PeaceHealth
Southwest Medical Center

PeaceHealth Southwest Medical Center
ADVANCE PRACTICE PROFESSIONALS POLICY

Approved 8/27/2018

ADVANCE PRACTICE PROFESSIONALS POLICY

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ARTICLE 1

GENERAL

1.A. DEFINITIONS

The definitions that apply to terms used in all the Medical Staff documents are set forth in the Medical Staff Credentials Policy document.

1.B. DELEGATION OF FUNCTIONS

(1) When a function under this Policy is to be carried out by a member of Hospital management, by a Medical Staff member, or by a Medical Staff committee, the individual, or the committee through its chair, may delegate performance of the function to a qualified designee who is a practitioner or Hospital employee (or a committee of such individuals). Any such designee must treat and maintain all credentialing, privileging, and peer review information in a strictly confidential manner and is bound by all other terms, conditions, and requirements of the Medical Staff Bylaws and related policies. In addition, the delegating individual or committee is responsible for ensuring that the designee appropriately performs the function in question. In addition, if the designee is performing ongoing functions, the delegation is subject to the review of the MEC.

(2) When a Medical Staff member is unavailable or unable to perform a necessary function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

1.C. RIGHTS AND PREROGATIVES

(1) Advance Practice Professionals may be appointed to serve on Medical Staff committees, with vote.

(2) Advance Practice Professionals may attend meetings of the Medical Staff and of relevant clinical departments, without vote.

ARTICLE 2

SCOPE AND OVERVIEW OF POLICY

2.A. SCOPE OF POLICY

(1) This Policy addresses those Advance Practice Professionals who are permitted to provide patient care services in the Hospital and are listed in the Appendices to this Policy.

(2) This Policy sets forth the credentialing process and the general practice parameters for these individuals, as well as guidelines for determining the need for additional categories of Advance Practice Professionals at the Hospital.

2.B. CATEGORIES OF ADVANCE PRACTICE PROFESSIONALS

(1) Only those specific categories of Advance Practice Professionals that have been approved by the Board shall be permitted to practice at the Hospital. All Advance Practice Professionals who are addressed in this Policy shall be classified as either Category I, Category II, or Category III practitioners.

(2) Current listings of the specific categories of Advance Practice Professionals functioning in the Hospital as Category I, Category II, and Category III practitioners are attached to this Policy as Appendices A, B, and C, respectively. The Appendices may be modified or supplemented by action of the Board, after receiving the recommendation of the MEC, without the necessity of further amendment of this Policy.

2.C. ADDITIONAL POLICIES

The Board shall adopt a separate credentialing protocol for each category of Advance Practice Professional that it approves to practice in the Hospital. These separate protocols shall supplement this Policy and shall address the specific matters set forth in Section 3.B of this Policy.

ARTICLE 3

GUIDELINES FOR DETERMINING THE NEED FOR
NEW CATEGORIES OF ADVANCE PRACTICE PROFESSIONALS

3.A. DETERMINATION OF NEED

(1) Whenever an Advance Practice Professional in a category that has not been approved by the Board requests permission to practice at the Hospital, the Board shall appoint an ad hoc committee to evaluate the need for that particular category of Advance Practice Professional and to make a recommendation to the MEC for its review and recommendation and then to the Board for final action.

(2) As part of the process of determining need, the Advance Practice Professional shall be invited to submit information about the nature of the proposed practice, why Hospital access is sought, and the potential benefits to the community by having such services available at the Hospital.

(3) The ad hoc committee may consider the following factors when making a recommendation to the MEC and the Board as to the need for the services of this category of Advance Practice Professionals:

(a) the nature of the services that would be offered;

(b) any state license or regulation which outlines the scope of practice that the Advance Practice Professional is authorized by law to perform;

(c) any state “non-discrimination” or “any willing provider” laws that would apply to the Advance Practice Professional;

(d) the business and patient care objectives of the Hospital, including patient convenience;

(e) the community’s needs and whether those needs are currently being met or could be better met if the services offered by the Advance Practice Professional were provided at the Hospital;

(f) the type of training that is necessary to perform the services that would be offered and whether there are individuals with more training currently providing those services;

(g) the availability of supplies, equipment, and other necessary Hospital resources;

(h) the need for, and availability of, trained staff to support the services that would be offered; and

(i) the ability to appropriately supervise performance and monitor quality of care.

3.B. DEVELOPMENT OF POLICY

(1) If the ad hoc committee determines that there is a need for the particular category of Advance Practice Professional at the Hospital, the committee shall recommend to the MEC and the Board a separate policy for the pertinent type of practitioner that addresses:

(a) any specific qualifications and/or training that they must possess beyond those set forth in this Policy;

(b) a detailed description of their authorized scope of practice or clinical privileges;

(c) any specific conditions that apply to their functioning within the Hospital beyond those set forth in this Policy; and

(d) any supervision requirements, if applicable.

(2) In developing such policies, the ad hoc committee shall consult the appropriate department chair(s) and consider relevant state law and may contact applicable professional societies or associations. The ad hoc committee may also recommend to the Board the number of Advance Practice Professionals that are needed in a particular category.

ARTICLE 4

QUALIFICATIONS, CONDITIONS, AND RESPONSIBILITIES

4.A. QUALIFICATIONS

4.A.1. Eligibility Criteria:

To be eligible to apply for initial and continued permission to practice at the Hospital, Advance Practice Professionals must:

(a) have a current, unrestricted license, certification, or registration to practice in Washington and have never had a license, certification, or registration to practice revoked, denied, or suspended by any state licensing agency;

(b) where applicable to their practice, have a current, unrestricted DEA registration;

(c) be available on a continuous basis, either personally or by arranging appropriate coverage when unavailable, to respond to the needs of patients in a prompt, efficient, and conscientious manner. ("Appropriate coverage" means coverage by another individual with appropriate specialty-specific privileges as determined by the Credentials Committee.) Compliance with this eligibility requirement means that the practitioner must document and certify that he or she is willing and able to:

(1) respond within 15 minutes, via phone, to an initial contact from the Hospital; and

(2) appear in person (or via technology-enabled direct communication and evaluation, i.e., telemedicine) to attend to a patient within 30 minutes of being requested to do so (or as otherwise required for a particular specialty as recommended by the MEC and approved by the Board);

(d) have current, valid professional liability insurance coverage in such form and in amounts satisfactory to the Board;

(e) have never been convicted of, or entered a plea of guilty or no contest to, Medicare, Medicaid, or other federal or state governmental or private third-party payer fraud or program abuse, nor have been required to pay civil monetary penalties for the same;

(f) have never been, and are not currently, excluded, precluded, or debarred from participation in Medicare, Medicaid, or other federal or state governmental health care program;

(g) have never had clinical privileges or scope of practice denied, revoked, suspended, or terminated by any health care facility or health plan for reasons related to clinical competence or professional conduct;

(h) have never relinquished or resigned affiliation, clinical privileges, or a scope of practice during an investigation or in exchange for not conducting such an investigation;

(i) have never been convicted of, or entered a plea of guilty or no contest to, any felony; or to any misdemeanor relating to controlled substances, illegal drugs, insurance or health care fraud or abuse, child abuse, elder abuse, or violence;

(j) satisfy all additional eligibility qualifications relating to their specific area of practice that may be established by the Hospital;

(k) document compliance with all applicable training and educational protocols that may be adopted by the MEC or required by the Board, including, but not limited to, those involving electronic medical records, computerized physician order entry ("CPOE"), the privacy and security of protected health information, infection control, and patient safety;

(l) document compliance with any health screening requirements (e.g., TB testing, mandatory flu vaccines, and infectious agent exposures); and

(m) if seeking to practice as a Category II practitioner, have a supervision agreement and/or collaborative agreement with a physician who is appointed to the Medical Staff (the "Supervising Physician").

