

**SECTION V**

**POLICY ON CLINICAL PRIVILEGES**

**FOR ALLIED HEALTH**  
**PROFESSIONALS**

**OF THE BYLAWS**

**MEDICAL AND DENTAL STAFF**

**CAROLINAS MEDICAL CENTER-**  
**UNIVERSITY**

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## Table of Contents

ARTICLE I: DEFINITIONS .....	1
ARTICLE II: GOVERNANCE OF PRACTICE OF ALLIED HEALTH PROFESSIONALS .....	4
A: ROLE OF CMC-C ALLIED HEALTH REVIEW COMMITTEE .....	4
1. Composition .....	4
2. Duties .....	4
3. Meetings, Reports and Recommendations .....	5
B: ROLE OF DEPARTMENT CHIEFS .....	5
1. Quality Assessment.....	5
2. Application and Reappointment Process.....	5
3. Delineation of Privileges and Other Criteria .....	5
4. New Categories of Allied Health Professionals .....	6
C: ROLE OF CMC-C CREDENTIALS COMMITTEE .....	6
1. Application Forms.....	6
2. Delineation of Privileges and Other Criteria .....	6
3. New Categories of Allied Health Professionals .....	6
D: ROLE OF SUPERVISING PHYSICIANS.....	6
1. Responsibility .....	6
2. State Filings.....	7
3. Multiple Dependent Practitioners.....	7
4. Insurance.....	7
ARTICLE III: GRANTING OF CLINICAL PRIVILEGES TO ALLIED HEALTH PROFESSIONALS.....	7
A: QUALIFICATIONS FOR CLINICAL PRIVILEGES.....	7
1. General.....	7
2. Eligibility Criteria .....	8
3. No Entitlement to Clinical Privileges.....	9
4. Non-Discrimination Policy .....	9
5. Ethical Directives .....	9
B: DUTIES OF ALLIED HEALTH PROFESSIONALS.....	9
C: APPLICATION FOR CLINICAL PRIVILEGES.....	10
1. Information .....	10
2. Basic Responsibilities and Requirements .....	12
3. Burden of Providing Information.....	13
4. Conditions of the Application Process.....	14
5. Supervising Physician Standards for Dependent Practitioners.....	16
D: PROCEDURE FOR INITIAL GRANTING OF CLINICAL PRIVILEGES .....	17
1. Application Process, Step One – Pre-Application .....	17
2. Application Process, Step Two – Medical Staff Office.....	17
3. Application Process, Step Three – Department Chief .....	18
4. Application Process, Step Four – CMC-C Allied Health Review Committee.....	19

5. Application Process, Step Five – CMC-C Medical Executive Committee .....	20
6. Application Process, Step Six – Facility MEC Procedure.....	21
7. Application Process, Step Seven – Board.....	22
E: PROCEDURE FOR TEMPORARY CLINICAL PRIVILEGES .....	23
1. Temporary Clinical Privileges for Applicants .....	23
2. Special Requirements for Temporary Clinical Privileges.....	23
3. Termination of Temporary Clinical Privileges.....	23
ARTICLE IV: RENEWAL OR CHANGE OF CLINICAL PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS .....	24
A: PROCEDURE FOR REAPPOINTMENT .....	24
1. Reappointment Process, Step One – Eligibility and Submittal.....	24
2. Factors to be Considered .....	24
3. Burden of Providing Information.....	25
4. Conditions of the Reappointment Process .....	25
5. Reappointment Process, Step Two – Department Chief.....	26
6. Reappointment Process, Step Three – CMC-C Allied Health Review Committee .....	26
7. Reappointment Process, Step Four –CMC-C Medical Executive Committee .....	27
8. Reappointment Process, Step Five – Facility MECs .....	28
9. Reappointment Process, Step Six – Board .....	29
B: PROCEDURES FOR REQUESTING INCREASE/DECREASE IN CLINICAL PRIVILEGES .....	30
1. Application for Increased Clinical Privileges.....	30
2. Request for Decreased Clinical Privileges .....	30
ARTICLE V: ACTIONS AFFECTING CLINICAL PRIVILEGES OF ALLIED HEALTH PROFESSIONALS .....	31
A: PRECAUTIONARY SUSPENSION OF CLINICAL PRIVILEGES.....	31
1. Grounds for Precautionary Suspension.....	31
2. Reports.....	31
B: OTHER ACTIONS .....	31
1. Voluntary or Automatic Relinquishment .....	31
2. Failure to Satisfy Continuing Education Requirements .....	32
3. Action at Another CHS Hospital .....	32
4. No Right to Hearing.....	33
ARTICLE VI: HEARING AND APPEAL PROCEDURES .....	33
A: INITIATION OF HEARING.....	33
1. Grounds for Hearing.....	33
B: THE HEARING .....	34
1. Notice of Adverse Recommendation or Decision.....	34
2. Request for Hearing .....	34
3. Notice of Hearing and Statement of Reasons .....	34
4. Witness List .....	35
5. Hearing Panel and Hearing Panel Chairperson .....	35
C: HEARING PROCEDURE .....	36

1. Pre--Hearing Discovery .....	36
2. Failure to Appear .....	37
3. Record of Hearing .....	37
4. Summary of Options at Hearing .....	37
5. Admissibility of Evidence .....	37
6. Postponements and Extensions .....	38
D: HEARING, DELIBERATIONS, RECOMMENDATIONS AND CONCLUSIONS .....	38
1. Burden of Proof .....	38
2. Basis of Recommendation.....	38
3. Adjournment and Conclusion .....	38
4. Deliberations and Recommendations of the Hearing Panel.....	39
5. Disposition of Hearing Panel Report .....	39
E: APPEAL PROCEDURE.....	39
1. Time of Appeal .....	39
2. Grounds for Appeal .....	39
3. Time, Place and Notice .....	39
4. Nature of Appellate Review .....	40
5. Appellate Review in the Event of Board Modification or Reversal of Hearing Panel's Recommendation .....	40
6. Final Decision of the Board .....	40
7. Further Review. ....	41
8. Right to One Appeal Only.....	41
9. Reports to the National Practitioner Data Bank .....	41
ARTICLE VII: CONFIDENTIALITY AND PEER REVIEW PROTECTION .....	41
ARTICLE IX: ADOPTION.....	42

**ARTICLE I**  
**DEFINITIONS**

For the purpose of this Policy on Clinical Privileges for Allied Health Professionals, the following definitions shall apply:

1.	“Active Hospital” shall mean any of the CHS Hospitals within which an Allied Health Professional has been granted or is seeking Clinical Privileges.
2.	“Allied Health Professional” shall mean either a Dependent Practitioner or an Independent Practitioner. “Allied Health Professionals” means all Dependent Practitioners and Independent Practitioners.
3.	“Applicant” shall mean an Allied Health Professional who has applied for Clinical Privileges at the any of the CHS Hospitals.
4.	"Board" shall mean the Board of Commissioners of Carolinas HealthCare System, which has the overall responsibility for the conduct of the Hospital.
5.	“Bylaws” shall mean the Bylaws of the Medical and Dental Staff of Carolinas Medical Center.
6.	“Chairman” shall mean the physician appointed by the CHS Senior Vice President of Education and Research to be responsible for overseeing the residency program within a particular department.
7.	“CHS Hospitals” shall mean Carolinas Medical Center, Carolinas Medical Center-Mercy, Carolinas Medical Center-Pineville, Carolinas Medical Center-University and Carolinas Rehabilitation.
8.	“Clinical Privileges” shall mean the authorization granted by the Board to render specific patient care services within a CHS Hospital.
9.	“CMC-C Allied Health Review Committee” shall mean the allied health review committee for the CHS Hospitals as further described in Article II of this POLICY.
10.	“CMC-C Credentials Committee” shall mean the credentials committee for the CHS Hospitals as further described in the CREDENTIALS POLICY.
11.	“CMC-C Medical Executive Committee” shall mean the executive committee for the CHS Hospitals as further described in the CREDENTIALS POLICY.
12.	"Dentist" shall mean a doctor of dental surgery (D.D.S.) or a doctor of dental medicine (D.M.D.) and an oral surgeon who has completed training requirements for certification by the American Board of Oral and Maxillofacial Surgery.
13.	“Department Chief” shall mean the chief, chair, chairman, chairperson, or other head of a clinical department at a CHS Hospital who is elected by the Medical Staff at that particular CHS Hospital. For Carolinas Rehabilitation, all references to the “Department Chief” shall mean the Medical Director of Carolinas Rehabilitation, and all applicable provisions shall be interpreted in accordance therewith.

14.	"Dependent Practitioner" shall mean a health care professional who is licensed by his/her respective licensing agency and who can only provide service under the direct supervision of a Supervising Physician, including without limitation: (i) a physician assistant; (ii) a certified registered nurse anesthetist; (iii) a certified nurse midwife; (iv) a registered nurse, first assistant; (v) a nurse practitioner; (vi) any other advanced practice registered nurse who is required to provide service under the direct supervision of a Supervising Physician; and (vii) a recent graduate in any of the above-referenced professions who is permitted by state law and the applicable certifying agencies to practice at the Hospital prior to certification.
15.	"Facility MEC" shall mean the Medical Executive Committee at Carolinas Medical Center, Carolinas Medical Center - Mercy, Carolinas Medical Center - University or Carolinas Rehabilitation, whose members are elected by the Medical Staff at the particular CHS Hospital.
16.	"Independent Practitioner" shall mean a health care professional, other than a Physician or a Dentist, who holds a doctorate degree, who has been licensed or certified by his/her respective licensing or certifying agencies and who is not required to provide service under the direct supervision of a Supervising Physician.
17.	"Medical and Dental Staff" shall mean all Physicians and Dentists who are authorized to admit and attend patients at that CHS Hospital.
18.	"Medical Staff" at a CHS Hospital shall mean all Physicians who have been authorized pursuant to this Policy to admit and attend patients at that CHS Hospital.
19.	"Medical Staff Office" shall mean the office of Medical Staff Services for Carolinas HealthCare System.
20.	"Peer" shall mean with, respect to any Allied Health Professional, any other Allied Health Professional in the same discipline with essentially equal qualifications; provided, that if no such Allied Health Professional is available, a "Peer" shall mean a Physician in the same or a similar specialty.
21.	"Physician" shall mean a doctor of medicine (M.D.) or a doctor of osteopathy (D.O.).
22.	"President of the Medical Staff" shall mean the President of the Medical and Dental Staff of a CHS Hospital who is elected by the Medical Staff at that particular CHS Hospital.
23.	"President" or "President of the Hospital" shall mean the chief executive officer of a particular CHS Hospital or the chief executive officer's designee.
24.	"Quality Assessment Activity" shall mean (i) any activity of a CHS Hospital and/or Medical Staff with respect to an Allied Health Professional (A) to determine whether an individual may have Clinical Privileges at the CHS Hospital; (B) to determine the scope or conditions of such privileges; or (C) to change or modify such privileges; (ii) any quality review activity conducted to measure, assess and improve individual or organizational performance; or (iii) any activity of a CHS Hospital or Medical Staff committee established to review the quality and appropriateness of care provided by individuals who have been granted or are seeking Clinical Privileges. In appropriate circumstances, upon approval of at least one of the officers of the Medical Staff, the CHS Hospital or any committee that conducts a Quality Assessment Activity may use the services of an external body or organization to assist in conducting a Quality Assessment Activity.

