Policy on Appointment, Reappointment Clinical Privileges

of the
Medical Staff Bylaws
of
Hutchinson Health

POLICY ON APPOINTMENT, REAPPOINTMENT CLINICAL PRIVILEGES

Hutchinson HEALTH

Date Reviewed/Revised: 12/08/2017 by: Medical Staff
Date Approved: 01/23/2018 by: Governing Body

TABLE OF CONTENTS

Article I. Purpose and Use of Policy on Appointment, Reappointment and Clinical Privileges

Purpose: Generally, this Policy on Appointment, Reappointment and Clinical Privileges is intended to establish guidelines for the conduct of and processes relating to Practitioners who have applied for or have been granted Medical Staff membership and/or clinical privileges by the Governing Body. Nothing in this Policy is intended or shall be deemed to exercise control, supervision or direction over the provision of medical services in the Hospital or System by Practitioners who have been granted Medical Staff membership and/or clinical privileges by the Governing Body as provided in this Policy. This Policy and all other bylaws, policies, procedures, rules, regulations, guidelines and requirements of the Hospital, System and Medical Staff are intended to establish guidelines for evaluation of Practitioners applying for appointment or reappointment to the Hospital's Medical Staff and/or clinical privileges.

Additional Rules: This Policy on Appointment, Reappointment and Clinical Privileges is intended to inform appointees to the Hospital's Medical Staff and/or Practitioners holding clinical privileges of the policies, procedures, rules, regulations, guidelines and requirements which apply to them. There are additional policies, procedures, rules, regulations, guidelines and requirements which apply to such Medical Staff appointees and Practitioners holding clinical privileges. It is the Hospital's responsibility to provide the Medical Staff Bylaws and all policies, procedures, rules, regulations, guidelines and requirements of the Hospital to the Medical Staff and Practitioners. It is each Medical Staff member's and Practitioner's sole responsibility to read, understand, and abide by all bylaws, policies, procedures, rules, regulations, guidelines and requirements of the Hospital, Medical Staff, and Hospital Staff, to the extent such policies relate to his/her responsibilities and duties.

Interpretation: By submitting an application for appointment, reappointment and/or privileges, every applicant and Medical Staff member agrees that this Policy and all other bylaws, policies, procedures, rules, regulations, guidelines and requirements of the Hospital, System and/or its Medical Staff are subject to the interpretation of the Medical Executive Committee, the Hospital and System's administration, and, ultimately, the Governing Body, in its sole discretion. This Policy is not intended and shall not be construed as a contract between the Hospital and its Medical Staff or with any individual Practitioner granted privileges hereunder.

Enabling Procedures: This Policy on Appointment, Reappointment and Clinical Privileges is part of the Medical Staff Bylaws of the Hospital. The definitions set forth in the Bylaws are hereby incorporated by reference herein as though fully set forth, unless the context clearly requires otherwise.

Article II. Appointment

Part A: Qualifications for Appointment and/or Clinical Privileges

Section 1. General:

Appointment to the Medical Staff and/or the delineation of clinical privileges is a privilege which shall be extended only to professionally competent individuals who continuously meet the qualifications, standards and requirements set forth in this Policy and in such policies as are adopted from time to time by the Governing Body. All individuals practicing medicine in this Hospital, unless excepted by specific provisions of this Policy, must first have been appointed to the Medical Staff and/or granted clinical privileges by the Governing Body.

A. Practitioners in administrative positions, including the Chief Medical Officer, who desire Medical Staff membership and/or clinical privileges are subject to the same procedures as all other applicants for Medical Staff membership and/or clinical privileges.

B. Practitioners providing services via telemedicine must be credentialed by the Hospital. If the Practitioner is not present at the Hospital, he or she may be credentialed by use of information from a distant hospital if that hospital is accredited by the Joint Commission; the Practitioner is privileged at the distant hospital to provide the services that will be provided at Hospital; and Hospital reviews the Practitioner's performance and sends information concerning such performance to the distant site. The information shall include, at a minimum, sentinel events and complaints about the Practitioner. The Medical Staff of the Hospital and the distant hospital shall recommend the privileges granted to the Practitioner. If the Practitioner is not privileged by a hospital surveyed by the Joint Commission, the Practitioner is subject to the same procedures as all other applicants for Medical Staff membership and/or clinical privileges.

If a Practitioner whose privileges or Medical Staff membership were granted using information from a distant hospital terminates his or her privileges at the Joint Commission surveyed distant hospital, the Practitioner must reapply for Medical Staff membership and/or clinical privileges at the Hospital.

Section 2. Specific Qualifications:

Except as otherwise provided in this Policy, only Practitioners who satisfy the following conditions shall be eligible for appointment to the Medical Staff and/or delineated clinical privileges:

A. If the Practitioner is a Physician, possess and maintain board certification from the American Specialty Board appropriate to the privileges requested by the Practitioner, unless such requirement is waived by action of the Governing Body after considering a recommendation of the Medical Executive Committee. Board certified physicians with a time limited certification must successfully recertify to retain privileges. Failure to attempt recertification or to recertify after two-successive attempts will be viewed as a voluntary relinquishing of privileges and/or medical staff appointment, unless such requirement is waived by the Medical Executive Committee. Recommendation for waiver of board certification may be based upon documentation of completion of an American College of Graduate Medical Education approved residency program or evidence of five years of postgraduate clinical experience in an accredited hospital or medical center;

B. Can document with sufficient adequacy their:

1. Background, experience, training and demonstrated competence in patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism and systems-based practice;

2. Adherence to the ethics of their profession;

3. Good reputation and character, including the applicant's physical health and mental and emotional stability to carry out the activities, care and services required by the privileges requested and approved;

4. Ability to work harmoniously with others sufficiently to convince the Hospital that all patients treated by them at the Hospital will receive quality care and that the Hospital and its Medical Staff will be able to operate in an orderly manner; and;

5. Conformance with Bylaws, policies, and rules and regulations at other hospitals with which they have been associated;

C. Possess current, valid, professional liability insurance coverage in such form and in amounts as required by the Hospital or state or federal law, whichever is higher;

D. Possess current valid, unrestricted Minnesota license;

E. Possess current valid, unrestricted Drug Enforcement Administration certificate, if applicable;

F. Abide by the terms and conditions set forth in the Medical Staff Bylaws, including the Policy on Appointment, Reappointment and Clinical Privileges, the Organization and Functions Manual, and the Rules and Regulations, as well as any other bylaws, policies, procedures, rules, regulations, guidelines and requirements of the System;

G. Not have been excluded from any federal health care program;

H. Possess a current picture hospital ID card or valid picture ID issued by a state or federal agency verifying Practitioner identity which is confirmed during the credentialing process and/or prior to exercising any privileges;

I. Comply with all Employee Occupational Health requirements; and

J. Meet such other qualifications as the Hospital, System, or Medical Staff may require.

Section 3. No Entitlement to Appointment:

No individual shall be entitled to appointment to the Medical Staff or to exercise particular clinical privileges in the Hospital merely by virtue of the fact that such individual is licensed to practice a profession in this or any other state; is a member of any particular professional organization; or had in the past, or currently has, Medical Staff appointment or privileges at any hospital.

Section 4. Non-Discrimination Policy:

Medical Staff membership and/or particular clinical privileges shall not be granted or denied on the basis of sex, race, creed, color, national origin or age. The Medical Staff Office will monitor credentialing files and practitioner complaints to ensure that the Hospital does not discriminate based on race, color, creed, religion, national origin, military status or sexual orientation. Annually, the Medical Staff Office will review decisions of non-approval to ensure the Hospital follows its credentialing policies and procedures.

Part B: Conditions of Appointment

Section 1. Duration of Initial Provisional Appointment:

All initial appointments to the Medical Staff, regardless of the category of the Staff to which the appointment is made, and all initial clinical privileges shall be provisional for a period of 12 months. During the provisional appointment, the Practitioner receiving the provisional appointment shall be evaluated through a Focused Professional Practice Evaluation to evaluate the Practitioner's competence in performing privileges granted. The numbers and types of cases to be reviewed or observed shall be determined by the Service Chief in whose service area the Practitioner has clinical privileges in consultation with the Medical Executive Committee. A Focused Professional Practice Evaluation is not a restriction or suspension of privileges, and does not entitle a Practitioner to hearing or appeal. Provisional clinical privileges shall be adjusted to reflect clinical competence at the end of the provisional period, or sooner, if warranted. Continued appointment after the provisional period shall be conditioned on an evaluation of the factors to be considered for reappointment and sufficient utilization of the Hospital. The Medical Staff membership and/or clinical privileges of a Practitioner who fails to provide any in-person patient services at the Hospital during the provisional period shall be automatically revoked effective as of the end of the provisional period unless the Practitioner is a member of a medical group practice that regularly provides services or provides backup care services for patient care needs at the Hospital or is a Telemedicine provider or a specialty that does not regularly come on site.

Section 2. Functions of Appointees:

Appointment to the Medical Staff shall require that each appointee assumes such functions as the Governing Body or the Medical Staff shall require.

Part C: Application for Initial Appointment and/or Clinical Privileges

Section 1. Burden of Providing Information:

The applicant shall have the sole burden of producing adequate information for a proper evaluation of his/her identity, competence, character, ethics and other qualifications, and of resolving any doubts about such qualifications. The applicant shall have the burden of providing evidence that all the statements made and information given on the application are true and correct. Until the applicant has provided all information requested by the Hospital, its Medical Staff or any representative or committee thereof, and the Hospital has received and primary source verified all information regarding the applicant, the application for appointment will be deemed incomplete

and will not be processed. In the event any representative or committee of the Hospital or its Medical Staff determines that further information, verification and/or documentation is needed once the application has begun to be processed, further processing of the application shall be stayed pending receipt of this additional information, verification and/or documentation. Should information provided in the initial application for appointment change during the course of an appointment year, the appointee has the sole burden to provide information about such change, at the time of that change, sufficient for the Medical Executive Committee's review and assessment.

The discovery of any misrepresentation or substantial misstatement in, or substantial omission from, the application before the application process is completed shall be grounds to stop further processing of the application. If the Hospital discovers an apparent error, misrepresentation, misstatement or omission in reviewing an applicant's application, the applicant will be informed in writing of the apparent error, misrepresentation, misstatement or omission and permitted to provide a written response. If the applicant does not respond and the application is still pending, the application will be treated as incomplete. Any response from the applicant will be reviewed by the Service Chief to determine whether the discrepancy has been explained or corrected. If in the judgment of the Service Chief, the discrepancy has been satisfactorily explained or corrected, the Hospital will continue processing the application. If in the judgment of the Service Chief the error, misrepresentation or omission has not been satisfactorily explained or corrected, the Service Chief will notify the Medical Executive Committee, which will review the matter. If in the judgment of the Medical Executive Committee, the discrepancy has been satisfactorily explained or corrected, the Hospital continues processing the application, the record of the apparent error, misrepresentation, misstatement or omission, the applicant's response, and the recommendations of the Service Chief and/or Medical Executive Committee shall be included with the application materials that are forwarded to the Medical Executive Committee and the Governing Body. If the Medical Executive Committee determines the discrepancy has not been satisfactorily explained or corrected, the application will not be processed further and will be deemed to have been withdrawn and will be returned to the applicant.