4.A.2. Waiver of Eligibility Criteria:

(a) Any applicant who does not satisfy one or more of the threshold eligibility criteria outlined above may request that it be waived. The applicant requesting the waiver bears the burden of demonstrating (i) that he/she is otherwise qualified, and (ii) exceptional circumstances exist (e.g., when there is a demonstrated Hospital or Medical Staff need for the services in question). Exceptional circumstances generally do not include situations where a waiver is sought for the convenience of an applicant.

(b) In reviewing the request for a waiver, the Credentials Committee may consider the specific qualifications of the individual in question, input from the relevant department chair, and the best interests of the Hospital and the communities it serves. Additionally, the Credentials Committee may, in its discretion, consider the application form and other information supplied by the applicant. The Credentials Committee's recommendation will be forwarded to the MEC. Any recommendation to grant a waiver must include the specific basis for the recommendation.

(c) The MEC will review the recommendation of the Credentials Committee and make a recommendation to the Board regarding whether to grant or deny the request for a waiver. Any recommendation to grant a waiver must include the specific basis for the recommendation.

(d) No individual is entitled to a waiver or to a hearing if the MEC recommends and/or the Board determines not to grant a waiver.

(e) A determination that an individual is not entitled to a waiver is not a "denial" of permission to practice or clinical privileges.

(f) The granting of a waiver in a particular case does not set a precedent for any other individual or group of individuals.

(g) If a waiver is granted that does not specifically include a time limitation, the waiver is considered to be permanent and the individual does not have to request a waiver at subsequent recredentialing cycles.

(h) An application form that does not satisfy an eligibility criterion will not be processed until the Board has determined that a waiver should be granted.

4.A.3. Factors for Evaluation:

The six ACGME general competencies (patient care, medical knowledge, professionalism, system-based practice, practice-based learning, and interpersonal communications) will be evaluated as applicable, as part of a request for permission to practice, as reflected in the following factors:

(a) relevant training, experience, and demonstrated current competence, including medical/clinical knowledge, technical and clinical skills, clinical judgment, and an understanding of the contexts and systems within which care is provided;

(b) adherence to the ethics of their profession, continuous professional development, an understanding of and sensitivity to diversity, and responsible attitude toward patients, families, and their profession;

(c) ability to safely and competently perform the clinical privileges requested;

(d) good reputation and character;

(e) ability to work harmoniously with others, including, but not limited to, interpersonal and communication skills sufficient to enable them to maintain professional relationships with patients, families, and other members of health care teams; and

(f) recognition of the importance of, and willingness to support, the Hospital's and Medical Staff's commitment to quality care and a recognition that interpersonal skills and collegiality are essential to the provision of quality patient care.

4.A.4. No Entitlement to Medical Staff Appointment:

Advance Practice Professionals shall not be appointed to the Medical Staff or entitled to the rights, privileges, and/or prerogatives of Medical Staff appointment.

4.A.5. Non-Discrimination Policy:

No individual shall be denied permission to practice at the Hospital on the basis of sex, race, religion, national origin, gender expression or identity, sexual orientation or any other status protected by applicable state or federal law.

4.B. GENERAL CONDITIONS OF PRACTICE

4.B.1. Assumption of Duties and Responsibilities:

As a condition of permission to practice at the Hospital, all Advance Practice Professionals shall specifically agree to the following:

(a) to provide continuous and timely quality care to all patients in the Hospital for whom the individual has responsibility;

(b) to abide by all bylaws, rules and regulations, and policies of the Medical Staff and Hospital;

(c) to abide by PeaceHealth's ethical policies;

(d) to accept committee assignments and such other reasonable duties and responsibilities as may be assigned;

(e) to maintain and monitor a current personal e-mail address with Medical Staff Services, which will be the primary mechanism used to communicate all relevant information to the individual;

(f) to provide valid contact information in order to facilitate practitioner-to-practitioner communication (e.g., mobile phone number or valid answering service information);

(g) to inform Medical Staff Services, in writing, of any change in the practitioner's status or any change in the information provided on the practitioner's application form. This information will be provided with or without request, at the time the change occurs, and will include, but not be limited to:

- changes in licensure or certification status, DEA controlled substance authorization, or professional liability insurance coverage;
- adverse changes in professional liability insurance coverage;
- the filing of a professional liability lawsuit against the practitioner;
- changes in the practitioner's status at any other hospital or health care entity as a result of peer review activities;
- knowledge of a criminal investigation involving the practitioner, arrest, charge, indictment, conviction, or a plea of guilty or no contest in any criminal matter;
- exclusion or preclusion from participation in Medicare/Medicaid or any sanctions imposed;
- any changes in the practitioner's ability to safely and competently exercise clinical privileges, or to perform the duties and responsibilities of permission to practice because of health status issues, including, but not limited to, a physical, mental, or emotional condition that could adversely affect the practitioner's ability to practice safely and competently, or impairment due to addiction, alcohol use, or other similar issue (all of which shall be referred for review under the Practitioner Health Policy);
- any referral to a state board health-related program; and
- any charge of, or arrest for, driving under the influence ("DUI") (Any DUI incident will be forwarded for review under the Practitioner Health Policy.);

(h) to immediately submit to an appropriate evaluation, which may include diagnostic testing (including, but not limited to, blood and/or urine test) and/or a complete physical, mental, and/or behavioral evaluation, if at least two Medical Staff Leaders (or one Medical Staff Leader and one member of the Administrative team) are concerned with the individual's ability to safely and competently care for patients and request such testing and/or evaluation. The health care professional(s) to perform the testing and/or evaluations will be determined by the Medical Staff Leaders, and the Advance Practice Professional will execute all appropriate releases to permit the sharing of information with the Medical Staff Leaders;

(i) to appear for personal or phone interviews in regard to an application for permission to practice as may be requested;

(j) to not engage in illegal fee splitting or other illegal inducements relating to patient referral;

(k) to not assume responsibility for diagnosis or care of hospitalized patients for which he or she is not qualified or without adequate supervision;

(l) to wear proper Hospital identification with name and status and to avoid deceiving patients as to the individual's status as an Advance Practice Professional;

(m) to seek consultation when appropriate;

(n) to participate in the performance improvement and quality monitoring activities of the Hospital;

(o) to complete, in a timely and legible manner, the medical and other required records, containing all information required by the Hospital, and to utilize the electronic medical record as required;

(p) to cooperate with all utilization oversight activities;

(q) to perform all services and conduct himself/herself at all times in a cooperative and professional manner;

(r) to satisfy applicable continuing education requirements;

(s) to pay any applicable application fees, assessments, and/or fines;

(t) to constructively participate in the development, review, and revision of clinical practice and evidence-based medicine protocols pertinent to his or her specialty (including those related to national patient safety initiatives and core measures), and to comply with all such protocols and pathways;

(u) to comply with all applicable training and educational protocols as well as orientation requirements that may be adopted by the MEC or required by the Board, including, but not limited to, those involving electronic medical records, computerized physician order entry ("CPOE"), the privacy and security of protected health information, infection control, and patient safety;

(v) to participate in Root Cause Analyses and serious safety event activities as may be requested by Medical Staff Leaders and Hospital administration;

(w) to meet with Medical Staff Leaders and/or Hospital administration upon request, to provide information regarding professional qualifications upon written request, and to otherwise participate in collegial efforts as may be requested; and

(x) that, if there is any misstatement in, or omission from, the application, the Hospital may stop processing the application (or, if permission to practice has been granted prior to the discovery of a misstatement or omission, the permission may be deemed to be automatically relinquished). In either situation, there shall be no entitlement to the procedural rights provided in this Policy. The individual will be informed in writing of the nature of the misstatement or omission and permitted to provide a written response for the Credentials Committee's consideration. If the determination is made to not process an application or that appointment and privileges should be automatically relinquished pursuant to this provision, the individual may not reapply to the Hospital for a period of at least two years.