25.	“Special Notice” means hand delivery, certified mail/return receipt requested, or overnight delivery service providing receipt.
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26.	“Supervising Physician” shall mean a Physician on the Medical Staff who supervises a Dependent Practitioner in the manner described in this Policy.
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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 definitions, captions and headings are for convenience only and are not intended to limit or define the scope or effect of any provisions of these Bylaws.	
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**ARTICLE II**

**GOVERNANCE OF PRACTICE OF ALLIED HEALTH PROFESSIONALS**

**ARTICLE II - PART A: ROLE OF CMC-C ALLIED HEALTH REVIEW COMMITTEE**

**SECTION 1. COMPOSITION:**

The CMC-C Allied Health Review Committee shall be multi-disciplinary, consisting of nine voting members. The members shall be appointed as follows:

- (a) The President of the Medical Staff at Carolinas Medical Center shall appoint one Physician and one Allied Health Professional;
- (b) The President of the Medical Staff at Carolinas Medical Center-University shall appoint one Physician and one Allied Health Professional;
- (c) The President of the Medical Staff at Carolinas Medical Center-Mercy shall appoint one Physician and one Allied Health Professional;
- (d) The President of the Medical Staff at Carolinas Medical Center-Pineville shall appoint one Physician and one Allied Health Professional; and
- (e) The President of the Medical Staff at Carolinas Rehabilitation shall appoint one Physician.

Each Physician appointee must be a member of the related Facility MEC. The Chairperson of the CMC-C Allied health Review Committee shall be a physician elected by ballot from among the voting members every two (2) years.

In addition to the foregoing, the following individuals shall serve as Committee members without vote:

- (a) one representative from the Medical Staff Office;
- (b) one representative from Human Resources;
- (c) the Chief Nursing Officer of each CHS Hospital or his/her designee; and
- (d) The President of each CHS Hospital or his/her designee, which may include the Chief Medical Officer.

Depending on the type of Allied Health Professional being considered, the Committee may obtain assistance, on an *ad hoc* basis, from the relevant Department Chief(s), nurse manager(s), Physicians and other Allied Health Professionals to enable the Committee to evaluate the Allied Health Professional being considered.

**ARTICLE II - PART A**

**SECTION 2. DUTIES:**

The duties of the CMC-C Allied Health Review Committee shall be:

- (a) to review the qualifications of all Allied Health Professionals who apply for initial Clinical Privileges at any of the CHS Hospitals, to make investigations of and interview such Applicants as may be necessary and to make a written report of



its findings and recommendations to the CMC-C Medical Executive Committee;  
and

- (b) to review the qualifications of all Allied Health Professionals who apply for renewed or increased Clinical Privileges at any of the CHS Hospitals, to make investigations of and interview such Applicants as may be necessary and to make a written report of its findings and recommendations to the CMC-C Medical Executive Committee.

## **ARTICLE II - PART A**

### **SECTION 3. MEETINGS, REPORTS AND RECOMMENDATIONS:**

The CMC-C Allied Health Review Committee shall have such meetings as may be required for the proper discharge of its responsibilities, shall maintain a permanent record of its proceedings and actions, and shall report its recommendations to the CMC-C Medical Executive Committee and the President of the Active Hospital(s). The Chairperson of the CMC-C Allied Health Review Committee shall be available to meet with the CMC-C Medical Executive Committee, the Facility MEC and the Board or its applicable committee on all recommendations that the CMC-C Allied Health Review Committee may make.

## **ARTICLE II – PART B: ROLE OF DEPARTMENT CHIEFS**

### **SECTION 1. QUALITY ASSESSMENT:**

Each Chief of the Department in which the Allied Health Professional seeks Clinical Privileges shall provide continuous assessment and improvement of the quality of care and services provided by the Allied Health Professionals in their department and make recommendations to the appropriate committees, as applicable, all as more particularly described in Article IV, Part A, Section 5 and other relevant sections of the General Provisions. Any question regarding the conduct of a Dependent Practitioner shall be reported to the relevant Department Chief for appropriate action.

## **ARTICLE II – PART B**

### **SECTION 2. APPLICATION AND REAPPOINTMENT PROCESS:**

Each Department Chief shall participate in the application and reappointment process for Allied Health Professionals as indicated in this Policy on Clinical Privileges for Allied Health Professionals.

## **ARTICLE II – PART B**

### **SECTION 3. DELINEATION OF PRIVILEGES AND OTHER CRITERIA:**

Each Department Chief shall prepare a proposed delineation of privileges for each class of Allied Health Professional that will practice in such department and shall develop such other criteria regarding the practice of each class of Allied Health Professional within the department, and shall forward the foregoing to the CMC-C Credentials Committee.

**ARTICLE II – PART B**

**SECTION 4. NEW CATEGORIES OF ALLIED HEALTH PROFESSIONALS:**

Each Department Chief shall research and prepare reports and other documents regarding the need to permit new categories of Allied Health Professionals to practice within such department, and shall forward the foregoing to the CMC-C Credentials Committee for review and recommendation.

**ARTICLE II – PART C: ROLE OF CMC-C CREDENTIALS COMMITTEE**

**SECTION 1. APPLICATION FORMS:**

The CMC-C Credentials Committee shall review and make recommendations regarding the application forms required for each class of Allied Health Professional, all as more particularly described in Article V, Part C, Section 2(f) of the General Provisions.

**ARTICLE II – PART C**

**SECTION 2. DELINEATION OF PRIVILEGES AND OTHER CRITERIA:**

The CMC-C Credentials Committee shall review the recommendations of the Department Chiefs, along with any such supporting documentation as the Department Chiefs may choose to submit, and shall make recommendations regarding the delineation of privileges for each class of Allied Health Professional and such other criteria regarding the practice of each class of Allied Health Professional at the CHS Hospitals, all as more particularly described in Article V, Part C, Section 2(f) of the General Provisions.

**ARTICLE II – PART C**

**SECTION 3. NEW CATEGORIES OF ALLIED HEALTH PROFESSIONALS:**

The CMC-C Credentials Committee shall review the recommendations of the Department Chiefs, along with any such supporting documentation as the Department Chiefs may choose to submit, and shall make recommendations regarding the need to permit new categories of Allied Health Professionals to practice at the CHS Hospitals, all as more particularly described in Article V, Part C, Section 2(f) of the General Provisions.

**ARTICLE II – PART D: ROLE OF SUPERVISING PHYSICIANS**

**SECTION 1. RESPONSIBILITY:**

The Supervising Physician shall remain responsible for all clinical activity of the Dependent Practitioner in the Active Hospital(s). Given this responsibility and the need to ensure that a Supervising Physician is capable of providing the proper supervision and oversight consistent with quality initiatives at the Active Hospital(s), a Physician shall only act as a Supervising Physician for a Dependent Practitioner if the Supervising Physician maintains the Clinical Privileges to be exercised by the Dependent Practitioner unless the CMC-C Allied Health Review Committee, upon review of the applicable reports and recommendations of the relevant Department Chief(s), recommends to the CMC-C Medical Executive Committee a broader supervision standard pursuant to Article V, Part C, Section 2(f) of the General Provisions and such broader standard is then approved by the applicable Facility MEC(s) and the Board.

Should any member of the Medical Staff, or any employee of the CHS Hospitals who is licensed or certified by the state, have a reasonable question regarding the clinical competence or authority of a Dependent Practitioner to act or issue instructions outside the presence of the Supervising Physician, such individual shall have the right to request that the Dependent Practitioner's Supervising Physician validate, either at the time or later, the instructions of the Dependent Practitioner. Any act or instruction of the Dependent Practitioner shall be delayed until such time as the individual with the question has ascertained that the act is clearly within the scope of the person's activities as permitted by the Board.

**ARTICLE II – PART D**  
**SECTION 2. STATE FILINGS:**

The Supervising Physician shall make all appropriate filings with the state Board of Medicine regarding the supervision and responsibilities of the Dependent Practitioner to the extent that such filings are required.

**ARTICLE II – PART D**  
**SECTION 3. MULTIPLE DEPENDENT PRACTITIONERS:**

The number of Dependent Practitioners acting under the supervision of one Supervising Physician, as well as the acts they may undertake, shall be consistent with applicable state statutes and regulations and any other policies adopted by the CHS Hospitals.

**ARTICLE II – PART D**  
**SECTION 4. INSURANCE:**

It shall be the responsibility of the Supervising Physician to provide, or to arrange for, professional liability insurance coverage for the Dependent Practitioner in amounts required by the Board. The insurance must cover any and all activities of the Dependent Practitioner in the Active Hospital(s). The Supervising Physician shall furnish evidence of such coverage to the Active Hospital(s). The Dependent Practitioner shall act in the Active Hospital(s) only while such coverage is in effect. Notwithstanding the foregoing, for Dependent Practitioners who are CHS Hospital employees, the Supervising Physician shall not be required to comply with this requirement to provide insurance.

**ARTICLE III**  
**GRANTING OF CLINICAL PRIVILEGES TO ALLIED HEALTH PROFESSIONALS**

**ARTICLE III - PART A: QUALIFICATIONS FOR CLINICAL PRIVILEGES**  
**SECTION 1. GENERAL:**

The granting of Clinical Privileges as an Allied Health Professional is a privilege and not a right, which shall be extended only to professionally competent individuals who continuously meet the qualifications, standards and requirements set forth in this Policy and in such policies as are adopted from time to time by the Board.

**ARTICLE III - PART A**  
**SECTION 2. ELIGIBILITY CRITERIA:**

To be eligible to apply for initial and continued permission to practice at any of the CHS Hospitals as an Allied Health Professional, an Applicant must:

- (a) have a current, unrestricted license to practice in this state and have never had a license to practice revoked by any state licensing agency;
- (b) if applicable to the Applicant's profession, have a current, unrestricted certification to practice in this state and have never had a certification to practice revoked by any state certifying agency; provided, that the above certification criteria shall not apply to recent graduates in professions that require certification as long as such graduates are in the process of obtaining the necessary certifications within the time frames required by state law or by the applicable certifying agencies;
- (c) when applicable to their practice, have a current, unrestricted DEA registration and state controlled substance license;
- (d) be located within the geographic service area of the Active Hospital(s) as defined by the Active Hospital(s), close enough to provide timely care for their patients;
- (e) provide evidence that the Applicant is covered by current, valid professional liability insurance coverage from an insurance company licensed or approved to do business in this state, in the amount of a minimum of \$1 million per occurrence and \$3 million annual aggregate, unless the Board specifies otherwise;
- (f) have never been convicted of Medicare, Medicaid or other federal or state governmental or private third-party payer fraud or program abuse, or have been required to pay civil penalties for the same;
- (g) have never been, and are not currently, excluded or debarred from participation in Federal Healthcare Benefit programs, including, without limitation, in the Medicare or Medicaid programs;
- (h) have never had appointment, clinical privileges or scope of practice denied, revoked, resigned, relinquished or terminated by any healthcare facility or health plan for reasons related to clinical competence or professional conduct;
- (i) have never been convicted of or entered a plea of guilty or no contest to (a) any felony relating to controlled substances, illegal drugs, insurance fraud and abuse, sexual crimes or violence; (b) any misdemeanor relating to insurance fraud and abuse, sexual crimes or violence; or (c) any misdemeanor relating to controlled substances or illegal drugs on or after the Applicant's twenty-fifth (25) birthday;
- (j) satisfy all additional eligibility qualifications relating to their specific area of practice;

- k) if seeking to practice as a Dependent Practitioner, have a supervision agreement with a Supervising Physician who is appointed to the Medical Staff; and
- l) comply with the requirements set forth in the Policy of Occupational Health Services for Physicians and Allied Health Professionals (which applies to all allied health professionals).

