

**MEDICAL STAFF BYLAWS
OF
MOUNT SINAI REHABILITATION HOSPITAL**

**PART ONE:
ORGANIZATION**

Approved by the Board of Directors: July 27, 2011

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APPENDIX A

ARTICLE I
DEFINITIONS AND GENERAL PROVISIONS

ARTICLE I - PART A: DEFINITIONS

The following definitions shall apply to terms used in these Bylaws and related policies and manuals:

- (1) "Board" means the Board of Directors of the hospital, who have the overall responsibility for the conduct of the hospital;
- (2) "Chief Executive Officer" means the President of the hospital or his designee;
- (3) "Medical Staff" means all physicians, dentists and podiatrists who are given privileges to treat patients at the hospital;
- (4) "Physicians" shall be interpreted to include both doctors of medicine ("M.D.s") and doctors of osteopathy ("D.O.s");
- (5) "Member" means any physician, dentist or podiatrist who has been granted Medical Staff appointment and clinical privileges by the Board to practice at the hospital;
- (6) "Policy" means the Policy on Appointment, Reappointment and Clinical Privileges of this hospital which is incorporated by reference in these Bylaws and deemed to be a PART TWO of these Bylaws; and
- (7) "Medical Director" shall mean the individual appointed by the Board to oversee the provision of care and quality improvement program. He shall consult with the President of the Medical Staff on an ongoing basis in carrying out his duties.

ARTICLE I - PART B: GENERAL

Section 1. Construction of Terms:

Words used in these Bylaws shall be read as the masculine or feminine gender, and as the singular or plural, as the content requires. The captions or headings are for convenience only and are not intended to limit or define the scope or effect of any provision of these Bylaws.

ARTICLE I - PART B:

Section 2. Time Periods:

Time periods referred to in the Bylaws and related policies and manuals are advisory guidelines and are not mandatory to be interpreted reasonably under the circumstances by the leaders involved, unless it is expressly stated that a particular right is waived by failing to take action within a specified period.

ARTICLE I - PART B:

Section 3. Delegation of Functions:

When a function is to be carried out by a member of Hospital management, by a Medical Staff member, or by a Medical Staff committee, the individual, or the committee through its chairman, may delegate performance of the function to one or more designees.

ARTICLE II
CATEGORIES OF THE MEDICAL STAFF

All appointments to the Medical Staff shall be made by the Board and shall be to one of the following categories of the staff.

ARTICLE II - PART A: ACTIVE STAFF

The Active Staff shall consist of those physicians who attend or admit at least 20 patients per year at the hospital or who otherwise provide services to the hospital. Each individual appointed to the Active Staff, by accepting appointment, shall agree to assume all the functions and responsibilities of appointment to the Active Staff, including, where appropriate, care for unassigned patients, consultation and teaching assignments, and participation in quality assessment and monitoring activities. They shall be located close enough to the hospital to fulfill their responsibilities and to provide timely and continuous care for their patients in the hospital. Active Staff members shall be entitled to vote, hold office, and they shall be required to attend Medical Staff meetings.

ARTICLE II - PART B: CONSULTING STAFF

The Consulting Staff shall consist of physicians, podiatrists and dentists appointed for the specific purpose of providing consultation in the diagnosis and treatment of patients. Appointment to the Consulting Staff does not entitle the individual to admit patients, to vote, or to hold staff offices, but they may serve on special Medical Staff committees. Consulting Staff members need not, but are encouraged to attend meetings. Consultants who do not write orders or provide direct care or interpretations (who provide recommendations to the Active Staff member who is responsible for patients) need not be granted privileges.

ARTICLE II - PART C: PER DIEM STAFF

Section 1. Composition:

The Per Diem Staff shall be composed of physicians who work on a per diem basis at Mount Sinai Rehabilitation Hospital. Members of the Per Diem Staff may, in their

capacity as Per Diem Staff, admit patients to the Hospital to the service of a physician on Active Staff. The Attending Physician from the Active Staff must evaluate and take over care of the patient within seventy-two hours (72) hours.

ARTICLE II - PART C:

Section 2. Duties:

Members of the Per Diem Staff are subject to the terms and conditions outlined in Terms and Conditions of Per Diem Employment, as described in the Human Resources Policy and Procedure Manual, as well as any disciplinary procedures contained therein.

ARTICLE II - PART C:

Section 3. Meetings; Voting:

A member of the Per Diem Staff may attend staff meetings at the invitation of the Staff President, but shall not vote. Members of the Per Diem Staff are not required to pay staff dues.

ARTICLE III
STRUCTURE OF THE MEDICAL STAFF

ARTICLE III - PART A: GENERAL

Section 1. Medical Staff Year:

For the purpose of these Bylaws the Medical Staff year commences on the 1st day of January and ends on the 31st day of December each year.

ARTICLE III - PART A:

Section 2. Officers:

The officers of the Medical Staff shall be the President, Vice President and Secretary.

ARTICLE III - PART A:

Section 3. Qualifications of Officers:

Only those Active Staff members who satisfy the following criteria shall be eligible to serve as Medical Staff officers:

- (a) be appointed in good standing to the Active Category of the Medical Staff and continue so during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved;
- (b) have no pending adverse recommendations concerning staff appointment or clinical privileges;
- (c) have demonstrated interest in maintaining quality medical care at the hospital;
- (d) not be presently serving as a Medical Staff or corporate officer, department or committee chairman at another hospital outside the Saint Francis System, and shall not so serve during the term of office;
- (e) have constructively participated in Medical Staff affairs, including peer review activities;
- (f) be willing to discharge faithfully the duties and responsibilities of the position to which the individual is elected or appointed;
- (g) be knowledgeable concerning the duties of the office;
- (h) possess written and oral communication skills; and

- (i) demonstrated an ability to work well with others.

All Medical Staff officers must possess at least the above qualifications and maintain such qualifications during their term of office. Failure to do so shall automatically create a vacancy in the office involved.

ARTICLE III - PART A:

Section 4. President of the Medical Staff:

The President shall:

- (a) act in mutual coordination and cooperation with the Medical Director and the Chief Executive Officer in matters of concern involving the hospital;
- (b) call, preside at and be responsible for the agenda of all general meetings of the Medical Staff;
- (c) represent the views, policies, needs and concerns of the Medical Staff and report on the medical activities of the staff to the Board and to the Chief Executive Officer;
- (d) provide day-to-day liaison on medical matters with the Chief Executive Officer; and
- (e) receive and interpret the policies of the Board to the Medical Staff and report to the Board on the performance and maintenance of quality with respect to the delegated responsibility of the Medical Staff to provide medical care.

ARTICLE III - PART A:

Section 5. Vice President of the Medical Staff:

The Vice President shall:

- (a) assume all the duties and have the authority of the President in the event of the President's temporary inability to perform due to illness, absence from the community or unavailability for any other reason;
- (b) perform such duties as are assigned by the President.

ARTICLE III - PART A:

Section 6. Secretary:

The Secretary shall:

- (a) cause to be kept accurate and complete minutes of all Medical Staff meetings;
- (b) call meetings on order of the President; and
- (c) attend to all correspondence and perform such other duties as pertain to the office of Secretary.

ARTICLE III - PART A:

Section 7. Conflict of Interest:

In any instance where an officer has or reasonably could be perceived to have a conflict of interest or to be biased in any matter involving another Medical Staff member that comes before such officer or the Medical Staff, or in any instance where any such individual brought a complaint against that member, such individual shall not participate in the discussion or voting on the matter, and shall be excused from any meeting during that time, although that individual may be asked, and may answer, any questions concerning the matter before leaving. As a matter of procedure, the President shall inquire, prior to any discussion of the matter, whether any member has any conflict of interest or bias. The existence of a potential conflict of interest or bias on the part of any member may be called to the attention of the President by any member with knowledge of the matter. The evaluation of whether a conflict of interest exists will be interpreted reasonably by the persons involved, taking into consideration common sense and objective principles of fairness. No staff member has a right to compel disqualification of another staff member based on an allegation of conflict of interest. The fact that a committee member or Medical Staff leader chooses to refrain from participation, or is excused from participation, will not be interpreted as a finding of actual conflict.

ARTICLE III - PART A:

Section 8. Removal of Officers:

The Medical staff, by a two-thirds vote, may remove any Medical Staff officer for conduct detrimental to the interests of the hospital, or if the officer is suffering from a physical or mental infirmity that renders the individual incapable of fulfilling the duties of that office or if the officer no longer meets the qualifications set forth in Section 3, provided that notice of the meeting at which such action shall be decided is given in writing to such officer at least ten (10) days prior to the date of the meeting. The officer shall be afforded the opportunity to speak prior to the taking of any vote on such removal.

ARTICLE III - PART A:

Section 9. Vacancies in Office:

If there is a vacancy in the office of the President, the Vice President shall assume the duties and authority of the President. If there is a vacancy in any other office, the Medical Staff shall appoint another member possessing the qualifications set forth in Section 3 of this Part to serve out the remainder of the unexpired term.

ARTICLE III - PART B: MEETINGS OF THE MEDICAL STAFF

Section 1. Annual Staff Meeting:

The last regular Medical Staff meeting before the end of the staff year shall be the annual meeting at which officers for the ensuing year shall be elected.

ARTICLE III - PART B:

Section 2. Regular Staff Meetings:

The Medical Staff shall hold regular meetings at least ten times a year for the purpose of reviewing and evaluating reports and recommendations, and to act on any other matters placed on the agenda by the President. One of these meetings shall be the annual meeting.

ARTICLE III - PART B:

Section 3. Special Staff Meetings:

Special meetings of the Medical Staff may be called at any time by the President.

ARTICLE III - PART B:

Section 4. Quorum:

Those members present and eligible to vote, but at least two voting members, shall constitute a quorum for any regular or special meeting of the Medical Staff.. Once a quorum is established, the business of the meeting may continue and all actions taken shall be binding even though less than a quorum exists at a later time in the meeting. A simple majority of those present shall be required to take action on any matter.

ARTICLE III - PART B:

Section 5. Agenda:

The agenda at any regular or special Medical Staff meeting and its conduct shall be set by the President. Any medical staff member may submit a proposed agenda item to the President five working days prior to the meeting.

ARTICLE III - PART C: PROVISIONS COMMON TO ALL MEETINGS

Section 1. Attendance Requirements:

Each Active Staff member shall be encouraged to attend all meetings.

ARTICLE III - PART C:

Section 2. Rules of Order:

Robert's Rules of Order shall not be binding at Medical Staff meetings or elections, but may be used for reference in the discretion of the presiding officer for the meeting. Rather, specific provisions of these Bylaws, and Medical Staff or committee custom shall prevail at all meetings, and the President or applicable Committee Chairman shall have the authority to rule definitively on all matters of procedure.

ARTICLE IV
ORGANIZATION AND FUNCTIONS

ARTICLE IV - PART A: ORGANIZATION

Section 1. Committee of the Whole:

The Medical Staff shall function as a committee of the whole and shall be non-departmentalized. The Chief Executive Officer shall attend all Medical Staff meetings.

ARTICLE IV - PART A:

Section 2. Creation and Dissolution of Departments:

- (a) Departments may be created or dissolved by the Medical Staff, upon approval of the Board, as set forth below.
- (b) The following factors shall be considered by the Medical Staff and the Board in determining whether a department should be created or maintained:
 - (1) there are at least three (3) Active Staff members who are available for appointment to the department;
 - (2) the level of clinical activity affected by the department is substantial enough to warrant imposing the responsibility to accomplish departmental functions on a routine basis;
 - (3) a qualified individual is willing to serve as department chairman;
 - (4) the department continuously meets all designated functions; and
 - (5) if appropriate, a majority of those individuals eligible to vote in the department vote in favor of its creation.
- (c) The following factors shall be considered by the Medical Staff and the Board in determining whether the dissolution of a department is warranted:
 - (1) there is no longer an adequate number of medical staff members in the department to enable it to accomplish the functions set forth in these Bylaws;

- (2) there is an insubstantial number of patients, or an insignificant amount of clinical activity, to warrant the imposition of the designated duties on the members in the department;
- (3) the department fails to fulfill all designated responsibilities and functions;
- (4) no qualified individual is willing to serve as chairman; or
- (5) a majority of the voting members of the department vote for dissolution of the department.

