ATRIUM MEDICAL CENTER

CREDENTIALS MANUAL

ARTICLE 1. PROCEDURES FOR APPOINTMENT AND REAPPOINTMENT

1.1 GENERAL PROCEDURE

The MEC through its designated departments, sections, committees and officers shall investigate and consider each application for appointment or reappointment to the Medical Staff and each request for modification of Medical Staff appointment status or Clinical Privileges and shall adopt and transmit recommendations thereon to the Board in accordance with the Hospital and Medical Staff Governing Documents. The MEC shall perform the same investigation, evaluation, and recommendation functions in connection with any AHP or other individual who seeks to exercise Clinical Privileges or provide specified services in any department or service of the Hospital, whether or not such individual is eligible for Medical Staff appointment. Individuals who have been initially appointed to the Medical Staff and individuals who have been granted Clinical Privileges will be provided with written materials that describe the key features of the Hospital and Medical Staff Governing Documents. A separate record is maintained for each individual who applies for appointment to the Medical Staff and/or requests Clinical Privileges. Material omission or misstatement in the application for appointment or reappointment shall constitute grounds for denial of appointment or reappointment or termination of clinical privileges and appointment.

1.2 APPLICATION FOR INITIAL APPOINTMENT

1.2-1 APPLICATION FORM

Upon written request, Applicants will be given an application for appointment to the Medical Staff, a privilege request form and a detailed list of requirements for completion of the application. Each application for appointment to the Medical Staff shall be in writing, submitted on the prescribed form, and signed by the Applicant. Applicants will also be required to pay a non-refundable application processing fee. When a Practitioner requests an application form, he shall be provided with an explanation of how the appointment process is structured and shall be provided a copy of or access to a copy of the Medical Staff Governing Documents and shall be briefed on the key features of the same, either in person, by telephone or in writing.

1.2-2 CONTENT

The application form shall include:

(a) Acknowledgment and Agreement: A statement that the Applicant has received (or has had access to) and read the Medical Staff Governing Documents and that he agrees to be bound by the terms thereof if he is granted appointment and/or Clinical Privileges, and to be bound by the

terms thereof in all matters relating to consideration of his application without regard to whether or not he is granted appointment and/or Clinical Privileges.

(b) Qualifications: Detailed information concerning the Applicant's qualifications, including information and documentation in satisfaction of the basic qualifications specified in the Medical Staff Bylaws and of any additional qualifications specified in the Medical Staff Bylaws for the particular Medical Staff category to which the Applicant requests appointment.

(c) Requests: Requests stating the Medical Staff or AHP category, department and Clinical Privileges for which the Applicant wishes to be considered.

(d) References: The Applicant shall furnish three (3) names of professional references to the Credentials Committee from individuals within the Applicant's profession who have worked with the Applicant and directly observed his professional performance within the past three (3) years over a reasonable period of time and who can and will provide reliable information regarding the Applicant's current clinical ability, ethical character, and ability to work with others. Additional references may be requested based upon a review of references received. If the Applicant has or has had Clinical Privileges at another Hospital, one of such references may be the chair of the clinical department in which he most recently held privileges; if the Applicant has not previously held Clinical Privileges, one of such references shall be the director of the clinical training program from which he graduated.

(e) Professional Sanctions and Investigations: Information as to whether any of the following have ever been or are in the process of being denied, revoked, suspended, limited, reduced, not renewed, voluntarily relinquished, involuntarily relinquished, investigated, or have ever been placed on probation or monitored:

(1) Medical Staff appointment status or Clinical Privileges at any other Hospital or health care institution;

(2) Membership/fellowship in local, state or national professional organizations;

(3) Specialty board certification/eligibility;

(4) License to practice any profession in any jurisdiction; and

(5) Drug Enforcement Administration license or controlled substances registration in any jurisdiction;

(6) Medicare or Medicaid provider status;

(7) Any provider status for any third party payor or Medicare or Medicaid entity including insurance companies, HMOs, PPOs, MSOs, and PHOs; or

(8) Professional liability insurance.

(f) Professional Liability Information: Evidence of current malpractice insurance coverage with limits of liability to be in accordance with that stipulated by the Board of Directors as well as information on any malpractice claims history and experience, including a consent to the release of information by his present and past malpractice insurance carrier(s), if any.

(g) Notification of Release and Immunity Provisions: Statements notifying the Applicant of the scope and extent of the authorization, confidentiality, immunity and release provisions of the Medical Staff Bylaws.

(h) Evidence of Ability to Carry Out Appointment and Clinical Privilege Responsibility: Information by the Applicant to establish that the Practitioner can fully and competently carry out the appointment and Clinical Privileges requested.

(i) Administrative Remedies: A statement whereby the Practitioner agrees that, when an adverse ruling is made with respect to his Medical Staff appointment, Medical Staff status, and/or Clinical Privileges, he will exhaust the administrative remedies afforded by the Medical Staff Bylaws before resorting to formal legal action.