**ARTICLE III - PART A**

**SECTION 3. NO ENTITLEMENT TO CLINICAL PRIVILEGES:**

No individual shall be entitled to the granting of particular Clinical Privileges in any CHS 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 certified to perform particular procedures by this or any other state;
- (c) is a member of any particular professional organization;
- (d) is affiliated with, or has a contract with, any managed care plan, insurance plan, HMO, PPO or other entity;
- (e) has had in the past, or currently has, medical staff appointment or clinical privileges at any hospital; or
- (f) resides in the geographic service area of any CHS Hospital as defined by the CHS Hospital.

**ARTICLE III - PART A**

**SECTION 4. NON-DISCRIMINATION POLICY:**

No individual shall be denied Clinical Privileges on the basis of gender, 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 CHS Hospitals' purposes, needs and capabilities.

**ARTICLE III - PART A**

**SECTION 5. ETHICAL DIRECTIVES:**

All Allied Health Professionals and others exercising Clinical Privileges at any of the CHS Hospitals shall uphold the highest ethical standards of their profession and shall agree to work cooperatively with other health care providers and shall refrain from disruptive behavior which could interfere with patient care or the operation of the CHS Hospitals.

**ARTICLE III - PART B: DUTIES OF ALLIED HEALTH PROFESSIONALS**

The granting of Clinical Privileges as an Allied Health Professional requires that each Allied Health Professional assume such reasonable duties and responsibilities required by the Board and the Medical Staff, including without limitation the basic responsibilities and requirements set forth in Article III, Part C, Section 2 below.

**ARTICLE III - PART C: APPLICATION FOR CLINICAL PRIVILEGES**  
**SECTION 1. INFORMATION:**

All applications for Clinical Privileges as an Allied Health Professional shall be signed by the Applicant. By signing the application, the Applicant attests to the correctness and completeness of all information furnished. These forms shall be obtained from the office of the President of the Active Hospital(s) or his/her designee. The application shall contain a request for the specific Clinical Privileges desired by the Applicant, including a statement as to whether the Applicant intends to practice at the Active Hospital(s), and shall require detailed information concerning the Applicant's current professional qualifications, including:

- (a) the names and complete addresses of at least 3 Peers who have had recent extensive experience in observing and working with the applicant and who can provide adequate information pertaining to the applicant's current professional competence, specific training or experience, ethical character, ability to perform the procedures requested, and health status. These references may not be associated or about to be associated with the applicant in professional practice or personally related to the applicant. At least 1 reference shall be from the same specialty area as the applicant; and
- (b) the names and complete addresses of the department chairperson at any and all hospitals or other institutions at which the Applicant worked or trained (i.e., the individuals who served as chairpersons at the time the Applicant worked in the particular department). The CMC-C Allied Health Review Committee, the CMC-C Medical Executive Committee, the Facility MEC, and the Board may take into consideration the number of hospitals the Applicant has worked in or the amount of time that has passed since the Applicant worked at a particular hospital;
- (c) information, including details of all specific incidences, as to whether the Applicant has ever had his/her appointment, clinical privileges or scope of practice voluntarily or involuntarily limited, reduced, revoked, suspended, relinquished, diminished, placed on probation, or not renewed at any hospital or institution;
- (d) information as to whether the Applicant has ever voluntarily or involuntarily withdrawn his/her application for appointment, reappointment, or clinical privileges, or resigned from the medical staff before final decision by any hospital or health care facility's governing board;
- (e) information as to whether there are any quality assessments or peer review actions involving the Applicant that are pending at other institutions;
- (f) information as to whether the Applicant's membership in any local, state, or national professional society or organization is or has ever been suspended, modified, terminated, restricted, or is currently being challenged;
- (g) information as to whether the Applicant's license to practice in any profession in any state, or Drug Enforcement Administration license (if applicable) is or has ever been, or is currently the subject of any process which could result in their

being, voluntarily or involuntarily, denied, revoked, amended, suspended, reduced, challenged, limited, placed on probation, not renewed, granted with condition, terminated, or relinquished. The submitted application shall include a list or copy of all the Applicant's current licenses to practice, as well as copies of Drug Enforcement Administration license, and certificates from all completed post-graduate training programs;

- (h) information as to whether the Applicant is covered by current, valid professional liability insurance coverage from an insurance company licensed or approved to do business in this state, in a form and in amounts satisfactory to the Active Hospital(s);
- (i) information concerning the Applicant's professional liability litigation experience, specifically information concerning any final judgments or settlements (the mere presence of verdicts and settlements or claims shall not in and of themselves be sufficient to deny particular Clinical Privileges);
- (j) information concerning any professional misconduct proceedings and any malpractice actions involving the Applicant in this state or any other state, which may be closed or still pending, including: (i) the substance of the allegations; (ii) the substance of the findings; (iii) the ultimate disposition; and (iv) any additional information concerning such proceedings or actions the CMC-C Allied Health Review Committee deems appropriate;
- (k) information concerning the suspension or termination for any period of time of the right or privilege to participate in Medicare, Medicaid, or any other government sponsored program or any private or public medical insurance program;
- (l) a consent to the release of information from the Applicant's present and past professional liability insurance carriers;
- (m) information on the Applicant's ability to perform, safely and competently, the Clinical Privileges requested;
- (n) information as to whether the Applicant has ever been convicted of a crime with details about any such instance;
- (o) information on the citizenship and visa status of the Applicant;
- (p) the Applicant's signature; and
- (q) such other information as the Board may require.

An application submitted by a Dependent Practitioner shall be deemed incomplete and shall not be processed unless such Dependent Practitioner's Supervising Physician has approved and co-signed the application.

**ARTICLE III - PART C**

**SECTION 2. BASIC RESPONSIBILITIES AND REQUIREMENTS:**

(a) Basic Responsibilities

The following responsibilities shall apply to every Applicant as a condition of consideration of such application and as a condition of continued Clinical Privileges as an Allied Health Professional, if granted:

- (1) an obligation to abide by all bylaws, policies, rules and regulations of the applicable department, the Active Hospital(s) and its Medical Staff, as may be amended from time to time.
- (2) an obligation to accept committee assignments and such other reasonable duties and responsibilities as shall be assigned;
- (3) an obligation to provide to the Active Hospital(s), with or without request, new or updated information that is pertinent to any question on the application form as such information becomes available to the Applicant;
- (4) an obligation to use the Active Hospital(s) and its equipment sufficiently to allow the Active Hospital(s), through assessment by appropriate Medical Staff committees and Department Chiefs, to evaluate the current competence of the Applicant;
- (5) an agreement that the hearing and appeal procedures set forth in this Policy shall be the sole and exclusive remedy with respect to any Quality Assessment Activity at the Active Hospital(s); and
- (6) an agreement to abide by the terms of the ethical standards of the Applicant's profession.

(b) Requirements:

The following requirements shall apply to every Applicant as a condition of consideration of such application and as a condition of continued Clinical Privileges as an Allied Health Professional, if granted:

- (1) refrain from illegal fee splitting or other illegal inducements relating to patient referral;
- (2) 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) refrain from deceiving patients as to his or her status as an Allied Health Professional;
- (4) seek consultation whenever necessary;
- (5) abide by generally recognized ethical principles applicable to the Applicant's profession;



- (6) cooperate and exhibit the ability to work with other health care providers and refrain from disruptive behavior which could interfere with patient care or the operation of the health care facility;
- (7) participate in the quality assessment activities of the departments;
- (8) complete in a timely manner the medical and other required records for all patients as required by the Medical Staff Bylaws and other applicable Active Hospital(s) policies;
- (9) to perform all services and to conduct himself/herself at all times in a cooperative and professional manner;
- (10) pay promptly any applicable Medical Staff assessments;
- (11) authorize the release of all information necessary for an evaluation of the Applicant's qualifications for Clinical Privileges;
- (12) perform all services and conduct himself or herself at all times in a cooperative and professional manner;
- (13) satisfy continuing education requirements;
- (14) participate in an Organized Health Care Arrangement with the Active Hospital(s), as defined in 45 CFR § 164.501, with all the rights and obligations attendant thereto; and
- (15) for Dependent Practitioners, agree to abide by the Supervising Physician standards set forth in Article III, Part C, Section 5 below.

Each Applicant requesting Clinical Privileges shall specifically agree to these responsibilities and requirements as part of the application process.

### **ARTICLE III - PART C**

#### **SECTION 3. BURDEN OF PROVIDING INFORMATION:**

- (a) The Applicant shall have the burden of producing information deemed adequate by the Active Hospital(s) for a proper evaluation of current competence, current licensure, relevant training and experience, character, ethics, ability to perform the privileges requested 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 Active Hospital(s), the application will be deemed incomplete and will not be processed. Should information provided in the initial application form change during the course of the application process, the Applicant has the burden to provide information about such change to the CMC-C Allied Health Review Committee sufficient for the CMC-C Allied Health Review Committee's review

and assessment. 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. The Applicant has the responsibility to provide a complete application, including adequate responses from references. An individual whose application is incomplete shall not be entitled to the hearing and appeal provisions set forth in this Policy in Article VI.

### **ARTICLE III - PART C**

#### **SECTION 4. CONDITIONS OF THE APPLICATION PROCESS:**

The following statements, which shall be included on the application form and which are a part of this Policy, are express conditions applicable to every Applicant and to all others seeking Clinical Privileges at any of the CHS Hospitals. By applying for Clinical Privileges, the Applicant expressly accepts these conditions during the processing and consideration of the application, whether or not Clinical Privileges are granted. This acceptance applies throughout the term of Clinical Privileges.

(a) Policy and Medical Staff Bylaws:

The Applicant has had an opportunity to read a copy of this Policy and the Medical Staff Bylaws that are in force at the time of application, and the Applicant agrees to be bound by the terms thereof, as may be amended from time to time, in all matters without regard to whether Clinical Privileges are granted.

(b) Interviews:

The Applicant is willing to appear for personal interviews in regard to the application.

(c) Misrepresentations:

Any misrepresentation or misstatement in, or omission from, the application, whether intentional or not, may render the Applicant's application ineligible for processing. In the event that Clinical Privileges have been granted prior to the discovery of such misrepresentation, misstatement, or omission, such discovery may result in automatic relinquishment of Clinical Privileges as an Allied Health Professional. The determination of such ineligibility or relinquishment shall not entitle the individual to the hearing and appeal provisions set forth in this Policy in Article VI.

(d) Immunity:

To the fullest extent permitted by law, the Applicant releases from any and all liability, and extends absolute immunity to, the CHS Hospitals, their respective authorized representatives, and any third parties as defined in subsection (h) below, with respect to any acts, communications or documents, recommendations, or disclosures involving the Applicant as set forth below:

- (1) applications for Clinical Privileges, including temporary Clinical Privileges;

- (2) evaluations concerning renewal or changes in Clinical Privileges;
- (3) proceedings for suspension or reduction of Clinical Privileges, or any other disciplinary sanction;
- (4) summary suspension;
- (5) hearings and appellate reviews;
- (6) medical care evaluations;
- (7) other activities relating to the quality of patient care or professional conduct;
- (8) matters or inquiries concerning the Applicant's professional qualifications, licensure, specific training or experience, current competence, credentials, clinical competence, character, ability to perform, safely and competently, the Clinical Privileges requested, ethics, or behavior; or
- (9) any other matter that might directly or indirectly relate to the Applicant's competence, to patient care, or to the orderly operation of the CHS Hospitals or any other hospital or health care facility.

