

St. Mary's Hospital

Allied Health Professional Staff Policy

Section 1. **Composition.** The Allied Health Professional Staff shall consist of the following licensed practitioners who are permitted by law and by the Hospital to provide patient care services: physician assistants, specialist assistants, nurse practitioners, psychologists, certified registered nurse-anesthetists, registered nurse first assistants certified in operating room nursing, and medical nuclear radiological physicists. Any such practitioners who provide clinical services within any Hospital inpatient or outpatient facility (i.e., New York Public Health Law Article 28 licensed space) must be members of the Allied Health Professional Staff. Other licensed practitioners may be added to support the goals and objectives of the Hospital. The members of the Allied Health Professional Staff are not members of the Medical Staff.

Section 2. **Membership.**

- a. As delegated by the Board, the Safety and Quality Improvement Committee of the Board of Directors (the "SQI Committee") shall be responsible for making all appointments to the Allied Health Professional Staff and for the granting of clinical privileges for Allied Health Professional Staff (whether or not an employee of the Hospital), upon the recommendation of the Medical Staff. If the SQI Committee disagrees with any recommendations made by the Medical Executive Committee concerning appointments, reappointments or credentialing, the Medical Executive Committee will be asked to reconsider the matter and make further recommendations to the SQI Committee. The Board of Directors reserves the right, in the Board's discretion, to cancel such delegation to the SQI Committee at any time or from time to time with respect to any or all matters.
- b. Membership on the Allied Health Professional Staff by those who are employees or contractors of the Hospital shall be coterminous with such individual's employment or contract with the Hospital.
- c. For those Allied Health Professional Staff members who are required by the terms of their appointment or by law to practice in collaboration and subject to a practice agreement with a physician or under the supervision of a physician, upon the restriction, suspension, reduction, or termination of the clinical privileges or staff membership of the Allied Health Professional Staff member's collaborating or supervising physician, the Allied Health Professional Staff member shall not exercise clinical privileges which fall within the scope of such restriction, suspension, reduction or termination and shall have thirty (30) days from the date of such action to obtain a new collaborating or supervising physician.

Section 3. **Qualifications.** Only practitioners who are duly registered with the Education Department of the State of New York will be considered for membership on the Allied Health Professional Staff. Applicants will be evaluated based upon the Hospital's standards of patient care, patient welfare, the needs and objectives of the Hospital and the character and competence of the applicant. If the Allied Health Professional Staff applicant/member is required by the terms of their

appointment or by law to practice in collaboration and subject to a practice agreement with a physician or under the supervision of a physician, the collaborating or supervising physician must be a member of the Hospital's Medical Staff with appropriate privileges. If the Allied Health Professional Staff applicant/member is permitted by law and the terms of their appointment to maintain a collaborative relationship with the Hospital, privileges shall be conditioned upon the applicant/member maintaining a collaborative relationship with one or more physicians who are members of the Hospital's Medical Staff and qualified to collaborate in the same specialty, and the applicant/member shall maintain documentation of the collaborative relationships as required by law or regulation and make such documentation available to the Hospital upon request.

Section 4. ***Applicant's Burden.***

- a. Applications for membership on the Allied Health Professional Staff shall be forwarded to the Hospital's designee and/or the Hospital's Credentials Department on forms prescribed by the Hospital.
- b. By applying for appointment to the Allied Health Professional Staff each applicant:
 - (1) authorizes consultation with others who have been associated with him or her and who may have information bearing on his or her competence, qualifications and performance, and authorizes such individuals and organizations to candidly provide all such information;
 - (2) consents to inspection of records and documents that may be material to an evaluation of his or her qualifications and ability to carry out the clinical activities requested, and authorizes all individuals and organizations in custody of such records and documents to permit such inspection and copying;
 - (3) releases from any liability, to the fullest extent permitted by law, all persons for their good faith acts performed in connection with investigating and evaluating the applicant;
 - (4) releases from any liability, to the fullest extent permitted by law, all individuals and organizations who provide information regarding the applicant, including otherwise confidential information;
 - (5) consents to the disclosure from other hospitals, medical associations, licensing boards, and other similar organizations any information regarding his or her professional or ethical standing that the hospital or Medical Staff may have, and releases the Medical Staff and hospital from liability for so doing to the fullest extent permitted by law; and
 - (6) pledges to maintain an ethical practice, including refraining from illegal inducements for patient referral, and refraining from practicing beyond the scope of their approved practice.