(j) Continuing Education: Evidence of participation in continuing education activities at the level required by the Applicant's licensing board.

(k) Evidence of Pending Criminal Investigations and Past Criminal Convictions and Settlements: All pending criminal investigations and all past criminal convictions and settlements excluding minor traffic violations. The Applicant will understand a criminal background check will be performed.

If any of the actions set forth above ever occurred or are pending, the particulars thereof shall be included.

1.3 EFFECT OF APPLICATION

By applying for appointment to the Medical Staff, each applicant:

(a) signifies his willingness to appear for interviews in regard to his application;

(b) pledges to provide for continuous care for his patients in the Hospital;

(c) acknowledges any provisions in the Medical Staff Bylaws for release and immunity from civil liability;

(d) authorizes Hospital representatives to consult with any other persons who have been associated with him and/or who may have information bearing on his competence and qualifications;

(e) subject to the confidentiality of patient records, consents to Hospital representatives inspecting all records and documents that may be material to an ongoing evaluation of his professional qualifications and competence to carry out the Clinical Privileges he requests, including his professional performance, judgment, and clinical or technical skills, to fully and competently carry out the privileges requested and to sufficiently demonstrate his professional ethical qualifications;

(f) releases from any liability all Hospital representatives for their acts performed in good faith and without malice in connection with evaluating the Applicant and his credentials;

(g) releases from any liability all individuals and organizations who provide information, including otherwise privileged or confidential information, to Hospital representatives in good faith and without malice concerning the Applicant's competence, professional ethics, character, ability to fully and competently carry out the privileges requested and to sufficiently demonstrate that he has satisfied the qualifications for Medical Staff appointment and Clinical Privileges;

(h) subject to the confidentiality of patient records, authorizes and consents to Hospital representatives providing other Hospitals, medical associations, licensing boards, and other organizations concerned with provider performance and the quality and efficiency of patient care with any relevant information and releases Hospital representatives from liability for so doing, provided that such furnishing of information is done in good faith and without malice; and

(i) pledges to promptly report to the Credentials Committee any changes from the information provided in the application process.

For purposes of this Section, the term "Hospital representative" includes the Board, its directors and committees; the CEO or his designee; the Medical Staff organization and all Medical Staff members, departments, sections, and committees which have responsibility for collecting or evaluating the Applicant's credentials or acting upon his applications; and any authorized representative of any of the foregoing.

1.4 PROCESSING THE APPLICATIONS

1.4-1 APPLICANT'S BURDEN

The Applicant shall have the burden of producing adequate information and documentation for a proper evaluation of his experience, background, training, demonstrated ability to fully and competently carry out the privileges requested and to sufficiently demonstrate the basic qualifications specified in the Medical Staff Bylaws. An application is complete when all documentation and verification of information requested in the application has been received.

1.4-2 ADMINISTRATION PROCESSING

(a) The Applicant shall deliver a completed application to the Credentials Committee Chair who shall thereupon seek to collect or verify the references, licensure and other qualification evidence submitted from primary sources whenever feasible. The Credentials Committee Chair shall promptly notify the Applicant of any problems in obtaining the information required and it shall then be the Applicant's obligation to obtain such information and submit the same to the Credentials Committee Chair.

(b) Upon receipt of the application from the Applicant, the Credentials Committee Chair shall give written notice thereof to all members of the Medical Staff. Such notice shall include the Applicant's name, identity of institution where professional education was obtained and year of graduation, date and place of residency or internship, board certification or admissibility (if any), and the Medical Staff category, department, section, and Clinical Privileges requested. Not later than ten (10) days after the date of such notice, any Medical Staff Appointee may submit to the Credentials Committee Chair written comments in support of or objecting to the appointment of the Applicant to the Medical Staff or to the granting of Clinical Privileges. Any objections shall set forth in detail the bases therefor. The Medical Staff Appointee submitting an objection shall, upon request by the chair of any committee processing such application, personally appear before such committee and give testimony relating to such objection.

(c) When the collection and verification referred to in the Credentialing Plan has been accomplished, the Credentials Committee Chair shall transmit

the application and all supporting materials and any comments received pursuant to the Medical Staff Bylaws to the Credentials Committee and to the chair of each department in which the Applicant seeks Clinical Privileges.

(d) Action on an Applicant's application for appointment, reappointment or for initial Clinical Privileges or any modification of existing Clinical Privileges will not be taken until the information is available and verified. If problems are encountered in obtaining the required information, the Medical Staff Credentials Coordinator shall promptly notify the Applicant indicating the nature of the problem and what additional information the Applicant must provide. Upon receipt of such notification, the Applicant then has thirty (30) days in which to secure the appropriate information needed for a completed application. Failure without good cause to respond to the notification in a satisfactory manner shall be deemed a voluntary withdrawal of the application in which case the applicant may not reapply for appointment and/or privileges for one year from the date of such deemed withdrawal.