After an individual is granted membership and/or Clinical Privileges, if the Service Chief has reason to believe the individual's initial application or any renewal application contained error, misrepresentations, misstatements, or omissions, the Service Chief will notify the Medical Executive Committee, which will review the matter. If, after review, the Medical Executive Committee determines the discrepancy has not been satisfactorily explained or corrected, the individual's membership, membership renewal and Clinical Privileges shall be deemed to be automatically relinquished.

The determination to cease processing of the application and the automatic relinquishment of privileges or membership shall be without a right to a hearing or other procedures under this Policy or other bylaws, policies, procedures, rules, regulations, guidelines and requirements of the Hospital, System, and Medical Staff.

Applications for appointment to the Medical Staff and/or for clinical privileges shall be in writing, and shall be submitted on forms approved by the Governing Body upon recommendation of the Medical Executive Committee. These forms shall be obtained from the President or his/her designee. The application shall contain a request for specific clinical privileges desired by the applicant and shall require detailed information concerning the applicant's professional qualifications including:

A. The names and complete addresses of at least two (2) Physicians (for Physician applicants) or Physicians or other Practitioners (for non-Physician applicants) who have had recent sufficient experience in observing and working with the applicant and can provide adequate information pertaining the applicant's current professional competence and ethical character. At least one of the references must not be associated or about to be associated with the applicant in professional practice or personally related to the applicant unless otherwise recommended by the Medical Executive Committee. At least one reference shall be from the same specialty area as the applicant unless otherwise recommended by the Medical Executive Committee. All recommendations shall be in writing and include information regarding Practitioner's current medical and clinical knowledge, technical and clinical skills, clinical judgment, interpersonal and communication skills, and professionalism;

B. The names and complete addresses of the chairpersons of each service area or chief of staff of any and all hospitals or other institutions at which the individual has worked or trained (i.e., the individuals who served as chairpersons at the time the applicant worked in the particular service). If the applicant has worked in a large number of hospitals or if a number of years have passed since the applicant worked at a particular hospital, the Medical Executive Committee and the Governing Body may waive all or part of this requirement or may take into consideration the applicant's good faith effort to produce this information;

C. The names and addresses of all clinics, hospitals, surgery centers or any other institution where the individual has been employed or has worked for the past five (5) years or since the individual has received his/her license.

D. Information as to whether the applicant's medical staff appointment and/or clinical privileges have ever been voluntarily or involuntarily relinquished, denied, revoked, suspended, limited, restricted, specifically monitored or reviewed, reduced or not renewed at any other hospital, health care facility or payer;

E. Information as to whether the applicant has ever voluntarily or involuntarily withdrawn his/her application for appointment, reappointment and/or clinical privileges, or resigned from a medical staff before final decision by a hospital's or health care facility's governing board;

F. Information as to whether the applicant's membership in local, state or national professional societies, or license to practice any profession in any state, or Drug Enforcement Administration license has ever been voluntarily or involuntarily suspended, modified, limited, restricted, reduced, specially monitored or reviewed, terminated, or is currently being challenged. The submitted application shall include a copy of all the applicant's current licenses to practice, as well as a copy of his/her Drug Enforcement Administration registration;

G. Information as to whether the applicant has currently in force professional liability insurance coverage, the name of the insurance company, the amount and classification of such coverage, and any limitations or exceptions;

H. Information concerning applicant's malpractice claims and litigation experience, specifically information concerning all final judgments, settlements and claims made or pending;

I. A consent to the release of information from the applicant's present and all past professional liability insurance carriers;

J. Information on any physical or mental conditions that might affect the applicant's performance of his/her medical privileges, and/or administrative duties and/or require special accommodation;

K. Information as to whether the applicant has ever been named as a defendant in a criminal action (other than minor traffic violations; however, information regarding charges and convictions of driving under the influence or while impaired by substances or alcohol shall be provided) and details about any such instance;

L. Information on the citizenship and visa status of the applicant;

M. The applicant's signature;

N. Background Study and;

O. Such other information as the Hospital, System, Medical Staff, Governing Body, or any representative or committee thereof, may require.

Section 2. Undertakings:

The following undertakings shall be applicable to every applicant for Medical Staff appointment and/or clinical privileges as a condition of consideration of such application, and to every Medical Staff member and Practitioner holding clinical privileges as a condition of continued Medical Staff appointment and/or clinical privileges, if granted:

A. An obligation upon appointment to the Medical Staff or the granting of clinical privileges to provide or arrange for continuous care and supervision to all patients within the Hospital for whom the individual has responsibility;

B. An agreement to abide by all bylaws, policies, procedures, rules, regulations, guidelines and requirements of the Hospital and System, including all bylaws, rules and regulations of the Medical Staff, and amendments and modifications thereto, as shall be in force from time to time during the time the individual is appointed to the Medical Staff or holds clinical privileges;

C. An agreement to accept committee assignments and such other functions as shall be assigned to the applicant after appointment by the Governing Body;

D. An agreement to provide the Hospital new or updated information as it occurs that is pertinent to any question on the application form;

E. An acknowledgment that the applicant has received or has access to a copy of the bylaws of the Hospital, this Policy and the bylaws, policies, procedures, rules, regulations, guidelines and requirements of the Hospital, System and Medical Staff as are in force at the time of this application and that the applicant has agreed to be bound by the terms thereof and any amendments or modifications thereto in all matters relating to consideration of this application without regard to whether or not he/she is granted clinical privileges or appointment to the Medical Staff;

F. An acknowledgment of the applicant's willingness to appear for personal interviews in regard to his/her application;

G. An acknowledgment that any misrepresentation or misstatement in or omission from the application, whether intentional or not, that is not satisfactorily corrected or explained constitutes cause for rejection of the application, resulting in the denial of appointment and/or clinical privileges. In the event of such a denial, the affected applicant or Medical Staff appointee (whichever is applicable) is not entitled to any of the procedural rights provided in this Policy or other bylaws, policies, procedures, rules, regulations, guidelines and requirements of the Hospital, System and Medical Staff. In the event that an appointment has been granted prior to the discovery of such misrepresentation, misstatement or omission, such discovery may result in dismissal from the Medical Staff and/or revocation of clinical privileges in accordance with this Policy and;

H. An acknowledgment that the applicant will:

1. Refrain from illegal or inappropriate fee splitting or other 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 does not currently have clinical privileges in this area;

3. Refrain from deceiving patients as to the identity of an operating surgeon or any other individual providing treatment or services;

4. Seek consultation whenever necessary;

5. Abide by generally recognized ethical principles applicable to the applicant's profession;

6. Participate in continuing education activities related to the type and nature of care offered by the provider in the Hospital and findings of performance improvement actives; and

7. Agree to these undertakings as a part of the application.

Section 3. Authorization to Obtain Information:

The following statements, which shall be included on the application form and which form a part of this Policy, are express conditions applicable to any Medical Staff applicant, any appointee to the Medical Staff and to all others having or seeking clinical privileges at the Hospital. By applying for Medical Staff appointment and/or clinical privileges, the applicant expressly accepts these conditions during the processing and consideration of his/her application, whether or not he/she is granted appointment and/or clinical privileges. This acceptance also applies during the time of any appointment or reappointment.

A. Immunity:

To the fullest extent permitted by law, the individual hereby waives and releases from any and all liability, and extends absolute immunity to, the Hospital, the System, their authorized representatives and any third parties as defined in subsection (d) below, with respect to any acts, communications or documents, recommendations or disclosures involving the individual, concerning the following:

1. Applications for Medical Staff appointment and/or clinical privileges, including temporary privileges;

2. Evaluations concerning reappointment and/or changes in clinical privileges;

3. Proceedings for suspension, limitation, restriction, special monitoring or review or reduction of clinical privileges or for revocation of Medical Staff appointment, or any other disciplinary sanction;

4. Summary suspension;

5. Hearings and appellate reviews;

6. Quality of care and risk management evaluations;

7. Utilization management;

8. Other activities relating to the quality of patient care, patient safety or professional conduct;

9. Matters or inquiries concerning the individual's professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics or behavior; or

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

The foregoing shall be privileged to the fullest extent permitted by law. Such privileges shall extend to the Hospital, the System and their authorized representatives, and to any third parties.

B. Authorization to Obtain Information:

The individual requesting Medical Staff membership and/or privileges specifically authorizes the Hospital, the System and their authorized representatives to consult with any third party who may have information bearing on the individual's professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior or any other matter reasonably having a bearing on the individual's satisfaction of the criteria for initial and continued appointment to the Medical Staff or granting of 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 individual also specifically authorizes said third parties to release said information to the Hospital, the System and their authorized representatives upon request.

C. Authorization to Release Information:

Similarly, the individual specifically authorizes the Hospital, the System and their authorized representatives to release such information to other hospitals, health care facilities and their agents, who solicit such information for the purpose of evaluating the applicant's professional qualifications pursuant to the applicant's request for appointment or clinical privileges.

Each applicant consents to the inspection of records and documents pertinent to his/her licensure, specific training, experience, current competence, and ability to perform the privileges requested and, if requested, shall appear for an interview.

D. Definitions:

1. As used in this section, the term "Hospital, System and their authorized representatives" means the Hospital, the System and any of the following individuals who have any responsibility for obtaining, verifying and/or evaluating the individual's credentials, or acting upon the individual's application or conduct at the Hospital or System: the members of its Governing Body and their appointed representatives; the President or his/her designees; other Hospital or System employees; consultants to the Hospital or System; the Hospital's or System's attorney and his/her partners, associates or designees; and all appointees to the Medical Staff and Practitioners with clinical privileges who have responsibility for obtaining, verifying or evaluating the individual's credentials or acting upon the individual's application or conduct at the Hospital or System.

2. As used in this section, the term "third parties" means all individuals, including but not limited to, appointees to the Hospital's Medical Staff, appointees to the medical staffs of other hospitals, other physicians or health practitioners, and all other organizations, associations, partnerships, corporations or government agencies, whether hospitals, health care facilities or not, from whom information has been requested by the Hospital, System or their authorized representatives.

Part D. Procedure for Initial Appointment

Section 1. Submission of Application:

The application for Medical Staff appointment and/or clinical privileges shall be submitted by the applicant to the President or his/her designee. Payment of processing fees may be requested in amounts recommended by the Medical Executive Committee and approved by the Governing Body. After receiving references and other information or materials deemed pertinent and conducting verifications with primary sources, the President or his/her designee shall determine whether the application is complete. Only completed applications and supporting documentation shall be transmitted to the Service Chief and Medical Executive Committee for initial evaluation. An incomplete application may be reviewed by the Medical Executive Committee for information. An application shall become incomplete and further processing thereof stayed if the need arises for new, additional or clarifying information or documentation anytime during this initial evaluation. It is the responsibility of the applicant to provide the information required to complete the application, including adequate responses from references. An incomplete application will not be processed. The applicant has the right to request information regarding the status of his/her application by contacting the President or his/her designee.