- c. The applicant shall have the burden to provide the following documentation, and full information concerning any denial, revocation, suspension, reduction, limitation, probation, nonrenewal, or voluntary or involuntary relinquishment of any association, employment, privileges or practice. The applicant shall have the further burden of providing the following documentation:
- (1) a completed initial application form and signed consent form;
 - (2) the applicant's education or professional training, including dates of training, facility name and address, and Program Director name;
 - (3) the applicant's national certification status, if applicable to the individual's practice;
 - (4) the applicant's health, including the results of a physical examination completed within a year of the date of the application, documentation of immunity to rubella and rubeola (if born after 1/1/57), and the results of PPD testing within the past year (unless previously tested positive);
 - (5) requested clinical privileges, job description, or scope of services document, as appropriate;
 - (6) health care affiliations, practice and/or work history, including dates and locations;
 - (7) current DEA registration, if applicable to the individual's practice;
 - (8) malpractice claims, suits, judgments, pending or settled;
 - (9) insurance face sheet;
 - (10) an application fee, if one is required;
 - (11) documentation of completion of the New York State Mandatory Infection Control Training certification, unless the applicant proves his or her exemption by New York State;
 - (12) any information described under Section 2805-K of the Public Health Law, and any other information described under Section 405.6 of the New York State Department of Health's regulations;
 - (13) two letters of reference addressed to the Hospital and any other hospitals within the St. Peter's Health Partners system to which the applicant also is applying. One must be from a physician and one must be from a peer in the applicant's profession who has personal knowledge of the applicant's current clinical abilities, ethical character, health status and ability to work cooperatively. None of the individuals providing a letter of reference should be related to the applicant by family, and not more than one may be from a current or impending professional or financial association;

- (14) for those applicants who are required by law to practice in collaboration and subject to a practice agreement with a physician or under the supervision of a physician, a statement from the collaborating or supervising physician outlining the need for the, appointment confirming the provider's ability to perform the requested privileges, and confirming the collaborating or supervising physician's responsibility for the patient care rendered by the applicant. In the case of nurse practitioner applicants having practiced less than 3,600 hours and with a written practice agreement, the identified written practice protocols must be an approved text by the New York State Education Department Office of the Professions;
 - (15) for those nurse practitioners who have practiced as such for more than 3,600 hours, designation of one or more physicians who are in the same specialty and have privileges at the Hospital, who are willing to practice in collaboration with the applicant (the Hospital does not permit practice solely in collaboration with the Hospital);
 - (16) evidence of initial and ongoing competency related to specific procedures will be required. Examples of specific procedures are high volume, high risk or problem prone procedures. Documentation of competency is required for certain procedures as mandated by regulatory agencies;
 - (17) a valid photo identification issued by a state or federal agency (e.g., driver's license or passport); and
 - (18) any other information the Hospital deems necessary to substantiate the application.
- d. The application shall require the applicant to verify the content of the application under oath.

Section 5. ***Application Process.***

- a. Upon receipt of the application and supporting documents as outlined above and the required application fee, the application shall be reviewed by the Hospital's designee and/or the Credentials Department for completeness, accuracy and appropriate supporting information and/or documentation.
- b. The Hospital's designee and/or the Credentials Department shall conduct the verification process for all required information, including but not limited to:
 - (1) primary source verification of training, health care affiliations, and New York State licensure and registration.
 - (a) If primary source verification cannot be achieved (either as a result of a facility having closed or not responding to at least one request for information), the applicant will be so advised. The

applicant shall have the burden of taking whatever measures are deemed appropriate to secure the required information. Such variances will be identified and brought to the attention of the Clinical Chief and the Credentials Committee for determination as to whether or not the lack of information constitutes a significant barrier in the consideration of the applicant's request for membership and privileges;

- (2) National Practitioner Data Bank query;
 - (3) New York State Office of Professional Medical Conduct query (physician assistants and specialist assistants) or New York State Office of the Professions query (all other practitioners);
 - (4) exclusion from participation in Federal health care programs query (DHHS OIG List of Excluded Individuals/Entities and New York State Office of Medicaid Inspector General);
 - (5) professional liability insurance coverage/claims history; and
 - (6) any other verifications necessary to substantiate the application.
- c. Applications for appointments to the Allied Health Professional Staff will be processed as received and shall be brought forth for consideration by the Medical Executive Committee within 60 days after the requirements of this Section 5 are met. Final action will be taken as soon as reasonably practicable. Final action on such applications will not, however, necessarily be in chronological order.
- d. Applicants who fail to respond to requests for required information shall receive a certified letter from the Hospital's designee or the Credentials Department informing them that their applications for membership on the Allied Health Professional Staff shall be deemed withdrawn if the applicant fails to provide information required to complete the application within 30 days measured from the time that the applicant is advised by the Hospital that his or her application is incomplete and that certain additional information is required. Individuals whose applications are withdrawn may reactivate their application within 60 days of the date of withdrawal.
- e. When information required pursuant to Sections 4 and 5(b) has been received, or if a preponderance of the information has been received sufficient for the Clinical Chief to conduct a review of the application, the application and all supporting documentation shall be forwarded to the clinical chief(s) of the department(s) in which the applicant is seeking privileges for review and recommendations. In the case of nursing applicants, the Advanced Practice Council in conjunction with the Chief Nursing Officer shall also review the application and provide its recommendations.
- f. After receiving the written report of the clinical chief, the Credentials Committee shall evaluate the applicant's credentials and the chief's recommendations at its next scheduled meeting. The Committee shall then report its findings and

recommendations to the Medical Executive Committee. Thereafter, the Medical Executive Committee shall make its recommendation to the SQI Committee for final action (subject to Section 2(a)).