Further information regarding the procedures for appointment and reappointment is set forth in this Manual and the Credentialling Plan which accompanies these Medical Staff Bylaws and Related Manuals.

ARTICLE 2. DETERMINATION OF CLINICAL PRIVILEGES

2.1 EXERCISE OF PRIVILEGES

A Practitioner or other professional providing direct clinical services at this Hospital by virtue of Medical Staff appointment or otherwise shall, in connection with such practice and except as otherwise provided in these Bylaws, be entitled to exercise only those Clinical Privileges or specified services specifically granted to him by the Board. Said Privileges and services must be within the scope of the license, certificate or other legal credential authorizing him to practice in this State and consistent with any restrictions thereon. Said Privileges must also comply with the rules and regulations of the department for which they have been granted and must be pursuant to the authority of that Department Chair.

2.2 DELINEATION OF PRIVILEGES IN GENERAL

2.2-1 REQUESTS

Each application for appointment or reappointment to the Medical Staff must contain a request for the specific Clinical Privileges desired by the Applicant. A request by an Applicant pursuant to these Bylaws for a modification of privileges must be

supported by documentation of additional training and/or experience supportive of the request. A request for specific Clinical Privileges or modification of Privileges must include the signing of a pledge to provide for continuous care of patients.

2.2-2 BASES FOR PRIVILEGES DETERMINATION

Requests for Clinical Privileges shall be evaluated on the bases of the Practitioner's current licensure, education, training, experience, peer recommendations, demonstrated ability and judgment to fully and competently carry out the privileges requested and to sufficiently demonstrate his professional competence. The bases for Privileges determinations to be made in connection with periodic reappointment or otherwise shall also include observed clinical performance and the documented results of the quality assessment and improvement review consistent with JCAHO and regulatory recommendations, and monitoring activities as required by the Hospital and Medical Staff Governing Documents and Related Manuals, or by other relevant health care entities. Privileges determinations shall also be based on pertinent information concerning clinical performance obtained from other sources, especially other institutions and health care settings where a Practitioner exercises Clinical Privileges and documented compliance with continuing medical education requirements. This information shall be added to and maintained in the Medical Staff file established for a Medical Staff Appointee. Privileges granted will be delineated as Hospital Specific.

2.2-3 PROCEDURE

All requests for Clinical Privileges of Applicants shall be processed pursuant to the procedures outlined in this Credentials Manual. A separate record shall be maintained by the Hospital for each individual who requests individual Clinical Privileges.

2.3 SPECIAL CONDITIONS FOR CLINICAL PRIVILEGES OF DENTISTS, PODIATRISTS AND PSYCHOLOGISTS

Requests for Clinical Privileges from dentists, podiatrists and psychologists shall be processed in the same manner as specified in the Credentials Manual.

Dentists, oral surgeons and podiatrists may admit patients to the Hospital. Psychologists may not admit or co-admit patients to the Hospital. Psychologists may treat only those patients who have been admitted by a Physician appointed to the Medical Staff and must maintain a consultative relationship with the attending Physician during the course of treatment of the patient.

The scope and extent of Privileges that each dentist, oral surgeon, podiatrist, and psychologist has shall be specifically delineated and granted in the same manner as all other Privileges. Privileges exercised by dentists, oral surgeons and podiatrists shall be under the overall supervision of the Chair of the Department of Surgery or his designee. Privileges exercised by psychologists shall be under the overall supervision of the Chair

of the Department of Medicine or his designee. A qualified oral surgeon may apply for Privileges of performing the admission history and physical examination on patients without previously diagnosed medical problems in order to assess the medical risk of the procedure the patient will undergo. A qualified oral surgeon shall be as defined in the JCAHO Standards.

At the time of the admission of a dental or podiatric patient, a patient being treated by a psychologist, or an oral surgery patient with pre-existing medical problems, a Physician-Appointee of the Medical Staff shall be consulted and responsible for the admission history, physical examination, care of any medical problem that may be present at the time of admission or during hospitalization and, if a medical problem exists, shall determine the risk and effect of the proposed surgical procedure on the total health status of the patient. At or before the time of admission of such patients, it is the responsibility of the dentist, podiatrist, or psychologist to obtain a medical consult in accordance with the above provisions.

The dentist, oral surgeon, podiatrist, or psychologist is solely responsible for the dental, podiatric, or psychological history, examination, diagnosis, operative report, and dental, podiatric, or psychological discharge summary. The dentist, oral surgeon, podiatrist, or psychologist is responsible for the discharge and completion of medical records at the time of release as to their treatment of the patient. If there is a medical problem, the Physician who has been responsible for treating the patient's medical problem(s) shall participate in the decision to discharge and complete a discharge summary.