4.B.2. Burden of Providing Information:

(a) Advance Practice Professionals seeking permission to practice or renewal of permission to practice shall have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, character, ethics, and other qualifications, and for resolving any doubts about such qualifications.

(b) Advance Practice Professionals seeking permission or renewal of permission to practice have the burden of providing evidence that all the statements made and information given on the application are accurate.

(c) Complete Application: An application shall be complete when all questions on the application form have been answered, all supporting documentation has been supplied, all information has been verified from primary sources, and all application fees and applicable fines have been paid. An application shall become incomplete if the need arises for new, additional, or clarifying information at any time during the credentialing process. Any application that continues to be incomplete 30 days after the individual has been notified of the additional information required shall be deemed to be withdrawn.

(d) It is the responsibility of the individual seeking permission to practice or renewal of permission to practice to provide a complete application, including adequate responses from references. An incomplete application will not be processed.

4.C. APPLICATION

4.C.1. Information:

(a) The application forms for both initial and renewed permission to practice as an Advance Practice Professional shall require detailed information concerning the applicant's professional qualifications. The Advance Practice Professional application forms existing now and as may be revised are incorporated by reference and made a part of this Policy.

(b) In addition to other information, the applications shall seek the following:

(1) information as to whether the applicant's clinical privileges, scope of practice, permission to practice, and/or affiliation has ever been voluntarily or involuntarily relinquished, withdrawn, denied, revoked, suspended, reduced, subjected to probationary or other conditions, limited, terminated, or not renewed at any hospital, health care facility, or other organization, or is currently being investigated or challenged;

(2) information as to whether the applicant's license or certification to practice any profession in any state, DEA registration, or any state controlled substance license (if applicable) is or has ever been voluntarily or involuntarily relinquished, suspended, modified, terminated, restricted, or is currently being investigated or challenged;

(3) information concerning the applicant's professional liability litigation experience and/or any professional misconduct proceedings involving the applicant, in this state or any other state, whether such proceedings are closed or still pending, including the substance of the allegations of such proceedings or actions, the substance of the findings of such proceedings or actions, the ultimate disposition of any such proceedings or actions that have been closed, and any additional information concerning such

proceedings or actions as the Credentials Committee, MEC or Board may deem appropriate;

(4) current information regarding the applicant's ability to perform, safely and competently, the clinical privileges requested and the duties of Advance Practice Professionals; and

(5) a copy of government-issued photo identification.

(c) The applicant shall sign the application and certify that he or she is able to perform the clinical privileges requested and the responsibilities of Advance Practice Professionals.

4.C.2. Grant of Immunity and Authorization to Obtain/Release Information:

By requesting an application and/or applying for permission to practice, the individual expressly accepts the following conditions:

(a) Immunity:

To the fullest extent permitted by law, the individual releases from any and all liability, extends immunity to, and agrees not to sue the Hospital or the Board, any member of the Medical Staff or the Board, their authorized representatives, and third parties for any matter relating to permission to practice, clinical privileges, or the individual's qualifications for the same. This immunity covers any actions, recommendations, reports, statements, communications, and/or disclosures involving the individual that are made, taken, or received by the Hospital, its authorized agents, or third parties in the course of credentialing and peer review activities.

(b) Authorization to Obtain Information from Third Parties:

The individual specifically authorizes the Hospital, Medical Staff Leaders, and their authorized representatives (1) to consult with any third party who may have information bearing on the individual's professional qualifications, credentials, clinical competence, character, ability to perform safely and competently, ethics, behavior, or any other matter reasonably having a bearing on his or her qualifications for initial and continued permission to practice at the Hospital, and (2) to obtain any and all communications, reports, records, statements, documents, recommendations, or disclosures of third parties that may be relevant to such questions. The individual also specifically authorizes third parties to release this information to the Hospital and its authorized representatives upon request. Further, the individual agrees to sign necessary consent forms to permit a consumer reporting agency to conduct a criminal background check on the individual and report the results to the Hospital.

(c) Authorization to Release Information to Third Parties:

The individual also authorizes Hospital representatives to release information to other hospitals, health care facilities, managed care organizations, government regulatory and licensure boards or agencies, and their agents when information is requested in order to evaluate his or her professional qualifications for permission to practice, clinical privileges, and/or participation at the requesting organization/facility, and any licensure or regulatory matter.

(d) Authorization to Share Information Among PeaceHealth Entities:

The individual specifically authorizes PeaceHealth Entities (as defined below) to share credentialing, peer review, and other information and documentation pertaining to the individual's clinical competence, professional conduct and health. This information and

documentation may be shared at any time, including, but not limited to, any initial evaluation of an individual's qualifications, any periodic reassessment of those qualifications, or when a question is raised about the individual. For purposes of this Section, a PeaceHealth Entity means:

(i) any entity which, directly or indirectly, through one or more intermediaries, is controlled by PeaceHealth. This includes, but is not limited to, PeaceHealth hospitals, ambulatory surgery centers, and PeaceHealth affiliated physician groups. It also includes a joint venture in which PeaceHealth has an interest of 50 percent or more; and

(ii) any physician group not included in subsection (i) that has contracted with PeaceHealth or a PeaceHealth Entity to provide patient care services, provided:

(A) the physician group has a formal professional practice evaluation/peer review process, as evidenced by internal bylaws or policy; and

(B) the physician group has appropriate information sharing provisions consistent with this Policy either in a professional services contract or in a separate agreement with PeaceHealth or a PeaceHealth Entity consistent with this Policy.

(e) Procedural Rights:

The Advance Practice Professional agrees that the procedural rights set forth in this Policy are the sole and exclusive remedy with respect to any professional review action taken by the Hospital.

(f) Legal Actions:

If, despite this Section, an individual institutes legal action challenging any credentialing, privileging, peer review, or other action affecting the permission to practice and does not prevail, he or she will reimburse the Hospital and any member of the Medical Staff or Board involved in the action for all costs incurred in defending such legal action, including reasonable attorney's fees, expert witness fees, and lost revenues.

(g) Scope of Section:

All of the provisions in this Section are applicable in the following situations:

(1) whether or not permission to practice or clinical privileges is granted;

(2) throughout the term of any affiliation with the Hospital and thereafter;

(3) should permission to practice or clinical privileges be denied, revoked, reduced, restricted, suspended, and/or otherwise affected as part of the Hospital's professional review activities; and

(4) as applicable, to any third-party inquiries received after the individual leaves the Hospital about his or her tenure as a member of the Advance Practice Professional Staff.

ARTICLE 5

CREDENTIALING PROCEDURE

5.A. PROCESSING OF INITIAL APPLICATION TO PRACTICE

5.A.1. Request for Application:

(a) Any individual requesting an application for permission to practice at the Hospital shall be sent (i) a letter that outlines the eligibility criteria for permission to practice as outlined in this Policy, (ii) any eligibility requirements that relate to the Advance Practice Professional's specific area of practice, and (iii) the application form.

(b) An Advance Practice Professional who is in a category of practitioners that has not been approved by the Board to practice at the Hospital shall be ineligible to receive an application. A determination of ineligibility does not entitle an Advance Practice Professional to the procedural rights outlined in Article 8 of this Policy.

5.A.2. Initial Review of Application:

(a) A completed application form with copies of all required documents must be returned to the PeaceHealth Credentials Verification Office ("PHCVO") accompanied by any required application fee.