- g. An application may become incomplete if during the course of review by the Credentials Committee, Medical Executive Committee or the SQI Committee the need arises for new, additional or clarifying information.
- h. Notice of action taken by the SQI Committee shall be transmitted to the applicant by the Chief Executive Officer of the Hospital (the "CEO") by mail. Notification of appointment shall include a delineation of the clinical privileges or job description assigned to the new member and any terms or conditions that may be attached to such appointment. Notices of disapproval of the application or of the limitation of clinical privileges requested by the applicant or normally attendant to the appointment shall set forth the reason therefor.

Section 6. ***Temporary Privileges.*** Temporary privileges may be granted by the CEO or his or her designee upon the request of the supervising or collaborating physician or the applicant if not required to have a supervising or collaborating physician, and upon the recommendation of the appropriate clinical chief. All requests shall include the prevailing patient care needs which necessitate the granting of temporary privileges. Temporary privileges may be conditioned upon receipt of all information described under Section 5 of this Policy. Temporary privileges may be granted for a period not to exceed 90 days, except that such privileges may be renewed for one additional 90-day period upon the recommendations of the appropriate clinical chief and the approval of the CEO or his or her designee.

Section 7. ***Terms of Appointment.***

- a. All initial appointments to the Allied Health Professional Staff shall be made by the SQI Committee and shall be provisional until the first reappointment is approved by the SQI Committee (subject to Section 2(a)). Thereafter, the SQI Committee may biennially reappoint the members of the Allied Health Professional Staff in accordance with Section 9 of this Policy.
- b. The grant of initial appointment and privileges may be conditioned upon the applicant's compliance with certain specific conditions. These conditions may relate to behavior or to clinical issues (e.g., general consultation requirements; preceptorship, completion of CME requirements, requiring a nurse practitioner to practice in collaboration with and subject to a practice agreement with a single physician even though the nurse practitioner has practiced in excess of the minimum number of hours that may permit practice in collaboration with the Hospital). Unless the conditions involve the matters set forth in Section 13(b) of this Policy, the recommendation or imposition of such conditions does not entitle the applicant to request a hearing. In addition, initial appointments may be recommended and approved for periods of less than two years in order to permit closer monitoring of the applicant's compliance with any conditions that may be imposed. A recommendation for appointment for a period of less than two years does not, in and of itself, entitle the applicant to request a hearing.

Section 8. ***Use and Supervision.***

- a. If an Allied Health Professional Staff member is required by the terms of their appointment to the Allied Health Professional Staff or by law to practice in collaboration and subject to a practice agreement with a physician or under the supervision of a physician, a written designation of the member of the Staff who is responsible for the care of the Allied Health Professional Staff member's patients while they are in the Hospital must be filed with the Chief Medical Officer of the Hospital (the "CMO") before the Allied Health Professional Staff member may perform any service in the Hospital. The designated physician or physicians shall be ultimately responsible for the patient care rendered by the member of the Allied Health Professional Staff. In no event shall a physician supervise or collaborate with more Allied Health Professional Staff than permitted by law.
- b. Allied Health Professional Staff may only be permitted to render services in those areas or specialties permitted by licensure or certification and in which they are properly qualified. In no event may a member of the Allied Health Professional Staff perform a service outside the area of delineated privileges.

Section 9. ***Reappointment.***

- a. The Hospital will provide each member of the Allied Health Professional Staff with the appropriate application for reappointment and letter of instruction at least 120 days before the expiration of the member's current term of appointment. Failure of an Allied Health Professional Staff member to complete and submit such an application for reappointment and all required documentation at least 90 days prior to the expiration of his or her appointment shall be deemed a voluntary resignation of Staff membership upon the expiration of their appointment.
- b. Prior to granting or renewing clinical privileges or (in the case of an employee) the job description, the Hospital will request the following information from each Allied Health Professional Staff member:
 - (1) the name of any hospital or facility with or at which the practitioner had or has any association, employment, privileges or practice and, if such association, employment, privilege or practice have been suspended, restricted, terminated, curtailed or not renewed, the reasons for such action;
 - (2) the substance of any pending malpractice actions or professional misconduct proceedings in this or any other state and any report made pursuant to section 405.3(e) of the New York State Department of Health's regulations;
 - (3) any judgment or settlement of any professional malpractice action and any finding of professional misconduct in New York State or any other State;

- (4) any information relative to findings pertinent to violations of patients' rights as set forth in section 405.7 of the New York State Department of Health's regulations;
- (5) a waiver by the applicant of any confidentiality provisions concerning the foregoing information and a sworn statement by the physician, dentist, or podiatrist that the information is complete, true, and accurate; and
- (6) if required to have a supervising or collaborating physician, a written statement from the supervising or collaborating physician outlining the need for the appointment, confirming the provider's ability to perform the requested privileges, and confirming the supervising or collaborating physician's responsibility for the patient care rendered by the Allied Health Professional Staff member.

For those Allied Health Professional Staff members who function without a supervising or collaborating physician, at least one letter from a physician member of the Medical Staff in the same specialty and at least one letter from a peer who has direct knowledge of the Allied Health Professional Staff member's professional competence shall be required to substantiate the request for renewal of clinical privileges.