ARTICLE IV - PART B: FUNCTIONS

The Medical Staff shall:

- (1) recommend written criteria for the assignment of clinical privileges consistent with and subject to the bylaws, policies, rules and regulations of the Medical Staff and the hospital. These criteria shall be effective when approved by the Board. Clinical privileges shall be based upon demonstrated competence, training and experience;
- (2) be actively involved in performance improvement functions, including reviewing data and recommending and implementing processes to address the following:
 - (a) patient safety, including processes to respond to patient safety alerts, meet patient safety goals, and reduce patient safety risks;
 - (b) the Hospital's and individual practitioners' performance on Joint Commission and Centers for Medicare & Medicaid Services ("CMS") core measures;
 - (c) sentinel events, including root cause analyses and responses to unanticipated adverse events;
 - (d) necessity of treatments;
 - (e) appropriate resource utilization;
 - (f) education of patients and families;
 - (g) medication usage, including review of significant adverse drug reactions, medication errors and the use of experimental drugs and procedures;

- (h) accurate, timely and legible completion of medical records, including the quality of history and physical examinations (the required content and quality of history and physical examinations, as well as the time frames required for completion, are set forth in Appendix A to these Bylaws, Part One);
 - (i) pharmacy and therapeutics review;
 - (j) risk management;
 - (k) nosocomial infections and the potential for infection; infection control prevention, surveillance and control program in accordance with applicable Connecticut regulations contained in Public Health Code Sec. 19-13-D5 or the corresponding provisions of any subsequent applicable provision;
 - (l) utilization review;
 - (m) hospital safety, including disaster planning;
 - (n) coordination of care, treatment and services with other practitioners and Hospital personnel;
 - (o) use of information about adverse privileging determinations regarding any practitioner, appropriateness of clinical practice patterns, and significant departures from established patterns of clinical practice;
 - (p) the use of developed criteria for autopsies;
 - (q) review of findings from the ongoing and focused professional practice evaluation activities that are relevant to an individual's performance; and
 - (r) communication of findings, conclusions, recommendations, and actions to improve performance to appropriate Medical Staff members and the Board;
- (3) recommend, subject to approval and adoption by the Board, objective criteria/indicators that reflect current knowledge and clinical experience. These criteria shall be used by the hospital's quality assessment/performance improvement program to monitor and evaluate patient care. When important problems in patient care and clinical performance or opportunities to improve care

are identified, the Medical Staff shall document the actions taken and evaluate the effectiveness of such actions;

- (4) review the credentials of all applicants for Medical Staff appointment, reappointment, and clinical privileges, and those who apply as Medical Associates and Medical Assistants, to make investigations of and interview such applicants as may be necessary, and to make a written report of its findings and recommendations;
- (5) review, as questions arise, all information available regarding the clinical competence and behavior of persons currently appointed to the Medical Staff and Medical Associates and Medical Assistants and, as a result of such review, to make a written report of its findings and recommendations; and
- (6) delegate to individual staff members and appropriate hospital employees initial responsibility for carrying out any of the above tasks and functions and reporting thereon, subject to consideration of the Medical Staff.

ARTICLE IV - PART C: SPECIAL COMMITTEES

Special committees may be created, and their members and chairmen shall be appointed, by the President of the Medical Staff. Such committees shall confine their activities to the purpose for which they were appointed, and shall report to the Medical Staff.

ARTICLE V

BOARD APPROVAL AND INDEMNIFICATION

Any Medical Staff officer and individual staff member who acts for and on behalf of the hospital in discharging duties, functions or responsibilities stated in these Medical Staff Bylaws Part One and/or Part Two (Policy on Appointment, Reappointment and Clinical Privileges) shall be indemnified, to the fullest extent permitted by law, when the appointment and/or election of the individual has been confirmed by the Board.

ARTICLE VI

RULES AND REGULATIONS OF THE MEDICAL STAFF

- (a) Medical staff rules and regulations, as may be necessary to implement more specifically the general principles of conduct found in these Bylaws, shall be adopted in accordance with this Article. Rules and regulations shall set standards of practice that are to be required of each individual exercising clinical privileges in the hospital, and shall act as an aid to evaluating performance under, and compliance with, these standards. Rules and regulations shall have the same force and effect as the Bylaws.
- (b) Particular rules and regulations may be adopted, amended, repealed or added by vote of the Medical Staff at any regular or special meeting, provided that copies of the proposed amendments, additions or repeals are made available to all members fourteen (14) days before being voted upon, and further provided that all written comments on the proposed changes by persons holding current appointments to the Medical Staff are brought to the attention of the Medical Staff before the change is voted upon. Adoption of and changes to the rules and regulations shall become effective only when approved by the Board.
- (c) Rules and regulations may also be adopted, amended, repealed or added by the Medical Staff at a regular meeting or special meeting called for that purpose, provided that the procedure used in amending the Medical Staff Bylaws is followed. All such changes shall become effective only when approved by the Board.

ARTICLE VII
AMENDMENTS

All proposed amendments of these Bylaws (Parts One and/or Two) shall be voted upon at any regular or special meeting provided that they shall have been posted in a designated location or mailed to all voting members at least fourteen (14) days prior to the meeting, and further provided that all written comments on the proposed changes by persons holding current appointments to the Medical Staff are brought to the attention of the Medical Staff before the change is voted upon. To be adopted, an amendment must receive a majority of the votes cast by the voting staff who are present at the time of such vote and who do vote. Amendments so adopted shall be effective when approved by the Board.

**MEDICAL STAFF BYLAWS
OF
MOUNT SINAI REHABILITATION HOSPITAL**

**PART TWO:
POLICY ON APPOINTMENT,
REAPPOINTMENT AND
CLINICAL PRIVILEGES**

Approved by the Board of Directors: July 27, 2011

**MEDICAL STAFF BYLAWS
OF
MOUNT SINAI REHABILITATION HOSPITAL**

**PART TWO:
POLICY ON APPOINTMENT,
REAPPOINTMENT AND
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July 21, 2011

ARTICLE I

DEFINITIONS AND GENERAL PROVISIONS

The definitions and general provisions set forth in Article I of Part One of the Medical Staff Bylaws shall apply to terms used in this Policy.

ARTICLE II
APPOINTMENT TO THE MEDICAL STAFF

ARTICLE II - PART A: QUALIFICATIONS FOR APPOINTMENT

Section 1. General:

- (a) Appointment to the Medical Staff is a privilege which shall be extended only to professionally competent individuals who continuously meet the qualifications, standards and requirements set forth in this Policy. All individuals practicing medicine in this hospital, unless excepted by specific provisions of this Policy, must first have been appointed to the Medical Staff.
- (b) All processes described in this Article shall be subject to the confidentiality provisions described in Article III, Part G of this Policy.

ARTICLE II - PART A:

Section 2. Specific Qualifications:

Only physicians who satisfy the following threshold conditions shall be qualified for appointment and reappointment to the Medical Staff:

- (a) are currently licensed to practice in this state;
- (b) are appointed to the staff of an accredited hospital in good standing unless an exception is made for individuals who can demonstrate that their current competence is monitored through other means;
- (c) are located close enough to provide timely care for their patients;
- (d) possess current, valid professional liability insurance coverage in such form and in amounts satisfactory to the hospital; and
- (e) can document their:
 - (1) relevant training, experience, and demonstrated current competence, including medical/clinical knowledge, technical and clinical skills, and clinical judgment, and an understanding of the contexts and systems within which care is provided;

- (2) adherence to the ethics of their profession, continuous professional development, an understanding of and sensitivity to diversity, and responsible attitude toward patients and their profession;
- (3) good reputation and character;
- (4) ability to perform the clinical privileges requested safely and competently;
- (5) ability to work harmoniously with others, including, but not limited to, interpersonal and communication skills sufficient to enable them to maintain professional relationships with patients, families and other members of health care teams; and
- (6) adherence to the mission and values of the hospital.

ARTICLE II - PART A:

Section 3. No Entitlement to Appointment:

No individual shall be entitled to appointment to the Medical Staff or to the exercise of particular clinical privileges in the hospital merely by virtue of the fact that such individual:

- (a) is licensed to practice a profession in this or any other state;
- (b) is a member of any particular professional organization;
- (c) has had in the past, or currently has, Medical Staff appointment or privileges at any hospital or health care facility;
- (d) resides in the geographic service area of the hospital as defined by the Board; or
- (e) is affiliated with or under contract to any insurance plan or preferred provider organization.

ARTICLE II - PART A:

Section 4. Non-Discrimination Policy:

No individual shall be denied appointment on the basis of sex, race, creed, religion, color or national origin, or on the basis of any criteria unrelated to the delivery of quality patient care at the hospital, to professional qualifications or to the hospital's purposes, needs and capabilities.

ARTICLE II - PART A:

Section 5. Ethical and Religious Directives:

All Medical Staff members and others exercising clinical privileges in the hospital shall abide by the terms of the Ethical and Religious Directives for Catholic Health Facilities promulgated by the National Conference of Catholic Bishops with respect to their practice at the hospital. No activity prohibited by said Directives shall be engaged in by any Medical Staff member or other person exercising clinical privileges at the hospital.

ARTICLE II - PART B: CONDITIONS OF APPOINTMENT

Section 1. Duties of Members:

Appointment to the Medical Staff shall require that each member assume such reasonable duties and responsibilities as the Medical Staff and the Board shall require.

ARTICLE II - PART B:

Section 2. Professional Conduct:

Individuals appointed to the Medical Staff shall be expected to relate in a positive and professional manner to other health care professionals, and to cooperate and work collegially with the Medical Staff leadership and hospital management and personnel.

ARTICLE II - PART C: INITIAL APPOINTMENT

AND CLINICAL PRIVILEGES

Section 1. Basic Responsibilities of Applicants and Members:

- (a) The following basic responsibilities shall be applicable to every applicant for Medical Staff appointment or reappointment as a condition of consideration of such application and as a condition of continued Medical Staff appointment if granted:
 - (1) an obligation to provide appropriate continuous care and supervision to all patients within the hospital for whom the individual has responsibility;
 - (2) an agreement to abide by all bylaws and policies of the hospital, including all bylaws, rules and regulations of the Medical Staff as shall be in force during the time the individual is appointed to the Medical Staff;

- (3) an agreement to accept reasonable duties and responsibilities as shall be assigned;
- (4) an agreement to provide to the hospital, with or without request, and, as it occurs, new or updated information that is pertinent to any question on the application form;
- (5) a statement that the applicant has received and had an opportunity to read a copy of the bylaws of the hospital, this Policy, and the bylaws, rules and regulations of the Medical Staff as are in force at the time of application, and that the applicant has agreed to be bound by the terms thereof in all matters relating to consideration of the application without regard to whether or not appointment to the Medical Staff and/or clinical privileges are granted;
- (6) a statement of the applicant's willingness to appear for personal interviews in regard to the application;
- (7) a statement that any misrepresentation or misstatement in, or omission from the application whether intentional or not, shall constitute cause for automatic and immediate rejection of the application resulting in denial of appointment and clinical privileges. In the event that an appointment has been granted prior to the discovery of such misrepresentation, misstatement or omission, such discovery may result in summary dismissal from the Medical Staff;
- (8) an obligation to use the hospital and its facilities sufficiently to allow the hospital, through the quality assessment program and by the Medical Staff, to evaluate in a continuing manner the current competence of the member;
and
- (9) an agreement that the hearing and appeal procedures set forth in this Policy shall be the sole and exclusive remedy with respect to any professional review action taken at this hospital, and
- (10) an agreement to abide by the terms of the Ethical and Religious Directives for Catholic Health Facilities promulgated by the National Conference of Catholic Bishops and to perform no activity prohibited by said Directives.