(e) Authorization to Obtain Information:

The Applicant specifically authorizes the CHS Hospitals and their respective authorized representatives to consult with any third party who may have information bearing on the Applicant's professional qualifications, licensure, specific training, experience, current competence, credentials, clinical competence, character, ability to perform, safely and competently, the Clinical Privileges requested, ethics, behavior, or any other matter reasonably having a bearing on the Applicant's satisfaction of the criteria for initial and continued Clinical Privileges. 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 Applicant, therefore, specifically authorizes such third parties to release this information to the CHS Hospitals and their respective authorized representatives upon request.

(f) Authorization to Release Information:

The Applicant specifically authorizes the CHS Hospitals and their respective authorized representatives to release such information to other hospitals, health care facilities and their agents, or other organizations, associations, partnerships, and corporations or government agencies, whether hospitals, health care facilities, or not, who solicit such information for the purpose of evaluating the Applicant's professional qualifications pursuant to a request for clinical privileges.

(g) Exclusive Remedy:

The Applicant agrees that the procedural rights set forth in this Policy are the exclusive remedy for any Quality Assessment Activity. In the event that the Applicant initiates a lawsuit despite this agreement and does not prevail, he or she shall reimburse the CHS Hospitals, any Medical Staff member and any other party named in the lawsuit for all costs incurred in defending the lawsuit, including reasonable attorneys' fees.

(h) Definitions:

(1) As used in this Section, the term "CHS Hospitals and their respective authorized representatives" means each CHS Hospital and any of the following individuals who have any responsibility for obtaining or evaluating the Applicant's credentials, or for acting upon that Applicant's application: the members of the Board and its appointed representatives; the President of the CHS Hospital or his/her designees; other employees of the CHS Hospital; consultants to the CHS Hospital; the CHS Hospital's attorney and his/her partners, associates, or designees; and all Medical Staff members and Allied Health Professionals who have any responsibility for obtaining or evaluating the Applicant's credentials, or for acting upon that Applicant's application.

(2) As used in this Section, the term "third parties" means all individuals from whom the CHS Hospitals and their respective authorized representatives have requested information from, including members of a CHS Hospital's Medical Staff and members of the medical staffs of other hospitals, or other physicians, allied health professionals, health practitioners, nurses, or other organizations, associations, partnerships, and corporations or government agencies.

**ARTICLE III - PART C**

**SECTION 5. SUPERVISING PHYSICIAN STANDARDS FOR DEPENDENT PRACTITIONERS:**

(a) Any activities permitted by the Board and delegated by the Supervising Physician to be performed by a Dependent Practitioner shall be performed only under the supervision or direction of the Supervising Physician. Except as otherwise provided by law, by the Board, by an applicable CHS Hospital policy, by an applicable department policy or by a particular delineation of privileges, supervision may not require the actual physical presence of the Supervising Physician.

(b) If the Medical Staff appointment or Clinical Privileges of a Supervising Physician are resigned, revoked or terminated, the Dependent Practitioner's permission to practice at the Active Hospital(s) shall automatically terminate and his/her Clinical Privileges shall be automatically relinquished.

(c) If the Medical Staff Clinical Privileges of a Supervising Physician are reduced or decreased for any reason, the Dependent Practitioner's Clinical Privileges shall be automatically reduced or decreased to the same extent as the Supervising

Physician's, and such reduced or decreased Clinical Privileges shall be deemed to be automatically relinquished.

**ARTICLE III - PART D: PROCEDURE FOR INITIAL GRANTING OF CLINICAL PRIVILEGES**

**SECTION 1. APPLICATION PROCESS, STEP ONE – PRE-APPLICATION:**

- (a) The Active Hospital(s) shall process only those applications submitted by individuals who, according to this Policy, are eligible for Clinical Privileges and who meet the threshold criteria for privileges as stated in this Policy to provide care and treatment to patients for conditions and diseases for which the Active Hospital(s) has facilities and personnel.

In those instances where an Applicant has been denied initial Clinical Privileges by the Board, that individual may not apply for Clinical Privileges for a period of two (2) years from the final Board decision, unless the Board provides otherwise.

In those instances where an Applicant has previously submitted an application which continued to be incomplete ninety (90) days after the Applicant was notified of the additional information required to complete the application, the Applicant shall be deemed to have withdrawn his application. An application so withdrawn may not be resubmitted for one (1) year following withdrawal.

- (b) Each Active Hospital(s) shall provide each individual requesting Clinical Privileges to complete a verbal prescreening to determine that the individual meets the basic requirements for clinical privileges.
- (c) Those individuals who meet the eligibility criteria shall be given a login and password to access the application electronically. Individuals who fail to meet the basic qualifications shall not be given an application and shall be so notified. An individual who fails to satisfy the eligibility criteria shall not be entitled to the hearing and appeal provisions set forth in this Policy in Article VI.

**ARTICLE III - PART D**

**SECTION 2. APPLICATION PROCESS, STEP TWO – MEDICAL STAFF OFFICE:**

- (a) The application shall be submitted by the Applicant to the President of the Active Hospital(s) or a designee. It must be accompanied by payment of the processing fees as recommended by the CMC-C Medical Executive Committee and approved by the Board. As a preliminary step, the application will be reviewed by the Medical Staff Office, to determine that all questions have been answered and that the individual satisfies all threshold criteria. Incomplete applications will not be processed. Any individual who fails to return a completed application or fails to meet the threshold criteria will be notified that his or her application will not be processed.

- (b) The Medical Staff Office shall gather and verify relevant information, including, without limitation, information from the National Practitioner Data Bank, Office of the Inspector General, criminal background check, current licensure information, education, character, current clinical competence, relevant training and/or experience, judgment, prior behavior, ability to perform the privileges requested, ethical standing and any other information deemed to be relevant to the application. The Medical Staff Office shall also be responsible for confirming that all references and other information or materials deemed pertinent have been received.
- (c) After verifying the information provided in the application with the primary sources, the President of the Active Hospital(s) (or his or her designee) shall transmit the complete application and all supporting materials to the appropriate Department Chiefs or a Chairman.
- (d) 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, when feasible, all information has been verified from the primary source. An application shall become incomplete if the need arises for new, additional, or clarifying information any time during the evaluation. 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. An application so withdrawn may not be resubmitted for one (1) year following withdrawal. The Applicant is responsible for providing a complete application, including adequate responses from references. An incomplete application will not be processed.

### **ARTICLE III - PART D**

#### **SECTION 3. APPLICATION PROCESS, STEP THREE – DEPARTMENT CHIEF:**

- (a) The Department Chief of each department in which Clinical Privileges are sought shall provide the CMC-C Allied Health Review Committee with a written report concerning the Applicant's qualifications and whether the applicable criteria are satisfied. As part of the process of making this report, the Department Chief has the right to meet with the Applicant to discuss any aspect of the application, including the Applicant's qualifications and the requested Clinical Privileges.
- (b) The Department Chief of each department in which Clinical Privileges are sought or his/her designee shall evaluate all documents provided by the Applicant and all documents obtained during the credentialing process including, without limitation, the Applicant's current licensure, education, current competence, training, and/or experience and his ability to perform the privileges requested. Such evaluation shall include inquiries of the Applicant's past and current department chairperson(s), residency training director, and others who may have knowledge about the Applicant's current competence, education, training, experience, ability to perform the procedures requested and ability to work with others. The Department Chief or his/her designee may interview the Applicant, the Applicant's Supervising Physician or both as part of the evaluation process. At the request of the Department Chief, the Chairman shall participate in the evaluation process.

- (c) The Department Chief shall be available to the CMC-C Allied Health Review Committee to answer any questions that may be raised with respect to that Chief's report and findings.

**ARTICLE III - PART D**

**SECTION 4. APPLICATION PROCESS, STEP FOUR – CMC-C ALLIED HEALTH REVIEW COMMITTEE:**

- (a) The CMC-C Allied Health Review Committee shall examine all information gathered for an Applicant in connection with the application as well as the report and findings from the Department Chief of each department in which Clinical Privileges are sought to determine whether the Applicant has established and satisfied all of the necessary qualifications for the Clinical Privileges requested.
- (b) As part of the process of making its recommendation, the CMC-C Allied Health Review Committee may require the Applicant to undergo a physical and/or mental examination by a Physician or Physicians satisfactory to the CMC-C Allied Health Review Committee. The results of any such examination shall be made available to the Committee for its consideration. Failure of an Applicant to undergo such an examination within a reasonable time after being requested to do so in writing by the CMC-C Allied Health Review Committee shall constitute a voluntary withdrawal of the application for Clinical Privileges, and all processing of the application shall cease.
- (c) The CMC-C Allied Health Review Committee may require the Applicant to meet with the Committee to discuss any aspect of the Applicant's application, qualifications or requested Clinical Privileges.
- (d) The CMC-C Allied Health Review Committee may use the expertise of the Department Chief, or any member of the department, or an outside consultant, if additional information is needed regarding the Applicant's qualifications. In addition, the CMC-C Allied Health Review Committee may require the proposed Supervising Physician for an Applicant that is a Dependent Practitioner to appear before the CMC-C Allied Health Review Committee to discuss the qualifications of the Applicant.
- (e) Not later than ninety (90) days from its receipt of the completed application and all required and requested information, the CMC-C Allied Health Review Committee shall send its recommendation and written findings in support thereof to the CMC-C Medical Executive Committee. The recommendation shall state one of the following:
  - (1) the Applicant be granted Clinical Privileges as an Allied Health Professional;
  - (2) the Applicant's application be deferred for further consideration; or
  - (3) the Applicant's request for Clinical Privileges be denied.

If the CMC-C Allied Health Review Committee's recommendation is for Clinical Privileges to be granted to the Applicant, the CMC-C Allied Health Review

Committee shall specifically recommend the Clinical Privileges to be granted, which may be qualified by any probationary or other conditions or restrictions.

The Chairperson of the CMC-C Allied Health Review Committee shall be available to the CMC-C Medical Executive Committee, and to the Board, to answer any questions that may be raised with respect to the CMC-C Allied Health Review Committee's recommendation.

- (f) If the recommendation of the CMC-C Allied Health Review Committee is delayed longer than ninety (90) days, the Chairperson of the CMC-C Allied Health Review Committee shall send a letter to the Applicant, with a copy to the CMC-C Medical Executive Committee and President of the Active Hospital(s), explaining the reasons for the delay.

### **ARTICLE III - PART D**

#### **SECTION 5. APPLICATION PROCESS, STEP FIVE – CMC-C MEDICAL EXECUTIVE COMMITTEE:**

- (a) At its next regular meeting after receipt of the completed application and the written findings and recommendation of the CMC-C Allied Health Review Committee, the CMC-C Medical Executive Committee shall review and consider the recommendation of the CMC-C Allied Health Review Committee and shall make a recommendation regarding the application to the Facility MEC at each CHS Hospital.
- (b) The CMC-C Medical Executive Committee may use the expertise of the CMC-C Allied Health Review Committee, the Department Chief, or any member of the department, or an outside consultant, if additional information is needed regarding the Applicant's qualifications. In addition, the CMC-C Medical Executive Committee may require the proposed Supervising Physician for an Applicant that is a Dependent Practitioner to appear before the CMC-C Medical Executive Committee to discuss the qualifications of the Applicant.
- (c) As part of the process of making its recommendation, the CMC-C Medical Executive Committee may require the Applicant to undergo a physical and/or mental examination by a Physician or Physicians satisfactory to the CMC-C Medical Executive Committee. The results of any such examination shall be made available to the Committee for its consideration. Failure of an Applicant to undergo such an examination within a reasonable time after being requested to do so in writing by the CMC-C Medical Executive Committee shall constitute a voluntary withdrawal of the application for Clinical Privileges, and all processing of the application shall cease.
- (d) The CMC-C Medical Executive Committee may require the Applicant to meet with the CMC-C Medical Executive Committee to discuss any aspect of the Applicant's application, qualifications, or requested Clinical Privileges. If it becomes apparent to the CMC-C Medical Executive Committee that it is considering a recommendation not to grant Clinical Privileges, the Chairperson may notify the individual of the general tenor of the possible recommendation and invite the individual to meet prior to any final recommendation being made. At the meeting, the individual should be informed of the general nature of the information supporting the recommendation contemplated and shall be invited



to discuss, explain or refute it. This meeting is not a hearing, and none of the procedural rules for hearings shall apply. The CMC-C Medical Executive Committee shall indicate as part of its report whether such a meeting occurred and shall include a summary of the meeting with its minutes.