- c. Prior to granting or renewing clinical privileges or the job description, the Credentials Department will request the following information from any other hospital or facility at which the applicant has privileges, was associated or was employed:
 - (1) any pending professional misconduct proceedings or any professional malpractice in New York State, or in any other State;
 - (2) any judgment or settlement of a malpractice action and any finding of professional misconduct in New York State or any other State;
 - (3) any information required to be reported by hospitals as an incident of possible professional misconduct pursuant to Section 2803-e of the Public Health Law and section 405.3(e) of the New York State Department of Health's regulations; and
- d. Prior to granting or renewing clinical privileges or the job description, the Credentials Department will also verify the following:
 - (1) National Practitioner Data Bank query;
 - (2) New York State Office of Professional Medical Conduct query (physician assistants and specialist assistants) or New York State Office of the Professions query (all other practitioners);

- (3) exclusion from participation in Federal health care programs query (DHHS OIG List of Excluded Individuals/Entities and New York State Office of Medicaid Inspector General); and
 - (5) professional liability insurance coverage/claims history.
- e. Reappointment applications shall be reviewed by the clinical chief(s) of the department(s) in which the applicant is seeking renewal of Allied Health Professional Staff membership and/or clinical privileges or job description. In the case of nursing applicants, the reappointment application shall also be reviewed by the Advanced Practice Council in conjunction with the Chief Nursing Officer.
 - f. After receiving the written report of the clinical chief, the Credentials Committee shall evaluate the applicant's credentials and the chief's recommendations at its next scheduled meeting. The Committee shall then report its findings and recommendations to the Medical Executive Committee. Thereafter, the Medical Executive Committee shall make its recommendation to the SQI Committee for final action (subject to Section 2(a)).
 - g. Notice of action taken by the SQI Committee shall be transmitted to the applicant by the CEO by mail. Notification of reappointment shall include a delineation of the clinical privileges or job description assigned to the Allied Health Professional Staff member and any terms and conditions attached to the reappointment. Notices of disapproval of the reappointment application or of the limitation of clinical privileges requested by the member or normally attendant to the appointment shall set forth the reason therefor.
 - h. It shall be the responsibility of the Allied Health Professional Staff member to demonstrate to the satisfaction of the Medical Staff that they possess current clinical competence to perform the clinical privileges requested or to perform the procedures listed on their job description.
 - i. The grant of reappointment and renewed privileges may be conditioned upon the Allied Health Professional Staff member's compliance with certain specific conditions. These conditions may relate to behavior or to clinical issues (e.g., general consultation requirements, preceptoring, completion of CME requirements, requiring a nurse practitioner to practice in collaboration with and subject to a practice agreement with a single physician even though the nurse practitioner has practiced in excess of the minimum number of hours that may permit practice in collaboration with the Hospital). Unless the conditions involve the matters set forth in Section 13(b) of this Policy, the recommendation or imposition of such conditions does not entitle the member to request a hearing. In addition, reappointments may be recommended and approved for periods of less than two years in order to permit closer monitoring of the member's compliance with any conditions that may be imposed. A recommendation for reappointment for a period of less than two years does not, in and of itself, entitle a member to request a hearing.

Section 10. ***Corrective Action.***

- a. *Grounds for Corrective Action.* Whenever a member of the Allied Health Professional Staff engages in, makes, importunes, exhibits or directs acts, statements, demeanor or professional conduct and such conduct is or is reasonably likely to be detrimental to patient safety or to the efficient and cost effective delivery of quality patient care within the Hospital; to be disruptive to Hospital operations; to constitute fraud or abuse; to violate the provisions of the Medical Staff Bylaws, or the Rules and Regulations or policies of the Medical Staff; or to result in the imposition of sanctions, including, but not limited to, fines and adjustments to reimbursement imposed by any governmental authority, corrective action against such practitioner may be initiated by the clinical chief of any department in which the Allied Health Professional Staff Member holds clinical privileges, the CMO, or the CEO, upon the complaint, request or suggestion of any person.
- b. *Investigation.* The CMO shall conduct an investigation of the grounds for such complaint, request, or suggestion. The affected practitioner and his/her supervising or collaborating physician (if any) shall be notified that an investigation is being conducted and may be given an opportunity to provide information in a manner and upon such terms as the CMO deems appropriate. The CMO shall render a report of such investigation to the Medical Executive Committee.
- c. *Action by Medical Executive Committee.* Within 30 days of its receipt of the CMO's report, the Medical Executive Committee shall render a determination. Such determination may include, directing further investigation or, without limitation, recommending the following disposition to the SQI Committee:
 - (1) No corrective action.
 - (2) Rejection or modification of the proposed corrective action.
 - (3) Letter of admonition, letter of reprimand, or warning.
 - (4) Terms of probation or individual requirements of consultation.
 - (5) Reduction or revocation of clinical privileges.
 - (6) Suspension of clinical privileges until completion of specific conditions or requirements.
 - (7) Limitation of any prerogatives directly related to the practitioner's delivery of patient care.
 - (8) Suspension of Allied Health Professional Staff membership until completion of specific conditions or requirements.
 - (9) Revocation of Allied Health Professional Staff membership.
 - (10) Other actions appropriate to the facts which prompted the request for an investigation or corrective action.

Nothing set forth herein shall inhibit the Medical Executive Committee from implementing summary suspension at any time, in the exercise of its discretion, pursuant to the provisions of Section 11.