Section 2. Service Chief Procedure:

The President or his/her designee shall transmit the application information to the Service Chief of each Service Area in which the applicant seeks clinical privileges. The Service Chief shall provide the Medical Executive Committee with a Service Chief Summary Report containing an appraisal of the applicant's qualifications for appointment and specific findings of competence assessment supporting the proposed delineation of the applicant's clinical privileges. This Service Chief Summary Report shall be made a part of the Medical Executive Committee's report. As part of the process of making this report, the Service Chief has the right to meet with the applicant to discuss any aspect of his/her application, qualifications and requested clinical privileges and to request additional information and documentation. Further processing of the application shall be stayed until the meeting with the applicant, if requested by the Service Chief, is concluded and the additional information and documentation is received. It is the applicant's burden to provide and ensure that such additional information and documentation is received.

Section 3. Medical Executive Committee Procedure:

A. The Medical Executive Committee shall examine the application information and supporting documentation, including evidence of the applicant's character; competence in patient care, medical and clinical knowledge, practiced based learning, interpersonal and communication skills, professionalism, and systems-based practice; qualifications; prior behavior and ethical standing; and other information it deems appropriate and shall determine, through information contained in references concerning the applicant and from other sources available to the committee, including an appraisal from the Service Chief of each Service Area in which privileges are sought, whether the applicant has established and satisfied all of the necessary qualifications and competencies for a decision to be made regarding staff appointment and/or clinical privileges requested.

B. As part of the process of making its recommendation, the Medical Executive Committee shall have the right to require the applicant to meet with the Medical Executive Committee to discuss any aspect of the applicant's application, qualifications, or clinical privileges requested and/or to request additional information and documentation. Further processing of the application shall be stayed until the meeting with the applicant, if requested by the Medical Executive Committee, is concluded and/or the additional information and documentation is received. It is the applicant's burden to provide and ensure that such additional information and documentation is received.

C. As part of this process, the Medical Executive Committee may require a physical and/or mental examination of the applicant by a Physician or Physicians satisfactory to the Medical Executive Committee and shall require that the results be made available for the Medical Executive Committee's consideration. Failure of an individual seeking appointment to procure such an examination within a 30-day time frame after being requested to do so in writing shall constitute a voluntary withdrawal of the applicant's application. The requirement of an examination shall not invoke hearing and appeal rights under Article IV of this Policy or under any other provision of the Medical Staff Bylaws.

D. At the Medical Executive Committee's next meeting, after receipt of the completed application and the written findings and report from the Service Chiefs, the Medical Executive Committee shall determine whether to recommend to the Governing Body that the applicant be granted provisional appointment to a specific category of the Medical Staff and/or delineated clinical privileges, that the application for Medical Staff membership and/or clinical privileges be deferred for further consideration, or that the application for Medical Staff appointment and/or clinical privileges be denied.

E. If the recommendation of the Medical Executive Committee is favorable, it shall transmit its recommendation through the President to the Governing Body, including the findings and recommendation of the Medical Executive Committee. All recommendations to appoint must also specifically recommend the clinical privileges to be granted, which may be qualified by any probationary or other conditions or restrictions relating to such clinical privileges.

F. If the recommendation of the Medical Executive Committee is to defer the application for further consideration, it must be followed up within thirty (30) days, if practicable, with a subsequent recommendation to the Governing Body through the President for appointment to the Medical Staff with specified clinical privileges, or for denial of the application for Staff appointment.

G. If the recommendation of the Medical Executive Committee would entitle the applicant to request a hearing pursuant to this Policy, the recommendation shall be forwarded to the President, who shall promptly so notify the applicant in writing, using certified mail, return receipt requested. The President shall then hold the application until after the applicant has exercised or has waived the right to a hearing as described in this Policy, after which time the President shall forward the recommendation of the Medical Executive Committee, together with the completed application and all supporting documentation, to the Governing Body.

H. The Chairperson of the Medical Executive Committee shall be available to the Governing Body to answer any questions that may be raised with respect to the Medical Executive Committee's recommendation.

I. The Governing Body shall take action on all applications referred by the Medical Executive Committee and may approve the Medical Executive Committee's recommendations, request additional information or deny Medical Staff appointment and/or clinical privileges.

Part E: Clinical Privileges

Section 1. General:

Medical Staff appointment shall not confer any clinical privileges or right to practice in the Hospital. Each individual who has been given an appointment to the Medical Staff of the Hospital and each Allied Health Practitioner who is granted privileges shall be entitled to exercise only those clinical privileges specifically granted by the Governing Body, except as stated in the policies adopted by the Governing Body. Privileges may be granted by the Governing Body to practitioners who are not members of the medical staff. Such individuals may be physicians serving short locum tenens positions, telemedicine providers, or residents or fellows participating in moonlighting activities, or others deemed appropriate by the Medical Executive Committee and Governing Body. The clinical privileges recommended to the Governing Body, for both medical staff members and non-medical staff members requesting privileges, shall be based upon the applicant's education, training, experience, demonstrated current competence and judgment, references, quality and utilization information, health status, mental and emotional stability, availability of qualified medical coverage, adequate levels of professional liability insurance coverage, the Hospital's available resources and personnel, and other relevant information, including findings by the Service Chief of the clinical services in which such privileges are sought. The applicant shall have the burden of establishing his/her qualifications for and competence to exercise the clinical privileges requested. The reports of the Service Chief of the clinical services in which privileges are sought shall be forwarded to the Medical Executive Committee and thereafter processed as a part of the initial application for or application for renewal of Medical Staff appointment and/or clinical privileges, as appropriate.

Part F: Procedure for Expedited Membership and/or Clinical Privileges

Section 1. Criteria for Expedited Membership and/or Clinical Privileges:

A. The Governing Body may delegate to a committee of at least two Governing Board members, the authority to expedite initial applications for membership and/or clinical privileges, reappointments for membership and/or clinical privileges, and increases or changes in clinical privileges if the following criteria are met:

1. The applicant submits a complete application with all of the required qualifications, competencies and information as is specified in Article II, Part A, Section 2 and Article II, Part C, Section 1.
2. The applicant's verified file has no areas requiring further investigation (clean file).
3. The appropriate Clinical Service Chief and the Medical Executive Committee have reviewed the file and no adverse decisions or limitations were recommended.

B. The following criteria, as well as other circumstances as determined by the Medical Executive Committee, may make the applicant ineligible for expedited credentialing:

1. There is a current challenge or a previously successful challenge to licensure or registration.
2. The applicant has received an involuntary termination of medical staff membership at another organization.
3. The applicant has received involuntary limitation, reduction, denial, or loss of clinical privileges.
4. There has been either an unusual pattern of, or an excessive number of, professional liability actions resulting in a final judgment against the applicant.

Section 2. Process for Expedited Membership and/or Clinical Privileges:

A. All expedited files for initial appointment or reappointments for Medical Staff membership and/or clinical privileges and requests for an increase or change in clinical privileges are processed through the same manner and time frame as listed below:

1. Initial Applications for Medical Staff Membership and/or Clinical Privileges: Article II of this Policy, Part D through the Medical Executive Committee review.
2. Reappointment for Medical Staff Membership and/or Clinical Privileges: Article III of this Policy, Part A through the Medical Executive Committee review.
3. Increase or Change in Clinical Privileges: Article III of this Policy, Part B

B. After the Medical Executive Committee has reviewed and made a favorable recommendation to the Governing Board, expedited initial applications and reappointments for Medical Staff membership and/or clinical privileges and requests for an increase or change in clinical privileges, will be forwarded to a committee of at least two Governing Board members for final approval.

Part G: Procedure for Temporary Clinical Privileges

Section 1. Temporary Clinical Privileges:

A. Temporary clinical privileges may be granted to meet an important patient care, treatment or service need, including care of a specific patient, for locum tenens coverage or when necessary to prevent a lack or lapse of services in a needed specialty area. Prior to granting of temporary privileges in these situations, current licensure and current competence shall be verified.

B. Temporary privileges may also be granted when an Applicant for initial membership has submitted a completed application and the application is pending review by the Medical Executive Committee and the Governing Board, following a favorable recommendation of the Service Chief. Before temporary privileges may be granted in this situation, the credentialing process must be complete including verification of current licensure, relevant training or experience, current competence ability to exercise the Privileges requested, compliance with Privileges criteria and consideration of information from the National Practitioner Data Bank.

1. Applicants are not eligible for temporary Privileges if there are current challenges or previously successful challenges to the Applicant's licensure or registration or if the Applicant has been subject to involuntary termination of medical staff membership or to involuntary limitation, reduction, denial or loss of clinical privileges at another health care facility.

Section 2: Duration of Temporary Clinical Privileges:

A. Temporary clinical privileges may be granted for a limited period of time. The initial granting of temporary clinical privileges should not exceed 120 days and will be granted by the President or in the President's absence, his/her designee, upon recommendation of either the Chief of Staff or, in his/her absence, the Chief of Staff-Elect, and/or applicable Service Chief.

B. Temporary clinical privileges for the purpose of treatment of a specific patient or to provide locum tenens services may be renewed for another 120 days by the President or in the President's absence, his/her designee, upon recommendation of either the Chief of Staff or, in his/her absence, the Chief of Staff-Elect and/or applicable Service Chief.

Section 3: General Conditions for Temporary Clinical Privileges:

A. There is no right to temporary privileges. Accordingly, temporary privileges will not be granted unless the available information supports, with reasonable certainty, a favorable determination regarding the requesting Practitioner's qualifications and competencies, and only after appropriate review as described in Section 1 above.

B. If granted clinical privileges for the care of a specific patient or to provide locum tenens services, the Practitioner shall provide services under the supervision of the appropriate Service Chief or designee and shall ensure that such person is kept closely informed as to his/her activities within the Hospital.

C. The Medical Executive Committee, after consultation with the Chief of Staff and appropriate Service Chief, may impose supervision requirements or any other special requirements on such terms as may be appropriate under the circumstances, upon any Practitioner granted temporary clinical privileges.

D. If a Practitioner who has been granted temporary privileges to care for a specific patient is interested in the care and treatment of additional patients, he/she shall be required to apply formally for Medical Staff membership and/or clinical privileges and shall be processed in the same manner as all other individuals requesting membership and/or clinical privileges.

E. All Practitioners requesting or receiving temporary clinical privileges for the care of a specific patient or to provide locum tenens services shall be bound by the Medical Staff Bylaws, including this Policy on Appointment, Reappointment and Clinical Privileges, and all other bylaws, policies, procedures, rules, regulations, guidelines and requirements of the Hospital and System.

Section 4: Termination of Temporary Clinical Privileges:

A. All temporary clinical privileges shall automatically terminate at the earlier of the end of the care and treatment of the specific patient or at the end of the specified time frame.

B. Where it is determined that the care or safety of patients would be endangered by continued treatment by an individual granted temporary clinical privileges, a summary termination of temporary clinical privileges may be imposed by the President, Chief of Staff, Chief of Staff-Elect, or Service Chief. Such termination shall be immediately effective.

C. The Chief of Staff, or in his/her absence, the Chief of Staff-Elect shall assign to a Medical Staff appointee the responsibility for care of such terminated Practitioner's patients until they are discharged from the Hospital, giving consideration wherever possible to the wishes of the patient in the selection of a substitute.

D. Neither the granting, denial, or termination of temporary privileges or the imposition of special requirements on such privileges shall entitle the individual to any of the procedural rights provided in this Policy, the Medical Staff Bylaws or elsewhere with respect to hearings or appeals.