- (b) The following requirements shall be applicable to every applicant for Medical Staff appointment or reappointment as a condition of consideration of such application, and as a condition of continued Medical Staff appointment, if granted:
- (1) to refrain from illegal fee splitting or other illegal inducements relating to patient referral;
 - (2) to refrain from delegating responsibility for diagnoses or care of hospitalized patients to any individual who is not qualified to undertake this responsibility or who is not adequately supervised;
 - (3) to refrain from deceiving patients as to the identity of any individual providing treatment or services;
 - (4) to seek consultation whenever necessary;
 - (5) to promptly notify the Chief Executive Officer, or a designee, of any change in eligibility for payments by third-party payors or for participation in Medicare, including any sanctions imposed or recommended by the federal Department of Health and Human Services, and/or the receipt of a PRO citation and/or quality denial letter concerning alleged quality problems in patient care;
 - (6) to abide by generally recognized ethical principles applicable to the individual's profession;
 - (7) to provide continuous care for patients in the hospital;
 - (8) to participate in the performance improvement and peer review activities;
 - (9) to complete in a timely manner the medical and other required records for all patients as required by the Medical Staff bylaws, rules and regulations, this Policy and other applicable policies of the hospital;
 - (10) to work cooperatively with Medical Staff members, nurses and other hospital personnel;
 - (11) to pay promptly any applicable Medical Staff assessments;
 - (12) to participate in continuing education programs for the benefit of the applicant or member and for the benefit of other professionals and hospital personnel;

- (13) to authorize the release of all information necessary for an evaluation of the individual's qualifications for initial or continued appointment, reappointment, and/or clinical privileges;
 - (14) to agree not to sue the hospital, its officers, directors, or members, the Medical Staff or anyone acting by or for the hospital and its Medical Staff for any matter relating to the application for appointment, reappointment, or clinical privileges, or relating to the evaluation of the applicant's qualifications on any matter related to appointment, reappointment or clinical privileges; and
 - (15) to extend immunity to the fullest extent permitted by law, to the hospital, its Medical Staff and all individuals acting by or for the hospital and/or its Medical Staff for all matters relating to appointment, reappointment and clinical privileges or the individual's qualifications for the same.
- (c) Submission of an application for Medical Staff appointment and reappointment shall constitute the applicant's specific agreement to these responsibilities and requirements as part of appointment to the Medical Staff.

ARTICLE II - PART C:

Section 2. Burden of Providing Information:

- (a) The applicant shall have the burden of producing information deemed adequate by the hospital for a proper evaluation of competence, character, ethics and other qualifications, and of resolving any doubts about such qualifications.
- (b) The applicant shall have the burden of providing evidence that all the statements made and information given on the application are true and correct.
- (c) Until the applicant has provided all information requested by the hospital, the application for appointment or reappointment will be deemed incomplete and will not be processed. Should information provided in the initial application for appointment change during the course of an appointment year, the member has the burden to provide information about such change to the hospital sufficient for the Medical Staff's review and assessment.

ARTICLE II - PART C:

Section 3. Authorization to Obtain Information:

The following statements are express conditions applicable to any Medical Staff applicant, any member to the Medical Staff, and to all others having or seeking clinical privileges at the hospital. By applying for appointment, reappointment or clinical privileges, the applicant expressly accepts these conditions during the processing and consideration of the application, whether or not appointment or clinical privileges are granted. This acceptance also applies during the time of any appointment or reappointment and throughout the term of any appointment or reappointment and thereafter, and, as applicable, to any third party inquiries received after the individual leaves the Medical Staff.

(a) Immunity:

To the fullest extent permitted by law, the applicant releases from any and all liability, and extends immunity to the hospital, its authorized representatives and appropriate third parties, with respect to any acts, communications or documents, recommendations or disclosures involving the applicant or member, concerning the following:

- (1) applications for appointment, reappointment or clinical privileges, including temporary privileges;
- (2) evaluations concerning reappointment or changes in clinical privileges;
- (3) proceedings for suspension or reduction of clinical privileges or for revocation of Medical Staff appointment, or any other disciplinary sanction;
- (4) precautionary suspension;
- (5) hearings and appellate reviews;
- (6) medical care evaluations;
- (7) utilization reviews;
- (8) other activities relating to the quality of patient care or professional conduct;
- (9) matters or inquiries concerning the applicant's or member's professional qualifications, credentials, clinical competence, character, mental or

emotional stability, physical condition, ethics or behavior (as the latter relates to the ability to provide safe, competent care); and/or

(10) any other matter that might directly or indirectly relate to the applicant's or member's competence, to patient care, or to the orderly operation of this or any other hospital or health care facility.

(b) Authorization to Obtain Information:

The applicant or member specifically authorizes the hospital and its authorized representatives to consult with any third party who may have information bearing on the individual's professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior, or any other matter reasonably having a bearing on the applicant's or member's satisfaction of the criteria for initial and continued appointment to the Medical Staff. This authorization also covers the right to inspect or obtain any and all communications, reports, records, statements, documents, recommendations or disclosures of said third parties that may be relevant to such questions. The individual also specifically authorizes said third parties to release said information to the hospital and its authorized representatives upon request and agrees to sign necessary consent forms to permit a consumer reporting agency to conduct a criminal background check on the individual and report the results to the hospital.

(c) Authorization to Release Information:

The applicant or member specifically authorizes the hospital and its authorized representatives to release such information to other hospitals, health care facilities and their agents, who solicit such information for the purpose of evaluating the applicant's or member's professional qualifications pursuant to a request for appointment and/or clinical privileges.

ARTICLE II - PART D: PROCEDURE FOR INITIAL APPOINTMENT

Section I. Pre-Application Process:

(a) An application for appointment to the Medical Staff and clinical privileges shall only be considered for those individuals who, according to the Medical Staff Bylaws and this Policy, are eligible for appointment; who meet the threshold

criteria for appointment and clinical privileges consideration; who desire to provide care and treatment to patients for conditions and diseases for which the hospital has facilities and personnel; and who indicate an intention to utilize the hospital. All applicants must first be appointed in good standing to the medical staff of an accredited hospital. Applicants who hold appointment to the Medical Staff of Saint Francis Hospital and Medical Center shall not be required to complete a full application for appointment to the medical staff of the hospital, but shall be required to complete an application form with specific request for clinical privileges. Original source verification shall be carried out pursuant to an agreement with Saint Francis Hospital and Medical Center.

- (b) Those individuals who meet the threshold criteria for consideration for clinical privileges shall be given an application. Individuals who fail to meet the threshold criteria shall not be given an application and shall be so notified.

ARTICLE II - PART D:

Section 2. Application:

- (a) The Medical Director shall review the application for appointment to evaluate whether all questions have been answered, and to review all references and other information or materials deemed pertinent to the request for appointment to the Medical Staff and clinical privileges at the hospital, and to verify the information provided in the application with the primary sources.
- (b) An application shall be deemed to be complete when all questions on the application form have been answered, all supporting documentation has been supplied and all information verified. An application may be deemed incomplete if the need arises for new, additional or clarifying information anytime during the evaluation by this Hospital, even if the applicant has been appointed to the Medical Staff of Saint Francis Hospital. Any application that continues to be incomplete ninety (90) days after the applicant has been notified of the additional information required shall be deemed to be withdrawn. It is the responsibility of the applicant to provide a complete application, including adequate responses from references. An incomplete application will not be processed.

ARTICLE II - PART D:

Section 3. Review Procedure:

- (a) A written report concerning the applicant's qualifications for the requested clinical privileges shall be prepared by the Medical Director. As part of the process of making this report, the applicant may be required to meet with the Medical Director or the Medical Staff to discuss any aspect of the application, qualifications and requested clinical privileges.
- (b) The Medical Director shall evaluate the applicant's education, training, experience and conduct and make inquiries with respect to the same to the applicant's past or current department chairmen, residency training director, and others who may have knowledge about the applicant's education, training, experience, and ability to work with others.
- (c) The Medical Staff shall examine evidence of the applicant's character, professional competence, qualifications, prior behavior and ethical standing and shall determine, through information contained in references given by the applicant and from other available sources, whether the applicant has established and satisfied all of the necessary qualifications for appointment and for the clinical privileges requested.
- (d) After the Medical Staff makes its recommendation on the applicant's professional qualifications, the hospital may require the applicant to undergo a physical and/or mental examination by a physician or physicians satisfactory to the Medical Director. The results of any such examination shall be made available for its consideration in connection with the applicant's ability to exercise clinical privileges and provide safe, competent patient care. Failure of an applicant to undergo such an examination within a reasonable time after being requested to do so in writing by the Medical Director shall constitute a voluntary withdrawal of the application for appointment and clinical privileges, and all processing of the application shall cease.

- (e) The Medical Staff shall have the right to require the applicant to meet with the Staff to discuss any aspect of the applicant's application, qualifications, or clinical privileges requested.
- (f) The Medical Director may use the expertise of an outside consultant, if additional information is required regarding the applicant's qualifications.
- (g) If the Medical Staff's recommendation for appointment is favorable, the Medical Staff shall recommend provisional appointment and the clinical privileges to be granted, which may be qualified by any probationary or other conditions or restrictions as deemed appropriate by the Staff.
- (h) If the recommendation of the Medical Staff is delayed longer than ninety (90) days, the Medical Director shall send a letter to the applicant, explaining the reasons for the delay.
- (i) If the recommendation of the Medical Staff would entitle the applicant to request a hearing pursuant to this Policy, it shall be forwarded to the Chief Executive Officer who shall promptly notify the applicant in writing, certified mail, return receipt requested. The Chief Executive Officer shall then hold the application until after the applicant has exercised or waived the right to a hearing as provided in this Policy, after which the Chief Executive Officer shall forward the recommendation of the Medical Staff, together with the complete application and all supporting documentation, through the Chief Executive Officer to the Board.

ARTICLE II - PART E: CLINICAL PRIVILEGES

Section 1. General:

- (a) Medical Staff appointment or reappointment as such shall not confer any clinical privileges or right to practice at the hospital.
- (b) Each individual who has been appointed to the Medical Staff shall be entitled to exercise only those clinical privileges specifically granted by the Board.
- (c) The clinical privileges recommended to the Board shall be based upon consideration of the following:
 - (1) the applicant's education, training, experience, demonstrated current competence and judgment, references, and utilization patterns, including

medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal and communication skills, and professionalism with patients, families, and other members of the health care team and peer evaluations relating to the same;

- (2) the applicant's ability to meet all current criteria for the requested clinical privileges;
 - (3) availability of qualified physicians or other appropriate members to provide medical coverage for the applicant in case of the applicant's illness or unavailability;
 - (4) adequate levels of professional liability insurance coverage with respect to the clinical privileges requested;
 - (5) the hospital's available resources and personnel;
 - (6) any previously successful or currently pending challenges to any licensure or registration, or the voluntary or involuntary relinquishment of such licensure or registration;
 - (7) any information concerning professional review actions, voluntary or involuntary termination of Medical Staff appointment or voluntary or involuntary relinquishment limitation, reduction, or loss of clinical privileges at another hospital;
 - (8) ability to perform the privileges requested competently and safely;
 - (9) information resulting from ongoing and focused professional practice evaluation, performance improvement and other peer review activities, if applicable; and
 - (10) other relevant information, including a written report and findings by the Medical Director.
- (d) The applicant shall have the burden of establishing qualifications for and competence to exercise the clinical privileges requested.
- (e) Focused professional practice evaluation shall be conducted by the Medical Director pursuant to the Medical Staff peer review process for all newly granted privileges.

ARTICLE II - PART E:

Section 2. Interns and Residents:

Interns and residents in training at the hospital shall **not** hold appointments to the Medical Staff and shall not be granted specific clinical privileges. Rather, they shall be permitted to exercise only those clinical functions set out in training protocols developed by the Program Director and approved by the Director of Medical Education and the Board.

ARTICLE II - PART F: PROCEDURE FOR TEMPORARY
CLINICAL PRIVILEGES

Section 1. Temporary Clinical Privileges for Applicants:

Temporary privileges shall not routinely be granted to applicants. In extraordinary situations when necessary to avoid undue hardship to the applicant, the Chief Executive Officer may, upon receipt of an application for Medical Staff appointment and after making inquiry to the National Practitioner Data Bank, verifying information as to the licensure, DEA certification, current competence, relevant training and experience, character, ethical standing, ability to exercise the privileges requested, and professional liability insurance coverage, and consideration of information from the National Practitioner Data Bank, and after consulting with the President and the Medical Director as to recommendation for delineation, grant temporary admitting and clinical privileges to an applicant for a specific time period, not to exceed 120 days. In exercising such privileges, the applicant shall act under the supervision of the Medical Director or appropriate designee.