(b) As a preliminary step, the application will be reviewed by the PHCVO and/or Medical Staff Services to determine that all questions have been answered and that the individual satisfies all threshold criteria. Individuals who fail to return completed applications or fail to meet the eligibility criteria set forth in Section 4.A.1 of this Policy will be notified that they are not eligible for permission to practice at the Hospital and that their application will not be processed. A determination of ineligibility does not entitle an Advance Practice Professional to the procedural rights outlined in Article 8 of this Policy.

(c) The PHCVO and/or Medical Staff Services shall oversee the process of gathering and verifying relevant information and confirming that all references and other information or materials deemed pertinent have been received. Once an application is complete, it shall be transmitted, along with all supporting documentation, to the applicable department chair.

5.A.3. Department Chair Procedure:

(a) Medical Staff Services shall transmit the complete application and all supporting materials to the appropriate department chair or the individual to whom the chair has assigned this responsibility. Each chair shall prepare a written report (on a form provided by Medical Staff Services) regarding whether the applicant has satisfied all of the qualifications for permission to practice and the clinical privileges requested.

(b) As part of the process of making this report, the department chair has the right to meet with the applicant and the Supervising Physician (if applicable) to discuss any aspect of the application, qualifications, and requested clinical privileges. The department chair may also confer with experts within the department and outside of the department in preparing the report (e.g., other physicians, relevant Hospital department heads, nurse managers).

(c) In the event that the department chair is unavailable or unwilling to prepare a written report, the Chair of the Credentials Committee or the Chief of Staff shall appoint an individual to prepare the report.

(d) The department chair shall be available to answer any questions that may be raised with respect to that individual's report and findings.

(e) If the Hospital has magnet designation, in addition to review by the department chair, all individuals who are seeking permission to practice as advanced practice nurses shall also be evaluated by the Chief Nursing Officer (or designee).

5.A.4. Credentials Committee Procedure:

(a) The Credentials Committee shall review the reports from the appropriate department chair and the Chief Nursing Officer (when applicable) and the information contained in references given by the applicant and from other available sources. The Credentials Committee shall examine evidence of the applicant's character, professional competence, qualifications, prior behavior, and ethical standing and shall determine whether the applicant has established and satisfied all of the necessary qualifications for the clinical privileges requested.

(b) The Credentials Committee may use the expertise of any individual on the Medical Staff or in the Hospital, or an outside consultant, if additional information is required regarding the applicant's qualifications. The Credentials Committee may also meet with the applicant and, when applicable, the Supervising Physician. The appropriate department chair may participate in this interview.

(c) After determining that an applicant is otherwise qualified for permission to practice and the clinical privileges requested, the Credentials Committee may require the applicant to undergo a physical, mental, and/or behavioral examination by a physician(s) satisfactory to the Credentials Committee or may request that the individual complete a separate Health Status Confirmation form if there is any question about the applicant's ability to perform the privileges requested and the responsibilities of permission to practice. The results of any examination shall be made available to the Committee for its consideration. Failure of an applicant to undergo an examination or to complete the Health Status Confirmation Form within a reasonable time after being requested to do so in writing by the Credentials Committee shall be considered an incomplete application and all processing of the application shall cease. The cost of the health assessment will be borne by the applicant.

(d) The Credentials Committee may recommend specific conditions. These conditions may relate to behavior (e.g., personal code of conduct) or to clinical issues (e.g., general consultation requirements, appropriate documentation requirements, proctoring, completion of education requirements). The Credentials Committee may also recommend that permission to practice be granted for a period of less than two years in order to permit closer monitoring of an individual's compliance with any conditions.

(e) The Credentials Committee's recommendation will be forwarded to the MEC.

5.A.5. MEC Procedure:

(a) At its next meeting, after receipt of the written findings and recommendation of the Credentials Committee, the MEC shall:

(1) adopt the findings and recommendations of the Credentials Committee as its own; or

(2) refer the matter back to the Credentials Committee for further consideration and responses to specific questions raised by the MEC; or

(3) set forth in its report and recommendation clear and convincing reasons, along with supporting information, for its disagreement with the Credentials Committee's recommendation.

(b) If the MEC's recommendation is favorable to the applicant, the Committee shall forward its recommendation to the Board, through the CAO, including the findings and recommendation of the Credentials Committee. The MEC's recommendation must specifically address the clinical privileges requested by the applicant, which may be qualified by any probationary or other conditions or restrictions relating to such clinical privileges.

(c) If the MEC's recommendation is unfavorable and would entitle the applicant to the procedural rights set forth in this Policy, the MEC shall forward its recommendation to the CAO, who shall notify the applicant of the recommendation and his or her procedural rights. The CAO shall then hold the MEC's recommendation until after the individual has completed or waived the procedural rights outlined in this Policy.

5.A.6. Board Action:

(a) Upon receipt of a recommendation that the applicant be granted permission to practice and clinical privileges requested, the Board, or its designated committee, may:

(1) grant the applicant permission to practice and clinical privileges as recommended; or

(2) refer the matter back to the Credentials Committee or MEC or to another source inside or outside the Hospital for additional research or information; or

(3) reject or modify the recommendation.

(b) If the Board determines to reject a favorable recommendation, it should first discuss the matter with the Chair of the Credentials Committee and the Chief of Staff. If the Board's determination remains unfavorable to the applicant, the CAO shall promptly send special notice to the applicant that the applicant is entitled to request the procedural rights as outlined in this Policy.

(c) Any final decision by the Board to grant, deny, revise, or revoke permission to practice and/or clinical privileges will be disseminated to appropriate individuals and, as required, reported to appropriate entities.

5.B. CLINICAL PRIVILEGES

5.B.1. General:

The clinical privileges recommended to the Board for Category I and Category II practitioners will be based upon consideration of the following factors:

(a) education, relevant training, experience, and demonstrated current competence, including medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal and communication skills, and professionalism with patients, families and other members of the health care team and peer evaluations relating to the same;

(b) ability to perform the privileges requested competently and safely;

(c) information resulting from ongoing and focused professional practice evaluation and performance improvement activities, as applicable;

(d) adequate professional liability insurance coverage for the clinical privileges requested;

(e) the Hospital's available resources and personnel;

(f) any previously successful or currently pending challenges to any licensure or registration, or the voluntary or involuntary relinquishment of such licensure or registration;

(g) any information concerning professional review actions or voluntary or involuntary termination, limitation, reduction, or loss of appointment or clinical privileges at another hospital;

(h) practitioner-specific data as compared to aggregate data, when available;

(i) morbidity and mortality data, when available; and

(j) professional liability actions, especially any such actions that reflect an unusual pattern or excessive number of actions.

5.C. TEMPORARY CLINICAL PRIVILEGES

5.C.1. Request for Temporary Clinical Privileges:

(a) Threshold Eligibility Requirements. In order to be eligible to request temporary privileges of any type, a Category I or Category II practitioner must demonstrate:

(1) successful completion of training in the specialty for which privileges are requested, with no disciplinary actions taken or conditions imposed during training;

(2) all references contain favorable evaluations;

(3) claims activity (including past malpractice claims, judgments and settlements) that is reasonable in light of the applicant's specialty, with no unusual pattern or excessive number of liability actions resulting in a judgment against the applicant;

(4) no reports of disciplinary actions on licensure or registration; and

(5) no investigation into, and no disciplinary action taken, including, but not limited to, involuntary termination, limitation, restriction, reduction, probation, denial or loss of employment, appointment, permission to practice, and/or clinical privileges at any hospital or other entity.

(b) Types of Temporary Privileges. Temporary privileges may be requested as follows:

(1) Applicants: Temporary privileges for an applicant for initial permission to practice may be granted by the CAO, upon recommendation of the Chief of Staff, the department chair, and the Chair of the Credentials Committee, when a Category I or Category II practitioner has submitted a completed application and the application is pending review by the MEC and the Board. Prior to temporary privileges being granted in this situation, the credentialing process must be complete, including, where applicable,

verification of current licensure, current competence, ability to exercise the privileges requested, and compliance with criteria, and consideration of information from the National Practitioner Data Bank and from a criminal background check.