2.4 SPECIAL CONDITIONS FOR ALLIED HEALTH PROFESSIONAL SERVICES

Requests to perform specified patient care services from AHPs shall be processed in the manner specified in the Medical Staff Bylaws and Related Manuals. An AHP may, subject to any licensure requirements or other legal limitations, exercise independent judgment within the areas of his professional competence, and may participate directly in the medical management of patients under the supervision of a Practitioner who has been accorded Privileges to provide such care and who has ultimate responsibility for the patient's care. Whenever an AHP is granted the Privilege to perform medical histories and health assessments, the findings, concessions, and assessment of risk shall be confirmed or endorsed by a qualified Practitioner prior to major diagnostic or therapeutic intervention or within 24 hours, whichever occurs first.

2.5 TEMPORARY PRIVILEGES

2.5-1 CIRCUMSTANCES

Upon written concurrence of the chair of the department where the Privileges will be exercised or the President of the Medical Staff, the CEO acting in his capacity as an

ad-hoc committee member of the MEC may grant temporary Privileges in the following circumstances:

(a) Pendency of Application: After receipt of a completed application for Medical Staff appointment, including a written request for specific temporary Privileges, an appropriately licensed Applicant may be granted temporary Privileges for an initial period of thirty (30) days, with subsequent 30 day renewals not to exceed the pendency of the application or three (3) renewal periods whichever is less. All primary source verifications, verification of current clinical competence and all other requirements to fulfill a completed application is required. The granting of temporary Clinical Privileges pursuant to this Section can occur only after review by the Credentials Chair and Department Chair (or designee) pursuant to the Medical Staff Bylaws and Related Manuals, and only when the completed application is awaiting review and approval by the Credentials Committee, MEC and the Board. In exercising such Privileges, the Applicant shall act under the supervision of the chair of the department to which he is assigned and in accordance with the conditions specified in the Medical Staff Bylaws and Related Manuals.

(b) Care of Specific Patients: Upon receipt of a written request for specific temporary Privileges, an appropriately licensed Practitioner of documented competence who is not an Applicant for Medical Staff appointment may be granted temporary Privileges to fulfill an important patient care need of one or more specific patients. Such Privileges shall be exercised in accordance with the conditions specified in the Medical Staff Bylaws and Related Manuals.

(c) Locum Tenens: To fulfill an important patient care need, upon receipt of a written request for specific temporary Privileges, an appropriately licensed Practitioner of documented competence who is serving as a locum tenens for an Appointee of the Medical Staff and who is on the Active or Associate Medical Staff of another Hospital may, without applying for appointment to the Medical Staff, be granted temporary Privileges for an initial period of thirty (30) days. Such Privileges may be renewed for two (2) successive periods of thirty (30) days each but not to exceed his services as locum tenens, shall be limited to treatment of the patients of the Practitioner for whom he is serving as locum tenens, and shall be exercised in accordance with the conditions specified in the Medical Staff Bylaws and Related Manuals. He shall not be entitled to admit his own patients to the Hospital.

2.5-2 CONDITIONS

Specific temporary Privileges may be granted only when the information available reasonably supports a favorable determination regarding the requesting

Practitioner's qualifications, ability and judgment to exercise the Privileges requested, and only after the Practitioner has satisfied the requirement, if any, of the Medical Staff Bylaws or Related Manuals regarding professional liability insurance. Special requirements of consultation and reporting may be imposed by the chair of the department responsible for supervision of a Practitioner granted temporary Privileges. Before temporary Privileges are granted, the Practitioner must acknowledge in writing that he has received, or been given access to, and read the Hospital and Medical Staff Governing Documents and that he agrees to be bound by the terms thereof in all matters, relating to his temporary Privileges.

2.5-3 LIFTING OF TEMPORARY PRIVILEGES

On the discovery of any information or the occurrence of any event of a nature which raises question about a Practitioner's professional qualifications or ability to exercise any or all of the temporary Privileges granted, the CEO or the President of the Medical Staff may, after consultation with the department chair, lift any or all of such Practitioner's temporary Privileges. Where the life or well-being of a patient is determined to be endangered by continued treatment by the Practitioner, any person entitled to impose summary suspensions under the Medical Staff Bylaws may lift the Practitioner's temporary Privileges. If the Practitioner's temporary privileges are lifted, the Practitioner's patients then in the Hospital shall be assigned to another Practitioner by the department chair. The wishes of the patient shall be considered, when feasible, in choosing a substitute Practitioner.

2.5-4 RIGHTS OF THE PRACTITIONER

A Practitioner shall not be entitled to the procedural rights afforded by the Medical Staff Bylaws and Related Manuals because his request for temporary Privileges is refused or because all or any portion of his temporary Privileges are terminated or suspended or otherwise limited, modified, or monitored.

2.6 EMERGENCY PRIVILEGES

For the purposes of this Section, an "emergency" is defined as a condition in which serious or 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. In the case of an emergency, any Practitioner, who is appointed to the Medical Staff or who has been granted Clinical Privileges, to the degree permitted by his license and regardless of department, Medical Staff status or Clinical Privileges, shall be permitted to do, and shall be assisted by Hospital personnel in doing, everything possible to save the life of a patient or to save a patient from serious harm.

