
- (a) Appoint a Hearing Officer, who may or may not hold clinical privileges at the Hospital, so long as the Hearing Officer is not in direct economic competition with the AHP or his/her Supervising Practitioner; and
 - (b) Schedule the hearing and give Notice to the AHP of the hearing time, place, and date. The Notice shall also inform the AHP of the general nature of the support for the recommendation and a list of expected witnesses. The hearing shall begin as soon as practicable but no sooner than thirty (30) days from the date of Notice of the hearing, unless an earlier hearing date has been mutually agreed to in writing.
2. Within fifteen (15) days of the Notice of the hearing, the affected AHP or applicant shall provide a written list of names of the persons expected to give testimony or present evidence at the hearing on the AHP or applicant's behalf. The witness list of either party may be

supplemented or amended at any time prior to the hearing, so long as there is adequate notice to the other party.

3. Postponement of the hearing beyond the time originally noticed may be mutually agreed to by both parties, or if an agreement cannot be reached, upon written request to the Hearing Officer who may grant at his/her sole discretion.
4. The personal presence of the affected AHP at the hearing shall be required. Failure of the affected AHP to appear and remain present for the hearing, without good cause as determined by the Hearing Officer, at his/her sole discretion, shall be deemed to constitute acceptance of the subject recommendation.
5. The hearing shall be conducted as informally as possible. Each party has the right to representation at the hearing by an attorney or any other person.
6. At the hearing, a representative of the MEC shall first present the basis for the recommendation and the information relied upon to support it. The MEC may call witnesses and submit information relevant to its recommendation. The AHP may call witnesses and submit any information relevant to the recommendation. The Hearing Officer shall admit any evidence that it determines to be relevant, 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. At the conclusion of the hearing, the Hearing Officer, in his/her sole discretion, may request the submission of written statements from both parties.
7. The Hearing Officer shall:
 - (a) Act to ensure that the AHP has a reasonable opportunity to be heard and to present relevant witnesses and/or documentary evidence and that decorum is maintained throughout the hearing;
 - (b) Conduct the hearing according to the general order set forth herein;
 - (c) Have the authority and discretion to make rulings, consistent with this Policy, on all questions and issues of procedure, relevancy, and admissibility of evidence including subject matter and length of time for questioning witnesses; and
 - (d) 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 procedural matters and compliance with this Policy and other applicable documents by legal counsel to the Hospital.

8. An audio tape or minutes of the hearing, as determined by the Administrator, shall be kept.
9. Within twenty (20) days after conclusion of the hearing, the Hearing Officer shall render a report to the Administrator containing a written recommendation with a concise summary of the reasons for its recommendations.
10. The affected practitioner has the burden of proving that the recommendation that prompted the hearing was unreasonable, not sustained by the evidence, or otherwise unfounded. Unless s/he so proves, the Hearing Officer shall recommend in favor of the MEC.

10. The Administrator shall forward the Hearing Officer's report to the Board for final action after the AHP exercises or waives his/her right to an appeal pursuant to Section 3 herein. The Administrator shall send Notice of the recommendation and copy of report to the affected AHP, and his/her Supervising Physician, if applicable and the MEC,.
11. An AHP shall not be entitled to more than one hearing with respect to the subject matter of any proposed adverse recommendation or action giving rise to a hearing right. A hearing right provided as to an initial or proposed adverse recommendation or action satisfies the requirements for a hearing right as to the final recommendation or action which is based on the same subject matter..

Section 3. Appeal:

1. Within ten (10) days of receipt of the Notice of an adverse recommendation from the Hearing Officer, the affected AHP may request an appeal of the Hearing Officer's recommendation. The request shall be in the form of a written submission to the Administrator, which submission shall identify the grounds for appeal and detailed, factual support for the grounds alleged. The AHP shall have the burden of demonstrating with clear factual support in the submission that the grounds for appeal are met. The submission shall be delivered to the Administrator via hand-delivery or first class US mail. If an appeal is not timely requested and with the sufficiency and in the manner herein specified, as determined by the Administrator, the affected AHP shall be deemed to have waived his/her right to an appeal and to have accepted the adverse recommendation of the Hearing Officer.
2. The grounds for an appeal are that the recommendations of the Hearing Officer were:
 - (a) Arbitrary or capricious; or
 - (b) Not supported by any evidence presented at the hearing.
3. Within fourteen (14) days of receipt of a sufficient request for an appeal, the Administrator shall schedule and arrange for an appellate review. The date of appellate review shall not be less than twenty (20) days, or more than thirty (30) days, from the date of receipt of the request. The Administrator shall give the affected AHP Notice of the time, place, and date of the appellate review. The time and date for appellate review may be extended at the discretion of the Administrator.
4. The Administrator shall appoint a Review Panel composed of not less than three (3) persons without any prior involvement in the subject matter of the appeal and may include reputable persons outside the Hospital to consider the appeal.
5. The Administrator shall designate a Chairman of the Review Panel. The majority of the members of the Review Panel must be present when the Panel meets. The Chairman of the Review Panel may, without special notice, adjourn and reconvene meeting(s) of the Review Panel at the convenience of the participants.

6. The purpose of the appeal and the task of the Review Panel are to ascertain whether the recommendation of the Hearing Officer is supported by evidence submitted at the hearing. The Review Panel shall review the Hearing Officer's recommendation, the hearing minutes, and all evidence submitted at the hearing prior to making its determinations and recommendations to the Board. The Review Panel shall not accept additional evidence. The Review Panel may, in its sole discretion, invite the affected AHP to appear and make a brief statement.
7. The Review Panel shall uphold the recommendation of the Hearing Officer, unless it finds that the Hearing Officer's recommendation was not supported by evidence presented at the hearing or was arbitrary or capricious. It shall not be the role of the Review Panel to substitute its judgment for that of the Hearing Officer but to determine whether or not the Hearing Officer's recommendation is supported by evidence presented to it at the hearing.
8. Within twenty-one (21) days of the date of the Review Panel's last meeting, the Review Panel shall forward its written recommendation and reasons for its recommendation to 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
9. Upon its receipt, the Administrator shall forward by hand-delivery or first class US mail the Review Panel's recommendation to the Hearing Officer, the MEC, the affected AHP, and the Supervising Practitioner, if applicable. The Board shall consider the Review Panel's recommendation for final action at its next regular meeting.

Section 4. Final Board Action

1. The Board may affirm, modify, or reverse the recommendation presented to it for final action, after exhaustion or waiver of hearing and appeal rights.
2. Final Board action shall be taken at the meeting following the exhaustion or waiver of hearing and appeal rights. The Administrator shall provide Notice to the affected AHP, the Supervising Practitioner, if applicable, the panel providing the recommendation, and the MEC of the final Board action.
3. The decision of the Board with regard to any recommendation is final, shall be effective immediately, and shall not be subject to further review.
4. In the event that the Board revokes or terminates the AHP's clinical privileges, that AHP may not again apply for clinical privileges at this Hospital for a period of five (5) years, unless the Board provides otherwise in its written final decision.

ARTICLE XII - AMENDMENTS

- 1.

Section 1. Medical Executive Committee Recommendation

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

Section 2. Adoption

An amendment shall be effective upon adoption by the Board.