Part H: Emergency Clinical Privileges

In the case of an emergency involving a patient, any member of the Medical Staff or Practitioner, to the degree permitted by his/her license and regardless of Medical Staff status and/or clinical privileges, may provide any type of patient care necessary to save the life of a patient or to save a patient from serious harm. The Physician or Practitioner shall make every reasonable effort to communicate promptly with the appropriate staff in accordance with Medical Staff Hospital, and System policies and procedures. The Physician or Practitioner agrees to comply with these policies and procedures. Once the emergency has passed or assistance has been made available, the Physician or Practitioner shall defer to the attending physician and Chief of Staff with respect to further care of the patient at the Hospital. For the purposes of this section, an "emergency" is

defined as a condition in which serious permanent harm would result to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

Part I: Clinical Privileges in the Event of a Disaster

Section 1: General:

Disaster privileges may be granted when the Hospital's Emergency Operation Plan has been activated and the Hospital is unable to handle immediate patient needs. Disaster privileges may be granted to a volunteer Practitioner who is not a member of the Medical Staff and/or who does not possess clinical privileges at the Hospital. Disaster privileges are granted at the discretion of the President upon recommendation of either the Chief of Staff, or in his/her absence the Chief of Staff-Elect, or the applicable Service Chief.

Section 2: Approval and Verification Process:

A. The President may grant disaster privileges to individuals eligible to act as licensed independent Practitioners upon presentation of a valid government-issued photo identification issued by a state or federal agency and at least one of the following:

1. Current picture healthcare organization ID card that clearly identifies professional designation;
2. Current license to practice;
3. Primary source verification of a license;
4. Identification indicating the Practitioner is a member of a Disaster Medical Assistance Team or other recognized state or federal response organization or group;
5. Identification indicating the individual has been granted authority to render patient care, treatment, and services in disaster circumstances; or
6. Identification by current Hospital or Medical Staff member(s) who possesses personal knowledge regarding the volunteer's ability to act as a licensed practitioner during a disaster.

B. Primary source verification of licensure begins as soon as the immediate situation is under control and, if possible, is completed within 72 hours from the time the volunteer Practitioner presents to Hospital. In the extraordinary circumstance that primary source verification cannot be completed in 72 hours, it will be done as soon as possible and there will be documented evidence of the reason why the primary source verification could not be completed within the 72 hour time frame, demonstrated ability to continue to provide adequate care, treatment, and services, and attempts to rectify the situation as soon as possible.

Primary source verification of licensure would not be required if the volunteer Practitioner has not provided care, treatment, and services under the disaster privileges.

C. The Medical Staff oversees the professional practice of volunteer licensed independent Practitioners. Each Practitioner granted disaster privileges will be paired with a current credentialed Medical Staff member and will act only under the supervision of a Medical Staff member. All individuals granted disaster privileges are required to wear a Hutchinson Health ID badge at all times indicating their name and that they are a member of the Disaster Medical Assistance Team.

D. Within 72 hours, the supervising member of the Medical Staff will evaluate the professional practice of each of the volunteers granted disaster privileges and finalize a decision on whether the individual will continue to render patient care, treatment and services during the disaster circumstances.

E. When the Emergency Management Plan is deactivated, any disaster privileges granted terminate automatically.

Article III. Actions Affecting Medical Staff Appointments and Clinical Privileges

Part A: Procedure for Reappointment and Renewal of Privileges

Section 1. Application:

A. Each current Medical Staff member who is eligible for reappointment to the Medical Staff and/or each Practitioner who is eligible for renewal of clinical privileges shall be responsible for completing the reappointment and/or renewal application form. The applicant shall have the burden of completing the application and providing all information and documentation requested. The applicant has the right to request information regarding the status of his/her application by contacting the President or his/her designee.

B. The President or his/her designee shall, within 150 days prior to the expiration date of the present Medical Staff appointment of each Medical Staff member and/or the expiration of the clinical privileges of a Practitioner, send to each Medical Staff member or Practitioner an appropriate form for use in considering reappointment and renewal. Each Practitioner who desires reappointment to the Medical Staff and/or renewal of clinical privileges shall, at least 90 days prior to such expiration date, complete, sign and submit the form to the person so designated by the President. Failure to submit an application by that time may result in automatic expiration of the Practitioner's Medical Staff appointment and/or clinical privileges at the end of the then-current Medical Staff year, unless such failure is excused for good cause by the Medical Executive Committee.

C. If granted by the Governing Body, reappointment or renewal shall be for a period of not more than two (2) years.

D. Each member of the Medical Staff and/or Practitioner holding clinical privileges must have sufficient clinical activity at the Hospital or another facility during the current appointment period to enable the individual's competence, judgment and qualifications to be evaluated.

E. Any Medical Staff member or Practitioner who has not provided in-person patient services at the Hospital during the prior appointment period, shall not be eligible for reappointment or renewal unless the Medical Executive Committee waives this requirement because the appointee is a member of a medical group that regularly provides services or provides backup services for patient care needs at the Hospital or is a Telemedicine provider or a specialty that does not regularly come on site.

Section 2. Factors to be Considered:

Each recommendation concerning reappointment of a Physician currently appointed to the Medical Staff, change in Medical Staff category, and/or renewal of the clinical privileges of a Practitioner holding privileges shall be based upon:

A. Competence in patient care, medical and clinical knowledge, practice-based learning, interpersonal and communication skills, professionalism, and systems-based practice;

B. Participation in staff duties;

C. Compliance with the Medical Staff Bylaws and all other bylaws, policies, procedures, rules, regulations, guidelines and requirements of the Hospital, System and/or the Medical Staff;

D. Behavior at the Hospital and System, including cooperation with Medical Staff members ,Hospital Staff and System personnel as it relates to patient care and the orderly operation of the Hospital, and general attitude toward patients, the Hospital, the System, and their personnel;

E. The ability with or without reasonable accommodation to perform the essential medical and administrative functions of a Practitioner in his/her area of practice without posing a health or safety risk to his/her patients;

F. Capacity to satisfactorily treat patients as indicated by the results of the Hospital's and System's quality management and improvement activities, risk management, utilization management and care management activities , Ongoing Professional Practice Evaluation, and/or other reasonable indicators of continuing qualifications;

G. Satisfactory completion of such continuing education requirements as may be imposed by law, this Hospital, the System, or applicable accreditation and licensing agencies;

H. Possession of a current valid Minnesota license;

I. Possession of a current valid Drug Enforcement Administration certificate, if applicable;

J. Current evidence of professional liability insurance as required by the Governing Body;

K. Review of all final judgments, settlements and claims made or pending involving the applicant in any professional liability action;

L. Information as to whether the applicant's Medical Staff appointment and/or clinical privileges have ever been voluntarily or involuntarily relinquished, denied, revoked, suspended, limited, restricted, specifically monitored or reviewed, reduced or not renewed at any other hospital, health care facility or payer;

M. m. Information as to whether the applicant has ever voluntarily or involuntarily withdrawn his/her application for appointment, reappointment and clinical privileges, or resigned from a Medical Staff before final decision by a hospital's or health care facility's governing board;

N. Information as to whether the applicant's membership in local, state or national professional societies, or license to practice any profession in any state, or Drug Enforcement Administration certificate has ever been voluntarily or involuntarily suspended, modified, limited, restricted, reduced, specially monitored or reviewed, terminated, or is currently being challenged. The submitted application shall include a copy of all the applicant's current licenses to practice, as well as a copy of his/her Drug Enforcement Administration certificate;

O. Utilization of the Hospital and its resources in a safe, efficient, cost-effective manner, taking into consideration his/her patients' needs, the available Hospital facilities and resources, and utilization standards in effect at the Hospital;

P. Possession and maintenance of board certification from the American Specialty Board appropriate to the privileges requested by the Practitioner, unless the renewal of this specific board certification is waived by the action of the Governing Body following a recommendation from the Medical Executive Committee, which is based on the Practitioner's experience, privileges requested, and current competency;

Q. Satisfactory compliance with all Employee Occupational Health related requirements; and

R. Other information the Hospital, the System, the Medical Staff, the Governing Body or any of their representatives deems relevant.

Section 3. Service Chief Procedure:

The President or his/her designee shall transmit copies of the completed application for reappointment and/or renewal of clinical privileges to the Service Chief in each area in which the applicant requests clinical privileges in his/her application for reappointment.

A. After receipt and evaluation of the application information and all supporting documentation for reappointment or renewal, the Service Chief shall transmit to the Medical Executive

Committee a report for the individual seeking reappointment and/or renewal. This report will state whether or not the data and information in the individual's file is sufficient to document that the applicant has met the qualifications for membership and competencies for privileges. In addition this report will state any changes requested or recommended in Medical Staff category, or clinical privileges.

Section 4. Medical Executive Committee Procedure:

A. The Medical Executive Committee, after receiving the reports from the Service Chiefs, shall review all pertinent information available, including all information provided from other committees of the Medical Staff and from Hospital management for the purpose of determining its recommendations for Medical Staff reappointment, for change in Medical Staff category, and for granting of clinical privileges for the ensuing appointment period. The Medical Executive Committee may request additional information and documentation and further processing of the application for reappointment or renewal shall be stayed pending receipt and verification of such additional information and documentation.

B. The Medical Executive Committee or the Governing Body may require that an individual currently seeking reappointment or renewal procure a physical and/or mental health examination by a Physician or Physicians satisfactory to the Medical Executive Committee or the Governing Body, either as a part of the reapplication process or during the appointment period, to aid it in determining whether clinical privileges should be granted or continued and make results available for the Medical Executive Committee's consideration. Failure of an individual seeking reappointment to procure such an examination within 30 days after being requested to do so in writing by the Medical Executive Committee shall constitute a voluntary relinquishment of Medical Staff membership and/or clinical privileges until such time as the Medical Executive Committee has received the examination results and has had a reasonable opportunity to evaluate them and make a recommendation thereon. The requirement of an examination shall not invoke hearing and appeal rights under Article IV of this Policy or under any provision of the Medical Staff Bylaws.

C. The Medical Executive Committee shall transmit its written reports and recommendations concerning the reappointment for membership and/or, clinical privileges and, where applicable, change in Medical Staff category to the Governing Body, through the President. Where non-reappointment, or non-promotion of an eligible current appointee, or any limitation in clinical privileges is recommended, the reason for such recommendations shall be stated, and the report shall not be transmitted to the Governing Body until the affected Medical Staff appointee has exercised or has waived the right to a hearing and appeal as provided in this Policy. The Chairperson of the Medical Executive Committee shall be available to the Governing Body to answer any questions that may be raised with respect to the recommendations.

D. If information requested to complete an application has not been provided by the applicant within the time periods provided and the appointment period expires, the application for reappointment shall be deemed to have been withdrawn by the applicant and his/her current appointment and clinical privileges shall lapse. Any reapplication by the applicant after such a withdrawal shall be treated and processed as an application for initial appointment.