- (e) The CMC-C Medical Executive Committee may recommend the imposition of any probationary or other conditions or restrictions. The CMC-C Medical Executive Committee may also recommend that Clinical Privileges be granted for a period of less than two years in order to permit closer monitoring of an individual's compliance with any conditions.

### **ARTICLE III - PART D**

#### **SECTION 6. APPLICATION PROCESS, STEP SIX – FACILITY MEC PROCEDURE:**

- (a) At its next regular meeting after receipt of the written findings and recommendations of the CMC-C Medical Executive Committee, each Facility MEC shall:
  - (1) adopt the findings and recommendation of the CMC-C Medical Executive Committee as its own; or
  - (2) refer the matter back to the CMC-C Medical Executive Committee along with a report stating its reasons, as well as supporting information, for its disagreement with the CMC-C Medical Executive Committee's recommendation.
- (b) If all of the Facility MECs at the CHS Hospitals adopt the findings and recommendation of the CMC-C Medical Executive Committee as their own, and if the recommendation of the CMC-C Medical Executive Committee is to grant the Clinical Privileges requested, the recommendations of the Facility MECs shall be forwarded to the Board through the Board's Quality Care and Comfort Committee.
- (c) If all of the Facility MECs at the CHS Hospitals adopt the findings and recommendation of the CMC-C Medical Executive Committee as their own, and if the recommendation of the CMC-C Medical Executive Committee regarding an Applicant's initial requested Clinical Privileges would entitle the Applicant to request a hearing pursuant to Article VI of this Policy, the Facility Administrator at the Applicant's Active Hospital(s) where the Applicant was to have the largest number of patient encounters among all Active Hospital(s)s shall send Special Notice to the Applicant that he or she is entitled to request a hearing pursuant to Article VI of this Policy. The hearing, if requested, shall be conducted at such Active Hospital(s). The Facility Administrators of each CHS Hospital shall then hold the application until after the Applicant has completed a hearing and appeal or waived his/her right to a hearing and appeal.
- (d) If any Facility MEC refers the matter back to the CMC-C Medical Executive Committee under subsection (a)(2) above, representatives from each Facility MEC shall meet with the CMC-C Medical Executive Committee to discuss the matter and attempt to resolve the differences. If the differences cannot be resolved, the recommendations of each of the Facility MECs shall be forwarded to the Board through the Board's Quality Care and Comfort Committee. for

resolution. In such event, none of the recommendations of the Facility MECs shall constitute a recommendation that would entitle the Applicant to request a hearing pursuant to Article VI of this Policy.

**ARTICLE III - PART D**

**SECTION 7. APPLICATION PROCESS, STEP SEVEN – BOARD:**

- (a) At its next regular meeting after receipt from the Quality Care and Comfort Committee of a completed application and the written findings and recommendations of the Facility MEC, the Board shall:
  - (1) grant Clinical Privileges to the Applicant as an Allied Health Professional;
  - (2) deny the Applicant's request for Clinical Privileges; or
  - (3) refer the matter back to the Facility MECs, the CMC-C Medical Executive Committee, the CMC-C Allied Health Review Committee or to another source, inside or outside CHS, for additional research or information.
- (b) If the Board decision is favorable to the Applicant, it shall transmit its decision to the President of the Active Hospital(s). The initial granting of Clinical Privileges will be for no more than two (2) years and will specifically recommend the Clinical Privileges to be granted, including any probationary or other conditions relating to such Clinical Privileges.
- (c) If the Board decision is to deny the Applicant's request for Clinical Privileges, it shall transmit its decision to the President of the Active Hospital(s). If the Board's decision is based on a prior adverse recommendation by the Facility MEC with respect to which the Applicant was entitled to a hearing, the Applicant may not now request a hearing under Article VI of this Policy.
- (d) If the Board decision is to deny the Applicant's request for Clinical Privileges and this decision is contrary to a favorable recommendation from the Facility MECs and the CMC-C Medical Executive Committee, the Board shall set forth in its report the reasons, along with supporting information for its disagreement with the recommendations. The Board shall transmit its decision to the President of the Active Hospital(s), who shall promptly notify the Applicant in writing by certified mail, return receipt requested. The Applicant may request a hearing under Article VI of this Policy, which hearing shall be conducted at the Active Hospital(s) where the Applicant was to have the largest number of patient encounters among all Active Hospitals.
- (e) Upon receipt of conflicting recommendations from the Facility MECs, the Board shall review all applicable reports and information from the Facility MECs and the CMC-C Medical Executive Committee as well as any other information the Board deems relevant and shall make the final decision to grant, limit or deny Clinical Privileges. If the determination of the Board would entitle the Applicant to request a hearing pursuant to Article VI of this Policy, the Facility Administrator at the Applicant's Active Hospital(s) where the Applicant was to have the largest number of patient encounters among all Active Hospitals shall send a Special Notice to the Applicant that he or she is entitled to request a

hearing pursuant to Article VI of this Policy. The hearing, if requested, shall be conducted at such Active Hospital(s).

**ARTICLE III - PART E: PROCEDURE FOR TEMPORARY CLINICAL PRIVILEGES**  
**SECTION 1. TEMPORARY CLINICAL PRIVILEGES FOR APPLICANTS:**

Upon recommendation of the President of the Medical Staff of the Active Hospital(s), the President of the Active Hospital(s) may grant temporary clinical privileges for a period of time not to exceed one hundred and twenty (120) days to an Applicant awaiting review and recommendation by the Facility MECs and approval by the Board, provided that the following requirements are satisfied:

- there is verification (which may be accomplished by a telephone call) of:
  - current licensure
  - relevant training or experience
  - current competence
  - ability to perform the privileges requested
  - other criteria as may be required by the Medical Staff bylaws
- the results of the National Practitioner Data Bank query have been obtained and evaluated
- the Applicant has:
  - a complete application
  - no current or previously successful challenge to licensure or registration
  - not been subject to involuntary termination of medical staff membership at another organization
  - not been subject to involuntary limitation, reduction, denial, or loss of clinical privileges

**ARTICLE III - PART E**  
**SECTION 2. SPECIAL REQUIREMENTS FOR TEMPORARY CLINICAL PRIVILEGES:**

Special requirements of supervision and reporting may be imposed by the Department Chief concerned on any individual granted temporary clinical privileges. Temporary clinical privileges may be immediately terminated by the President of the Active Hospital(s) or a designee upon notice of any failure by the individual to comply with such special conditions.

**ARTICLE III - PART E**  
**SECTION 3. TERMINATION OF TEMPORARY CLINICAL PRIVILEGES:**

- (a) Temporary clinical privileges shall be automatically terminated in the event that:
  - (i) the period of time designated by the President of the Active Hospital(s) in Section 1 of this Part expires;
  - (ii) the President of the Active Hospital(s) determines, at any time after receiving a recommendation from the Chief of the Department responsible for the individual's supervision, to terminate temporary clinical privileges;
  - or (iii) the Applicant is granted Clinical Privileges by the Board.
- (b) In addition to the foregoing, temporary clinical privileges shall be automatically terminated at such time as the CMC-C Allied Health Review Committee, the CMC-C Medical Executive Committee or the Facility MECs recommend unfavorably with respect to the Applicant's application. The President of the

Active Hospital(s) may modify temporary clinical privileges to conform to the recommendation of the CMC-C Allied Health Review Committee, the CMC-C Medical Executive Committee or the Facility MECs that the Applicant be granted different Clinical Privileges.

- (c) The granting of any temporary clinical privileges is a courtesy on the part of the Active Hospital(s). Neither the granting, denial, or termination of such temporary clinical privileges shall entitle the individual concerned to any of the procedural rights provided in Article VI of this Policy with respect to hearings or appeals.

**ARTICLE IV**  
**RENEWAL OR CHANGE OF CLINICAL PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS**

**ARTICLE IV - PART A: PROCEDURE FOR REAPPOINTMENT**

**SECTION 1. REAPPOINTMENT PROCESS, STEP ONE – ELIGIBILITY AND SUBMITTAL:**

In order to be eligible to reapply for Clinical Privileges, Allied Health Professionals must still meet the eligibility criteria set forth in Article III, Part A, Section 2 and must have performed sufficient procedures, treatments or therapies in the previous Clinical Privileges term to enable an assessment of the individual's clinical competence.

- (a) Each current Allied Health Professional who is eligible to reapply for Clinical Privileges shall be responsible for completing an application. To be eligible to reapply, an individual must have had some clinical activity at the Active Hospital(s) during the previous Clinical Privileges term.
- (b) The application shall be submitted to the President of the Active Hospital(s) or a designee at least four (4) months prior to the expiration of the Allied Health Professional's current Clinical Privileges term. A completed application must be returned to the Medical Staff Office within thirty (30) days. Failure to return a completed application within this time frame will result in the assessment of a processing fee. In addition, failure to submit an application at least two (2) months prior to the expiration of the Allied Health Professional's current term may result in automatic relinquishment of Clinical Privileges at the end of the then current term. An application submitted by a Dependent Practitioner shall be deemed incomplete and shall not be processed unless such Dependent Practitioner's Supervising Physician has approved and co-signed the application.
- (c) Clinical Privileges, if granted by the Board upon reappointment, shall be for a period of not more than two (2) years.

**ARTICLE IV - PART A**

**SECTION 2. FACTORS TO BE CONSIDERED:**

Each recommendation concerning the renewal of the Clinical Privileges granted to an Allied Health Professional shall be based upon the following:

- (a) a review of all of the information required to be submitted with the application, which information shall be substantially similar to the type of information required at the time of the initial application for Clinical Privileges;
- (b) a review of the Allied Health Professional's adherence to the responsibilities and requirements applicable to such Allied Health Professional, as set forth in Article III, Part C, Section 2, during the then-current Clinical Privileges term;
- (c) the assessment by at least one (1) Peer of the individual's clinical competence;
- (d) the assessment by the Supervising Physician (for Dependent Practitioners) of the individual's clinical competence;
- (e) the assessment by each Department Chief of a department in which the individual holds privileges of the individual's clinical competence;
- (f) compliance with the Active Hospital(s) policies and Medical Staff Bylaws; and
- (g) other reasonable indicators of continuing qualification and relevant findings from the Active Hospital's quality assessment activities.