(2) Important Patient Care Need: The CAO, upon recommendation of the Chief of Staff and the relevant department chair, may grant temporary privileges to a Category I or Category II practitioner serving as a locum tenens for an individual who is on vacation, attending an educational seminar, or ill, and/or otherwise needs coverage assistance for a period of time. Prior to temporary privileges being granted in this situation, the verification process must be complete, including, where applicable, verification of current licensure, current competence, ability to exercise the privileges requested, and compliance with criteria, and consideration of information from the National Practitioner Data Bank and from a criminal background check.

(c) Compliance with Bylaws and Policies. Prior to temporary privileges being granted, the individual must agree in writing to be bound by all applicable bylaws, rules and regulations, and policies, procedures, and protocols.

(d) Time Frames and Automatic Expiration. Temporary privileges will be granted for a specific period of time, not to exceed 120 days, and will expire at the end of the time period for which they are granted.

5.C.2. Withdrawal of Temporary Clinical Privileges:

The CAO or CMO may withdraw temporary privileges for any reason, at any time, after consulting with the Chief of Staff, the Chair of the Credentials Committee, or the department chair.

5.D. PROCESSING APPLICATIONS FOR RENEWAL TO PRACTICE

5.D.1. Submission of Application:

(a) The grant of permission to practice will be for a period not to exceed two years. A request to renew clinical privileges will be considered only upon submission of a completed renewal application.

(b) Approximately five months prior to the date of expiration of an Advance Practice Professional's clinical privileges, Medical Staff Services will notify the individual of the date of expiration and provide the individual with a renewal application. A completed renewal application must be returned to the PHCVO accompanied by any reapplication fee.

(c) Failure to return a completed application within 30 days may result in the assessment of a reappointment late fee, which must be paid prior to the application being processed. In addition, failure to submit a complete application at least two months prior to the expiration of the individual's current term may result in automatic expiration of clinical privileges at the end of the then current term, unless the application can still be processed in the normal course, without extraordinary effort on the part of Medical Staff Services and the Medical Staff Leaders.

(d) Once an application for renewal of clinical privileges has been completed and submitted, it will be evaluated following the same procedures outlined in this Policy regarding initial applications.

5.D.2. Renewal Process:

(a) The procedures pertaining to an initial request for clinical privileges, including eligibility criteria and factors for evaluation, will be applicable in processing requests for renewal for these practitioners.

(b) As part of the process for renewal of clinical privileges, the following factors will be considered:

(1) an assessment prepared by the applicable department chair;

(2) an assessment prepared by a peer, if possible;

(3) results of the Hospital's performance improvement and ongoing and focused professional practice evaluation activities, taking into consideration, when applicable, practitioner-specific information compared to aggregate information concerning other individuals in the same or similar specialty (provided that, other practitioners will not be identified);

(4) resolution of any verified complaints received from patients or staff; and

(5) any focused professional practice evaluations.

(c) For Category II practitioners, the following information may also be considered:

(1) an assessment prepared by the Supervising Physician(s); or

(2) an assessment prepared by the applicable Hospital supervisor (i.e., OR Supervisor, Nursing Supervisor).

ARTICLE 6

CONDITIONS OF PRACTICE APPLICABLE TO CATEGORY II AND CATEGORY III PRACTITIONERS

6.A. OVERSIGHT BY SUPERVISING PHYSICIAN

(1) Any activities permitted to be performed at the Hospital by a Category II or Category III practitioner shall be performed only under the supervision or direction of a Supervising Physician.

(2) Category II or Category III practitioners may function in the Hospital only so long as (i) they are supervised by a Supervising Physician who is currently appointed to the Medical Staff, and (ii) they have a current, written supervision agreement with the Supervising Physician. In addition, should the Medical Staff appointment or clinical privileges of the Supervising Physician be revoked or terminated, the Category II or Category III practitioner's permission to practice at the Hospital and clinical privileges or scope of practice shall be automatically relinquished (unless the individual will be supervised by another approved physician on the Medical Staff).

(3) As a condition of clinical privileges or a scope of practice, a Category II or Category III practitioner and the Supervising Physician must provide the Hospital with a copy of any written supervision or collaboration agreement that may be required by the state as well as notice of any revisions or modifications that are made to any such agreements between them. This notice must be provided to Medical Staff Services within three days of any such change.

6.B. QUESTIONS REGARDING AUTHORITY OF A CATEGORY II OR CATEGORY III PRACTITIONER

(1) Should any Medical Staff member or Hospital employee who is licensed or certified by the state have any question regarding the clinical competence or authority of a Category II or Category III practitioner, either to act or to issue instructions outside the physical presence of the Supervising Physician in a particular instance, the Medical Staff member or Hospital employee shall have the right to require that the Category II or Category III practitioner's Supervising Physician validate, either at the time or later, the instructions of the Category II or Category III practitioner. Any act or instruction of the Category II or Category III practitioner shall be delayed until such time as the staff member or Hospital employee can be certain that the act is clearly within the scope of the Category II or Category III practitioner's activities as permitted by the Board.

(2) Any question regarding the clinical practice or professional conduct of a Category II or Category III practitioner shall be immediately reported to the Chief of Staff, the relevant department chair, or the CMO, who shall undertake such action as may be appropriate under the circumstances. The individual to whom the concern has been reported may also discuss the matter with the Supervising Physician.

6.C. RESPONSIBILITIES OF SUPERVISING PHYSICIAN

(1) Physicians who wish to utilize the services of a Category II or Category III practitioner in their clinical practice at the Hospital must notify Medical Staff Services of this fact in advance and must ensure that the individual has been appropriately credentialed in accordance with this Policy or with Human Resources policies and procedures before the Category II or Category III practitioner participates in any clinical or direct patient care of any kind in the Hospital.

(2) The Supervising Physician will remain responsible for all care provided by the Category II or Category III practitioner in the Hospital.

(3) Supervising Physicians who wish to utilize the services of a Category II practitioner in the inpatient setting specifically agree to abide by the standards of practice set forth in Section 6.A above.

(4) The number of Category II or Category III practitioners acting under the supervision of one Supervising Physician, as well as the care they may provide, will be consistent with applicable state statutes and regulations and any other policies adopted by the Hospital. The Supervising Physician will make all appropriate filings with the relevant state board regarding the supervision and responsibilities of the Category II or Category III practitioner, to the extent that such filings are required and shall provide a copy of the same to Medical Staff Services.

(5) It will be the responsibility of the Supervising Physician to ensure that the Category II or Category III practitioner maintains professional liability insurance in amounts required by the Board. The insurance must cover any and all activities of the Category II or Category III practitioner in the Hospital. The Supervising Physician will furnish evidence of such coverage to the Hospital. The Category II or Category III practitioner will act in the Hospital only while such coverage is in effect.

ARTICLE 7

QUESTIONS INVOLVING ADVANCE PRACTICE PROFESSIONALS

7.A. COLLEGIAL EFFORTS AND PROGRESSIVE STEPS

(1) This Policy encourages the use of collegial efforts and progressive steps by Medical Staff Leaders and Hospital management to address questions relating to an individual's clinical practice and/or professional conduct. The goal of these efforts is to arrive at voluntary, responsive actions by the individual to resolve questions that have been raised.