A Practitioner shall not be entitled to the procedural rights afforded by the~~se~~ Medical Staff Bylaws and Related Manuals because emergency Clinical Privileges are refused or because all or any portion of the Practitioner's emergency Privileges are terminated or suspended, or otherwise limited, modified, or monitored.

ARTICLE 3. PROCEDURES FOR APPOINTMENT

3.1 DEPARTMENT ACTION

Each department to which the applicant seeks appointment will act under this Manual and the Medical Staff Bylaws**.** Upon receipt, each Department Chair, or appropriate committee of each department to which the application is submitted, shall consider the application, input from section heads, supporting documentation and any comments and may conduct a personal interview with the Applicant. The Department Chair, or appropriate committee of each department, may make further investigation and consider any other information it deems relevant and reliable. The Department Chair, or appropriate committee of each department, shall transmit to the Credentials Committee after approval by the Department Chair on the prescribed form a written report and evaluation as to Medical Staff category, department and section affiliation, Clinical Privileges to be granted and any special conditions to be attached to the appointment. The Department Chair may also suggest that the MEC defer action on the application.

The reasons for each suggestion shall be stated and supported by references to the completed application and all other documentation considered by the department chair, or appropriate committee of each department, all of which shall be transmitted with the report. Any minority views shall also be reduced to writing, supported by reasons and references, and transmitted with the report of the department chair or appropriate committee of each department. The department chair, or appropriate committee of each department, shall also transmit a copy of its report to the MEC.

3.2 CREDENTIALS COMMITTEE ACTION

The Credentials Committee shall promptly review the application, supporting documents, any comments, and the report of each department and may conduct a personal interview with the Applicant. The Credentials Committee shall also contact the National Practitioner Data Bank established by the Department of Health and Human Services to request information on the Applicant and may consult other sources for additional information concerning the Applicant, such as whether the applicant is currently excluded from the Medicare and Medicaid programs. The Credentials Committee should make further investigation and shall consider any other information it deems relevant to the Applicant's qualifications for the Medical Staff category, department and section affiliation and Privileges requested. The Credentials Committee then shall transmit to the MEC on the prescribed form a written report and suggestions as to Medical Staff appointment and, if appointment is suggested, as to Medical Staff category, department and section affiliation, Clinical Privileges and any special conditions to be attached to the appointment. The Credentials Committee may also suggest that the MEC defer action on the application.

The reasons for each suggestion shall be stated and supported by references to the completed application and all other documentation considered by the Credentials Committee, all of which shall be transmitted with the report. Any minority views shall also be reduced to writing, supported by reasons and references, and transmitted with the majority report.

If the Credentials Committee does not receive the departments' chair(s) reports within the time specified in this Manual and reasonable cause therefor has not been shown, it may, after notifying the departments' chair(s) concerned, proceed as if the departments' chair(s) had no objections to the Medical Staff category, department and section affiliation and Clinical Privileges requested in the application. Following a positive response by the Credentials Committee, the Applicant may request temporary Clinical Privileges. The request must be in writing to the CEO.

3.3 MEC ACTION

At its next regular meeting after receipt of the report of the Credentials Committee, the MEC shall consider the same and other relevant information available to it. The MEC may conduct a personal interview with the Applicant and may make further investigation and consider such additional information as it deems pertinent and reliable. The MEC shall prepare a written report and recommendations as to Medical Staff appointment and, if appointment is recommended, as to Medical Staff category, department and section affiliation, Clinical Privileges to be granted and any special considerations to be attached to the appointment. The MEC may also defer action on the application pursuant to Section 1.4-6.

The reasons for each recommendation shall be stated and supported by reference to the completed application and other documentation considered by the MEC, all of which shall be attached to the report. Any minority views shall also be reduced to writing by an appointed Practitioner representing the minority. The minority report shall be supported by reasons and references, and attached to the majority report.

The report and recommendation of the MEC and any minority views shall be transmitted to the Board for review at its next regular meeting, unless such recommendation is adverse, in which case the Medical Staff Bylaws and Related Manuals shall govern the process.

The MEC shall provide the Medical Staff with notice of any MEC decision to send an application to the Board.

3.4 DEFERRAL BY MEC

Action by the MEC to defer the application for further consideration must be followed up within sixty (60) days with a subsequent recommendation to the Board of Directors for appointment with specified Clinical Privileges or for rejection for Medical Staff appointment.

3.5 EFFECT OF MEC ACTION

(a) Favorable Recommendation: When the recommendation of the MEC is favorable to the Applicant, the Credentials Committee Chair shall promptly forward it, together with all supporting documentation, to the Board. For the purposes of this Section 3.5(a), "all supporting documentation" includes the application form and its accompanying information and documentation, comments submitted pursuant to Section 1.4.-2(b), the reports and recommendations of the department(s), the Credentials Committee and the MEC and minority views.