ARTICLE II - PART F:

Section 2. Temporary Clinical Privileges for Non-Applicants:

Temporary admitting and clinical privileges for care of a specific patient or patients may be granted by the Chief Executive Officer with the concurrence of the Medical Director, when there is an important patient care, treatment or service need, to a physician who is not an applicant for appointment in the same manner and upon the same conditions as set forth in Section 1 of this Part. The Chief Executive Officer shall first obtain such

individual's signed acknowledgment to be bound by all of the bylaws, policies, and rules and regulations of the Medical Staff and the hospital then in force in all matters relating to temporary clinical privileges. Such privileges shall be restricted to the specific patients for which they are granted, and for a time period not to exceed 30 days.

ARTICLE II - PART F:

Section 3. Special Requirements:

Special requirements of supervision and reporting may be imposed by the Medical Director concerned on any individual granted temporary clinical privileges. Temporary privileges shall be immediately terminated by the Chief Executive Officer or a designee upon notice of any failure by the individual to comply with such special conditions.

ARTICLE II - PART F:

Section 4. Locum Tenens:

- (a) The Chief Executive Officer may grant an individual serving as a locum tenens for a member of the Medical Staff temporary admitting and clinical privileges to attend patients of that member for a period not to exceed thirty (30) days. This shall be done in the same manner and upon the same conditions as set forth in Section 1 of this Part, provided that the Chief Executive Officer shall first obtain such individual's signed acknowledgment that the individual has received and had an opportunity to read copies of the hospital bylaws, this Policy and Medical Staff bylaws, rules and regulations which are then in force, and agrees to be bound by the terms thereof.
- (b) The individual serving as a locum tenens must complete a request for clinical privileges form and must have in force and effect a current license to practice in this state, a DEA license, if applicable, and professional liability insurance in an amount and terms acceptable to the hospital.

ARTICLE II - PART F:

Section 5. Termination of Temporary Clinical Privileges:

- (a) The Chief Executive Officer may, at any time after consulting with the Medical Director, terminate temporary privileges. Clinical privileges shall then be terminated when the individual's inpatients are discharged from the hospital. However, where it is determined that the care or safety of such patients would be endangered by continued treatment by the individual granted temporary privileges, a termination of temporary clinical privileges may be imposed by the Chief Executive Officer or the Medical Director and such termination shall be immediately effective.
- (b) The Medical Director shall assign to a Medical Staff member responsibility for the care of such terminated individual's patients until they are discharged from the hospital, giving consideration wherever possible to the wishes of the patient in the selection of the substitute.
- (c) The granting of any temporary admitting and clinical privileges is a courtesy on the part of the hospital and any or all may be terminated if a clinical question or concern has been raised. Neither the granting, denial or termination of such privileges shall entitle the individual concerned to any of the procedural rights provided in this Policy.
- (d) Temporary privileges shall be automatically terminated at such time as the Medical Staff recommends not to appoint the applicant to the staff. Similarly, temporary clinical privileges shall be modified to conform to the recommendation of the Medical Staff that the applicant be granted clinical privileges different from the temporary privileges.

ARTICLE II - PART G: EMERGENCY CLINICAL PRIVILEGES

- (1) For the purpose of this section, an "emergency" is defined as the condition which could result in serious or permanent harm to a patient(s) and in which any delay in administering treatment would add to that harm or danger.
- (2) In an emergency, any practitioner who is not currently appointed to the Medical Staff may exercise clinical privileges to the extent permitted by his or her license.

- (3) When the emergency situation no longer exists, the patient shall be assigned by the Medical Director to a member with appropriate clinical privileges. The wishes of the patient shall be considered in the selection of a substitute physician.

ARTICLE II - PART H: DISASTER PRIVILEGES

In the event of a mass disaster, when the emergency management plan has been activated, Medical Staff members and employees may not be able to provide all the care required by individuals seeking treatment at this Hospital's facilities. Under such circumstances, the Chief Executive Officer or the Medical Director is authorized to grant disaster privileges or permission to treat patients to volunteer physicians, nurses, and other professionals upon receipt of satisfactory evidence that such individuals are currently licensed in some state or otherwise capable of providing services to patients. If possible, verification of the volunteer's identity by a current Medical Staff member or Hospital employee shall be obtained. Government-issued photo identification, current photo identification from another hospital, and/or identification indicating the individual is a member of a Disaster Medical Assistance Team shall also be obtained, if possible. Furthermore, notwithstanding any existing delineation of privileges or scope of authority, during a mass disaster current Medical Staff members, employees and volunteers are authorized to take whatever steps they reasonably believe are necessary to save or preserve the life or health of patients or to protect the public health.

ARTICLE II - PART I: TELEMEDICINE PRIVILEGES

- (a) Telemedicine is the provision of clinical services to patients by practitioners from a distance via electronic communications. The Board shall determine the clinical services to be provided through telemedicine after considering the recommendations of the Medical Staff.
- (b) Individuals applying for telemedicine privileges shall meet the qualifications for Medical Staff appointment, except for those requirements relating to geographic residency.
- (c) Qualified applicants may be granted telemedicine privileges but, with the exception of the Teleradiology Staff, shall not be appointed to the Medical Staff.

Telemedicine privileges granted in conjunction with a contractual agreement shall be incident to and coterminous with the agreement.

- (d) Requests for initial or renewed telemedicine privileges shall be processed through one of the following options, as determined by the Medical Director:
- (1) A request for telemedicine privileges may be processed through the same process for Medical Staff applications.
 - (2) If the individual requesting telemedicine privileges is practicing at a distant hospital that participates in Medicare or a telemedicine entity (as that term is defined by Medicare), a request for telemedicine privileges may be processed using an alternative process that relies on the credentialing and privileging decisions made by the distant hospital or telemedicine entity. In such cases, the hospital must ensure, through a written agreement, that the distant hospital or telemedicine entity complies with all applicable Medicare regulations and accreditation standards. The distant hospital or telemedicine entity must provide:
 - (i) confirmation that the practitioner is licensed in this state;
 - (ii) a current list of privileges granted to the practitioner;
 - (iii) information indicating that the applicant has actively exercised the relevant privileges during the previous 12 months and has done so in a competent manner;
 - (iv) a signed attestation that the applicant satisfies all of the distant hospital or telemedicine entity's qualifications for the clinical privileges granted;
 - (v) a signed attestation that all information provided by the distant hospital or telemedicine entity is complete, accurate, and up-to-date; and
 - (vi) any other attestations or information required by the agreement or requested by this hospital.
- (e) Telemedicine privileges, if granted, shall be for a period of not more than two years.

- (f) Individuals granted telemedicine privileges shall be subject to the hospital's ongoing and focused professional practice evaluations and peer review activities. The results of the peer review activities, including any adverse events and complaints filed about the practitioner providing telemedicine services from patients, other practitioners or staff, will be shared with the hospital or entity providing telemedicine services.

ARTICLE III
ACTIONS AFFECTING MEDICAL STAFF MEMBERS

ARTICLE III - PART A: PROCEDURE FOR REAPPOINTMENT

All terms, conditions and procedures relating to initial appointment shall apply to continued appointment and clinical privileges and to reappointment.

Section 1. Application:

- (a) Each current member who is eligible to be reappointed to the Medical Staff shall be responsible for completing the reappointment application form and the clinical privileges form for specific clinical privileges to practice at this hospital. The reappointment application shall be submitted to the Chief Executive Officer or a designee at least four months prior to the expiration of the member's current appointment period. Failure to submit an application by that time will result in automatic expiration of the member's appointment and clinical privileges at the end of the then current Medical Staff year.
- (b) Reappointment, if granted by the Board, shall be for a period of not more than two (2) years.

ARTICLE III - PART A:

Section 2. Factors to be Considered:

- (a) Each recommendation concerning reappointment and clinical privileges of an individual currently appointed to the Medical Staff shall be based upon such member's:
 - (1) ethical behavior, clinical competence and clinical judgment in the treatment of patients;
 - (2) attendance at Medical Staff meetings and participation in staff duties;
 - (3) compliance with the bylaws, policies and rules and regulations of the Medical Staff and the hospital;
 - (4) behavior at the hospital, including cooperation with Medical Staff and hospital personnel as it relates to patient care, the orderly operation of this

hospital, and general attitude toward patients, the hospital and its personnel;

- (5) use of the hospital's facilities for patients, taking into consideration the individual's comparative utilization patterns;
 - (6) ability to fulfill medical staff responsibilities and safely exercise clinical privileges;
 - (7) the results of the hospital's performance improvement, ongoing professional practice evaluations, and other peer review activities, taking into consideration practitioner-specific information compared to aggregate information concerning other individuals in the same or similar specialty (provided that, other practitioners shall not be identified);
 - (8) any focused professional practice evaluations;
 - (9) satisfactory completion of such continuing education requirements as may be imposed by law, this hospital or applicable accreditation agencies;
 - (10) current professional liability insurance status and pending malpractice challenges, including claims, lawsuits, judgments and settlements;
 - (11) current licensures, including currently pending challenges to any license or registration;
 - (12) voluntary or involuntary termination of Medical Staff appointment or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another hospital; and
 - (13) other reasonable indicators of continuing qualifications.
- (b) To be eligible to apply for renewal of clinical privileges an individual must have performed sufficient procedures, treatments, or therapies in the previous appointment term to enable the Medical Director to assess the applicant's clinical competence. Any individual seeking reappointment who has minimal activity at the hospital must authorize the provision of a copy of his/her confidential QA/PI profile from his/her primary hospital, if applicable, and/or such other information as may be requested, before the individual's reappointment application shall be considered complete and processed further.

ARTICLE III - PART A:

Section 3. Medical Director Procedure:

- (a) No later than three months prior to the end of the current appointment period, the Chief Executive Officer shall send to the Medical Director the applications of all individuals who have clinical privileges.
- (b) The Medical Director shall provide a written report concerning each individual seeking reappointment, including, when applicable, the reasons for any changes recommended in staff category, in clinical privileges, or for non-reappointment.

ARTICLE III - PART A:

Section 4. Medical Staff Procedure:

- (a) The Medical Staff, after receiving the reports from the Medical Director, shall review all pertinent information available, including all information provided from hospital management, for the purpose of determining its recommendations for staff reappointment, for change in staff category, and for the granting of clinical privileges for the ensuing appointment period.
- (b) As part of the process of making its recommendation, the Medical Staff may require an individual currently seeking reappointment to undergo a physical and/or mental examination by a physician or physicians satisfactory to the Medical Director either as part of the reapplication process or at anytime during the appointment period to aid it in determining whether the member continues to be able to perform the privileges safely and competently. The results of such examination shall be available for the Medical Staff's consideration. Failure of an individual seeking reappointment to undergo such an examination within a reasonable time after being requested to do so in writing shall constitute a voluntary relinquishment of all clinical privileges until such time as the Medical Director has received the examination results and has had a reasonable opportunity to evaluate them and make a recommendation thereon.
- (c) The Medical Director or the Medical Staff shall have the right to require the individual to meet to discuss any aspect of the individual's reappointment application, qualifications, or clinical privileges requested.

- (d) The Medical Director or the Medical Staff may use the expertise of an outside consultant if additional information is required regarding the individual's qualifications for reappointment.
- (e) If, after considering the report of the Medical Director, the Medical Staff's recommendation is favorable, it shall recommend reappointment and the specific clinical privileges to be granted, which may be qualified by any probationary or other conditions or restrictions, as deemed appropriate.
- (f) The Medical Staff shall transmit its written reports and recommendations concerning the reappointment, clinical privileges and, where applicable, change in staff category, of each person currently holding a Medical Staff appointment, to the Board, through the Chief Executive Officer, for reappointment consideration and further action.
- (g) Any recommendation by the Medical Staff that would entitle the affected individual to the procedural rights provided in this Policy shall be forwarded to the Chief Executive Officer who shall promptly notify the affected individual by certified mail, return receipt requested. The Chief Executive Officer shall then hold the recommendation until after the individual has exercised or has waived the right to a hearing as provided in this Policy, after which time, the Chief Executive Officer shall forward the recommendation of the Medical Staff, together with all supporting documentation to the Board. The President and Medical Director shall be available to the Board to answer any questions that may be raised with respect to the recommendation.
- (h) In the event the Board determines to consider modification of the action of the Medical Staff and such modification would entitle the individual to a hearing in accordance with this Policy, it shall notify the affected individual, through the Chief Executive Officer, and shall take no final action until the individual has exercised or has waived the procedural rights provided in this Policy.