(2) Collegial efforts and progressive steps include, but are not limited to:

(a) informal mentoring, coaching, or counseling by a Medical Staff Leader (e.g., advising an individual of policies regarding appropriate behavior, communication issues, emergency call obligations, or the timely and adequate completion of medical records);

(b) sharing comparative data, including any variations from clinical practice or evidence-based protocols or guidelines, in order to assist the individual with conforming his or her practice to appropriate norms;

(c) addressing minor performance issues through an Informational Letter;

(d) sending an Educational Letter that describes opportunities for improvement and provides guidance and suggestions;

(e) facilitating a formal Collegial Intervention (i.e., a planned, face-to-face meeting between an individual and one or more Medical Staff Leaders) in order to directly discuss a matter and the steps needed to be taken to resolve it; and

(f) developing a Performance Improvement Plan, which may include a wide variety of tools and techniques that can result in a constructive and successful resolution of the concern.

(3) All of these efforts are fundamental and integral components of the Hospital's professional practice evaluation activities, and are confidential and protected in accordance with state law.

(4) Copies of any formal documentation that is prepared by a Medical Staff Leader regarding such collegial efforts, including letters that follow a formal Collegial Intervention, will be included in an individual's confidential file. The individual shall have an opportunity to review any such documentation and respond in writing. The response shall be maintained in that individual's file along with the original documentation.

(5) Collegial efforts and progressive steps are encouraged, but are not mandatory, and shall be within the discretion of the appropriate Medical Staff Leaders and Hospital management. When a question arises, the Medical Staff and/or Hospital Leaders may:

(a) address it pursuant to the collegial efforts and progressive steps provisions of this Section;

(b) refer the matter for review in accordance with the Professional Practice Evaluation Policy, Professionalism Policy, Practitioner Health Policy, and/or other relevant policy; or

(c) refer it to the MEC for its review and consideration in accordance with Section 7.C of this Article.

(6) Should any recommendation be made or an action taken that entitles an individual to a hearing in accordance with this Policy, the individual is entitled to be accompanied by legal counsel at that hearing. However, Advance Practice Professionals do not have the right to be accompanied by counsel when the Medical Staff Leaders and Hospital management are engaged in collegial efforts or other progressive steps. These efforts are intended to resolve issues in a constructive manner and do not involve the formal hearing process. In addition, there shall be no recording (audio or video) or transcript made of any meetings that involve collegial efforts or progressive steps activities.

7.B. PROFESSIONAL PRACTICE EVALUATION ACTIVITIES

Professional practice evaluation activities shall be conducted in accordance with the Professional Practice Evaluation Policy, the Professionalism Policy, the Practitioner Health Policy, and/or other relevant policy. Matters that are not satisfactorily resolved through collegial intervention efforts or through one of these policies shall be referred to the MEC for its review in accordance with Section 7.C below. Such interventions and evaluations, however, are not mandatory prerequisites to MEC review.

7.C. ADMINISTRATIVE SUSPENSION

(1) The Chief of Staff, the CMO, the CAO, the relevant department chair, the Chair of the Credentials Committee, and the MEC will each have the authority to impose an administrative suspension of all or any portion of the clinical privileges of any Advance Practice Professional whenever a significant question has been raised about such individual's clinical care or professional conduct.

(2) An administrative suspension will become effective immediately upon imposition, will immediately be reported in writing to the CAO and the Chief of Staff, and will remain in effect unless or until modified by the CAO or the MEC. The imposition of an administrative suspension does not entitle an Advance Practice Professional to the procedural rights set forth in Article 8 of this Policy.

(3) Upon receipt of notice of the imposition of an administrative suspension, the CAO and Chief of Staff will forward the matter to the MEC, which will review and consider the question(s) raised and thereafter make a recommendation to the Board.

7.D. INVESTIGATIONS

7.D.1. Initiation of Investigation:

When a question involving clinical competence or professional conduct of an Advance Practice Professional is referred to, or raised by, the MEC, the MEC will review the matter and determine whether to conduct an investigation, to direct the matter to be handled pursuant to another policy, or to proceed in another manner.

7.D.2. Investigative Procedure:

(a) The MEC will either investigate the matter itself, request that the Credentials Committee conduct the investigation, or appoint an ad hoc committee to conduct the investigation ("investigating committee"). The investigating committee will not include relatives or financial partners of the Advance Practice Professional or, where applicable, the Advance Practice Professional's

Supervising Physician. Whenever the questions raised concern the clinical competence of the individual under review, the ad hoc committee shall include a peer of the individual (e.g., an Advance Practice Professional in a similar discipline).

(b) The investigating committee will have the authority to review relevant documents and interview individuals. It will also have available to it the full resources of the Medical Staff and the Hospital.

(c) The investigating committee will also have the authority to use outside consultants, if needed.

(d) The investigating committee may require a physical, mental, and/or behavioral examination of the individual by a health care professional(s) acceptable to it. The individual being investigated shall execute a release (in a form approved or provided by the investigating committee) allowing (i) the investigating committee (or its representative) to discuss with the health care professional(s) conducting the examination the reasons for the examination; and (ii) the health care professional(s) conducting the examination to discuss and provide documentation of the results of such examination directly to the investigating committee. The cost of such health examination shall be borne by the individual.

(e) The individual will have an opportunity to meet with the investigating committee before it makes its report. Prior to this meeting, the individual shall be notified, in writing, of the general questions or concerns being investigated, and that the individual must provide a written response to the investigating committee in advance of the meeting. At the meeting, the individual will be invited to discuss, explain, or refute the questions that gave rise to the investigation. No recording (audio or video) or transcript of the meeting shall be permitted or made. A summary of the interview will be prepared. This meeting is not a hearing, and none of the procedural rules for hearings will apply. The individual being investigated will not have the right to be accompanied by legal counsel at this meeting.

(f) The investigating committee will make a reasonable effort to complete the investigation and issue its report within 30 days of the commencement of the investigation, provided that an outside review is not necessary. When an outside review is necessary, the investigating committee will make a reasonable effort to complete the investigation and issue its report within 30 days of receiving the results of the outside review. These time frames are intended to serve only as guidelines.

(g) At the conclusion of the investigation, the investigating committee will prepare a report with its findings, conclusions, and recommendations.

7.D.3. Recommendation:

(a) The MEC may accept, modify, or reject any recommendation it receives from an investigating committee. Specifically, the MEC may:

(1) determine that no action is justified;

(2) issue a letter of guidance, counsel, warning, or reprimand;

(3) impose conditions for continued permission to practice;

(4) impose a requirement for monitoring, proctoring, or consultation;

(5) impose a requirement for additional training or education;

(6) recommend reduction of clinical privileges;

(7) recommend suspension of clinical privileges for a term;

(8) recommend revocation of clinical privileges; or

(9) make any other recommendation that it deems necessary or appropriate.

(b) A recommendation by the MEC that would entitle the individual to request a hearing will be forwarded to the CAO, who will promptly inform the individual by special notice. The CAO will hold the recommendation until after the individual has completed or waived a hearing and appeal.

(c) If the MEC makes a recommendation that does not entitle the individual to request a hearing, it will take effect immediately and will remain in effect unless modified by the Board.