(b) Adverse Recommendation: When the recommendation of the MEC is adverse to the Applicant, the Credentials Committee Chair shall promptly so inform the Applicant by Special Notice, and he shall be entitled to the procedural rights as provided in the Medical Staff Bylaws and Related Manuals. For the purposes of this Section 3.5(b), an "adverse recommendation" by the MEC is as defined in the Fair Hearing Plan.

3.6 BOARD ACTION

(a) On Favorable MEC Recommendation: The Board shall, in whole or in part, adopt or reject a favorable recommendation of the MEC or refer the recommendation back to the MEC for further consideration stating the reasons for such referral back and setting a time limit within which a subsequent recommendation shall be made. If the Board's action is adverse to the Applicant as defined in the Fair Hearing Plan, the Credentials Committee Chair shall promptly so inform the Applicant by Special Notice, and he shall be entitled to the procedural rights provided in the Medical Staff Bylaws and Related Manuals.

(b) Without Benefit of MEC Recommendation: If the Board does not receive a MEC recommendation within the time period specified in Section 3.9, it may, after notifying the MEC, take action on its own initiative in the manner set forth in the Hospital corporate governing documents. If such action is favorable, it shall become effective as the final decision of the Board. If such action is adverse, as defined in the Fair Hearing Plan, the Credentials Committee Chair shall promptly so inform the Applicant by Special Notice, and he shall be entitled to the procedural rights provided in the Medical Staff Bylaws and Related Manuals.

(c) On Adverse MEC Recommendation: In the case of an adverse MEC decision pursuant to Section 3.5(b), the Board shall take final action in the matter. Action thus taken shall be the conclusive decision of the Board, except that the Board may defer final determination by referring the matter back to the MEC for further reconsideration. Any such referral back shall

state the reasons therefor, shall set a time limit within which a subsequent recommendation to the Board shall be made, and may include a directive that an additional hearing be conducted to clarify issues which are in doubt. After receipt of such subsequent recommendation and of new evidence in the matter, if any, the Board shall make a final decision. If the final decision of the Board is adverse, as defined in the Fair Hearing Plan, the CEO shall promptly so inform the Applicant by Special Notice and he shall be entitled to the procedural rights provided in the Medical Staff Bylaws and Related Manuals**.** The Board shall prepare a written report and recommendations as to Medical Staff appointment and, if appointment is recommended, as to Medical Staff category, department and section affiliation, Clinical Privileges to be granted and any special considerations to be attached to the appointment. The reasons for each recommendation shall be stated and supported by reference to the completed application and other documentation considered by the Board, all of which shall be attached to the report. Any minority views shall also be reduced to writing by an appointed Practitioner representing the minority. The minority report shall be supported by reasons and references, and attached to the majority report. The report and recommendation of the Board shall be the final decision with respect to the application.

The Board may appoint a committee of the Board to assist in the review process as specified in this Section 3.7 and to make recommendations to the Board. The decision of the Board upon any such recommendations shall be final.

3.7 CONFLICT RESOLUTION

Whenever the Board's proposed decision will be contrary to the MEC recommendation, the Board shall submit the matter to a Joint Conference Committee by equal numbers of the Board and MEC for review and recommendation before making its final decision and giving notice of final decision required by Section 3.8.

3.8 NOTICE OF FINAL DECISION

(a) Notice of the Board's final decision shall be given, through the Credentials Committee Chair, to the Chair of the MEC, Credentials Committee, and each department and section concerned and to the Applicant by means of Special Notice.

(b) A decision and notice to appoint shall include:

(1) the Medical Staff category to which the Applicant is appointed;

(2) the department and section to which he is assigned;

(3) the Clinical Privileges he may exercise;

(4) any special conditions attached to the appointment; and

(5) specific identification of the institution for which the Applicant is being granted Clinical Privileges.

3.9 TIME PERIODS FOR PROCESSING

Applications for Medical Staff appointments shall be considered in a timely and good faith manner by all individuals and groups required by the Medical Staff Bylaws to act thereon and, except for good cause, shall be processed within the time periods specified in this Section 3.9 . The Credentials Committee Chair shall transmit the complete application to the appropriate departments and the Credentials Committee upon completing his information collection and verification tasks. Each department shall submit its report on the application to the Credentials Committee within sixty (60) days of receiving the application and supporting documents from the Credentials Committee Chair. The Credentials Committee shall act on the application and make its report to the MEC within sixty (60) days after receiving the reports and assessments of the department(s). Upon receipt of the application, report and suggestions from the Credentials Committee, the MEC shall review the same and make its report and recommendations to the Board within sixty (60) days after receiving the report of the Credentials Committee. Subject to the provisions of the Medical Staff Bylaws and Related Manuals, the Board shall then take final action on the application within sixty (60) days after receiving the report of the MEC. The time periods specified herein are to assist those named in accomplishing their tasks and shall not be deemed to create any right in the Practitioner to have his application processed within those periods.