ARTICLE III - PART A:

Section 5. Meeting with Affected Individual:

If, during the processing of an individual's reappointment request, it becomes apparent that the Medical Staff is considering a recommendation that would deny reappointment, deny a requested change in staff category or clinical privileges, or reduce clinical privileges, the President in consultation with the Medical Director may notify the individual of the general tenor of the possible recommendation and ask if the individual desires to meet with the Medical Staff prior to any final recommendation. At such meeting, the affected individual shall be informed of the general nature of the evidence supporting the action contemplated, and shall be invited to discuss, explain or refute it. This interview shall not constitute a hearing and none of the procedural rules provided in this Policy with respect to hearings shall apply. Minutes of the discussion in the meeting shall not be kept. However, the Medical Staff shall indicate as part of its report to the Board whether such a meeting occurred, and shall include a summary of the meeting.

ARTICLE III - PART B: PROCEDURES FOR REQUESTING ADDITIONAL
CLINICAL PRIVILEGES

Section 1. Application for Additional Clinical Privileges:

Whenever, during the term of appointment, additional clinical privileges are desired, the member requesting increased privileges shall apply in writing to the Chief Executive Officer on a form approved by the Board. The application shall state in detail the specific additional clinical privileges desired and the individual's relevant recent training and experience which justify the additional privileges. This application shall be transmitted by the Chief Executive Officer to the Medical Director. Thereafter, it shall be processed in the same manner as an application for initial clinical privileges.

ARTICLE III - PART B:

Section 2. Factors to be Considered:

- (a) Recommendations for additional clinical privileges shall be based upon:
 - (1) relevant recent training;
 - (2) observation of patient care provided;

- (3) review of the records of patients treated in this or other hospitals;
 - (4) results of the hospital's quality assessment activities;
 - (5) applicant's ability to meet the qualifications and criteria for the clinical privileges requested; and
 - (6) other reasonable indicators of the individual's continuing qualifications for the privileges in question.
- (b) The recommendation for additional privileges may carry with it such requirements for supervision or consultation or other conditions, for such periods of time as are thought necessary.

ARTICLE III - PART C: PROCEDURE FOR OTHER QUESTIONS INVOLVING
MEDICAL STAFF MEMBERS

Section 1. Ongoing and Focused Professional Practice Evaluations:

All ongoing and focused professional practice evaluations shall be conducted in accordance with the Medical Staff's peer review procedures. Matters that cannot be appropriately resolved through collegial intervention or through the peer review process shall be referred to the Medical Director.

ARTICLE III - PART C:

Section 2. Collegial, Educational, and/or Informal Proceedings:

- (a) Informal collegial and educational efforts to address questions or concerns relating to an individual's practice and conduct are encouraged where there is a reasonable likelihood that such steps may correct a pattern/concern before it requires formal investigation. The goal of these efforts is to arrive at voluntary, responsive actions by the individual.
- (b) All efforts of the Medical Director and President in this regard are authorized by the Medical Staff and intended to be part of the hospital's ongoing and focused professional practice evaluation, performance improvement and professional and peer review activities.
- (c) Collegial intervention efforts involving reviewing and following up on questions raised about the clinical practice and/or conduct of staff members and pursuing

counseling, education, and related steps may include but are not limited to the following:

- (1) educating and advising colleagues of all applicable policies, such as policies regarding appropriate behavior, emergency call obligations, and the timely and adequate completion of medical records;
 - (2) following up on any questions or concerns raised about the clinical practice and/or conduct of staff members and recommending such steps as proctoring, monitoring, consultation, and letters of guidance; and
 - (3) sharing summary comparative quality, utilization, and other relevant information in order to assist individuals to conform their practices to appropriate norms.
- (d) The affected individual shall be provided an opportunity to respond in writing to any written communications, and the response shall be maintained in the individual's file along with the original communication.
- (e) Collegial efforts are encouraged, but are not mandatory, and shall be within the discretion of the Medical Director and President depending on the circumstances. Collegial efforts shall be considered to be confidential peer review activities, but shall not in and of themselves give rise to any hearing rights.
- (f) The Medical Director shall determine whether to direct that a matter be handled in accordance with another policy (e.g., code of conduct policy, practitioner health policy, peer review policy).

ARTICLE III - PART C:

Section 3. Initial Procedure:

- (a) Whenever a concern or question has been raised regarding:
- (1) the clinical competence or clinical practice of any Medical Staff member;
 - (2) the care or treatment of a patient or patients or management of a case by any Medical Staff member;
 - (3) the known or suspected violation by any Medical Staff member of applicable ethical standards or the bylaws, policies, rules or regulations of the hospital or the Medical Staff, including, but not limited to the

hospital's quality assessment, risk management, and utilization review programs; and/or

- (4) behavior or conduct on the part of any Medical Staff member that is considered lower than the standards of the hospital or disruptive to the orderly operation of the hospital or its Medical Staff, including the inability of the member to work harmoniously with others;

the President, Medical Director, staff member or Chief Executive Officer shall make sufficient inquiry to satisfy themselves that the concern or question raised is credible, after which it shall be submitted in writing to the Medical Director. If any of the inquiring individuals set forth in this provision believe it to be in the best interest of the hospital and the member concerned, they may, but are not required to, discuss the matter with the affected member.

ARTICLE III - PART C:

Section 4. Initiation of Investigation:

- (a) When a concern or question involving clinical competence or behavior/conduct has been referred to the Medical Director, the Medical Director shall determine either to discuss the matter with the member concerned, or to request an investigation. An investigation shall begin only after a formal resolution of the Medical Staff to that effect. The Medical Staff may also, by formal resolution, initiate an investigation on its own motion. If the Board wishes to begin such an investigation, it shall also formally resolve to do so, but may delegate the actual investigation.
- (b) The Medical Director shall promptly notify the Chief Executive Officer in writing of all such requests and investigations, and shall keep the Chief Executive Officer fully informed of all action taken in connection therewith.

ARTICLE III - PART C:

Section 5. Investigative Procedure:

Upon resolving to initiate an investigation, the Medical Staff shall meet as soon as possible:

- (a) If the concern states sufficient information to warrant a recommendation, the Medical Staff, at its discretion, may make such a recommendation, with or without a personal interview with the individual being investigated.
- (b) If the concern does not state sufficient information to warrant a recommendation, the Medical Staff shall immediately investigate the matter, or appoint an ad hoc investigating committee consisting of up to three (3) persons, who may or may not hold appointments to the Medical Staff. This ad hoc investigating committee shall not include partners, associates or relatives of the individual being investigated.
- (c) The Medical Staff or the ad hoc investigating committee shall have available to it the full resources of the Medical Staff and the hospital, as well as the authority to use outside consultants, if needed. The committee may also require a physical and/or mental examination of the individual being investigated by a physician or physicians satisfactory to the committee, and shall require that the results of such examination be made available for the committee's consideration.
- (d) The individual being investigated 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 individual shall be informed of the general nature of the evidence supporting the question being investigated and shall be invited to discuss, explain or refute it. This interview shall not constitute a hearing, and none of the procedural rules provided in this Policy with respect to hearings shall apply. A summary of such interview shall be made by the investigating committee and included with its report to the Medical Staff.
- (e) If a subcommittee or ad hoc investigating committee is used, the Medical Staff may accept, modify or reject the recommendation it receives from that committee.

ARTICLE III - PART C:

Section 6. Procedure Thereafter:

- (a) At the conclusion of the investigation, the Medical Staff may recommend:
 - (1) that no action is justified;
 - (2) a letter of caution or guidance;
 - (3) a written warning or reprimand;
 - (4) terms of probation;
 - (5) a requirement for consultation;
 - (6) reduction of clinical privileges;
 - (7) suspension of clinical privileges for a term;
 - (8) revocation of staff appointment; or
 - (9) such other recommendations as it deems necessary or appropriate.
- (b) If the action of the Medical Staff does not entitle the individual to request a hearing, the action shall take effect immediately without action of the Board and without the right of appeal to the Board. A report of the action taken and reasons therefor shall be made to the Board through the Chief Executive Officer, and the action shall stand unless modified by the Board.
- (c) Any recommendation by the Medical Staff that would entitle the affected individual to a hearing shall be forwarded to the Chief Executive Officer who shall promptly notify the affected individual by certified mail, return receipt requested. The Chief Executive Officer shall then hold the recommendation until after the individual has exercised or has waived the right to a hearing as provided in this Policy, after which the Chief Executive Officer shall forward the recommendation of the Medical Staff, together with all supporting information, to the Board (or its committee). The President/Medical Director shall be available to the Board (or its committee) to answer any questions that may be raised with respect to the recommendation.
- (d) In the event the Board determines to consider modification of the action of the Medical Staff and such modification would entitle the individual to a hearing in accordance with this Policy, the Chief Executive Officer shall notify the affected

individual and no final action shall be taken until the individual has exercised or has waived the right to a hearing.

ARTICLE III - PART D: PRECAUTIONARY SUSPENSION OR RESTRICTION
OF CLINICAL PRIVILEGES

Section 1. Grounds for Precautionary Suspension or Restriction:

- (a) Whenever failure to take such action may result in an imminent danger to the health and/or safety of any individual, the President, Medical Director and Chief Executive Officer shall each have the authority to: (1) suspend or restrict all or any portion of the clinical privileges of a Medical Staff member or (2) afford the individual an opportunity to voluntarily refrain from exercising privileges pending an investigation. A precautionary suspension or restriction shall be deemed an interim precautionary step in the professional review activity related to any ultimate professional review action that may be taken with respect to the suspended individual, but shall not imply any final finding of responsibility for the situation that caused the suspension or restriction.
- (b) Such precautionary suspension or restriction shall become effective immediately upon imposition, shall immediately be reported in writing to the Chief Executive Officer, the President or Medical Director, and shall remain in effect unless or until modified by the Board.
- (c) Within three days of the imposition of a suspension, a brief written description of the reason(s) for the action, including the names and medical record numbers of the patient(s) involved (if any), will be provided to the individual.

ARTICLE III - PART D:

Section 2. Procedure Thereafter:

- (a) A review of the matter resulting in precautionary suspension or restriction shall be completed within a reasonable time period not to exceed thirty (30) days or reasons for the delay shall be transmitted to the Board so that the Board may consider whether the suspension or restriction should be lifted. In the event the suspension is lifted, the Medical Director shall take such further action as is

required in the manner specified under Part C of this Article. As part of this review, the individual shall be given an opportunity to meet with the Medical Director. The individual may propose ways other than precautionary suspension or restriction to protect patients, employees and/or the smooth operation of the hospital, depending on the circumstances.

- (b) After considering the matters resulting in the precautionary suspension or restriction and the individual's response, if any, the Medical Staff shall determine whether there is sufficient information to warrant a final recommendation, or whether it is necessary to commence an investigation. The Medical Staff shall also determine whether the precautionary suspension or restriction should be continued, modified, or terminated pending the completion of the investigation (and hearing, if applicable).
- (c) There is no right to a hearing based on the imposition or continuation of a precautionary suspension or restriction.

ARTICLE III - PART D:

Section 3. Care of Suspended Individual's Patients:

- (a) Immediately upon the imposition of a precautionary suspension, the Medical Director shall assign to another individual with appropriate clinical privileges responsibility for care of the suspended individual's patients still in the hospital. The assignment shall be effective until such time as the patients are discharged. The wishes of the patient shall be considered in the selection of the assigned member.
- (b) It shall be the duty of all Medical Staff members to cooperate with the Medical Director, and the Chief Executive Officer in enforcing all suspensions.

ARTICLE III - PART E: OTHER ACTIONS

Section 1. Failure to Complete Medical Records:

The elective and emergency admitting clinical privileges of any individual shall be automatically deemed to be voluntarily relinquished for failure to complete medical records in accordance with applicable regulations governing the same, after notification

of such delinquency. Such relinquishment shall continue until all the records of the individual's patients are no longer delinquent. Failure to complete the medical records that caused relinquishment of clinical privileges within 120 days from the relinquishment of such privileges shall constitute a voluntary relinquishment of all clinical privileges and resignation from the Medical Staff, as defined in accordance with applicable requirements.