7.E. AUTOMATIC RELINQUISHMENT/ACTIONS

(1) An Advance Practice Professional's clinical privileges shall be automatically relinquished, without entitlement to the procedural rights outlined in this Policy, in the following circumstances:

(a) the Advance Practice Professional no longer satisfies any of the threshold eligibility criteria set forth in Section 4.A.1 or any additional threshold credentialing qualifications set forth in the specific Hospital policy relating to his or her discipline;

(b) the Advance Practice Professional is arrested, charged, indicted, convicted, or enters a plea of guilty or no contest to any felony; or to any misdemeanor involving (i) controlled substances; (ii) illegal drugs; (iii) Medicare, Medicaid, or insurance or health care fraud or abuse; (iv) child abuse; (v) elder abuse; or (vi) violence against another (DUIs will be addressed in the manner outlined in Section 4.B.1(g) of this Policy);

(c) the Advance Practice Professional fails to provide information pertaining to his or her qualifications for clinical privileges in response to a written request from the CAO, the CMO, the Credentials Committee, the Leadership Council, the CPE, the MEC, or any other committee authorized to request such information;

(d) the Advance Practice Professional fails to complete or comply with training or educational requirements that are adopted by the MEC or required by the Board, including, but not limited to, those pertinent to electronic medical records, computerized physician order entry ("CPOE"), the privacy and security of protected health information, infection control, or patient safety;

(e) the Advance Practice Professional fails to attend a special meeting at the request of a Medical Staff Leader to discuss a concern with clinical practice or professional conduct, provided Special Notice of the meeting has been provided at least three days in advance;

(f) a determination is made that there is no longer a need for the services of a particular discipline or category of Advance Practice Professional;

(g) a Category II or Category III practitioner fails, for any reason, to maintain an appropriate relationship with a Supervising Physician as defined in this Policy; or

(h) any Advance Practice Professional employed by the Hospital has his or her employment terminated.

(2) Requests for reinstatement.

(a) Requests for reinstatement following the expiration of a license/certification/registration, controlled substance authorization, and/or insurance coverage will be processed by Medical Staff Services. If any questions or concerns are noted, Medical Staff Services will refer the matter for further review in accordance with (b) below.

(b) All other requests for reinstatement will be reviewed by the Chief of Staff, the relevant department chair, the CMO, and the CAO. If each of these individuals makes a favorable recommendation on reinstatement, the Advance Practice Professional may immediately resume clinical practice at the Hospital. This determination will then be forwarded to the Credentials Committee, the MEC, and the Board for ratification. If, however, any of these individuals has any questions or concerns, those questions will be noted and the reinstatement request will be forwarded to the full Credentials Committee, MEC, and Board for review and recommendation.

7.F. LEAVE OF ABSENCE

(1) An Advance Practice Professional may request a leave of absence by submitting a written request to the Chief of Staff. Except in extraordinary circumstances, this request will be submitted at least 30 days prior to the anticipated start of the leave in order to permit adjustment of clinical and/or administrative activities. The request must state the beginning and ending dates of the leave, which shall not exceed one year, and the reasons for the leave. The Chief of Staff shall forward the request for a leave of absence to the relevant department chair, Leadership Council, Credentials Committee, MEC, and Board for recommendation and approval.

(2) Except for maternity leaves, Advance Practice Professionals must report to the Chief of Staff anytime they are away from patient care responsibilities for longer than 30 days and the reason for such absence is related to their physical or mental health or otherwise to their ability to care for patients safely and competently. Under such circumstances, the Chief of Staff, in consultation with the CMO and/or CAO, may trigger an automatic medical leave of absence.

(3) Requests for reinstatement must be made at least 30 days prior to the conclusion of the leave of absence. Individuals requesting reinstatement must submit to the Chief of Staff a written summary of their professional activities during the leave, provide evidence that they continue to maintain current licensure, registration, and adequate malpractice coverage, and any other information that may be requested by the Hospital. Requests for reinstatement will then be reviewed by the Leadership Council. If the Leadership Council makes a favorable recommendation on reinstatement, the Advance Practice Professional may immediately resume practice. This determination will then be forwarded to the Credentials Committee, the MEC, and the Board for ratification. If, however, the Leadership Council has any questions or concerns, those questions will be noted and the reinstatement request will be forwarded to the full Credentials Committee, MEC, and Board for review and recommendation. In the event the MEC determines to take action that would entitle the individual to the procedural rights set forth in Article 8, the individual will be given special notice.

(4) If the leave of absence was for health reasons (except for maternity leaves), the request for reinstatement must be accompanied by a report from the individual's physician indicating that

the individual is physically and/or mentally capable of resuming a hospital practice and safely exercising the clinical privileges requested and the reinstatement will be processed in accordance with the Practitioner Health Policy.

7.G. ACTION AT ANOTHER PEACEHEALTH HOSPITAL

(1) Each PeaceHealth Hospital will share information regarding the implementation or occurrence of any of the following actions with all other PeaceHealth Hospitals at which an individual has been granted permission to practice and clinical privileges:

(a) ***automatic relinquishment or resignation*** of permission to practice and/or clinical privileges for any reason set forth in this Policy or other Medical Staff policies (except for those relinquishments or resignations that result from incomplete medical records or the failure to provide requested information in a timely manner);

(b) ***voluntary agreement to modify clinical privileges*** or ***to refrain from exercising*** some or all clinical privileges for a period of time for reasons related to the individual's clinical competence, conduct or health;

(c) participation in a ***Performance Improvement Plan*** under the Professional Practice Evaluation Policy or Medical Staff Professionalism Policy;

(d) a grant of ***conditional permission to practice or privileges*** (either at initial credentialing or at time of renewal), or conditional continued permission to practice or clinical privileges; and/or

(e) any ***denial, suspension, revocation, or termination*** of permission to practice and/or clinical privileges.

(2) Upon receipt of notice that any of the actions set forth in Paragraph (1) have occurred at any PeaceHealth Hospital, that action will either:

(a) automatically and immediately take effect at the PeaceHealth Hospital receiving the notice; or

(b) be cause for the PeaceHealth Hospital receiving the notice to determine that the individual no longer satisfies the eligibility criteria set forth in this Policy and has therefore automatically relinquished his or her permission to practice and privileges.

The automatic effectiveness of any such action, or an automatic relinquishment based on such action, will not entitle the individual to any additional procedural rights (including advance notice, additional peer review, formal investigation, hearing, or appeal) other than what occurred at the PeaceHealth Hospital taking the original action.

(3) The Board may waive the automatic effectiveness of an action or an automatic relinquishment at the receiving PeaceHealth Hospital based on a recommendation to do so from the MEC at that Hospital. However, the automatic effectiveness or relinquishment will continue until such time as a waiver has been granted and the practitioner has been notified in writing of such. Waivers are within the discretion of the Board and are final. They will be granted only as follows:

(a) after a full review of the specific circumstances and any relevant documents (including peer review documents) from the PeaceHealth Hospital where the action first occurred.

The burden is on the affected practitioner to provide evidence showing that a waiver is appropriate; and

(b) based on a finding that the granting of a waiver will not affect patient safety, quality of care, or Hospital operations.

The denial of a waiver pursuant to this Section will not entitle the individual to any procedural rights, including advance notice, additional peer review, formal investigation, hearing, or appeal.

ARTICLE 8

PROCEDURAL RIGHTS FOR ADVANCE PRACTICE PROFESSIONALS

Advance Practice Professionals shall not be entitled to the hearing and appeals procedures set forth in the Medical Staff Credentials Policy. Any and all procedural rights to which these individuals are entitled are set forth in this Article.

8.A. NOTICE OF RIGHTS

(1) In the event a recommendation is made by the MEC that a Category I or Category II practitioner not be granted clinical privileges or that the privileges previously granted be restricted for a period of more than 30 days, terminated, or not renewed, the individual will receive special notice of the recommendation. The special notice will include a general statement of the reasons for the recommendation and will advise the individual that he or she may request a hearing.

(2) The rights and procedures in this Section will also apply if the Board, without a prior adverse recommendation from the MEC, makes a recommendation not to grant clinical privileges or that the privileges previously granted be restricted, terminated, or not renewed. In this instance, all references in this Article to the MEC will be interpreted as a reference to the Board.

(3) If the Category I or Category II practitioner wants to request a hearing, the request must be in writing, directed to the CAO, within 30 days after receipt of written notice of the adverse recommendation.

(4) The hearing will be convened as soon as is practical, but no sooner than 30 days after the notice of the hearing, unless an earlier hearing date has been specifically agreed to by the parties.