- d. *Procedural Rights.* The Medical Executive Committee shall provide notice to the SQI Committee and the Board of any recommendation by the Medical Executive Committee pursuant to Section 10(c) which constitutes grounds for a hearing in accordance with Section 13(b), and the SQI Committee or the Board has the right to request reconsideration of the matter by the Medical Executive Committee. If no reconsideration is requested, or if the Medical Executive Committee's recommendation after reconsideration still constitutes grounds for a hearing in accordance with Section 13(b), such recommendation shall entitle the practitioner to the procedural rights provided in Section 13 hereof.
- e. *Other Action.* If the Medical Executive Committee's recommended action is an admonition, reprimand or warning to an Allied Health Professional Staff member, it shall, at the member's request, grant him or her an interview as provided in subsection (f) of this Section 10. If, following the requested interview, the Medical Executive Committee's final recommendation to the SQI Committee is an admonition, reprimand or warning, the SQI Committee's acceptance of the recommendation shall be conclusive and notice of the final decision shall be given to the CEO, the Medical Executive Committee, the clinical chief of any department in which the member holds clinical privileges, and the Allied Health Professional Staff member. Whether the Medical Executive Committee's recommendation is that no action be taken or that an adverse action be taken, the SQI Committee and the Board have the right to ask the Medical Executive Committee to reconsider the matter before final action is taken.
- f. *Interviews.* Interviews shall neither constitute nor be deemed a "hearing" as described in Section 13, shall be preliminary in nature, and shall not be conducted according to the procedural rules applicable with respect to hearings. The Medical Executive Committee shall be required, at the Allied Health Professional Staff member's request, to grant him or her an interview only when so specified in this Policy. In all other cases and when the Medical Executive Committee or the SQI Committee has before it an adverse recommendation as defined in Section 13(b), such body may, but shall not be required to, furnish the Allied Health Professional Staff member an interview. In the event an interview is granted, the member shall be informed of the general nature of the circumstances leading to such recommendation and may present information relevant thereto. A record of the matters discussed and findings resulting from such interview shall be made. Neither the member, nor the Medical Executive Committee, nor other proponent of the adverse recommendation shall be represented in any phase of the interview by an attorney-at-law, unless the Medical Executive Committee, in its discretion, permits both sides to be represented by legal counsel.

Section 11. ***Summary Suspension***

- a. *Criteria for Initiation.* Whenever the conduct of a member of the Allied Health Professional Staff requires immediate action to be taken to reduce a substantial likelihood of imminent impairment of the health or safety of any patient, prospective patient, employee or other person present in the Hospital, the clinical chief of any department in which the member holds privileges, the CMO or the CEO shall have the authority to summarily suspend the Allied Health Professional Staff membership status or all or any portion of the clinical privileges of such practitioner.
- b. *Imposition of Suspension.* Such summary suspension shall become effective immediately upon imposition, and notice of such suspension shall promptly be given to the member, the clinical chief of each department in which the member holds clinical privileges, the Medical Executive Committee, the CMO, the CEO, and the Allied Health Professional Staff member's supervising or collaborating physician (if any). The notice of suspension given to the CMO shall constitute a request for corrective action and the procedures set forth in Section 10 shall be followed.
- c. *Interview with Medical Executive Committee.* After such summary suspension, the affected Allied Health Professional Staff member may request an interview with the Medical Executive Committee, as provided in Section 10(f). The interview shall be convened as soon as reasonably possible under all of the circumstances. The Medical Executive Committee may thereafter modify, continue, or terminate the terms of the summary suspension order and it shall give the Staff member written notice of its decision.
- d. *Status of Suspension Pending Appeal.* Unless the Medical Executive Committee terminates the suspension, it shall remain in effect during the pendency of and completion of the corrective action and the hearing process, unless the summary suspension is terminated by the SQI Committee upon appellate review. The Allied Health Professional Staff member shall not be entitled to the procedural rights afforded by Section 13 until such time as there has been an "adverse determination" which entitles the member to a hearing under Section 13(b).

Section 12. ***Automatic Suspension or Termination***

- a. *Grounds for Automatic Suspension or Termination.* In the following instances, the Allied Health Professional Staff member's privileges and Allied Health Professional Staff membership shall be automatically suspended, revoked, limited, modified or terminated. Such action shall be final, without a right to a hearing or to further review, except where a bona fide dispute exists as to whether the following circumstances have occurred:

(1) License.

- (A) **Revocation or Expiration:** Whenever an Allied Health Professional Staff member's license or certification to practice in New York State is revoked or has expired, the member's Allied Health Professional Staff membership, prerogatives, and clinical privileges shall be immediately and automatically terminated.