ARTICLE III - PART E:

Section 2. Action by State Licensing Agency:

Action by the appropriate state licensing board or agency revoking or suspending an individual's professional license, or loss or lapse of state license to practice for any reason, shall result in voluntary relinquishment of all hospital clinical privileges as of that date, until the matter is resolved, and an application for reinstatement of privileges has been approved by the Board. In the event the individual's license is only partially restricted, the clinical privileges that would be affected by the license restriction shall be similarly restricted.

ARTICLE III - PART E:

Section 3. Failure to be Adequately Insured:

If at any time a member's professional liability insurance coverage lapses, falls below the required minimum, is terminated or otherwise ceases to be in effect (in whole or in part), the member's clinical privileges that would be affected shall be voluntarily relinquished or restricted as applicable as of that date until the matter is resolved and adequate professional liability insurance coverage is restored.

ARTICLE III - PART E:

Section 4. Failure to Attend Meetings or to Satisfy Continuing

Education Requirements:

- (a) Failure to satisfy Medical Staff meeting attendance requirements or failure to complete mandated continuing education requirements shall constitute a voluntary relinquishment of Medical Staff appointment and clinical privileges, and shall be

sufficient grounds for considering the individual ineligible for reappointment. Such failures shall be documented and specifically considered by the Medical Staff when making recommendations for reappointment and by the Board when making its final decisions.

- (b) Any member who is ineligible for reappointment for failure to attend meetings or to satisfy continuing education requirements shall be entitled to meet with a committee to be designated by the Board before final action is taken. This meeting with the Board committee shall not be conducted under the procedural rules provided in this Policy.
- (c) If reappointment is refused by the Board, the individual shall be eligible to reapply for staff appointment and clinical privileges and the application shall be processed in the same manner as if it were an initial application.

ARTICLE III - PART E:

Section 5. Failure to Provide Requested Information:

If at any time a member fails to provide required information pursuant to a formal request by the Medical Director, the Medical Staff, or the Chief Executive Officer, the member's clinical privileges shall be deemed to be voluntarily relinquished until the required information is provided to the satisfaction of the requesting party. For purposes of this section "required information" shall refer to (1) physical or mental examination reports as specified elsewhere in this Policy, or (2) information necessary to explain an investigation, professional review action, or resignation from another health care facility or agency.

ARTICLE III - PART E:

Section 6. Procedure for Leave of Absence:

- (a) Individuals appointed to the Medical Staff may, for good cause, be granted leaves of absence by the Board for a definitely stated period of time not to exceed one (1) year. Absence for longer than one (1) year shall constitute voluntary resignation of Medical Staff appointment and clinical privileges unless an exception is made by the Board upon recommendation of the Medical Staff.

- (b) Requests for leaves of absence shall be made to the Medical Director and shall state the beginning and ending dates of the requested leave. The Medical Director shall transmit the request together with a recommendation to the Chief Executive Officer for action by the Board.
- (c) At the conclusion of the leave of absence, the individual may be reinstated, upon filing a written statement with the Chief Executive Officer summarizing the professional activities undertaken during the leave of absence. The individual shall also provide such other information as may be requested by the hospital at that time.
- (d) If the leave of absence was for medical reasons, then the member must submit a report from his or her attending physician indicating that the member is physically and/or mentally capable of resuming a hospital practice and exercising the clinical privileges requested. The member shall also provide such other information as may be requested by the hospital at that time. All information shall be forwarded by the Chief Executive Officer to the Medical Director. After considering all relevant information, the Medical Staff shall then make a recommendation regarding reinstatement to the Board for final action.
- (e) In acting upon the request for reinstatement, the Board may approve reinstatement either to the same or a different staff category, and may limit or modify the clinical privileges to be extended to the individual upon reinstatement.

ARTICLE III - PART F: INFORMAL PROCEEDINGS

Nothing in this Policy or the Medical Staff bylaws shall preclude collegial or informal efforts to address questions or concerns relating to an individual's practice and conduct at the hospital. This Policy specifically encourages voluntary structuring of clinical privileges to achieve a clinical practice mutually acceptable to the individual, the Medical Director, the Medical Staff and the Board.

ARTICLE III - PART G: CONFIDENTIALITY AND REPORTING

- (1) Actions taken and recommendations made pursuant to this Policy shall be treated as confidential in accordance with applicable legal requirements and such policies

regarding confidentiality as may be adopted by the Board. In addition, reports of actions taken pursuant to this Policy shall be made by the Chief Executive Officer to such governmental agencies as may be required by law.

- (2) All records and other information generated in connection with and/or as a result of professional review activities shall be confidential, and each individual participating in such review activities shall agree to make no disclosures of any such information except as authorized, in writing, by the Chief Executive Officer or by legal counsel to the hospital. Any breach of confidentiality by an individual may result in a professional review action, and/or may result in appropriate legal action to ensure that confidentiality is preserved, including application to a court of law for injunctive or other relief.

ARTICLE III - PART H: PEER REVIEW PROTECTION

All minutes, reports, recommendations, communications, and actions made or taken pursuant to this Policy are deemed to be covered by the provisions of Connecticut Gen. Stat. Ann. §19a-17b(a)(2) or the corresponding provisions of any subsequent federal or state statute providing protection to peer review or related activities. The Medical Staff, functioning as a committee of the whole is considered to be a Medical Review Committee. Furthermore, the Medical Staff and individuals 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 to be providing information to be "professional review bodies" as that term is defined in the Health Care Quality Improvement Act of 1986.

ARTICLE IV
HEARING AND APPEAL PROCEDURES

ARTICLE IV - PART A: INITIATION OF HEARING

Section 1. Grounds for Hearing:

- (a) An applicant or an individual holding a Medical Staff appointment shall be entitled to request a hearing whenever an adverse recommendation has been made by the Medical Staff or the Board regarding the following:
 - (1) denial of initial Medical Staff appointment;
 - (2) denial of Medical Staff reappointment;
 - (3) revocation of Medical Staff appointment;
 - (4) denial of requested initial clinical privileges;
 - (5) denial of requested additional clinical privileges;
 - (6) decrease of clinical privileges;
 - (7) suspension of clinical privileges (other than precautionary suspension); or
 - (8) imposition of mandatory concurring consultation requirement.
- (b) No other recommendations except those enumerated in (a) of this section shall entitle the individual to request a hearing.
- (c) The affected individual shall also be entitled to request a hearing before the Board enters a final decision, in the event the Board should determine, without a similar recommendation from the Medical Staff, to take any action set forth above.
- (d) The hearing shall be conducted in as informal a manner as possible, subject to the rules and procedures set forth in this Policy.
- (e) Neither voluntary relinquishment of clinical privileges, as provided in this Policy, nor the imposition of any general consultation requirement, nor the imposition of a requirement for retraining, additional training or continuing education, shall constitute grounds for a hearing, but shall take effect without hearing or appeal.

ARTICLE IV - PART B: THE HEARING

Section 1. Notice of Recommendation:

When a recommendation is made which, according to this Policy entitles an individual to a hearing prior to a final decision of the Board, the affected individual shall promptly be given notice by the Chief Executive Officer, in writing, certified mail, return receipt requested. This notice shall contain:

- (a) a statement of the recommendation made and the general reasons for it;
- (b) notice that the individual has the right to request a hearing on the recommendation within thirty (30) days of receipt of this notice; and
- (c) a copy of this Article outlining the rights in the hearing as provided for in this Policy.

ARTICLE IV - PART B:

Section 2. Request for Hearing:

An individual shall have thirty (30) days following the date of the receipt of such notice within which to request the hearing. The request shall be in writing to the Chief Executive Officer. In the event the individual does not request a hearing within the time and in the manner required by this Policy, the individual shall be deemed to have waived the right to the hearing and to have accepted the action involved. That action shall become effective immediately upon final Board action.

ARTICLE IV - PART B:

Section 3. Notice of Hearing and Statement of Reasons:

- (a) The Chief Executive Officer shall schedule the hearing and shall give written notice, certified mail, return receipt requested, to the person who requested the hearing. The notice shall include:
 - (1) the time, place and date of the hearing;
 - (2) a proposed list of witnesses, as known at that time, but which may be modified, who will give testimony or present evidence at the hearing in support of the Medical Staff or the Board;

- (3) the names of the Hearing Panel members and Presiding Officer (or Hearing Officer) if known; and
 - (4) a statement of the specific reasons for the recommendation as well as the list of patient records and information supporting the recommendation. This statement, and the list of supporting patient record numbers and other supporting information, may be revised or amended at any time, even during the hearing, so long as the additional material is relevant to the continued appointment or clinical privileges of the individual requesting the hearing. The individual and counsel shall have sufficient time, up to thirty (30) days, to study this additional information and rebut it.
- (b) The hearing shall begin as soon as practicable, but no sooner than thirty (30) days after the notice of the hearing unless an earlier hearing date has been specifically agreed to in writing by the parties.

ARTICLE IV - PART B:

Section 4. Witness List:

- (a) The individual requesting the hearing shall provide a written list of the names and addresses of the individuals expected to offer testimony or evidence on the affected individual's behalf within ten (10) days after receiving notice of the hearing.
- (b) The witness list of the hospital in support of the recommendation of the Medical Staff (or the Board), shall include a brief summary of the nature of the anticipated testimony. The witness list of either party may, in the discretion of the Presiding Officer or Hearing Panel Chairman, be supplemented or amended at any time during the course of the hearing, provided that notice of the change is given to the other party. The Presiding Officer shall have the authority to limit the number of witnesses, especially character witnesses or witnesses whose testimony is merely cumulative, as set forth in Section 5 of this Part.

ARTICLE IV - PART B:

Section 5. Hearing Panel, Presiding Officer and Hearing Officer:

(a) Hearing Panel:

- (1) When a hearing is requested, the Chief Executive Officer, acting for the Board and after considering the recommendations of the President and the Medical Director (and that of the Chairman of the Board, if the hearing is occasioned by a Board determination) shall appoint a Hearing Panel which shall be composed of not less than three (3) members. The Hearing Panel shall be composed of Medical Staff members who shall not have actively participated in the consideration of the matter involved at any previous level or of physicians or laypersons not connected with the hospital or any combination of such persons. Knowledge of the matter involved shall not preclude any individual from serving as a member of the Hearing Panel.
- (2) The Hearing Panel shall not include any individual who is in direct economic competition with the affected person or any such individual who is professionally associated with or related to the affected individual. Such appointment shall include designation of a Chairman or a Presiding Officer. Knowledge of the matter involved shall not preclude any individual from serving as a member of the Hearing Panel.

(b) Presiding Officer:

- (1) In lieu of a Hearing Panel Chairman, the Chief Executive Officer may appoint an attorney at law as Presiding Officer. Such Presiding Officer must not act as a prosecuting officer, or as an advocate for either side at the hearing. The Presiding Officer may participate in the private deliberations of the Hearing Panel and be a legal advisor to it, but shall not be entitled to vote on its recommendations.
- (2) If no Presiding Officer has been appointed, a Chairman of the Hearing Panel shall be appointed by the Chief Executive Officer to serve as the Presiding Officer, and shall be entitled to one (1) vote.

- (3) The Presiding Officer (or Hearing Panel Chairman) shall:
 - (i) act to insure that all participants in the hearing have a reasonable opportunity to be heard and to present oral and documentary evidence subject to reasonable limits on the number of witnesses and duration of direct and cross examination, applicable to both sides, as may be necessary to avoid cumulative or irrelevant testimony or to prevent abuse of the hearing process;
 - (ii) prohibit conduct or presentation of evidence that is cumulative, excessive, irrelevant, abusive or that causes undue delay;
 - (iii) maintain decorum throughout the hearing;
 - (iv) determine the order of procedure throughout the hearing;
 - (v) have the authority and discretion, in accordance with this Policy, to make rulings on all questions which pertain to matters of procedure and to the admissibility of evidence;
 - (vi) act in such a way that all information relevant to the continued appointment or clinical privileges of the individual requesting the hearing is considered by the Hearing Panel in formulating its recommendations; and
 - (vii) conduct argument by counsel on procedural points outside the presence of the Hearing Panel unless the Panel wishes to be present.