Section 5. Meeting with Affected Individual:

If, during the processing of a particular individual's application for reappointment or renewal, it becomes apparent to the Medical Executive Committee or its Service Chief that the Medical Executive Committee is considering a recommendation that would deny reappointment, a requested change in Medical Staff category or clinical privileges, or deny or reduce clinical privileges, the Chairperson of the Medical Executive Committee or the President shall notify the individual of the general tenor of the possible recommendation and ask the individual if he/she desires to meet with the Medical Executive Committee prior to any final recommendation by the committee. If the individual requests to meet with the Medical Executive Committee, further processing of the application for reappointment or renewal shall be stayed until after such meeting is conducted. At such meeting, the affected individual shall be informed of the general nature of the evidence supporting the action contemplated and shall be invited to discuss, explain or refute it. This interview shall not constitute a hearing and none of the procedural rules provided in this Policy with respect to the hearings shall apply.

Section 6. Eligibility:

No applicant whose requested Medical Staff appointment and/or clinical privileges have been denied or terminated by the Hospital shall be eligible to reapply for such appointment or privileges for a period of five (5) years from the date of such denial or termination or as otherwise provided in Article IV, Part C, Section 6 of this Policy.

Part B: Procedures for Requesting Increase or Change in Clinical Privileges

Section 1. Application for Increased or Changed Clinical Privileges:

Whenever a Practitioner desires increased or changed clinical privileges, he/she shall apply in writing to the President or his/her designee on a form approved by the Governing Body. The application shall state in detail the specific additional clinical privileges desired and the Practitioner's relevant recent training, experience, or rationale which justifies increased or changed privileges. This application will be transmitted by the President to the appropriate Service Chief and then to the Medical Executive Committee. Thereafter, it will be processed in the same manner as an application for initial clinical privileges if the request is made during the term of appointment, or as a part of the reappointment application if the request is made at that time.

Section 2. Factors to be Considered:

Recommendations for an increase or change in clinical privileges made to the Governing Body shall be based upon:

A. Results of the National Practitioner Data Bank query;

B. Results from inquiries from any Federal Health Care Program;

C. Relevant education and training;

D. Observation of patient care provided;

E. Review of the records of patients treated in this or other hospitals;

F. Results of the Hospital's and System's quality and risk management activities; and

G. Other reasonable indicators of the individual's continuing qualifications and competencies for the privileges in question including peer evaluations and recommendations as appropriate.

The recommendation for such increased or changed privileges may carry with it such requirements for supervision or consultation or other conditions, for such periods of time as are thought necessary or desirable by the Medical Executive Committee. All new and increased privileges shall be evaluated through a Focused Professional Practice Evaluation to evaluate the Practitioner's competence in performing privileges granted. The numbers and types of cases to be reviewed or observed shall be determined by the Service Chief in whose Service Area the Practitioner has clinical privileges in consultation with the Medical Executive Committee. A Focused Professional Practice Evaluation is not a restriction or suspension of privileges, and does not entitle a Practitioner to hearing or appeal.

Part C. Procedure for Other Questions Involving Medical Staff Appointees and Other Practitioners

Section 1. Grounds for Action:

Whenever, on the basis of information and belief, an officer of the Medical Staff, the Chairperson of the Governing Body, Chief Medical Officer or the President has cause to question any behavior or action that may impact the quality of health care provided at the Hospital, including:

A. The clinical competence of any Medical Staff member or Practitioner with clinical privileges;

B. The care or treatment of a patient or patients or management of a case by any Medical Staff member or Practitioner with clinical privileges;

C. The compliance of any Medical Staff member or Practitioner with clinical privileges with applicable ethical standards, the Medical Staff Bylaws, the policies, procedures, rules, regulations, guidelines and requirements of the Hospital, System, Medical Staff or the Governing Body including, but not limited to, the Hospital's or System's quality management and improvement, risk management, utilization management and care management programs; or

D. The behavior or conduct of any Medical Staff member or Practitioner with clinical privileges and whether such conduct meets Hospital and System standards, is conducive to the orderly operation of the Hospital or its Medical Staff, or demonstrates a willingness and ability to work harmoniously with others;

A written request for an investigation of the matter shall be addressed to the Medical Executive Committee making specific reference to the activity or conduct which gave rise to the request. The Chairperson of the Medical Executive Committee shall promptly notify the President and will keep him/her fully informed of all investigation results and action taken in connection therewith.

Section 2. Investigative Procedure:

The Medical Executive Committee shall meet as soon after receiving the request as practicable and if, in the opinion of the Medical Executive Committee:

A. The request for investigation contains information sufficient to warrant a recommendation, the Medical Executive Committee, at its discretion, shall make an appropriate recommendation to the Governing Body, with or without a personal interview with the appointee; or

B. The request for investigation does not at that point contain information sufficient to warrant a recommendation, the Medical Executive Committee shall immediately investigate the matter, appoint a subcommittee of the Medical Executive Committee to do so, or, if it is deemed necessary, appoint an Investigating Committee.

    1. If an Investigating Committee is appointed, the committee shall consist of up to five (5) persons who may or may not hold appointments to the Medical Staff, the majority of whom are Physicians licensed to practice medicine in Minnesota, and the remainder of whom are Hospital administrators or other licensed or registered health care professionals. An individual is not disqualified from serving on this committee merely because he or she previously participated in investigating the underlying matter at issue or because he or she has knowledge of the matter being investigated. The committee shall not include the individual who made the initial request for an investigation. The majority of the committee shall not be in direct substantial economic association or competition with the affected individual.

    2. The Medical Executive Committee, subcommittee, or Investigating Committee, if used, shall have available to them the full resources of the Medical Staff, the Hospital, and the System to aid in their work, as well as the authority to use legal counsel. The Medical Executive Committee may also require a physical and/or mental examination of the Practitioner by a Physician or Physicians satisfactory to the committee and shall require that the results of such examination be made available for the committee's consideration. Failure of a Practitioner under investigation to procure such an examination within 30 days after being requested to do so in writing shall constitute voluntary relinquishment of Medical Staff membership and all clinical privileges until such time as the Medical Executive Committee has received the examination results and has had a reasonable opportunity to evaluate them and make a recommendation thereon. The requirement of a physical or mental examination shall not invoke any hearing or appeal rights under Article IV of this Policy or under any other provision of the Medical Staff Bylaws.

3. The Practitioner with respect to whom an investigation has been requested shall have an opportunity to meet with the Medical Executive Committee or Investigating Committee before it makes its report. At this meeting (but not, as a matter of right, in advance of it) the individual shall be informed of the general nature of the evidence supporting the investigation requested and shall be invited to discuss, explain or refute it. This interview shall not constitute a hearing, and none of the procedural rules provided in this Policy with respect to hearings shall apply. If undertaken by an Investigating Committee or subcommittee, a summary of such interview shall be made by the Investigating Committee or subcommittee and included with its report to the Medical Executive Committee.

4. If a subcommittee or Investigating Committee is used, the Medical Executive Committee may accept, modify or reject the recommendation it receives from that committee.

Section 3. Administrative Suspension of Privileges During Investigation:

At any time prior to or during an investigation, the Medical Executive Committee, with the approval of the President, may suspend all or any part of the clinical privileges of the Practitioner being investigated. This suspension shall be deemed to be precautionary and administrative in nature, for the protection of Hospital patients. The suspension shall not indicate the validity of the charges and shall remain in force, without hearing or appeal, during the course of the investigation or such shorter period of time as the Medical Executive Committee directs. If such a suspension is placed into effect, the investigation shall be completed within, fourteen (14) days if practicable, of the date of the suspension.

Section 4. Procedure Thereafter:

A. In acting after an investigation, the Medical Executive Committee may:

1. Recommend that no action is justified;

2. Issue a written warning;

3. Issue a letter of reprimand;

4. Impose terms of probation;

5. Require that the Practitioner consult with another Practitioner when exercising some or all of his or her clinical privileges (requirement for consultation);

6. Recommend reduction or termination of clinical privileges;

7. Recommend suspension of clinical privileges for a term;

8. Recommend revocation of Medical Staff appointment; or

9. Make such other recommendations as it deems necessary and appropriate.

B. If the action of the Medical Executive Committee does not entitle the Practitioner to a hearing, the action shall take effect immediately without action of the Governing Body and without the right of appeal to the Governing Body;

C. Any recommendation by the Medical Executive Committee that would entitle the affected individual to the procedural rights provided in this Policy shall be forwarded to the President who shall promptly notify the affected individual by certified mail, return receipt requested. The President shall then hold the recommendation until after the individual has exercised or has waived the right to a hearing as provided in this Policy. At that time, the President shall forward the recommendation, together with all supporting information, to the Governing Body. The Chairperson of the Medical Executive Committee shall be available to the Governing Body to answer any questions that may be raised with respect to the recommendation; and

D. In the event the Governing Body modifies the recommendation of the Medical Executive Committee and such modification would entitle the individual to a hearing in accordance with this Policy, the Governing Body shall so notify the affected individual, in the same manner described in this section, through the President, and shall take no final action thereon until the individual has exercised or has waived the procedural rights so provided.

Part D: Summary Suspension of Clinical Privileges

Section 1. Grounds for Summary Suspension:

A. The Medical Executive Committee, the Chief of Staff or President acting under authority which is hereby delegated to them from the Governing Board shall have the authority to summarily suspend all or any portion of the clinical privileges of a Medical Staff member or Practitioner with clinical privileges whenever the failure to take such action may result in an imminent danger to the health of any individual, including by:

1. Engaging in conduct that creates a reasonable possibility of injury or harm to any current or future patient, employee or person in the Hospital, or to the Hospital itself;

2. Engaging in any dishonest, unprofessional, abusive or inappropriate conduct which is or may be disruptive of Hospital operations and procedures; or

3. Refusing to submit to evaluation or testing relating to the individual's mental or physical status, including refusal to submit to any testing related to drug or alcohol use.

B. Such suspension shall not imply any final finding of responsibility for the situation that caused the suspension.

C. Such summary suspension shall become effective immediately upon imposition, shall immediately be documented in writing by the President or the Chief of Staff, and shall remain in effect unless or until modified by the Medical Executive Committee or the Governing Body.

D. Immediately following summary suspension, the President shall in writing notify the Medical Staff appointee or other individual holding clinical privileges by certified mail, return receipt requested, and shall refer the summary suspension to the Medical Executive Committee for review, investigation and recommendations as set forth below.

Section 2. Medical Executive Committee Procedure:

A. An investigation of the matter resulting in summary suspension shall be completed by the Medical Executive Committee using the procedures described in Part C of this Article within thirty (30) days, if practicable, of the date of the suspension. The summary suspension shall remain in force during the investigation unless modified by the Governing Body.

B. Following completion of its investigation, the Medical Executive Committee shall promptly forward its findings and recommendations to the Governing Body for its review and final disposition, and shall specifically recommend whether the summary suspension should be modified, continued or terminated, provided however, the Governing Body shall not consider the recommendations of the Medical Executive Committee until such time as the affected Practitioner exercises or waives his/her rights to a hearing and appeal under Article IV of this Policy. The summary suspension shall remain in force unless and until modified by the Medical Executive Committee and the Governing Body following the affected Practitioner's exercise or waiver of rights under Article IV of this Policy.

Section 3. Care of Suspended Individual's Patients:

Immediately upon the imposition of a summary suspension, the Chief of Staff shall assign to another Medical Staff member or other Practitioner with appropriate clinical privileges responsibility for care of the suspended Practitioner's patients still in the Hospital at the time of the suspension until such time as they are discharged. The wishes of the patient shall be considered in the selection of a substitute. It shall be the duty of the Chief of Staff to cooperate with the President in enforcing all suspensions.