ARTICLE 4. REAPPOINTMENT PROCESS

4.1 INFORMATION FORM FOR REAPPOINTMENT

The Credentials Committee Chair shall, at least ninety days (90) prior to the expiration date of the present Staff appointment of each Medical Staff Appointee, provide such Medical Staff Appointee with an interval information form for use in considering his reappointment. Each Medical Staff Appointee applying for reappointment shall be briefed on the reappointment process either in person, by telephone or in writing. Each Medical Staff Appointee who desires reappointment shall, at least sixty (60) days prior to such expiration date, send his interval information form to the Credentials Committee Chair. Failure, without good cause, to so return the form shall be deemed a voluntary resignation from the Medical Staff and shall result in automatic expiration of appointment without any hearing rights at the expiration of the Appointee's current term.

4.2 CONTENT OF INTERVAL INFORMATION FORM

The interval information form shall request data necessary to update the Medical Staff file on the Medical Staff Appointee. This form shall include, without limitation, information about the following:

(a) current licensure, continuing training, education and experience that qualifies the Medical Staff Appointee for the Privileges sought on reappointment;

(b) evidence of participation in and fulfillment of continuing education requirements of his profession;

(c) any conditions that may affect his ability to fully and competently carry out the privileges requested and to sufficiently demonstrate that he can provide quality health care to patients in the Hospital (the Medical Staff Appointee shall provide documentation as may be requested by any department or section concerned, the Credentials Committee, the MEC or the Board or appropriate committee thereof);

(d) the names and addresses of any other health care organization or practice setting where the Medical Staff Appointee provided clinical services during the preceding period;

(e) membership, awards, or other recognition conferred or granted by any professional health care societies, institutions, or organizations;

(f) pending investigations or sanctions of any kind imposed or pending by any other health care institution, certification board, professional health care organization, Drug Enforcement Administration, or licensing authority, any federal or state licensing, regulatory, or law enforcement

body (to include voluntary or involuntary relinquishment of any licenses, certifications, DEA registration, membership, provider status, or voluntary or involuntary reduction, or relinquishment of clinical privileges);

(g) malpractice claims, suits, and settlements;

(h) evidence of current malpractice insurance coverage within the limits established by the Board of Directors; and

(i) such other specifics about the Medical Staff Appointee's professional ethics, qualifications and ability to work cooperatively with others that may bear on his ability to provide good patient care in the Hospital and compliance with the Hospital and Medical Staff Governing Documents**.**

(j) Peer recommendation when insufficient practitioner-specific data is available in the Hospital. Peer recommendation will include relevant education, training, current competence, and effects of health status on privileges being requested as applicable.

4.3 VERIFICATION OF INFORMATION

The Credentials Committee Chair shall, in timely fashion, seek to collect or verify, from primary sources whenever feasible, the additional information made available on each interval information form and to collect any other materials or information deemed pertinent, including information regarding the Staff Appointee's professional activities, performance and conduct in this Hospital and his fulfillment of Medical Staff appointment obligations. The Credentials Committee shall also contact the National Practitioner Data Bank established by the Department of Health and Human Services to request information on the Practitioner applying for reappointment and renewal of Clinical Privileges such as whether the Applicant is currently excluded from the Medicare or Medicaid programs. The Credentials Committee Chair shall promptly notify the Medical Staff Appointee of any problems in obtaining the information required. The Medical Staff Appointee shall then have the same burden of producing adequate information and resolving doubts as provided in Section 1.4-1. When collection and verification are accomplished, the Credentials Committee Chair shall transmit the information form and supporting materials to the chair of each department in which the Medical Staff Appointee requests privileges and to the Credentials Committee.

4.4 DEPARTMENT AND SECTION ACTION

Upon receipt, each department shall review the information form and other materials or documents received from the Credentials Committee Chair. Each department may conduct a personal interview with the Medical Staff Appointee and it may make further investigation and consider such other information it deems pertinent and reliable. Each department shall then transmit to the Credentials Committee on the prescribed form its report and assessment that appointment be either renewed, renewed

with modified Medical Staff category, department and section affiliation and/or other Clinical Privileges, or terminated. Each department may also suggest that the MEC defer action. Each such report shall satisfy the requirements of Section 3.1 and shall be accompanied by the information and all other documentation considered by each department. Any minority views shall also be reduced to writing and transmitted with the majority report. Each department shall also forward a copy of its report to the MEC.

4.5 CREDENTIALS COMMITTEE

The Credentials Committee shall promptly review the information form and other materials or documents received from each department and may conduct a personal interview with the Medical Staff Appointee. The Credentials Committee may make further investigation and consider any other information it deems relevant and reliable. The Credentials Committee Chair shall then transmit to the MEC on the prescribed form a report and assessment that appointment be renewed, renewed with modified Medical Staff category, department and section affiliation and/or Clinical Privileges, or terminated. The Credentials Committee may also suggest that the MEC defer action. Each such report shall satisfy the requirements of Section 3.2 and shall be accompanied by the information form and all other documentation considered by the department. Any minority views shall also be reduced to writing and transmitted with the majority report.