- (B) Restriction: Whenever a member's license or certification to practice in New York State is limited or restricted, those clinical privileges which are within the scope of said limitation or restriction shall be immediately and automatically terminated.
 - (C) Suspension: Whenever a member's license or certification to practice in New York State is suspended, his or her Allied Health Professional Staff membership and clinical privileges shall be automatically suspended effective upon, and for at least the term of, the suspension.
 - (D) Probation: Whenever a member is placed on probation by the applicable licensing or certifying authority, his or her applicable membership status, prerogatives, privileges and responsibilities, if any, shall automatically become subject to the terms of the probation effective upon, and for at least the term of, the probation.
- (2) Drug Enforcement Administration.
- (A) Revocation or Expiration: Whenever an Allied Health Professional Staff member's DEA certificate is revoked or has expired, he or she shall immediately and automatically be divested of his or her right to prescribe medications covered by the certificate.
 - (B) Suspension: Whenever a member's DEA certificate is suspended, he or she shall be divested, at a minimum, of his or her right to prescribe medications covered by the certificate effective upon, and for at least the term of, the suspension.
 - (C) Probation: Whenever a member's DEA certificate is subject to an order of probation, his or her right to prescribe medications covered by the certificate shall automatically become subject to the terms of the probation effective upon, and for at least the term of, the probation.
- (3) Participation in Government Programs. For the Federal or State government's exclusion of the Allied Health Professional Staff member from participation in Medicare, State health care programs (including Medicaid), or other Federal non-procurement programs based on the authority contained in sections 1128 and 1156 of the Social Security Act, Allied Health Professional Staff membership and clinical privileges shall be automatically suspended and shall remain so suspended until the member provides satisfactory evidence to the Medical Executive Committee that he or she has secured reinstatement of such participation.
- (4) Medical Records. Whenever an Allied Health Professional Staff member fails to complete and sign medical records within the time limits set forth

in the Rules and Regulations or policies of the Staff and the number of consecutive days when one or more records are delinquent reaches 30, all such member's clinical privileges will be automatically suspended upon receipt of notice thereof from the Chief Medical Officer or his or her designee. The automatic suspension shall terminate upon the member's completion of the delinquent records.

- (5) Malpractice Insurance. For failure to maintain the required amount of professional liability insurance, Allied Health Professional Staff membership and clinical privileges, after written warning of delinquency, shall be automatically suspended and shall remain so suspended until the member provides satisfactory evidence to the Medical Executive Committee that he or she has secured professional liability coverage in the required amount. A failure to provide such evidence within six months after the date the automatic suspension became effective shall be deemed to be a voluntary resignation of Allied Health Professional Staff membership.
- (6) Failure to Pay Dues. An Allied Health Professional Staff member who fails to pay annual Staff dues by May 1 of each year shall be deemed to have voluntarily resigned his or her Allied Health Professional Staff membership.
- (7) Mandated Vaccinations and Tests. Immediately upon a member's failure to be vaccinated or tested in accordance with federal, state or local laws or regulations or the standards of Accreditation Organizations applicable to the member or the Hospital, Allied Health Professional Staff membership and clinical privileges shall be automatically suspended and shall remain so suspended until the member provides satisfactory evidence to the CMO that he or she has been vaccinated or tested as required.
- (8) Prohibited Financial Relationship. Whenever the CEO or his or her designee determines and informs an Allied Health Professional Staff member that a financial relationship between the Hospital and such member (or his or her immediate family member) may be or have been prohibited by Section 1877 of the Social Security Act or the regulations promulgated thereunder (42 CFR §411.350 et seq.) (collectively, the "Stark Law") and that the period of such possible noncompliance has not ended, the Allied Health Professional Staff member's membership and clinical privileges shall be automatically suspended. The suspension shall continue until the CEO or his or her designee determines either that there is or was no financial relationship prohibited by the Stark Law or that the period of noncompliance (as defined by the Stark Law) with respect to such financial relationship has ended. All such determinations shall be made in good faith, be based on competent legal advice, and be made as expeditiously as reasonably possible.

- b. *Notice of Automatic Suspension or Termination.* Whenever a member's privileges are automatically suspended or terminated, in whole or in part, notice of such suspension or termination shall be given to the member, the President of the

Medical Staff, the member's department chief, the CMO, the CEO, and the member's supervising or collaborating physician (if any). Giving such notice shall not, however, be required in order for the automatic suspension or termination to become effective.

Section 13. ***Hearings and Appellate Review***

- a. *Exhaustion of Remedies.* If any adverse determination, as described in subsection (b) of this Section 13, is taken or recommended, the applicant or Allied Health Professional Staff member, as the case may be, must exhaust the remedies afforded under this Allied Health Professional Staff Policy before resorting to legal action.
- b. *Grounds for Hearing.* Any one or more of the following adverse actions or recommended adverse actions shall constitute an "adverse determination" and provide grounds for a hearing:
 - (1) denial of Allied Health Professional Staff membership;
 - (2) denial of Allied Health Professional Staff reappointment;
 - (3) summary suspension of Staff membership or clinical privileges during the pendency of corrective action and hearing;
 - (4) expulsion from the Allied Health Professional Staff;
 - (5) denial, reduction or termination of clinical privileges, except such action taken with respect to temporary privileges;
 - (6) involuntary imposition of significant consultation or monitoring requirements, other than those which are generally applied during provisional status; or
 - (7) denial of a request for or extension of a leave of absence of up to one year, and denial of a timely request for reinstatement or reappointment following a leave of absence.
- c. *Actions Not Grounds for Hearing.* None of the following actions shall constitute grounds for a hearing, and they shall take effect without hearing or appeal, provided that the applicant or Allied Health Professional Staff member shall be entitled to submit a written explanation to be placed into his or her file:
 - (1) issuance of a letter of guidance, counsel, warning, or reprimand;
 - (2) imposition of conditions, monitoring, or a general consultation requirement (i.e., the member must obtain a consult but need not get prior approval for the treatment);
 - (3) requiring a nurse practitioner to practice in collaboration with and subject to a practice agreement with a single physician, even though the nurse

practitioner has practiced in excess of the minimum number of hours that may permit practice in collaboration with the Hospital;

- (4) termination of temporary privileges;
- (5) automatic suspension of appointment or privileges;
- (6) imposition of a requirement for additional training or continuing education;
- (7) determination that an application is incomplete; or
- (8) determination of ineligibility based on a failure to meet threshold eligibility criteria, a lack of need or resources, or because of an exclusive contract.