Part E: Other Actions:

Section 1. Failure to Complete Medical Records:

Medical Staff members and Practitioners with clinical privileges must complete patient medical records in a timely manner. The process for determining delinquency shall be as follows:

A. Notice of incomplete records shall be delivered to all providers every week on Wednesday (or Tuesday should Wednesday fall on a holiday) via paper or electronic means

B. Any 3 records that are incomplete for 30 days or more OR any 1 record that is incomplete for 40 days or more at Noon on Wednesday (or Thursday, should the Wednesday fall on a holiday) and the provider shall be considered delinquent
C. Delinquency will be verified by either the Chief of Staff, Chief Medical Officer, or the President

Once delinquency is established and verified, the following process shall be followed:

D. A letter will be sent to the provider via paper or electronic means detailing the nature of the delinquency
E. All elective procedures and clinic appointments for the following Monday will be rescheduled(or Tuesday, should the Monday fall on a holiday)
F. For every additional day that the delinquency is not resolved, another day will be rescheduled (e.g., if still delinquent on Thursday, the following Tuesday will be rescheduled).
G. This process will continue until delinquency is resolved.

Call responsibilities and emergency care are not changed by this section. The Chief of Staff, Chief Medical Officer, or the President may suspend this process in the case of extenuating circumstances. The determination of emergency care will be at the discretion of the provider.

Section 2. Failure to Satisfy Continuing Education Requirements:

Failure to complete mandated continuing education requirements shall be sufficient grounds for refusing to reappoint a member of the Medical Staff or renew the clinical privileges of a Practitioner with clinical privileges. Such failures shall be documented and specifically considered by the Medical Executive Committee when making its recommendations for reappointment or renewal and by the Governing Body when making its final decision.

Section 3. Failure to Respond to Emergency Call:

Refusal or failure of an on call Physician or on duty Physician to respond to an emergency call in the number of minutes stated in applicable Hospital and System policies shall be sufficient grounds for suspension, limitation, restriction, revocation or non-renewal of Medical Staff appointment and/or clinical privileges or other corrective action as the Hospital or its Medical Staff deems appropriate.

The Chief of Staff may require a Practitioner who has refused or otherwise failed to respond to an emergency call to appear at any regular or special meeting of the Medical Executive Committee to explain the reasons for such refusal or failure.

All Practitioners who fail, for any reason, to respond to an emergency call on a timely basis shall be subject to the following:

A. First occurrence in a 12-month period: Written warning from the applicable Service Chief, which warning shall be maintained in any file regarding the affected Practitioner as the Hospital deems appropriate; and

B. Second and subsequent occurrences in a 12-month period: The applicable Service Chief shall require a Practitioner who has failed to respond, for any reason, to an emergency call on a timely basis to explain the reasons for such failure to respond on a timely basis. If the Service Chief deems the Practitioner's explanation to be insufficient to justify such failures to respond on a timely basis, or the Practitioner refuses or fails to appear at a meeting at which his/her appearance is requested by the Medical Executive Committee, this shall be grounds for corrective action or non-reappointment.

Section 4. Automatic Suspension

A Practitioner's Medical Staff membership and/or all applicable clinical privileges shall automatically be suspended if:

A. The Practitioner's license has been revoked or suspended, or has lapsed; or

B. The Practitioner's professional liability insurance coverage has been voluntarily or involuntarily terminated, has fallen below the required minimum, or has lapsed.

C. A Practitioner's clinical privileges to write orders for controlled substances shall automatically be suspended if the Practitioner's Drug Enforcement Administration certificate has been revoked or suspended, or has lapsed.

The President or his/her designee shall inform the affected Practitioner in a letter sent by certified mail, return receipt requested or personally delivered. The letter will inform the Practitioner that his/her Medical Staff membership and/or clinical privileges were automatically suspended as of the date of the revocation, suspension, lapse, or failure to meet minimum requirements as applicable.

Section 5. Procedure for Leave of Absence:

A. Medical Staff members and other Practitioners holding clinical privileges who will be absent for more than thirty (30) days must apply for a leave of absence, unless excused by the Chief of Service of the Practitioner's primary service area for good cause (which will include, but not be limited to, standard maternity leave, paternity leave, or FMLA). The Chief of Service will forward the request, or create a request and forward it if an application was excused, to the Chief of Staff and the Medical Staff Office. The Chief of Service and the Chief of Staff together will make a recommendation to the Medical Executive Committee to approve or not approve the request. The Medical Executive Committee will review and make a recommendation to the Governing Body.

B. The request for leave must include the reason for the leave (such as military duty, additional training, family matters or personal health) and the expected duration of the leave, which may not exceed one (1) year. During the period of the leave, the Practitioner's Medical Staff status, clinical privileges, prerogatives and/or responsibilities shall be suspended. Absence for more than thirty (30) days without request for leave (unless excused) or for longer than one (1) year shall constitute voluntary resignation of Medical Staff appointment and/or clinical privileges unless an exception is made by the Governing Body.

C. The Practitioner shall be responsible for obtaining coverage for his or her patients during the leave. The Medical Executive Committee may grant exceptions to this requirement when extenuating circumstances make it difficult to arrange for coverage prior to the start of the leave of absence.

D. The Practitioner shall be responsible for providing updates or notifications to continue the leave, to the appropriate Chief of Service at least every 90 days. The Chief of Service shall forward the updates to the Chief of Staff and the Medical Staff office for review.

E. Prior to returning to work following a leave of absence, the Practitioner must apply for reinstatement by the Governing Body. The Practitioner must file with the Chief of Service a request for reinstatement that includes: (i) a description of his/her activities during the leave of absence; (ii) if the leave of absence was for medical reasons, a report from his/her attending physician indicating that the Practitioner is physically and/or mentally capable of resuming a hospital practice and exercising the clinical privileges requested competently and safely; (iii) if the leave of absence was to take remedial training as a result of corrective action or probation, satisfactory evidence that the special education/training corrected the deficiencies in clinical performance; and (iv) any other information requested by the Medical Executive Committee. The Chief of Service will forward the request to the Chief of Staff and the Credentialing Coordinator. The Chief of Service and the Chief of Staff together will make a recommendation to the Medical Executive Committee to approve or not approve the request. The Medical Executive Committee will review and make a recommendation to the Governing Body. In acting upon the request for reinstatement, the Governing Body may approve reinstatement either to the same or a different Medical Staff category, and/or may limit or modify the Practitioner's clinical privileges, or impose such other limitations or terms as it deems appropriate.

F. Practitioners whose Medical Staff appointments or clinical privileges expired during a leave of absence of less than one year or whose absence exceeded one year must apply for reappointment and/or renewal.

G. Should the Chief of Service request a leave of absence, the Chief of Staff shall function as the Chief of Service under this subsection, and the Chief of Staff-Elect shall function as the Chief of Staff under this subsection. Should the Chief of Staff request a leave of absence, the Chief of Staff-Elect shall function as the Chief of Staff under this subsection.

Part F: Resignation and Contract Termination

By submitting a written notice of resignation to the President or his/her designee, any Practitioner may resign his/her membership and/or clinical privileges. The resignation shall be effective upon the date stated within the notice, or if no date is stated, on the day the President or his/her designee receives the resignation.

A Practitioner whose employment or independent contractor arrangement with Hutchinson Health terminates for any reason shall be deemed to have voluntarily resigned his/her Medical Staff membership and/or all clinical privileges, without hearing or appeal rights, unless expressly stated otherwise in such Practitioner's employment or independent contractor agreement, or as otherwise determined by the Governing Body.

Part G: Medico-Administrative Positions

Any Practitioner, including the Chief Medical Officer, whose engagement by the Hospital or System requires the Practitioner to be a member of the Medical Staff or to hold clinical privileges at the Hospital because of clinical and/or administrative responsibilities and functions:

A. Shall be appointed, reappointed and granted clinical privileges through the same procedure and under the same standards applicable to all other members of the Medical Staff or other Practitioners; and

B. Shall not have his/her Medical Staff membership or clinical privileges terminated without the same fair hearing provisions as would be provided for any other member of the Medical Staff, unless otherwise stated in his/her contract.

Part H: Peer Review Protection

All minutes, reports, recommendations, communications, and actions made or taken pursuant to this Policy are deemed to be covered by the provisions of Minnesota Statute 145.61 et seq. and amendments thereto, and provisions of any federal or state laws providing protection to peer review or related activities. Furthermore, the committees and/or panels charged with making reports, findings, conclusions, recommendations, or investigations pursuant to this Policy shall be considered to be acting on behalf of the Hospital, System and the Governing Body when engaged in such professional review activities and thus shall be deemed to be "professional review bodies" as that term is defined in the Health Care Quality Improvement Act of 1986.

Article IV. Hearing and Appeal Procedures – Fair Hearing Plan

Part A: Initiation of Hearing

An applicant, a member of the Medical Staff, or any other Allied Health Practitioner holding clinical privileges shall be entitled to a hearing whenever a recommendation unfavorable to him/her has been made by the Medical Executive Committee regarding those matters enumerated in Part A, Section 2 of this Article. The affected individual shall also be entitled to a hearing, before the Governing Body enters a final decision, in the event the Governing Body should determine, without a similar recommendation from the Medical Executive Committee, to take action unfavorable to him/her regarding those matters set forth in Part A, Section 2 of this Article. The purpose of the hearing shall be to recommend a course of action to those acting for the Hospital, whether Medical Staff or Governing Body, and the duties of the Hearing Panel shall be so defined and so carried out. Accordingly, the hearing shall be conducted in as informal a manner as possible, subject to the rules and procedures set forth in this Policy.

Section 1. Notice of Recommendation:

A. When a recommendation is made which, according to this Policy entitles a Practitioner to a hearing prior to a final decision of the Governing Body on that recommendation, the affected Practitioner shall promptly be given notice by the President, in writing. This notice shall contain substantially the following information:

1. A statement of the recommendation made and the general reasons for it;

2. Notice that the Practitioner has the right to request a hearing on the recommendation within thirty (30) days of his/her receipt of the notice and that any request for a hearing must be in writing and submitted to the President;

3. Notice that failure to submit a written request for a hearing to the President within the specified time period shall constitute a waiver of the right to a hearing and appeal in the matter and any other rights to which he/she may otherwise have been entitled under this Policy and any other policies, procedures, rules, regulations, guidelines and requirements of the Hospital, System and Medical Staff;

4. A summary of the hearing rights provided for in this Policy;

5. A statement that after receipt of a timely request for a hearing, the Practitioner will be notified of the date, time and place of the hearing after the hearing is set; and

6. A statement that if the adverse action is a summary suspension, the Practitioner is not entitled to exercise hearing and appeal rights until after the matter has been investigated and unless the Medical Executive Committee or the Governing Body makes a recommendation or determination to take action unfavorable to him/her as set forth in Part A, Section 2 of this Article.

B. Such Practitioner shall have thirty (30) days following the date of the receipt of such notice within which to request a hearing by the Hearing Panel hereinafter referred to. The request shall be made by written notice to the President. In the event the affected Practitioner does not request a hearing within the time and in the manner herein above set forth, he/she shall be deemed to have waived his/her right to such hearing and to have accepted the action involved and such action shall thereupon become effective immediately upon final action of the Governing Body.