4.6 MEC ACTION

The MEC shall promptly review the information form, the reports and assessments of the Credentials Committee and all other pertinent documents. The MEC may conduct a personal interview with the Medical Staff Appointee and it may make further investigation and consider such other information it deems pertinent and reliable. The MEC shall, on the prescribed form, forward to the Board its report and recommendation that appointment be either renewed, renewed with modified Medical Staff category, department and section affiliation and/or other Clinical Privileges, or terminated. The MEC may defer action for not more than sixty (60) days. Each such report shall satisfy the requirements of Section 3.3 and shall be accompanied by the information form and all other documentation considered by the MEC. Any minority views shall be reduced to writing and transmitted with the majority report.

The procedural rights afforded the Applicant subsequent to action taken by the MEC shall be as set forth in the Medical Staff Bylaws and Related Manuals.

4.7 FINAL PROCESSING AND BOARD ACTION

Thereafter, the procedures provided in Section 3.6 through 3.8 shall be followed. For purposes of reappointment, the terms "Applicant" and "appointment" as used in those Sections shall be read, respectively, as " Medical Staff Appointee" and "reappointment." All reappointments shall be Hospital Specific.

Subsequent to the Board's action on reappointment the Medical Staff Appointee shall have those procedural rights as set forth in the Medical Staff Bylaws and Related Manuals.

4.8 BASIS FOR RECOMMENDATIONS

Each assessment or recommendation concerning the reappointment of a Medical Staff Appointee and the Clinical Privileges to be granted upon reappointment shall be based upon documented evidence of such Appointee's current professional ability and clinical judgment in the treatment of patients, including his clinical and/or technical skills, his professional ethics, his discharge of Medical Staff obligations, his compliance with the Hospital and Medical Staff Governing Documents, his cooperation with other Practitioners and with patients, his ability to fully and competently carry out the privileges requested and to sufficiently demonstrate his professional competence, evidence of current license, peer recommendations, and other matters bearing on his ability and willingness to contribute to quality patient care in the Hospital.

4.9 TIME PERIODS FOR PROCESSING

Transmittal of the interval information form to a Medical Staff Appointee and his return of it shall be carried out in accord with Section 4.1. Thereafter and except for good cause, each person, department and committee required by the Medical Staff Bylaws to act thereon shall complete such action in a timely fashion so that all reports concerning the reappointment of a Medical Staff Appointee shall have been transmitted to the MEC and the Board for consideration and action pursuant to Sections 4.6 and 4.7 respectively, all prior to the expiration date of the Medical Staff appointment of the Appointee being considered for reappointment. Upon completed processing, the Credentials Committee shall act on the reapplication and make its report to the MEC within thirty (30) days after receiving the report and assessment of the department(s). Upon receipt of the reapplication, report and suggestions from the Credentials Committee, the MEC shall review the same and make its report and recommendations to the Board within thirty (30) days after receiving the report of the Credentials Committee. Subject to the provisions of the Medical Staff Bylaws and Related Manuals, the Board shall then take final action on the reapplication within thirty (30) days after receiving the report and recommendations of the MEC.

The time periods specified in this Manual are to guide the acting parties in accomplishing their tasks. If the processing has not been completed by the expiration date of the appointment, the Medical Staff Appointee’s current appointment status and Clinical Privileges shall expire on the expiration date of the current appointment period. No temporary privileges or extension of appointment may be granted. Such lapse of appointment shall not be deemed to create a right for the Medical Staff Appointee to be automatically reappointed for the coming term.

4.10 REQUESTS FOR MODIFICATION OF APPOINTMENT STATUS OR PRIVILEGES

A Medical Staff Appointee may, either in connection with reappointment or at any other time, request modification of his Medical Staff category, department and section assignment, and/or Clinical Privileges by submitting a written application to the Credentials Committee Chair on the prescribed form. Such application shall be processed in substantially the same manner as provided in Section 4.5 for reappointment.

Adopted by the Medical Staff on 12/20/95
Approved by the Board of Trustees on 1/25/96
Revisions to Section 7.2-2(e) and 7.5-2(f) approved by the Board of Trustees on 10/18/96
Revisions and change to Credentials Manual adopted by Medical Staff on 9/30/99.
Approved by the Board of Trustees on 10/28/99
Recommended for approval by Credentials Committee: 1/4/02
MEC review/approval: 1/8/02
Board of Trustees approval: 1/24/02
Revisions to Sections 1.4.2(b), 2.3, 4.2, 4.9 recommended by Cred Cmte 7/29/05
Adopted by Medical Executive Committee 9/6/05
Approved by Board of Directors 9/21/05
Revision Section 1.4.2(d) to Cred Cmte 6/1/07; MEC 6/5/07
Revision approved by Board Exec Cmte 6/20/07
Resolution to adopt facility name change approved 12/9/07

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