- d. *Notice of Adverse Determination.* After making one of the adverse determinations which gives rise to a hearing, as set forth in Section 13(b), or after the acceptance of a voluntary resignation under the conditions set forth in Section 13(b)(11), the Medical Executive Committee shall promptly notify the aggrieved party, in writing, of its determination. Such notice shall be transmitted to the aggrieved party by registered mail, return receipt requested, and shall state the reasons for the determination and the substance of any charges made against the aggrieved party. The notice shall also inform the aggrieved party that he has the right to demand a hearing with respect to the determination within 30 days after the receipt of the notice and shall contain a summary of the aggrieved party's rights in the hearing, as provided in this Section 13.
- e. *Request for a Hearing.* The aggrieved party may request a hearing within 30 days of the receipt of the notice of the adverse determination. Such demand shall be made in writing, addressed to the Medical Executive Committee, and transmitted by mail. Failure to request a hearing within the said 30-day period shall be deemed: (i) a waiver by the aggrieved party of his right to a hearing and any appeal therefrom; and (ii) acceptance of the adverse determination. The Medical Executive Committee shall promptly notify the CMO and the CEO of the receipt of any request for a hearing.
- f. *Notice of Hearing.* Within 10 days of the receipt of a request for a hearing, the Medical Executive Committee shall notify the aggrieved party, by registered mail, return receipt requested, of the date, time and place of the hearing. The hearing shall be scheduled no sooner than 30, and no later than 90, days after the mailing of the notice of hearing as provided in this section, provided that any Allied Health Professional Staff member who is under summary suspension shall be entitled to a hearing within 30 days after such mailing. The hearing shall be held before a committee (hereinafter, the "Hearing Committee"). The Hearing Committee shall consist of three or more members of the Medical Staff and at least one member of the Allied Health Professional Staff. The President of the Medical Staff shall appoint the members of the Hearing Committee and shall select the Hearing Committee member who shall serve as its chairman. The following individuals shall not serve as members of the Hearing Committee: (1)

the clinical chief of any department to which the aggrieved party is assigned; (2) the members of the Medical Executive Committee; or (3) the proponent of the adverse recommendation.

- g. *Failure to Appear or to Proceed.* Failure of the aggrieved party to appear or proceed at the hearing, without good cause, shall be deemed a waiver of the aggrieved party's right to a hearing and any appeal therefrom, and an acceptance of the adverse determination which gave rise to the appeal.
- h. *Presiding Officer.* The Chairman of the Hearing Committee or his or her designee (who may be an independent attorney or other neutral) shall be the presiding officer at the hearing. The presiding officer shall act to assure that all participants in the hearing have a reasonable opportunity to be heard and to present all relevant documentary evidence, and that proper decorum is maintained. Except as otherwise provided herein, the presiding officer shall be entitled to determine the order of, or procedure for, presenting evidence and argument during the hearing.
- i. *Burden of Going Forward and Burden of Proof.* The CMO or other member of the Medical Executive Committee selected by the President of the Medical Staff shall have the duty to first present evidence in support of the Medical Executive Committee's proposed action. Thereafter, the aggrieved party shall have the burden of introducing documentary evidence to demonstrate, by a preponderance of the evidence, that the adverse determination which gave rise to the appeal lacks any factual basis or that such basis is arbitrary, unreasonable or capricious.
- j. *Record of the Hearing.* The Chairman of the Hearing Committee or his or her designee shall be responsible for preparing a written report of the proceedings which summarizes the evidence presented by all parties, its findings of fact, and its conclusions. The Hearing Committee may, in its sole discretion, permit a verbatim record of the proceedings to be made. In such event, the cost of the transcript shall be borne by the party requesting it.
- k. *Adjournment.* Adjournments of the initial hearing date or of any adjourned date may be granted in the discretion of the Hearing Committee and only for good cause shown.
- l. *Representation.* The hearings provided for in these bylaws are for the purpose of inter-professional resolution of matters bearing on professional conduct, professional competency, or character. Neither the member, nor the Medical Executive Committee, nor other proponent of the adverse determination shall be represented in any phase of the hearing by an attorney-at-law, unless the Hearing Committee, in its discretion, permits both sides to be represented by legal counsel. In the absence of legal counsel, the member and the proponent of the adverse determination shall be entitled to be accompanied by and represented at the hearing only by another member of the Allied Health Professional Staff or Medical Staff, which member is not also a licensed attorney.
- m. *Rights of the Parties.* Within reasonable limitations, as determined in the discretion of the presiding officer, both sides at the hearing may introduce

relevant exhibits or other documents and rebut evidence, as long as these rights are exercised in an efficient and expeditious manner. The member may be called by the CMO or other proponent of the adverse determination and examined as if under cross-examination.