Section 2. Grounds for Hearing:

No recommendation or action other than those hereinafter enumerated shall constitute grounds for a hearing:

A. Denial of initial Medical Staff appointment;

B. Denial of requested advancement in Medical Staff category;

C. Denial of Medical Staff reappointment;

D. Revocation of Medical Staff appointment;

E. Denial of requested initial clinical privileges;

F. Denial of requested increased clinical privileges;

G. Decrease of clinical privileges;

H. Suspension of total clinical privileges for a period of fourteen (14) days or longer;

I. Imposition of a requirement for retraining or additional training that causes the individual to cease his/her practice at the Hospital during the period of retraining; and

J. Imposition of a mandatory concurring consultation requirement for a period of thirty (30) days or longer.

Section 3. Unappealable Actions:

Neither voluntary resignation or relinquishment of clinical privileges, as provided for elsewhere in this Policy, the imposition of any general (non-concurring) consultation requirement, nor the imposition of a requirement for retraining, additional training or continuing education except as described in Section 2 (i) above, no matter whether imposed by the Medical Executive Committee or the Governing Body, shall constitute grounds for a hearing, but shall take effect without hearing or appeal.

Section 4. Notice of Hearing and Statement of Reason:

The President shall schedule the hearing and shall give notice of its time, place and date, in writing, by certified mail, return receipt requested, to the Practitioner who requested the hearing. The notice shall also include a proposed list of witnesses who will give testimony or evidence in support of the Medical Executive Committee or the Governing Body at the hearing. The hearing shall begin as soon as practical, but no sooner than thirty (30) days and no later than sixty (60) days after the notice of the hearing unless an earlier hearing date has been specifically agreed to in writing by the parties. This notice shall contain a statement of the specific reasons for the recommendation as well as the list of patient records and information supporting the recommendation. This statement, and the list of supporting patient record numbers and other information it contains, may be amended or added to at any time, even during the hearing so long as the additional material is considered relevant by the Hearing Officer or Presiding Officer to the continued appointment or clinical privileges of the Practitioner requesting the hearing, and that Practitioner and his/her counsel have sufficient time to study this additional information and respond to it.

Section 5. List of Witnesses:

A written list of the names and addresses of the individuals so far as is then reasonably known, who will give testimony or evidence in support of the Medical Executive Committee or the Governing Body at the hearing, shall be given with the notice of hearing. The Practitioner requesting the hearing shall provide a written list of the names and addresses of the individuals expected to offer testimony or evidence on his/her behalf within ten (10) days after receiving notice of the hearing. The witness list of either party may, in the discretion of the Hearing Officer or Presiding Officer, be supplemented or amended at any time before or during the course of the hearing, provided that notice of the change is given to the other party.

Section 6. Hearing Panel or Officer:

A. When a hearing is requested, the Chief of Staff, acting for the Governing Body and after considering the recommendations of the President (and that of the Chairperson of the Governing Body, if the hearing is occasioned by a Governing Body determination), shall appoint a Hearing Panel, which shall be composed of not fewer than three (3) members. The majority of the Hearing Panel shall be composed of Medical Staff appointees who are Physicians and who shall not have actively and directly participated in the consideration of the matter involved at any previous level or of Physicians not connected with the Hospital or a combination of such persons. A Medical Staff appointee is not disqualified from serving on a Hearing Panel merely because he or she participated in investigating the underlying matter at issue or because he or she has heard of the case or has knowledge of the facts involved The appointee or appointees whose adverse recommendation or action initiated the hearing shall not serve on the Hearing Panel. No member of the Hearing Panel may be in direct substantial economic competition with the affected individual. Members of the Hearing Panel need not be members of the Medical Staff.

B. As an alternative to the Hearing Panel described in paragraph (a) of this Section, the Chief of Staff, after consulting with the President (and Chairperson of the Governing Body if the hearing was occasioned by the Governing Body determination), may instead appoint a Hearing Officer to perform the functions that would otherwise be carried out by the Hearing Panel. The Hearing Officer may but is not required to be an attorney at law (who may also be legal counsel to the Hospital or System) or some other individual capable of conducting the hearing. The Hearing Officer may not be any individual who is in direct substantial economic competition with the Practitioner requesting the hearing, and shall not act as a prosecuting officer or as an advocate to either side at the hearing. In the event a Hearing Officer is appointed instead of a Hearing Panel, all references in this Article to the "Hearing Panel" or "Presiding Officer" shall be deemed to refer instead to the Hearing Officer, unless the context would clearly otherwise require.

Section 7. Failure to Appear:

Failure, without good cause, of the Practitioner 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 then become final and effective immediately.

Section 8. 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, its chairperson or the entity that appointed the Hearing Panel on a showing of good cause.

Section 9. Deliberations and Recommendation of the Hearing Panel:

Within twenty (20) days after final adjournment of the hearing, if practicable, the Hearing Panel shall conduct its deliberations outside the presence of any other person (except the Presiding Officer, if one is appointed) and shall render a recommendation, accompanied by a report, which shall contain a concise statement of the reasons justifying the recommendation made and shall deliver such report to the President.

Section 10. Notice and Disposition of Hearing Panel Report:

Within a reasonable period of time after receipt of the Hearing Panel report and recommendation, the President shall notify the Practitioner who requested the hearing of the findings and recommendations of the Hearing Panel. The hearing record, all documentation considered by the Hearing Panel and the report and recommendation of the Hearing Panel shall be maintained by the President. The Practitioner who requested the hearing has the right to obtain copies (at his/her expense) of the record and/or report of the he

Section 11. Effect of Hearing Panel Report and Recommendation:

A. If the recommendations of the Hearing Panel are unfavorable to the Practitioner who requested the hearing, the notice sent by the President to the Practitioner pursuant to Part A, Section 10 of this Article, shall advise the Practitioner of his/her right to an appeal; state the time period and requirements for submitting a request for an appeal, as further described in Part C, Section 1 of this Article; state that failure to request an appeal within the specified time period shall constitute a waiver of the right to appellate review, and all other rights to which he or she may have otherwise been entitled under this Policy and the policies, procedures, rules, regulations, guidelines and requirements of the Hospital, System, and Medical Staff; and state that as soon as practicable after receipt of a timely request for an appeal, the Practitioner will be notified of the date, time and place of the appeal.

B. If the Hearing Panel's recommendations are favorable to the Practitioner who requested the hearing, the President shall promptly forward the recommendations, together with all supporting documentation, to the Governing Body for final action. The Governing Body shall take action thereon by adopting or rejecting the Hearing Panel's recommendation in whole or in part, or by deferring the matter back to the Hearing Panel for further consideration. Any such deferral back shall state the reasons therefore, set a time limit within which a subsequent recommendation should be made to the Governing Body, and may include a directive that an additional hearing be conducted to clarify issues that are in doubt. As soon as practicable after receipt of such subsequent recommendation and any new evidence in the matter, the Governing Body shall take final action. The President shall promptly send the Practitioner who requested the hearing notice of each action taken pursuant to Part A, Section 10 of this Article. Favorable action by the Governing Body shall be effective as the final action, and the matter shall be considered finally closed. If the Governing Body's action is unfavorable to the Practitioner who requested the hearing, the notice shall inform him/her of his/her right to request an appeal and the other matters listed in Section 11, paragraph (a) above.

Part B: Hearing Procedure

Section 1. Representation:

The Practitioner requesting the hearing shall be entitled to be represented at the hearing by an attorney to examine witnesses and present his/her case. He/she shall inform the President in writing of the name of that person at least ten (10) days prior to the date of the hearing. The Chief of Staff shall appoint a person, who may be an attorney, to present support for the recommendations that gave rise to the hearing and to examine and cross-examine witnesses at the hearing.

Section 2. Presiding Officer

A. The Chief of Staff shall appoint a Presiding Officer.

B. The Chief of Staff may appoint an attorney at law as Presiding Officer. Such Presiding Officer may be legal counsel to the Hospital or System. He/she must not act as prosecuting officer or as an advocate for either side at the hearing. He/she may participate in the private deliberations of the Hearing Panel and be a legal advisor to it but shall not be entitled to vote on its recommendations. He/she may thereafter continue to advise the Governing Body on the matter.

C. The Presiding Officer of the Hearing Panel, if not an attorney appointed pursuant to Section 2, paragraph (b) above, shall be entitled to one vote.

D. The Presiding Officer shall act to ensure that all participants in the hearing have a reasonable opportunity to be heard and to present all oral and documentary evidence, that decorum is maintained throughout the hearing and that no intimidation is permitted. The Presiding Officer shall determine the order of procedure throughout the hearing and shall 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, upon which he/she may be advised by legal counsel to the Hospital or System. In all instances the Presiding Officer shall act in such a way that all information relevant to the continued appointment or clinical privileges of the person requesting the hearing is considered by the Hearing Panel in formulating its recommendations. It is understood that the Presiding Officer is acting at all times to see that all relevant information is made available to the Hearing Panel for its deliberations and recommendations to the Governing Body.

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 a recording of the proceedings. The cost of such reporter shall be borne by the Hospital. The Practitioner may request copies of the transcript from the reporter at the Practitioner's expense, but only if such information is not confidential, privileged or otherwise protected from disclosure under state or federal law. The Hearing Panel may, but shall not be required to, order that oral evidence shall be taken only on oath or affirmation administered by any person designated by such body and entitled to notarize documents in this State.

Section 4. Rights of Both Sides:

At a hearing both sides shall have the following rights: to be represented by an attorney or other

individual of the party's choice; to call and examine witnesses to the extent available; to introduce exhibits; to cross-examine any witness on any matter relevant to the issues; and to rebut any evidence. If the Practitioner requesting the hearing does not testify in his/her own behalf, he/she may be called and examined as if under cross-examination.

The Hearing Officer or Presiding Officer may require a pre-hearing conference for purposes of document exchange; establishing basic rules concerning the number and type of witnesses who may be called by either party; the length of testimony; role of legal counsel; length of direct and cross examination; order and length of initial and closing arguments, as well as other matters deemed necessary to the conduct of a fair, orderly, and efficient hearing process. The decision of the Hearing Officer or Presiding Officer as to these issues shall be final.

Section 5. Admissibility of Evidence:

The hearing need not be conducted according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which reasonable persons might customarily rely in the conduct of serious affairs may be considered regardless of the admissibility of such evidence in a court of law. Each party shall be entitled, to submit memoranda, which shall become part of the hearing record. The Hearing Panel may interrogate the witnesses, call additional witnesses, or request documentary evidence as it deems appropriate.

Section 6. Official Notice:

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

Section 7. Basis of Decision:

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

A. Oral testimony of witnesses;

B. Memorandum of points and authorities presented in connection with the hearing;

C. Any information regarding the Practitioner who requested the hearing so long as that information has been admitted into evidence at the hearing and the Practitioner who requested the hearing had the opportunity to comment on and, by other evidence, respond to it;

D. Any and all applications, references, and accompanying documents;

E. All officially noticed matters; and

F. Any other evidence that has been admitted.

Section 8. Burden of Proof:

At any hearing conducted under this Article, the following rules governing the burden of proof shall apply:

A. The Governing Body or the Medical Executive Committee, depending on whose recommendation prompted the hearing initially, has the initial obligation to present evidence in support of its recommendation. The Practitioner who requested the hearing thereafter must demonstrate, by a preponderance of the evidence, that the adverse action or recommendation lacks any substantial basis or that the basis or the conclusions drawn therefrom are arbitrary, unreasonable, or capricious.