#### **ARTICLE IV - PART A**

##### **SECTION 3. BURDEN OF PROVIDING INFORMATION:**

- (a) The Allied Health Professional has the burden of producing all of the information required to process his or her application.
- (b) The Allied Health Professional has the burden of providing evidence that all the statements made and information given on the application are true and correct.
- (c) Until the Allied Health Professional has provided all information requested by the Active Hospital(s), the application will be deemed incomplete and will not be processed. Should information provided in the application form change during the course of the application process, the Allied Health Professional has the burden to provide information about such change to the CMC-C Allied Health Review Committee sufficient for the CMC-C Allied Health Review Committee's review and assessment. Any application that continues to be incomplete ninety (90) days after the Allied Health Professional has been notified of the additional information required shall be deemed to be withdrawn. Once an incomplete application has been deemed withdrawn, the individual shall be eligible to reapply for Clinical Privileges, and the application shall be processed in the same manner as if it were an initial application. The Allied Health Professional has the responsibility to provide a complete application, including adequate responses from references. An individual whose application is incomplete shall not be entitled to the hearing and appeal provisions set forth in this Policy in Article VI.

#### **ARTICLE IV - PART A**

##### **SECTION 4. CONDITIONS OF THE REAPPOINTMENT PROCESS:**

Any Allied Health Professional seeking renewal of Clinical Privileges shall still be considered bound by the statements set forth in Article III, Part C, Section 4.

**ARTICLE IV - PART A**

**SECTION 5. REAPPOINTMENT PROCESS, STEP TWO – DEPARTMENT CHIEF:**

- (a) No later than three (3) months prior to the end of the current Clinical Privileges term, the President of each of the CHS Hospitals shall make available to the Chief of each Department a current list of all Allied Health Professionals who have Clinical Privileges in that department, together with a listing of the Clinical Privileges each holds, accompanied by their applications for renewal.
- (b) The Department Chiefs of each of the departments where the Allied Health Professional exercises Clinical Privileges shall provide the CMC-C Allied Health Review Committee with a written report concerning each individual seeking renewal. The Chief shall include in each written report, when applicable, the reasons for any changes recommended in Clinical Privileges and the reasons for denial of Clinical Privileges. The Chief of the Department concerned shall be available to the CMC-C Allied Health Review Committee to answer any questions that may be raised with respect to any such report.

**ARTICLE IV - PART A**

**SECTION 6. REAPPOINTMENT PROCESS, STEP THREE – CMC-C ALLIED HEALTH REVIEW COMMITTEE:**

- (a) The CMC-C Allied Health Review Committee, after receiving the reports from each Department Chief, shall review all available pertinent information, including all information provided from other committees of the Medical Staff and from Hospital management, for the purpose of determining its recommendations for the renewed granting of Clinical Privileges for the ensuing period.
- (b) As part of the process of making its recommendation, the CMC-C Allied Health Review Committee may require an Allied Health Professional currently seeking renewal to undergo a physical and/or mental examination by a Physician or Physicians satisfactory to the CMC-C Allied Health Review Committee. The CMC-C Allied Health Review Committee may also require such an examination during the current Clinical Privileges term to aid it in determining whether Clinical Privileges should be continued for the ensuing period. The results of such examination shall be made available to the CMC-C Allied Health Review Committee for its consideration. Failure of an Allied Health Professional to undergo such an examination within a reasonable time after being requested to do so in writing by the CMC-C Allied Health Review Committee shall constitute a voluntary relinquishment of all Clinical Privileges until such time as the CMC-C Allied Health Review Committee has received the examination results and has had a reasonable opportunity to evaluate them and make a recommendation thereon.
- (c) The CMC-C Allied Health Review Committee shall have the right to require the Allied Health Professional to meet with the Committee to discuss any aspect of the individual's application, qualifications, or Clinical Privileges requested.
- (d) The CMC-C Allied Health Review Committee may use the expertise of the Department Chief, or any member of the department, or an outside consultant,

if additional information is needed regarding the Allied Health Professional's qualifications. In addition, the CMC-C Allied Health Review Committee may require the Supervising Physician for a Dependent Practitioner to appear before the CMC-C Allied Health Review Committee to discuss the qualifications of the Dependent Practitioner.

- (e) The CMC-C Allied Health Review Committee shall forward written findings and recommendations to the CMC-C Medical Executive Committee in time for the CMC-C Medical Executive Committee to consider the Allied Health Professional's request for renewal at its regularly scheduled meeting before the expiration of the Allied Health Professional's current Clinical Privileges term. If, after considering the report of the clinical Department Chief concerned, the CMC-C Allied Health Review Committee's recommendation is favorable, it shall recommend the specific Clinical Privileges to be granted, which may be qualified by any probationary or other conditions or restrictions, as appropriate.
- (f) Where the CMC-C Allied Health Review Committee recommends not renewing the Clinical Privileges of an eligible current Allied Health Professional, or a change in Clinical Privileges, the reason for such shall be stated.
- (g) The Chairperson of the CMC-C Allied Health Review Committee shall be available to the CMC-C Medical Executive Committee, the Facility MECs and the Board to answer any questions that may be raised with respect to the recommendation.

#### **ARTICLE IV - PART A**

#### **SECTION 7. REAPPOINTMENT PROCESS, STEP FOUR – CMC-C MEDICAL EXECUTIVE COMMITTEE:**

- (a) The CMC-C Medical Executive Committee shall review and consider the recommendation of the CMC-C Allied Health Review Committee and shall make a recommendation regarding the application to the Facility MEC at each CHS Hospital.
- (b) The CMC-C Medical Executive Committee may use the expertise of the Department Chiefs, the CMC-C Allied Health Committee, any other member of the Medical Staffs of the CHS Hospitals, or an outside consultant, if additional information is required regarding the Applicant's qualifications. The CMC-C Medical Executive Committee may use the expertise of the Department Chiefs, the CMC-C Allied Health Committee, any other member of the Medical Staffs of the CHS Hospitals, or an outside consultant, if additional information is required regarding the Applicant's qualifications.
- (c) As part of the process of making its recommendation, the CMC-C Medical Executive Committee may require the Applicant to undergo a physical and/or mental examination by a Physician or Physicians satisfactory to the CMC-C Medical Executive Committee. The results of any such examination shall be made available to the Committee for its consideration. Failure of an Applicant to undergo such an examination within a reasonable time after being requested to do so in writing by the CMC-C Medical Executive Committee shall constitute a voluntary withdrawal of the application for Clinical Privileges, and all processing of the application shall cease.

- (d) The CMC-C Medical Executive Committee may require the Applicant to meet with the CMC-C Medical Executive Committee to discuss any aspect of the Applicant's application, qualifications, or requested Clinical Privileges. If it becomes apparent to the CMC-C Medical Executive Committee that it is considering a recommendation to deny reappointment for Clinical Privileges, or to reduce Clinical Privileges, the Chairperson may notify the individual of the general tenor of the possible recommendation and invite the individual to meet prior to any final recommendation being made. At the meeting, the individual should be informed of the general nature of the information supporting the recommendation contemplated and shall be invited to discuss, explain or refute it. This meeting is not a hearing, and none of the procedural rules for hearings shall apply. The CMC-C Medical Executive Committee shall indicate as part of its report whether such a meeting occurred and shall include a summary of the meeting with its minutes.
- (e) The CMC-C Medical Executive Committee may recommend the imposition of any probationary or other conditions or restrictions. The CMC-C Medical Executive Committee may also recommend that Clinical Privileges be granted for a period of less than two years in order to permit closer monitoring of an individual's compliance with any conditions.

#### **ARTICLE IV - PART A**

#### **SECTION 8. REAPPOINTMENT PROCESS, STEP FIVE – FACILITY MECS:**

- (a) At its next regular meeting after receipt of the written findings and recommendation of the CMC-C Medical Executive Committee, each Facility MEC shall:
  - (1) adopt the findings and recommendation of the CMC-C Medical Executive Committee as its own; or
  - 2) refer the matter back to the CMC-C Medical Executive Committee along with a report stating its reasons, as well as supporting information, for its disagreement with the CMC-C Medical Executive Committee's recommendation.
- (b) If all of the Facility MECs at the CHS Hospitals adopt the findings and recommendation of the CMC-C Medical Executive Committee as their own, and if the recommendation of the CMC-C Medical Executive Committee is to grant the privileges requested, the recommendations of the Facility MECs shall be forwarded to the Board through the Board's Quality Care and Comfort Committee.
- (c) If all of the Facility MECs at the CHS Hospitals adopt the findings and recommendation of the CMC-C Medical Executive Committee as their own, and if the recommendation of the CMC-C Medical Executive Committee regarding an Applicant's requested Clinical Privileges would entitle the Applicant to request a hearing pursuant to Article VI of this Policy, the Facility Administrator at the Applicant's Active Hospital(s) where the Applicant has the largest number of patient encounters among all Active Hospitals shall send Special Notice to the Applicant that he or she is entitled to request a hearing pursuant to Article



VI of this Policy. The hearing, if requested, shall be conducted at such Active Hospital(s). The Facility Administrators of each CHS Hospital shall then hold the application until after the Applicant has completed a hearing and appeal or waived his/her right to a hearing and appeal.

- (d) If any Facility MEC refers the matter back to the CMC-C Medical Executive Committee under subsection (a)(2) above, representatives from each Facility MEC shall meet with the CMC-C Medical Executive Committee to discuss the matter and attempt to resolve the differences. If the differences cannot be resolved, the recommendations of each of the Facility MECs shall be forwarded to the Board through the Board's Quality Care and Comfort Committee for resolution. In such event, none of the recommendations of the Facility MECs shall constitute a recommendation that would entitle the Applicant to request a hearing pursuant to Article VI of this Policy.

#### **ARTICLE IV - PART A**

#### **SECTION 9. REAPPOINTMENT PROCESS, STEP SIX – BOARD:**

- (a) Upon receipt of a recommendation from each Facility MEC that the Applicant be granted renewal of requested Clinical Privileges, the Board may:
  - (1) grant the renewal of Clinical Privileges as recommended; or
  - (2) refer the matter back to the Facility MECs, the CMC-C Medical Executive Committee, the CMC-C Allied Health Review Committee or to another source inside or outside CHS, for additional research or information; or
  - (3) reject or modify the recommendations.
- (b) If the Board determines to grant renewed Clinical Privileges to the Applicant, the Board may make any requested changes in Clinical Privileges at the applicable CHS Hospitals consistent with the recommendation received.
- (c) If the Board determines to reject or limit the favorable recommendation of all Facility MECs, it shall communicate the reasons for its decision to all Facility MECs and the CMC-C Medical Executive Committee. Thereafter, the Facility Administrator at the Active Hospital(s) where the Applicant has the largest number of patient encounters among all Active Hospitals shall promptly send Special Notice to the Applicant that he or she is entitled to request a hearing pursuant to Article VI of this Policy. The hearing, if requested, shall be conducted at such Active Hospital(s).
- (d) Upon receipt of conflicting recommendations from the Facility MECs, the Board shall review all applicable reports and information from the Facility MECs and the CMC-C Medical Executive Committee as well as any other information the Board deems relevant and shall make the final decision to grant, limit or deny renewal of Clinical Privileges. If the determination of the Board would entitle the Applicant to request a hearing pursuant to Article VI of this Policy, the Facility Administrator at the Applicant's Active Hospital(s) where the Applicant has the largest number of patient encounters among all Active Hospitals shall send Special Notice to the applicant that he or she is entitled to request a hearing

pursuant to Article VI of this Policy. The hearing, if requested, shall be conducted at such Active Hospital(s).

- (e) Any final decision by the Board to grant, deny, revise, or revoke Clinical Privileges shall be disseminated to appropriate individuals and, as required, reported to appropriate entities.