(4) The Presiding Officer may be advised by legal counsel to the hospital.

(c) Hearing Officer:

- (1) As an alternative to the Hearing Panel described in paragraph (a) of this Section, the Chief Executive Officer, after consulting with the President (and Chairman of the Board if the hearing was occasioned by a Board determination) may instead appoint a Hearing Officer to perform the functions that would otherwise be carried out by the Hearing Panel. The Hearing Officer shall preferably be an attorney at law.
- (2) The Hearing Officer may not be in direct economic competition with the individual requesting the hearing, and shall not act as a prosecuting officer

or as an advocate to either side at the hearing. In the event a Hearing Officer is appointed instead of a Hearing Panel, all references in this Article to the "Hearing Panel" or "Presiding Officer" shall be deemed to refer instead to the Hearing Officer, unless the context would clearly otherwise require.

ARTICLE IV - PART C: HEARING PROCEDURE

Section 1. Discovery:

(a) There is no right to discovery in connection with the hearing. However, the individual requesting the hearing shall be entitled, upon specific request, to the following, subject to a stipulation signed by both parties that such documents shall be maintained as confidential and shall not be disclosed or used for any purpose outside of the hearing:

- (1) copies of, or reasonable access to, all patient medical records referred to in the Statement of Reasons, at the individual's expense;
- (2) reports of experts relied upon by the Medical Staff or the Board;
- (3) redacted copies of meeting minutes (such provision does not constitute a waiver of the state peer review protection statute); and
- (4) copies of any other documents relied upon by the Medical Staff or the Board.

The individual must provide a written representation that his/her counsel and any expert(s) have executed Business Associate agreements in connection with any protected patient health information contained in the documents provided.

- (b) Prior to the hearing, on dates set by the Presiding Officer or agreed upon by counsel for both sides, each party shall provide the other party with a list of proposed exhibits. All objections to documents or witnesses to the extent then reasonably known, shall be submitted in writing in advance of the hearing. The Presiding Officer shall not entertain subsequent objections unless the party offering the objection demonstrates good cause.
- (c) Neither the affected individual, nor his or her attorney, nor any other person on behalf of the affected individual, shall contact hospital employees appearing on

the hospital's witness list concerning the subject matter of the hearing, unless specifically agreed upon by counsel.

ARTICLE IV - PART C:

Section 2. Pre-Hearing Conference:

The Presiding Officer may require counsel for the individual and for the Medical Staff (or the Board) to participate in a pre-hearing conference for purposes of resolving all procedural questions in advance of the hearing. The Presiding Officer may specifically require that:

- (a) all documentary evidence to be submitted by the parties be presented at this conference; any objections to the documents shall be made at that time and the Presiding Officer shall resolve such objections;
- (b) evidence unrelated to the reasons for the unfavorable recommendation or unrelated to the individual's qualifications for appointment or the relevant clinical privileges be excluded;
- (c) the names of all witnesses and a brief statement of their anticipated testimony be submitted;
- (d) the time granted to each witness' testimony and cross-examination be agreed upon, or determined by the Presiding Officer, in advance; and
- (e) witnesses and documentation not provided and agreed upon in advance of the hearing may be excluded from the hearing.

ARTICLE IV - PART C:

Section 3. Failure to Appear:

Failure, without good cause, of the individual requesting the hearing to appear and proceed at such a hearing shall be deemed to constitute voluntary acceptance of the pending recommendations or actions, which shall then be forwarded to the Board for final action.

ARTICLE IV - PART C:

Section 4. Record of Hearing:

The Hearing Panel shall maintain a record of the hearing by a stenographic reporter present to make a record of the hearing or a recording of the proceedings. The cost of such reporter shall be borne by the hospital, but copies of the transcript shall be provided to the individual requesting the hearing at that individual's expense. Oral evidence shall be taken only on oath or affirmation administered by any person designated by such body and entitled to notarize documents in this State.

ARTICLE IV - PART C:

Section 5. Rights of Both Sides:

- (a) At a hearing both sides shall have the following rights, subject to reasonable limits determined by the Presiding Officer:
- (1) to call and examine witnesses to the extent available;
 - (2) to introduce exhibits;
 - (3) to cross-examine any witness on any matter relevant to the issues and to rebut any evidence;
 - (4) representation by counsel who may call, examine, and cross-examine witnesses and present the case. Both sides shall notify the other of the name of that counsel at least ten (10) days prior to the date of the hearing; and
 - (5) to submit a written statement at the close of the hearing.
- (b) Any individual requesting a hearing who does not testify in his or her own behalf may be called and examined as if under cross-examination.
- (c) The Hearing Panel may question the witnesses, call additional witnesses or request additional documentary evidence.

ARTICLE IV - PART C:

Section 6. Admissibility of Evidence:

The hearing shall not be conducted according to rules of evidence. Hearsay evidence shall not be excluded merely because it constitutes hearsay. Any relevant evidence shall

be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law.

ARTICLE IV - PART C:

Section 7. Post-Hearing Memoranda of Points and Authorities:

Each party shall have the right to submit a memorandum of points and authorities, and the Hearing Panel may request such a memorandum to be filed, following the close of the hearing.

ARTICLE IV - PART C:

Section 8. Official Notice:

The Presiding Officer shall have the discretion to take official notice of any matters, either technical or scientific, relating to the issues under consideration that could have been judicially noticed by the courts of this State. Participants in the hearing shall be informed of the matters to be officially noticed and such matters shall be noted in the record of the hearing. Either party shall have the opportunity to request that a matter be officially noticed or to refute the noticed matter by evidence or by written or oral presentation of authority. Reasonable additional time shall be granted, if requested, to present written rebuttal of any evidence admitted on official notice.

ARTICLE IV - PART C:

Section 9. Postponements and Extensions:

Postponements and extensions of time beyond any time limit set forth in this Policy may be requested by anyone but shall be permitted only by the Presiding Officer, or the Chief Executive Officer on a showing of good cause.

ARTICLE IV - PART D: HEARING CONCLUSION, DELIBERATIONS,
AND RECOMMENDATIONS

Section 1. Order of Presentation:

The Medical Staff or the Board, depending on whose recommendation prompted the hearing initially, shall first present evidence in support of its recommendation. Thereafter, the burden shall shift to the individual who requested the hearing to present evidence.

ARTICLE IV - PART D:

Section 2. Basis of Recommendation:

- (a) The Hearing Panel shall recommend in favor of the Medical Staff or the Board unless it finds that the individual who requested the hearing has proved that the recommendation that prompted the hearing was arbitrary, capricious, or not supported by a preponderance of the evidence.
- (b) The recommendation of the Hearing Panel shall be based on the evidence produced at the hearing. This evidence may consist of the following:
 - (1) oral testimony of witnesses;
 - (2) memorandum of points and authorities presented in connection with the hearing;
 - (3) any information regarding the individual who requested the hearing so long as that information has been admitted into evidence at the hearing and the person who requested the hearing had the opportunity to comment on and, by other evidence, refute it;
 - (4) any and all applications, references, and accompanying documents;
 - (5) other documented evidence, including medical records; and
 - (6) any other evidence that has been admitted.

ARTICLE IV - PART D:

Section 3. Adjournment and Conclusion:

The Presiding Officer may, without special notice, adjourn the hearing and reconvene the same at the convenience and with the agreement of the participants. Upon conclusion of

the presentation of evidence by the parties and/or questions by the Hearing Panel, the hearing shall be closed.

ARTICLE IV - PART D:

Section 4. Deliberations and Recommendation of the Hearing Panel:

Within twenty (20) days after final adjournment of the hearing, the Hearing Panel shall conduct its deliberations outside the presence of any other person except the Presiding Officer, and shall render a recommendation, accompanied by a report, which shall contain a concise statement of the reasons for the recommendation.

ARTICLE IV - PART D:

Section 5. Disposition of Hearing Panel Report:

The Hearing Panel shall deliver its report and recommendation to the Chief Executive Officer who shall forward it, along with all supporting documentation, to the Board for further action. The Chief Executive Officer shall also send a copy of the report and recommendation, certified mail, return receipt requested, to the individual who requested the hearing, and to the President/Medical Director for information and comment.

ARTICLE IV - PART E: APPEAL PROCEDURE

Section 1. Time for Appeal:

Within ten (10) days after notice of the Hearing Panel's recommendation, either party may appeal the recommendation. The request shall be in writing, and shall be delivered to the Chief Executive Officer either in person or by certified mail, return receipt requested, and shall include a statement of the reasons for appeal and the specific facts or circumstances which justify further review. If such appellate review is not requested within ten (10) days as provided herein, both parties shall be deemed to have waived the right to an appeal, and the Hearing Panel's report and recommendation shall be forwarded to the Board for final action.

ARTICLE IV - PART E:

Section 2. Grounds for Appeal:

The grounds for appeal shall be limited to the following:

- (a) there was substantial failure to comply with this Policy and/or the hospital or Medical Staff bylaws prior to the hearing so as to deny a fair hearing; or
- (b) the recommendations of the Hearing Panel were made arbitrarily, capriciously or with prejudice; or
- (c) the recommendations of the Hearing Panel were not supported by substantial evidence.

ARTICLE IV - PART E:

Section 3. Time, Place and Notice:

Whenever an appeal is requested as set forth in the preceding sections, the Chairman of the Board shall, within ten (10) days after receipt of such request, schedule and arrange for an appellate review. The affected individual shall be given notice of the time, place and date of the appellate review. The appellate Review Panel shall be convened in not less than ten (10) days, nor more than thirty (30) days from the date of receipt of the request for an appeal; provided, however, that when a request for appellate review is from a member who is under a suspension then in effect, the appellate Review Panel shall be convened as soon as the arrangements may reasonably be made and not more than fourteen (14) days from the date of receipt of the request for an appeal. The time for appellate review may be extended by the Chairman of the Board for good cause.

ARTICLE IV - PART E:

Section 4. Nature of Appellate Review:

- (a) The Chairman of the Board shall appoint a Review Panel composed of not less than three (3) persons, either members of the Board or others, including but not limited to reputable persons outside the hospital, to consider the record upon which the recommendation before it was made, or the Board may hear the appeal as a whole body.

- (b) The Review Panel may in its discretion accept additional oral or written evidence subject to the same rights of cross-examination or confrontation provided at the Hearing Panel proceedings. Such additional evidence shall be accepted only if the party seeking to admit it can demonstrate that it is new, relevant evidence or that any opportunity to admit it at the hearing was denied.
- (c) Each party shall have the right to present a written statement in support of its position on appeal. In its sole discretion, the Review Panel may allow each party or its representative to appear personally and make oral argument not to exceed thirty (30) minutes. The Review Panel shall recommend final action to the Board. The Review Panel may recommend that the Board affirm, modify or reverse the recommendation of the Hearing Panel or that the matter be referred back to the Hearing Panel for further consideration or to the Medical Staff for further review.
- (d) The Board may affirm, modify or reverse the recommendation of the Review Panel or, in its discretion, refer the matter for further review and recommendation, or make its own decision based upon the Board's ultimate legal responsibility to grant appointment and clinical privileges.

ARTICLE IV - PART E:

Section 5. Appellate Review in the Event of Board Modification or

Reversal of Hearing Panel Recommendation:

In the event the Board determines to modify or reverse the recommendation of a Hearing Panel in a matter in which the individual did not request appellate review pursuant to Section 1 of this Part, and such action would adversely affect the individual, the Board shall notify the affected individual through the Chief Executive Officer that he or she may appeal the proposed modification or reversal. The Board shall take no final action until the individual has exercised or has waived the procedural rights provided in this Part.

ARTICLE IV - PART E:

Section 6. Final Decision of the Board:

Within thirty (30) days after receipt of the Review Panel's recommendation, the Board shall render a final decision in writing, including specific reasons, and shall deliver copies

thereof to the affected individual and to the President in person or by certified mail, return receipt requested.