B. After all the evidence has been submitted by both sides, the Hearing Panel shall affirm the recommendation of the Medical Executive Committee or the Governing Body unless it finds that the Practitioner who requested the hearing has proved that the recommendation that prompted the hearing lacked any substantial basis or that the basis or the conclusions drawn therefrom were arbitrary, unreasonable, or capricious. The Hearing Panel may also modify the recommendation of the Medical Executive Committee or Governing Body but may not expand any proposed unfavorable recommendation or decision.

Section 9. Attendance by Panel Members:

Recognizing that it may not be possible for all members of the Hearing Panel to be present continually at all sessions of the Hearing Panel, since it is necessary to conduct a hearing as soon as reasonable after the event or events that gave rise to its necessity, the hearing shall continue provided that not less than two (2) members of the Hearing Panel are present at all times. The fact that certain Hearing Panel members were not physically present at all times during the hearings will not disqualify them or invalidate the hearing. A Hearing Panel member who is forced to be absent from portions of the hearing must certify that he/she has read that portion of the transcript of the hearing from which he/she was absent before being permitted to vote. The vote shall be by majority of those appointed to the Hearing Panel who are entitled to vote.

Section 10. Adjournment and Conclusions:

The Presiding Officer may adjourn or recess the hearing and reconvene the same at the convenience of the participants without special notice. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed.

Part C: Appeal

Section 1. Time for Appeal:

Within ten (10) days after the affected Practitioner is notified of an adverse recommendation from the Hearing Panel, or of an adverse recommendation from the Governing Body modifying a recommendation of a Hearing Panel which was favorable to the affected Practitioner, he/she may request an appellate review. The request shall be in writing, shall be delivered to the President 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, the affected Practitioner shall be deemed to have accepted the recommendation involved and it shall thereupon become final and immediately effective.

Section 2. Grounds for Appeal:

The grounds for appeal from an adverse recommendation of the Hearing Panel or the Governing Body shall be that:

A. There was substantial failure on the part of the Hearing Panel or the Governing Body, whichever recommendation is the subject of the appellate review, to comply with this Policy and/or the Hospital or Medical Staff Bylaws, including this Policy, in the matter which was the subject of the hearing so as to deny due process or a fair hearing; or

B. The recommendations of the Hearing Panel or the Governing Body were made arbitrarily, capriciously or with prejudice; or

C. The recommendations of the Hearing Panel or the Governing Body were not supported by evidence.

Section 3. Time, Place and Notice:

Whenever an appeal is requested as set forth in the preceding sections, the Chairperson of the Governing Body shall, within ten (10) days after receipt of such request, if practicable, schedule and arrange for an appellate review. The Governing Body shall cause the affected Practitioner to be given notice of the time, place and date of the appellate review. The date of the appellate review shall not be less than thirty (30) days, nor more that ninety (90) days, if practicable, from the date of receipt of the request for appellate review, provided, however, that when a request for appellate review is from a Practitioner who is under a suspension then in effect, the appellate review shall be held as soon as the arrangements may reasonable be made and should not be more than thirty (30) days, if practicable, from the date of receipt of the request for appellate review. The time for appellate review may be extended by the Chairperson of the Governing Body for good cause.

Section 4. Nature of Appellate Review:

A. The Chairperson of the Governing Body shall appoint an Appeal Committee composed of not less than three (3) persons who are members of the Governing Body and who have not served as Hearing Officer or member of the Hearing Panel on the matter under review. The appeal may also be conducted by independent third parties designated by the Governing Body in its sole discretion. At the time of its appointment, the Appeal Committee shall be given a copy of the Hearing Panel and the Governing Body's report and recommendations, as applicable and all supporting documentation.

B. The Appeal Committee may accept additional oral or written evidence subject to the same rights of cross-examination or confrontation provided at the Hearing Panel proceedings. Such additional evidence shall be accepted only if the party seeking to admit it can demonstrate that he/she was deprived of the opportunity to admit it at the hearing and then only at the discretion of the Appeal Committee.

C. Each party shall have the right to present a written statement in support of its position on appeal, and each party or its representative may appear personally and make oral argument. The Appeal Committee shall not be charged with a *de novo* review of the matter, but shall apply the standard of review set forth in Article IV, Part C, Section 2 of this Policy. The Appeal Committee shall recommend final action to the Governing Body and shall include with its recommendation copies of all documents and information considered by it.

D. The Appeal Committee has all of the powers granted to the Hearing Committee and any additional powers that are reasonably appropriate to or necessary for the discharge of its responsibilities. Attendance by panel members is governed by the same rules as set out in Article IV, Part B, and Section 9.

E. The Governing Body may, in its discretion, affirm, modify or reverse the recommendation of the Appeal Committee, , refer the matter for further review and recommendation. In conducting its review, the Governing Body shall not be charged with a *de novo* review, but shall apply the standard of review set forth in Article IV, Part C, Section 2 of this Policy. The Governing Body may, in its discretion, accept written memoranda from the parties prior to its meeting, and/or review any of the documents or information considered by the Appeal Committee. Neither the affected Practitioner nor his/her representatives shall be entitled to attend the meeting of the Governing Body.

Section 5. Further Review:

Except where the matter is referred for further action and recommendation in accordance with Section 4 of this Part, the final decision of the Governing Body following the appeal shall be effective immediately and shall not be subject to further review, provided however, that if the matter is referred for further action and recommendation, such recommendations shall be promptly made to the Governing Body in accordance with the instructions given by the Governing Body. This further review process and report back to the Governing Body shall in no event exceed sixty (60) days in duration except as the parties may otherwise stipulate.

Section 6. Right to One Hearing and Appeal Only:

No applicant, Medical Staff member or other Practitioner holding clinical privileges shall be entitled as a matter of right to more than one hearing and one appellate review on any single matter arising from the same or related facts or circumstances. In the event that the Governing Body ultimately determines to deny initial appointment or reappointment to the Medical Staff to an applicant or revoke or terminate the Medical Staff appointment and/or the clinical privileges of a Practitioner, that Practitioner may not again apply for Medical Staff appointment or clinical privileges at this Hospital unless the Governing Body provides otherwise. However, nothing in this Policy shall restrict the right of the applicant to reapply for appointment to the Medical Staff or restrict the right of an individual to apply for reappointment and/or clinical privileges after the expiration of five (5) years from the date of such Governing Body decision unless the Governing Body provides otherwise in its written decision.

Article V. Medical Education Students/Residents

The Hospital and members of the Medical Staff may participate in medical education programs sponsored by the University of Minnesota, the University of Minnesota at Duluth, and other medical educational institutions approved by the Executive Committee.

Any student/resident who participates in the clinical activities of the Hospital shall be supervised by a current member of the Medical Staff and shall meet all other requirements imposed by the Medical Executive Committee or Governing Body.

Article VI. Allied Health Professionals

Part A: Allied Health Professionals

Section 1. Definition:

Allied Health Professionals are individuals who are (i) qualified by academic and clinical training and (ii) permitted by the State and by the Hospital, to provide specialized health services with or, if permitted by law, without the direct supervision of a Medical Staff member, within the scope of their State licenses, and in accordance with individually granted clinical privileges. In addition, the criteria as set forth below must be met in order for an Allied Health Professional to provide health services in the Hospital.

Section 2. Application:

An application for clinical privileges shall be made in writing and shall be of the form and contents approved by the Governing Body. The Allied Health Professional shall therein set forth at least the following information:

A. Current licensure, certification or registration status; along with DEA status, if applicable;

B. Education, training, experience, and competence in patient care, medical and clinical knowledge, practice-based learning, interpersonal and communication skills, professionalism, and systems-based practice;

C. References from at least two (2) Physicians and/or other Practitioner peers, who are knowledgeable about current competency and ethical character;

D. Clinical privileges requested;

E. Any statement of the scope of practice of the Allied Health Professional as defined by the state licensing or other regulatory board;

F. Evidence of adequate malpractice insurance coverage as required by the Governing Body;

G. Agreement by the Allied Health Professional to abide by the Medical Staff Bylaws, policies, procedures, rules, regulations, service area rules and regulations, guidelines and requirements of the Hospital, System and Medical Staff that logically would pertain to his/her activities.

H. Good reputation and character,

I. A statement that the applicant has not been excluded from any federal health care program;

J. A statement that the applicant is able safely and competently to carry out the activities, care and services required by the privileges requested; and

K. Such other information as the Hospital, System, Medical Staff or the Governing Body, or any representative or committee may require, including any or all items of information listed in Article II, Part A of this Policy.

Section 3. Processing Steps:

The application for clinical privileges shall be on a form as approved by the Governing Body and shall be submitted to the President, who upon its receipt shall refer it to the Medical Executive Committee. The application for clinical privileges (or any application for renewal) shall be processed, reviewed by appropriate Service Chief and a decision made utilizing the same procedures and time frames set forth in Article II, Part C and Part D of this Policy. Clinical privileges shall be granted for a specified two-year period, or the remaining fractional part thereof if additional clinical privileges are granted during the year, and must be renewed by reapplication. Allied Health Practitioners shall be subject to Focused Professional Practice Evaluations and Ongoing Professional Practice Evaluations in the same circumstances as Physicians.

Section 4. Revocation Reduction and Suspension of Privileges:

The corrective action provisions of Article III of this Policy shall be fully applicable to Allied Health Professionals. Adverse decisions regarding clinical privileges are subject to the procedural rights of hearing and appeal as provided in Article IV of this Policy.

Article VII. – Reporting

As required by applicable law, certification, or accreditation standards, the Hospital shall report to the National Practitioner Data Bank, applicable licensing agencies and appropriate certification and accrediting bodies denials, suspensions, terminations, and other limitations of Medical Staff membership and clinical privileges. As required by applicable law, the Hospital shall also report resignations of Medical Staff membership and clinical privileges tendered by a Practitioner in lieu of or to prevent an investigation of the Practitioner's practice at the Hospital.

Article VIII. -- Amendments

This Policy may be amended only in accordance with the procedures applicable to amendments to the Medical Staff Bylaws and described therein.

Article IX. -- Adoption

This Policy is adopted and made effective as approved by the Medical Staff and Governing Body.

REVISION HISTORY:

Revised: 2005 Approved by Medical Staff 07/20/2005, Governing Body 08/2005
Revised: 2008 Approved by Medical Staff 12/05/2008, Governing Body 12/16/20016, revised MEC 12/09/2009, Board 02/02/2010
Revised: 2011 Approved by Medical Staff 05/04/2011, Governing Body 05/17/2011
Revised: 2014 Approved by Medical Staff 01/29/2014, Governing Body 02/25/2014
Revised: 2017 Approved by Medical Staff 01/10/2017, Governing Body 01/24/2017
Revised: 2017 Approved by Medical Staff 12/8/2017, Governing Body

DEFINITIONS:

None.

REFERENCES:

None.

ATTACHMENTS:

None.