- n. *Miscellaneous Rules.* Judicial rules of evidence and procedure relating to the conduct of the hearing examination of witnesses, and presentation of evidence shall not apply to a hearing conducted under this Section 13. Any relevant evidence, including hearsay, 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. Both sides shall be entitled to submit a written statement at the close of the hearing.
- o. *Basis for Decision.* The decision of the Hearing Committee shall be based upon the evidence introduced at the hearing, including all logical and reasonable inferences from the evidence and the testimony.
- p. *Decision of the Hearing Committee.* The decision of the Hearing Committee shall be on the basis of a majority vote of the members sitting at the hearing. Within 30 days after the final adjournment of the hearing, the Hearing Committee shall forward its decision to the aggrieved party by registered mail, return receipt requested. A copy of the decision shall also be forwarded to the President of the Medical Staff, the Medical Executive Committee, and the CEO. The decision shall be in writing and shall state the grounds upon which it is based. The Hearing Committee may consider the subject of the appeal *de novo* and may affirm, modify, limit, amend, revise or otherwise effect the adverse determination as the Hearing Committee shall determine. The decision shall also include a statement that the aggrieved party has the right to appeal to the SQI Committee within 15 days after the receipt of the decision.
- q. *Appeal to the Board.* Within 15 days after the receipt of the Hearing Committee's decision, either the aggrieved Allied Health Professional Staff member or the Medical Executive Committee may appeal the decision to the SQI Committee by mailing to the chair of the SQI Committee, by registered mail, return receipt requested, a request for such appellate review together with a short statement outlining the basis for the appeal. Failure to request an appeal within the said 15-day period shall be deemed a waiver of the right to an appeal and an acceptance of the decision of the Hearing Committee. Within 10 days after the receipt of such a request, the chair of the SQI Committee shall, by registered mail, return receipt requested, inform the appellant of the time, date and place of the review of the Hearing Committee's determination. Such appellate hearing shall be held no sooner than 10, and no later than 90, days after the mailing of such notice to the appellant, provided that an Allied Health Professional Staff member under summary suspension shall be entitled to an appellate hearing no later than 30 days after such mailing.
- r. *Grounds for Appeal.* The only grounds for appeal shall be substantial non-compliance with the procedures required by this Allied Health Professional Staff Policy or applicable law which has resulted in demonstrable prejudice to the

appellant; or that the decision is not based upon substantial evidence and is without rational basis.

s. *Procedure on Appeal.*

- (1) The review of the Hearing Committee's decision shall be made by subcommittee of the SQI Committee which shall consist of any two members of the SQI Committee as designated by the SQI Committee, and one member of the Medical Staff or the Allied Health Professional Staff, who need not be a member of the Board, provided that neither the clinical chief of any department to which eh Allied Professional Staff member is assigned, the CMO, nor any member of the Medical Executive Committee or the Hearing Committee may be so designated.
- (2) A chairman of the subcommittee of the SQI Committee shall be designated by the chair of the SQI Committee, and he or she shall preside at the appellate hearing.
- (3) The appellant shall have access to the record of the proceeding before the Appeals Committee, but any expense attendant to reproducing the record for the appellant shall be the responsibility of the appellant.
- (4) The appellant shall be given a reasonable opportunity to submit a written statement and shall be permitted oral argument if requested in the appellant's demand for appellate review.
- (5) The subcommittee of the SQI Committee may limit the parties to oral argument or, in its discretion, may permit the calling of witnesses or the introduction of evidence if it appears that factual circumstances exist which should be brought to the SQI Committee's attention and which are not part of the record before the Hearing Committee. Any additional testimony taken or evidence introduced shall be in accordance with the procedures and rules set forth in subsections (h) and (i) of this Section 13.

t. *Appellate Decision.* The recommendation of the subcommittee of the SQI Committee to the SQI Committee shall be made on the basis of a majority vote of the subcommittee members hearing the appeal. Within 30 days after the final adjournment of the appeal, the subcommittee of the SQI Committee shall inform the SQI Committee of its recommendation to affirm, modify, limit, amend, reverse, or otherwise effect the Hearing Committee's decision, or refer the matter back to the Hearing Committee for further review and recommendation within 30 days of such referral. In the case of a referral back to the Hearing Committee, the subcommittee of the SQI Committee shall make its recommendation of approval or disapproval within 30 days after the matter is returned from the Hearing Committee.

u. *Final Action by the Board.* Within 30 days after receiving the recommendation of the subcommittee of the SQI Committee, the SQI Committee shall make its final

decision and transmit it, together with a written statement of the basis for the decision, to the appellant by registered mail, return receipt requested.

- v. *Status Pending Appeal.* Until all of the hearing and appeal mechanisms have either been exhausted or waived, the aggrieved party will maintain the same status and privileges that were in effect prior to the initiation of the appeal process, unless there is or has been a summary or automatic suspension or their privileges have otherwise expired or terminated.