ARTICLE IV - PART E:

Section 7. Further Review:

Except where the matter is referred for further action and recommendation in accordance with Section 4 of this Part, the final decision of the Board following the appeal shall be effective immediately and shall not be subject to further review. If the matter is referred pursuant to Section 4 of this Part for further action and recommendation, such recommendation shall be promptly made to the Board in accordance with the instructions given by the Board. This further review process and the report back to the Board shall in no event exceed thirty (30) days except as the parties may otherwise stipulate.

ARTICLE IV - PART E:

Section 8. Right to One Hearing and One Appeal Only:

No applicant or Medical Staff member shall be entitled to more than one (1) hearing and one (1) appeal on any matter which may be the subject of an appeal. If the Board determines to deny initial Medical Staff appointment or reappointment to an applicant, or to revoke or terminate the Medical Staff appointment and/or clinical privileges of a current member, that individual may not apply for staff appointment or for those clinical privileges at this hospital for a period of five (5) years unless the Board provides otherwise.

ARTICLE V
MEDICAL ASSOCIATES AND MEDICAL ASSISTANTS

ARTICLE V - PART A: MEDICAL ASSOCIATES

Section 1. Qualifications:

- (a) Classes of health care professionals other than physicians who are approved by the Board, who have been licensed or certified by their respective licensing or certifying agencies and who desire to provide professional services in the hospital, are eligible to practice as Medical Associates.
- (b) Each such individual shall file an application on a form provided by the hospital. Each applicant shall be evaluated by the Medical Director. Medical Associates shall be credentialed, privileged and re-privileged in the same manner as Medical Staff members and, in the event of a recommendation adversely affecting clinical privileges, shall be entitled to the same hearing and appeal procedures.
- (c) Each such individual must provide evidence of current, valid professional liability insurance coverage in such terms and in amounts satisfactory to the hospital.

ARTICLE V - PART A:

Section 2. Conditions of Practice:

- (a) Medical Associates shall not be entitled to the rights, privileges, and responsibilities of appointment to the Medical Staff and may only engage in acts within the scope of practice or clinical privileges specifically granted by the Board. They shall be located within the geographic service area of the hospital, close enough to fulfill their responsibilities, and to provide timely care for their patients in the hospital.
- (b) Individuals who are employees of the hospital shall not be permitted to practice at the hospital as Medical Associates, but shall be governed by such hospital policies, manuals and descriptions as may be established from time to time by the Chief Executive Officer or other appropriate designees. The Chief Executive Officer shall consult with the Medical Director regarding the qualifications of

those hospital employees whose responsibilities require the delineation of clinical privileges and/or duties.

ARTICLE V - PART B: MEDICAL ASSISTANTS

Section 1. Qualifications:

Categories of health care professionals other than physicians who are approved by the Board, who are licensed or certified by their respective licensing or certifying agencies, and who provide services as employees of or under the supervision of physicians who are presently appointed to the Medical Staff are eligible to practice as Medical Assistants.

ARTICLE V - PART B:

Section 2. Selection Procedure:

- (a) To the extent the Board determines to permit such Medical Assistants to act at the hospital, the Medical Director recommends to the Board the scope of each such individual's activities at the hospital. Physician's Assistants and Advanced Practice Nurses shall be credentialed, privileged and re-privileged in the same manner as Medical Staff members and, in the event of a recommendation adversely affecting clinical privileges, shall be entitled to the same hearing and appeal procedures.
- (b) No such individual shall provide services at the hospital as a Medical Assistant unless and until the Medical Director has received, on a form provided by the hospital, sufficient information about the qualifications of that individual to permit the Medical Director to recommend the scope of activities the individual will be permitted to undertake at the hospital. The form shall be prepared by the individual's employer, if appropriate, and signed by both the employer and the individual.
- (c) The Medical Director shall recommend to the Medical Staff and the Board a written delineation of the scope of activities each Medical Assistant is permitted to undertake at the hospital. This delineation shall be final with no right of hearing or appeal, provided, however, that the physician seeking to employ the Medical Assistant at the hospital shall have the opportunity to appear before the

Medical Staff and discuss the proposed delineation before any recommendation is transmitted to the Board. The Medical Assistant may act at the hospital pursuant to the approved delineation only so long as he or she remains an employee of or is supervised by a physician currently appointed to the Medical Staff.

ARTICLE V - PART B:

Section 3. Conditions of Practice:

- (a) Medical Assistants other than Physician's Assistants and Advanced Practice Nurses shall practice at the hospital at the discretion of the Board and may be terminated at will by the Board. Neither the Medical Assistant nor the employing or supervising physician shall be entitled to any hearing or appeal upon such termination.
- (b) Medical Assistants shall not be entitled to the rights, privileges, and responsibilities of appointment to the Medical Staff and may only engage in acts within the scope of activities specifically granted by the Board.
- (c) Any activities permitted by the Board to be done at the hospital by a Medical Assistant shall be done only under the direct and immediate supervision of that individual's employer or other approved supervision physician. However, "direct and immediate supervision" shall not require the actual physical presence of the employer. Should any physician or hospital employee who is licensed or certified by the state have any question regarding the clinical competence or authority of the Medical Assistant either to act or to issue instructions outside the physical presence of the employer in a particular instance, such physician or hospital employee has the right to require that the Medical Assistant's employer or supervisor validate, either at the time or later, the instructions of the Medical Assistant. Any act or instruction of the Medical Assistant shall be delayed until such time as the physician or hospital employee can be certain that the act is clearly within the scope of the Medical Assistant's activities as permitted by the Board. At all times the employing or supervising physician will remain responsible for all acts of the Medical Assistant while at the hospital.

- (d) The number of Medical Assistants acting as employees of one physician, as well as the acts they may undertake, shall be consistent with applicable state statutes and regulations, the rules and regulations of the Medical Staff and the policies of the Board.
- (e) It shall be the responsibility of the physician employing the Medical Assistant to provide professional liability insurance for the Assistant in amounts required by the Board that covers any activities of the Medical Assistant at the hospital, and to furnish evidence of such to the hospital. The Medical Assistant shall act at the hospital only while such coverage is in effect.
- (f) Individuals who are employees of the hospital shall be governed by such hospital policies, manuals and descriptions as may be established from time to time by the Chief Executive Officer or other appropriate designees. Where applicable, the Chief Executive Officer shall consult the Medical Director regarding the qualifications of those hospital employees whose responsibilities require the delineation of clinical duties.

APPENDIX A
HISTORY AND PHYSICAL EXAMINATIONS

Histories and physical examinations, including identification data; admission note by physician; chief complaint; history and details of present illness or care needs; relevant personal history; social and family history; and physical examination, including relevant inventory by body systems, including a review of the patient's condition and assessment that the patient is likely to benefit significantly from an intensive inpatient rehabilitation program, shall be completed within 24 hours after admission. The Physiatrist's post admission evaluation completed within 24 hours of admission, considered together with the admission history and physical, constitutes a complete history and physical. If a history and details of and physical examination has been performed within 30 days prior to admission, a durable, legible copy of this report may be used in the patient's hospital medical record. If the history and physical has been completed prior to admission, the patient must be assessed and the inpatient medical record must be updated at the time of the admission to reflect any changes in the patient's condition since the date of the original history and physical or to state that there have been no changes in the patient's condition. All updates must be timed, dated and signed.

The history and physical examination may be performed by a Medical Assistant who is a Physician's Assistant or Advanced Practice Nurse who has been granted clinical privileges to do so. If a Medical Assistant performs the history and physical, the attending physician must approve or correct and countersign it within forty-eight (48) hours.

RULES AND REGULATIONS OF

THE MEDICAL STAFF OF

MOUNT SINAI REHABILITATION HOSPITAL

1. No patient will be admitted to the Hospital until the Admitting Office has been consulted and a provisional diagnosis made. Physicians referring private patients for admission must furnish such information as may be necessary to assure the protection of other patients and of Hospital personnel.
2. The physician who arranges for the admission of a patient to the Hospital shall be designated as the Attending Physician and shall be responsible for the total care of the patient unless transfer to another physician is made in writing on the treatment sheet. The patient shall be discharged only on written order of the Attending Physician. At the time of discharge, the Attending Physician shall see that the record is complete, state the final diagnosis and sign the record. The physician who discharges the patient from the Hospital shall be responsible for the discharge summary. If the Admitting Physician is a member of a group of practitioners, the responsibility for total care of a patient may be shared by other members of that group.
3. The Attending Physician shall be responsible for the preparation of a complete medical record for each patient. This record shall include: identification data; admission note by physician; complaint; history of present illness; personal history; social and family history; physical examination; special reports such as consultants, clinical laboratory, x-ray and others; provisional diagnosis, medical or surgical treatment; operative report; pathological findings; progress notes; final diagnosis, condition on discharge; summary or discharge note including discharge instructions; hospital infection surveillance form; follow-up and autopsy when available. No medical record shall be filed until it is complete, except on order of the Medical Staff acting as a committee of the whole.
4. Certain of the responsibilities described in paragraphs 2 and 3 above may be assigned in accordance with Hospital policy to co-admitting licensed independent practitioners as defined in Article V, Medical Associates and Medical Assistants, of the Policy on Appointment, Reappointment and Clinical Privileges.
5. A medical order is to be written by a physician or licensed independent practitioner. A verbal, i.e., spoken, order (V.O.) may be given either personally, in a situation of crisis, or by telephone (T.O.). Telephone and personal verbal orders shall be entered in the chart with the physician's or licensed independent practitioner's name, date and time of order, and the written signature of the person receiving the order, who may be a registered nurse, a registered dietitian, a radiologic technologist, or a registered pharmacist. A telephone order shall be countersigned within 24 hours and a personal verbal order before the physician or licensed independent practitioner leaves the floor.

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6. When in the opinion of the Attending Physician a consultation with another physician is necessary, he or his designated representative shall notify the physician or his designated representative. The Consultant will examine the patient within twenty-four hours and record on the chart his findings and opinion.
7. The Attending Physician or his/her designee shall see each patient at least six days per week.
8. In the event of an emergency, when a physician who has not designated a substitute cannot be located, the President of the Hospital may call any physician capable of handling the care of the patient.
9. Original and continuing orders for controlled substances, Schedules II, III, IV, V shall be limited in duration as specified in the General Statutes of the State of Connecticut.
10. Orders for controlled substances Schedules III and IV may be written by a licensed independent practitioner, but must be co-signed by a physician.
11. Maintenance of Records:
 - (a) Histories and physical examinations shall be completed within twenty-four hours after admission.

If a history and physical examination has been performed within 30 days prior to admission, a durable, legible copy of this report may be used in the patient's Hospital medical record. If the history and physical has been completed prior to admission, the patient must be assessed and the inpatient medical record must be updated at the time of the admission to reflect any changes in the patient's condition since the date of the original history and physical or to state that there have been no changes in the patient's condition. All updates must be timed, dated and signed.
 - (b) A progress note shall be written at least six days per week on all patients.
 - (c) Records shall be completed, whenever possible, upon discharge of the patient from the Hospital.
 - (1) The physician shall be notified by the President of the Medical Staff or his designee if records are incomplete.
 - (2) Failure to complete the records within thirty days after discharge of the patient from the Hospital shall result in automatic suspension.
 - (3) The suspension shall end with the proper completion of the record.

- (4) If six such violations occur within a period of 12 consecutive months, the Physician shall appear before the Medical Staff, which shall review the record delinquencies for consideration of disciplinary measures.
 - (d) The Attending Physician shall sign the history, physical examination and the discharge summary.
 - (e) Delinquencies in records shall be reviewed by Medical Records and may be referred to the Medical Staff.
 - (f) The medical record is the property of the Hospital and is maintained for the benefit of the patient, the Medical Staff and the Hospital. Medical records may be removed from the Hospital's jurisdiction and safekeeping only in accordance with a court order, subpoena, or state statute.
 - (g) In case of readmission, all previous records shall be available to the Attending Physician on request.
12. Except in emergency situations, the responsible physician shall obtain proper informed consent as a prerequisite to any procedure or treatment for which it is appropriate and provide evidence of consent by a form signed by the patient, or a written statement signed by the physician to the patient shall include the specific procedure or treatment or both, the reasonably foreseeable risks, and reasonable alternatives for care or treatment.
13. These Rules and Regulations may be amended as provided for in Articles VI and VII of the Bylaws.