**ARTICLE IV - PART B: PROCEDURES FOR REQUESTING INCREASE/DECREASE IN CLINICAL PRIVILEGES**

**SECTION 1. APPLICATION FOR INCREASED CLINICAL PRIVILEGES:**

Whenever, during a Clinical Privileges term, an Allied Health Professional desires increased Clinical Privileges within the existing delineation of privileges available to such Allied Health Professional's class, the Allied Health Professional shall apply in writing to the President of the Active Hospital(s). The application shall state in detail the specific additional Clinical Privileges desired and the Allied Health Professional's relevant recent training and experience which justify increased privileges. An application submitted by a Dependent Practitioner shall be deemed incomplete and shall not be processed unless such Dependent Practitioner's Supervising Physician has approved and co-signed the application. The President of the Active Hospital(s) shall transmit the application to the appropriate Department Chief. Thereafter, it will be processed in the same manner as an application for initial Clinical Privileges if the request is made during the current Clinical Privileges term, or as a part of the application if the request is made at that time.

**ARTICLE IV - PART B**

**SECTION 2. REQUEST FOR DECREASED CLINICAL PRIVILEGES:**

Whenever, during a Clinical Privileges term, decreased Clinical Privileges are desired, the Allied Health Professional requesting a decrease in privileges shall notify, in writing, the President of the Active Hospital(s). A request submitted by a Dependent Practitioner shall not be processed unless such Dependent Practitioner's Supervising Physician has approved and co-signed the request. Upon approval of the request for decreased Clinical Privileges by the President of the Active Hospital(s), such privileges shall be deemed voluntarily relinquished and the President of the Active Hospital(s) shall notify the applicable Department Chief, the President of the Medical Staff and the Chairperson of the CMC-C Allied Health Review Committee.

**ARTICLE V**  
**ACTIONS AFFECTING CLINICAL PRIVILEGES OF ALLIED HEALTH PROFESSIONALS**

**ARTICLE V - PART A: PRECAUTIONARY SUSPENSION OF CLINICAL PRIVILEGES**  
**SECTION 1. GROUNDS FOR PRECAUTIONARY SUSPENSION:**

- (a) The President of the Medical Staff, the Department Chief or the President of each Active Hospital(s) shall each have the authority to suspend all or any portion of the Clinical Privileges of an Allied Health Professional or other individual whenever failure to take such action may result in imminent danger to the health and/or safety of any individual. Such precautionary suspension shall be deemed an interim step in the Quality Assessment Activity that will be taken with respect to the suspended individual. It shall not imply any final finding of responsibility for the situation that caused the suspension. A precautionary suspension shall not entitle the individual concerned to any of the procedural rights provided in Article VI of this Policy with respect to hearings or appeals.
- (b) A precautionary suspension shall become effective immediately upon imposition, shall immediately be reported in writing to the President of each Active Hospital(s), the President of each Medical Staff, and the Chairperson of the CMC-C Allied Health Review Committee, and shall remain in effect unless or until modified by the President of the Active Hospital(s) or the Board.

**ARTICLE V - PART A**  
**SECTION 2. REPORTS:**

- (a) Any individual who exercises authority under Section 1 of this Part to suspend Clinical Privileges as a precaution shall immediately report this action to the applicable Department Chief so that appropriate further action can be taken in the matter.
- (b) An investigation of the matter resulting in precautionary suspension shall be completed within a reasonable time period. The results of such investigation shall be reported to the President of each Active Hospital(s), the President of the Medical Staff of each Active Hospital(s) and the Chairperson of the CMC-C Allied Health Review Committee.

**ARTICLE V - PART B: OTHER ACTIONS**  
**SECTION 1. VOLUNTARY OR AUTOMATIC RELINQUISHMENT:**

Any and all Clinical Privileges of any Allied Health Professional shall be voluntarily and automatically relinquished if any of the following occurs:

- (a) failure, upon submittal of an application for renewed Clinical Privileges or at any time during a Clinical Privileges term, to satisfy the eligibility criteria set forth in Article III, Part A, Section 2.
- (b) action by the appropriate state licensing board or agency revoking or suspending an Allied Health Professional's professional license, or the loss of a state license to practice for any reason. In the event the Allied Health Professional's license is only partially restricted, the Clinical Privileges that would be affected by the license restriction shall be similarly restricted.

- (c) if the Allied Health Professional is terminated, excluded or debarred from participation in Federal Healthcare Benefit programs, including without limitation, the Medicare or Medicaid programs.
- (d) upon the revocation, expiration, suspension or the placement of conditions or restrictions on an individual's DEA controlled substance authorization.
- (e) upon the indictment, conviction, or a plea of guilty or nolo contendere pertaining to any felony, or any misdemeanor involving (i) controlled substances; (ii) illegal drugs; (iii) Medicare, Medicaid, or insurance fraud or abuse; or (iv) violence against another.
- (f) failure of a graduate in a profession that requires certification to provide evidence to the Hospital that the graduate has obtained the necessary certification within the time frame required by state law or by the applicable certifying agency.
- (g) Immediately upon the severing of the employment relationship of record between the Allied Health Professional and their current sponsoring physician unless, prior to the effective date of the severance (i) the Medical Staff Office has been notified of new employment and (ii) primary source verification of this information can be obtained from the applicable North Carolina licensing board regarding the status of the new sponsoring physician on the Allied Health Professional's license;
- (h) any other circumstances described in this Policy as triggering or constituting voluntary or automatic relinquishment.

**ARTICLE V - PART B**

**Section 2. Failure to Satisfy Continuing Education Requirements:**

- (a) Failure to satisfy mandated continuing education requirements shall render an individual ineligible to apply for renewal of Clinical Privileges as an Allied Health Professional.
- (b) If renewal of Clinical Privileges is refused by the Board, once the Allied Health Professional has satisfied continuing education requirements, the individual shall be eligible to reapply for Clinical Privileges, and the application shall be processed in the same manner as if it were an initial application.

**ARTICLE V – PART B**

**SECTION 3. ACTION AT ANOTHER CHS HOSPITAL**

Any denial, revocation, reduction, suspension, restriction, limitation, or condition imposed upon an individual at one CHS Hospital shall automatically and immediately be effective in all CHS Hospitals, without recourse to any additional hearing or appeal (as applicable).

**ARTICLE V - PART B**  
**SECTION 4. NO RIGHT TO HEARING:**

Voluntary or automatic relinquishment of Clinical Privileges, whether occurring pursuant to this Part or elsewhere in this Policy, shall not entitle the individual concerned to any of the procedural rights provided in Article VI of this Policy with respect to hearings or appeals.

**ARTICLE VI**  
**HEARING AND APPEAL PROCEDURES**

**ARTICLE VI - PART A: INITIATION OF HEARING**

**Section 1. Grounds for Hearing:**

- (a) An Applicant or an Allied Health Professional who has been granted Clinical Privileges shall be entitled to request a hearing whenever a Facility MEC or the Board (as permitted in this Policy) makes an unfavorable recommendation regarding the following:
  - (1) denial of requested initial Clinical Privileges;
  - (2) denial of requested increased Clinical Privileges following submission of a complete application that has been processed in the manner set forth in Article IV, Part B, Section 1;
  - (3) reduction of Clinical Privileges;
  - (4) suspension of Clinical Privileges (other than precautionary suspension);
  - (5) denial of renewed Clinical Privileges upon reappointment; or
  - (6) for an Independent Practitioner, imposition of a mandatory concurring consultation requirement.
- (b) The affected individual shall also be entitled to request a hearing prior to the Board entering a final decision, in the event the Board determines, contrary to a recommendation from the Facility MEC, to take any action set forth in (a) above.
- (c) No other recommendations or decisions except those enumerated in (a) and (b) of this Section shall entitle the individual to request a hearing.
- (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) Voluntary or automatic relinquishment of Clinical Privileges, as provided for elsewhere in this Policy, or a determination that an individual is no longer eligible to hold Clinical Privileges, shall not constitute grounds for a hearing.

**ARTICLE VI - PART B: THE HEARING**

**SECTION 1. NOTICE OF ADVERSE RECOMMENDATION OR DECISION:**

When a Facility MEC recommendation or Board decision is made which would, according to this Policy, entitle an individual to a hearing, the President of the Active Hospital(s) where the Applicant has or would have had the largest number of patient encounters among all Active Hospitals shall promptly notify the affected individual via Special Notice. This notice shall contain:

- (a) a statement of the recommendation or decision made and the general reasons for it;
- (b) notice that the individual has the right to request a hearing on the recommendation or decision within ten (10) 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 VI - PART B**

**SECTION 2. REQUEST FOR HEARING:**

Such individual shall have ten (10) days following the date of the receipt of such notice within which to request the hearing. Said request shall be made by written notice to the President of the Active Hospital(s). In the event the affected individual does not request a hearing within the time and in the manner set forth above, that individual shall be deemed to have waived the right to a hearing and to have accepted the action involved, and such action shall become effective upon final Board action.

**ARTICLE VI - PART B**

**SECTION 3. NOTICE OF HEARING AND STATEMENT OF REASONS:**

- (a) The President of the Active Hospital(s) shall schedule the hearing and shall give Special Notice 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 who will give testimony or present evidence at the hearing in support of the Facility MEC or the Board;
  - (3) the names of the Hearing Panel members and Hearing Panel Chairperson, 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 of Reasons, and the list of supporting patient record numbers and other supporting information, may be amended at any time, even during the hearing, so long as the additional material is relevant and the individual has sufficient time to study this additional information.

- (b) The hearing shall begin as soon as practicable, but no sooner than ten (10) days after the notice of the hearing.

**ARTICLE VI - PART B**  
**SECTION 4. WITNESS LIST:**

- (a) At least five (5) days before the hearing, the individual requesting the hearing shall provide a written list of the names and addresses of the individuals expected to offer testimony or present evidence on his or her behalf.
- (b) The affected individual's witness list, as well as the witness list of the Facility MEC or the Board, shall include a brief summary of the nature of the anticipated testimony. Pursuant to the discretion of the Hearing Panel Chairperson, the witness list of either party may 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 Hearing Panel Chairperson shall have the authority to limit the number of witnesses as set forth below.

**ARTICLE VI - PART B**  
**SECTION 5. HEARING PANEL AND HEARING PANEL CHAIRPERSON:**

- (a) Hearing Panel:
  - (1) When a hearing is requested, the President of the Active Hospital(s) shall appoint a Hearing Panel which shall be composed of three (3) members, including one (1) Allied Health Professional (which, in the discretion of the President of the Active Hospital(s), may be of the same or a similar specialty as the affected individual), one (1) Physician member of the Medical Staff of the Active Hospital(s) and one (1) CHS Hospital administrator.
  - (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. Knowledge of the underlying matter shall not preclude any individual from serving as a member of the Hearing Panel.
- (b) Hearing Panel Chairperson:
  - (1) The President of the Active Hospital(s) shall appoint one (1) of the Hearing Panel members as Hearing Panel Chairperson. The Hearing Panel Chairperson shall be entitled to one (1) vote.
  - (2) The Hearing Panel Chairperson shall:
    - (i) act to ensure 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 questioning of the witnesses, applicable to both sides, as may be necessary to avoid cumulative or irrelevant testimony or to prevent abuse of the hearing process;

- (ii) maintain decorum throughout the hearing;
  - (iii) determine the order of procedure throughout the hearing;
  - (iv) 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; and
  - (v) act in such a way that all information reasonably relevant to the continued Clinical Privileges of the individual requesting the hearing is considered by the Hearing Panel in formulating its recommendations.
- (3) The Hearing Panel Chairperson may be advised by legal counsel to the Hospital.