8.B. HEARING COMMITTEE

(1) If a request for a hearing is made in a timely manner, the CAO, in conjunction with the Chief of Staff, shall appoint a Hearing Committee composed of up to three individuals (including, but not limited to, individuals appointed to the Medical Staff, Advance Practice Professionals, Hospital management, individuals not connected to the Hospital, or any combination of these individuals) and a Presiding Officer, who may be legal counsel to the Hospital. The Hearing Committee shall not include anyone who previously participated in the recommendation, any relatives or practice partners of the Category I or Category II practitioner, or any competitors of the affected individual.

(2) As an alternative to the Hearing Committee described in paragraph (a) of this Section, the CAO, in conjunction with the Chief of Staff, may instead appoint a Hearing Officer to perform the functions that would otherwise be carried out by the Hearing Committee. The Hearing Officer shall preferably be an attorney at law. The Hearing Officer may not be in direct economic competition with the individual requesting the hearing and shall not act as a prosecuting officer or as an advocate to either side at the hearing. If the Hearing Officer is an attorney, he or she shall not represent clients who are in direct economic competition with the affected individual. In the event a Hearing Officer is appointed instead of a Hearing Committee, all references in this Article to the Hearing Committee shall be deemed to refer instead to the Hearing Officer, unless the context would clearly otherwise require.

(3) The hearing shall be convened as soon as is practical, but no sooner than 30 days after the notice of the hearing, unless an earlier hearing date has been specifically agreed to by the parties.

8.C. HEARING PROCESS

(1) A record of the hearing will be maintained by a stenographic reporter or by a recording of the proceedings. Copies of the transcript will be available at the individual's expense.

(2) The hearing will last no more than six hours, with each side being afforded approximately three hours to present its case, in terms of both direct and cross-examination of witnesses.

(3) At the hearing, a representative of the MEC will first present the reasons for the recommendation. The Category I or Category II practitioner will be invited to present information to refute the reasons for the recommendation.

(4) Both parties will have the right to present witnesses. The Presiding Officer will permit reasonable questioning of such witnesses.

(5) The Category I or Category II practitioner and the MEC may be represented at the hearing by legal counsel. However, while counsel may be present at the hearing, counsel will not call, examine, or cross-examine witnesses or present the case.

(6) The Category I or Category II practitioner will have the burden of demonstrating, by clear and convincing evidence, that the recommendation of the MEC was arbitrary, capricious, or not supported by substantial evidence. The quality of care provided to patients and the smooth operation of the Hospital will be the paramount considerations.

(7) The Category I or Category II practitioner and the MEC will have the right to prepare a post-hearing memorandum for consideration by the Hearing Committee. The Presiding Officer will establish a reasonable schedule for the submission of such memoranda.

8.D. HEARING COMMITTEE REPORT

(1) Within 20 days after the conclusion of the proceeding or submission of the post-hearing memoranda, whichever date is later, the Hearing Committee will prepare a written report and recommendation. The Hearing Committee will forward the report and recommendation, along with all supporting information, to the CAO. The CAO will send a copy of the written report and recommendation by special notice to the Category I or Category II practitioner and to the MEC.

(2) Within ten days after notice of such recommendation, the Category I or Category II practitioner and/or the MEC may make a written request for an appeal. The request must include a statement of the reasons, including specific facts, which justify an appeal.

(3) The grounds for appeal will be limited to an assertion that there was substantial failure to comply with this Policy during the hearing, so as to deny a fair hearing, and/or that the recommendation of the Hearing Committee was arbitrary, capricious, or not supported by substantial evidence.

(4) The request for an appeal will be delivered to the CAO by special notice.

(5) If a written request for appeal is not submitted timely, the appeal is deemed to be waived and the recommendation and supporting information will be forwarded to the Board for final action. If a timely request for appeal is submitted, the CAO will forward the report and recommendation,

the supporting information and the request for appeal to the Board. The Chair of the Board will arrange for an appeal.

8.E. APPELLATE REVIEW

(1) An Appellate Review Committee appointed by the Chair of the Board will consider the record upon which the adverse recommendation was made. New or additional written information that is relevant and could not have been made available to the Hearing Committee may be considered at the discretion of the Appellate Review Committee. This review will be conducted within 30 days after receiving the request for appeal.

(2) The Category I or Category II practitioner and the MEC will each have the right to present a written statement on appeal.

(3) At the sole discretion of the Appellate Review Committee, the Category I or Category II practitioner and a representative of the MEC may also appear personally to discuss their position.

(4) Upon completion of the review, the Appellate Review Committee will provide a report and recommendation to the full Board for action. The Board will then make its final decision based upon the Board's ultimate legal responsibility to grant privileges and to authorize the performance of clinical activities at the Hospital.

(5) The Category I or Category II practitioner will receive special notice of the Board's action. A copy of the Board's final action will also be sent to the MEC for information.

ARTICLE 9

HOSPITAL EMPLOYEES

(A) Except as provided below, the employment of an Advance Practice Professional by the Hospital shall be governed by the Hospital's employment policies and manuals and the terms of the individual's employment relationship and/or written contract. To the extent that the Hospital's employment policies or manuals, or the terms of any applicable employment contract, conflict with this Policy, the employment policies, manuals and descriptions and terms of the individual's employment relationship and/or written contract shall apply.

(B) Except as noted in (A), Hospital-employed Advance Practice Professionals are bound by all of the same conditions and requirements in this Policy that apply to non-Hospital employed Advance Practice Professionals.

(C) A request for clinical privileges, on an initial basis or for renewal, submitted by a Category I or Category II practitioner who is seeking employment or who is employed by the Hospital shall be processed in accordance with the terms of this Policy and the Medical Staff leadership shall determine whether the individual is qualified for the privileges requested. A report regarding each practitioner's qualifications shall then be made to Hospital management or Human Resources (as appropriate) to assist the Hospital in making employment decisions.

(D) If a concern about an employed Advance Practice Professional's clinical competence or professional conduct originates with the Medical Staff, the concern may be reviewed and addressed in accordance with Articles 7 and 8 of this Policy, after which a report will be provided to Hospital management or Human Resources (as appropriate). This provision does not preclude Hospital management or Human Resources from addressing an issue in accordance with the Hospital's employment policies/manuals or in accordance with the terms of any applicable employment contract.

ARTICLE 10

AMENDMENTS

(A) This Policy may be amended by a majority vote of the members of the MEC, which may consult with any other Medical Staff leader or leadership body as may be necessary.

(B) Prior to initiating the formal notice process below, the MEC shall submit all proposed amendments to the PeaceHealth Legal Department for review and comment. Proposed amendments that are determined to be relevant to other PeaceHealth hospitals will be forwarded by the PeaceHealth Legal Department Committee to those hospitals for consideration by their respective MECs.

(C) Notice of all proposed amendments shall be provided to each voting member of the Medical Staff at least seven days prior to the MEC meeting. Any voting member of the Medical Staff may submit written comments to the MEC.

(D) No amendment shall be effective unless and until it has been approved by the Board.

ARTICLE 11

ADOPTION

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

Adopted by the Medical Staff: 8/2/2018

Approved by the Board: 8/27/2018

APPENDIX A

Those individuals currently practicing as Category I practitioners at the Hospital are as follows:

- Certified Nurse Midwife
- Certified Registered Nurse Anesthetist
- Licensed Psychologist
- MD/DO - not appointed to Medical Staff, limited clinical privileges (i.e., moonlighting residents)
- Nurse Practitioner

APPENDIX B

Those individuals currently practicing as Category II practitioners at the Hospital are as follows:

- Physician Assistant
- Registered Nurse First Assist

APPENDIX C

Those individuals currently practicing as Category III practitioners at the Hospital are as follows:

- None