**ARTICLE VI - PART C: HEARING PROCEDURE**  
**SECTION 1. PRE-HEARING DISCOVERY:**

- (a) Except as provided in this Section, there is no right to pre-hearing discovery. The individual requesting the hearing shall be entitled, upon specified request, to the following, subject to a stipulation signed by both sides 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 CMC-C Allied Health Review Committee, the CMC-C Medical Executive Committee or the Facility MEC;
  - (3) copies of relevant committee or department minutes (such provision does not constitute a waiver of the state confidentiality or liability protection statutes); and
  - (4) copies of any other documents relied upon by the CMC-C Allied Health Review Committee, the CMC-C Medical Executive Committee or the Facility MEC.
- (b) Prior to the hearing, on dates set by the Hearing Panel Chairperson or agreed upon by both sides, each party shall provide the other party with a list of proposed exhibits.
- (c) Neither the affected individual, nor anyone else on his or her behalf, shall contact Hearing Panel members or CHS Hospital employees appearing on the Active Hospital's witness list, unless such is specifically agreed to by the Active Hospital(s) or its counsel.



**ARTICLE VI - PART C**  
**SECTION 2. 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 recommendations or actions pending, which shall take effect immediately and shall become final upon adoption by the Board.

**ARTICLE VI - PART C**  
**SECTION 3. RECORD OF HEARING:**

The Hearing Panel shall maintain a record of the hearing by a reporter present to make a record of the hearing or by recording the proceedings. The cost of such reporter or recording shall be borne by the Hospital, but copies of the hearing transcript shall be provided to the individual requesting the hearing at that individual's expense.

**ARTICLE VI - PART C**  
**SECTION 4. SUMMARY OF OPTIONS AT HEARING:**

- (a) During the course of the hearing, the individual requesting the hearing has the option, subject to reasonable limits determined by the Hearing Panel Chairperson, to:
  - (1) call and examine witnesses to the extent available;
  - (2) introduce exhibits;
  - (3) interrogate any witness on any matter relevant to the issues and rebut any evidence; and
  - (4) submit a written statement at the close of the hearing.
- (b) Those representing the Facility MEC or the Board, as applicable, may also avail themselves of any of the options listed above, including the option to interrogate the individual who requested the hearing, even if such individual decides not testify in his or her own behalf.
- (c) In the event that the individual requesting the hearing has hired counsel, such counsel may attend the hearing but may not speak at the hearing.

**ARTICLE VI - PART C**  
**SECTION 5. ADMISSIBILITY OF EVIDENCE:**

The hearing shall not be conducted according to rules of law relating to the examination of witnesses or presentation 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. The Hearing Panel may interrogate the individual who requested the hearing, the witnesses, call additional witnesses, or request documentary evidence as it deems appropriate.

**ARTICLE VI - PART C**

**SECTION 6. 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 Hearing Panel, the Hearing Panel Chairperson, or the entity which appointed the Hearing Panel on a showing of good cause.

**ARTICLE VI - PART D: HEARING DELIBERATIONS, RECOMMENDATIONS AND CONCLUSION**

**SECTION 1. BURDEN OF PROOF:**

- (a) The Facility MEC or the Board, depending on whose recommendation or decision initially prompted the hearing, shall come forward first with evidence in support of its recommendation or decision. Thereafter, the burden shall shift to the individual who requested the hearing to come forward with evidence.
- (b) After all the evidence has been submitted by both sides, the Hearing Panel shall recommend in favor of the Facility MEC or the Board, unless it finds that the individual who requested the hearing has proved that the recommendations or decisions that prompted the hearing were arbitrary, capricious, or not supported by substantial evidence.

**ARTICLE VI - PART D**

**SECTION 2. BASIS OF RECOMMENDATION:**

The Hearing Panel recommendation shall be based on the evidence produced at the hearing. This evidence may consist of the following:

- (a) oral testimony of witnesses;
- (b) 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 an opportunity to comment on and, by other evidence, refute it;
- (c) any and all applications, references, and accompanying documents;
- (d) other documented evidence, including medical records; and
- (e) any other evidence that has been admitted.

**ARTICLE VI - PART D**

**SECTION 3. ADJOURNMENT AND CONCLUSION:**

The Hearing Panel Chairperson may adjourn the hearing and reconvene the same at the convenience and with the agreement of the participants without special notice. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed.

**ARTICLE VI - PART D:**

**SECTION 4. DELIBERATIONS AND RECOMMENDATION OF THE HEARING PANEL:**

Within thirty (30) days after final adjournment of the hearing, the Hearing Panel shall conduct its deliberations outside the presence of any other person and shall render a recommendation, accompanied by a report, which shall contain a concise statement of the reasons justifying its recommendation. It shall deliver its recommendation and report to the President of the Active Hospital(s).

**ARTICLE VI - PART D**

**SECTION 5. DISPOSITION OF HEARING PANEL REPORT:**

Upon its receipt, the President of the Active Hospital(s) shall forward the Hearing Panel's report and recommendation, along with all supporting documentation, to the Board for further action. The President of the Active Hospital(s) shall also send a copy of the report and recommendation via Special Notice to the individual who requested the hearing and to the CMC-C Allied Health Review Committee, the CMC-C Medical Executive Committee and Facility MEC for information and comment to the Board.

**ARTICLE VI - PART E: APPEAL PROCEDURE**

**SECTION 1. TIME FOR APPEAL:**

Within ten (10) days after notice of the Hearing Panel's recommendation, either party may request an appellate review. The request shall be in writing, and shall be delivered to the President of the Active Hospital(s), either in person or by certified mail, and shall include a brief statement of the reasons for appeal. If such appellate review is not requested within ten (10) days as provided herein, both parties shall be deemed to have accepted the Hearing Panel recommendation, and it shall take effect immediately and shall become final upon adoption by the Board.

**ARTICLE VI - PART E**

**SECTION 2. GROUNDS FOR APPEAL:**

The grounds for appeal shall be that:

- (a) there was substantial failure by the Hearing Panel to comply with this Policy or the Active Hospital(s) or Medical Staff Bylaws in the matter which was the subject of the hearing so as to deny due process or a fair hearing; or
- (b) the recommendations were made arbitrarily, capriciously, or with prejudice; or
- (c) the recommendations were not supported by substantial evidence.

**ARTICLE VI - PART E**

**SECTION 3. TIME, PLACE AND NOTICE:**

Whenever an appeal is requested as set forth in the preceding Sections, the Chairperson 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 date of appellate review shall be as soon as practicable, but not less than ten (10) days from the date of

receipt of the request for appellate review. The time for appellate review may be extended by the Chairperson of the Board for good cause.

**ARTICLE VI - PART E**  
**SECTION 4. NATURE OF APPELLATE REVIEW:**

- (a) The Chairperson of the Board shall appoint a Review Panel to consider the record upon which the Hearing Panel recommendation was made. The Review Panel shall be composed of three (3) members, including at least one (1) Allied Health Professional (which, in the discretion of the Chairperson of the Board, may be of the same or a similar specialty as the affected individual) and at least one (1) Physician member of the Medical Staff of a CHS Hospital. The other member may be an Allied Health Professional, a CHS Hospital administrator, a Board member, a Medical Staff member or any other individual.
- (b) The Review Panel may accept additional oral or written evidence subject to the same procedures provided at the Hearing Panel proceedings. Such additional evidence shall be accepted only if the party seeking to admit it can demonstrate that any opportunity to admit it at the hearing was denied, and then only at the discretion of the Review Panel.
- (c) Each party shall have the right to present a written statement in support of its position on appeal, and in its sole discretion, the Review Panel may allow each party to appear and make oral argument. The Review Panel shall recommend final action to the Board.
- (d) The Board may affirm, modify, or reverse the recommendation of the Review Panel or, in its discretion, refer the matter back to the Review Panel for further review and recommendation.

**ARTICLE VI - PART E**  
**SECTION 5. APPELLATE REVIEW IN THE EVENT OF BOARD MODIFICATION OR REVERSAL OF HEARING PANEL'S RECOMMENDATION:**

In the event the Board determines to modify or to reverse the recommendation of a Hearing Panel in a matter in which the individual was not adversely affected by the Panel's recommendation and did not request appellate review pursuant to Section 1 of this Part, and the Board's decision would adversely affect the individual, the Board shall notify the affected individual through the President of the Active Hospital(s) 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 Policy.

**ARTICLE VI - PART E**  
**SECTION 6. FINAL DECISION OF THE BOARD:**

As soon as practicable after receipt of the Review Panel's recommendation, the Board shall render a final decision in writing and shall deliver copies to the affected individual and to the Chairpersons of the CMC-C Allied Health Review, the CMC-C Medical Executive Committee and the Facility MECs, by Special Notice.

In the event that the Board ultimately determines to revoke or terminate the Clinical Privileges of a current Allied Health Professional, that individual may not apply for those clinical privileges at any CHS Hospital for a period of two (2) years from the final Board decision, unless the Board provides otherwise.

**ARTICLE VI - PART E**

**SECTION 7. FURTHER REVIEW:**

Except where the matter is referred for further action and recommendation in accordance with this Part, the final decision of the Board following the appeal shall be effective immediately and shall not be subject to further review. Provided, however, if the matter is referred for further action and recommendation, such recommendation shall be promptly made to the Board in accordance with the instructions given by the Board.

**ARTICLE VI - PART E**

**SECTION 8. RIGHT TO ONE APPEAL ONLY:**

No Applicant or Allied Health Professional who has been granted clinical privileges shall be entitled as a matter of right to more than one (1) appellate review on any single matter which may be the subject of an appeal.

**ARTICLE VI – PART E**

**SECTION 9. REPORTS TO THE NATIONAL PRACTITIONER DATA BANK**

The CHS Hospitals or their authorized representative may report any adverse action to the National Practitioner Data Bank upon the adoption by the Board of such adverse action as being a final action of the Board, or as otherwise required by law.

**ARTICLE VII**

**CONFIDENTIALITY AND LIABILITY PROTECTION**

1. Actions taken and recommendations made pursuant to this Policy, as well as all records and other information generated in connection with or as a result of Quality Assessment Activities, shall be treated as confidential. Notwithstanding any provision of these Bylaws, the President of each CHS Hospital shall make such reports as are required by law regarding actions taken pursuant to these Bylaws.
2. All reports, recommendations, actions and minutes made or taken in connection with this Policy are confidential and covered by the provisions of N.C. Gen. Stat. §§ 131E-87, 131E-95 and 131E-97.2, and/or the corresponding provisions of any subsequent federal or state statute providing liability protection to quality assessment or related activities.
3. Individuals participating in a Quality Assessment Activity shall make no disclosures of any information related to such Quality Assessment Activity except as authorized, in writing, by the President of a CHS Hospital or by legal counsel to the Hospital. Any breach of confidentiality may result in appropriate legal action to ensure that confidentiality is preserved.

4. The committees and members charged with making reports, findings, recommendations or investigations pursuant to these Bylaws shall perform such functions on behalf of the CHS Hospitals and the Board. They shall constitute “medical review committees” in accordance with North Carolina law.

**ARTICLE VIII**  
**ADOPTION**

This Policy is adopted and made effective upon approval of the Board, superseding and replacing any and all other Bylaws, Policies or Rules and Regulations of the Medical Staff, the CHS Hospitals or CHS pertaining to the subject matter thereof.