



MINISTRY HEALTH CARE

EAGLE RIVER MEMORIAL HOSPITAL

201 Hospital Road Eagle River, WI 54521 (715) 479-7411

MEDICAL STAFF POLICY & PROCEDURE

NUMBER: MS.4	EFFECTIVE/APPROVAL DATE: 2/04/03
TITLE: CREDENTIALING POLICY	REVISION DATE: 7/12/05

PURPOSE

To delineate the processes for granting appointment and reappointment to the Medical/Allied Health Staffs as well as modification of Medical Staff membership status or clinical privileges.

POLICY

The Medical Staff through its designated departments, 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 membership status or privileges and shall adopt and transmit recommendations to the Board of Directors. The Medical Staff shall perform these same investigations, evaluations, and recommendation functions in connection with any Allied Health Professional 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 membership.

PROCEDURE

All requests for application of appointment to the medical staff and requests for clinical privileges will be forwarded to the medical staff office. Upon receipt of a request for an application, the medical staff office will provide the potential applicant with an application.

Subsection 1.2 APPLICATION FOR INITIAL APPOINTMENT

Upon request of an application, the following documents will be forwarded to the applicant with a letter setting forth basic staff qualifications and a detailed list of requirements for completion of the application. (A copy of these documents are attached and hereby incorporated by reference.)

A. Application Form

Each application for appointment to the Medical Staff shall be in writing, submitted on the prescribed form, and signed by the applicant. When an applicant, who claims to meet the basic required qualifications, requests an application form, he or she shall be given a form, a copy of, or access to a copy of the Bylaws, the Medical Staff Rules and Regulations, the Medical Staff Organization and Functions Manual, the Hospital Corporate Bylaws and summaries of other Hospital and Medical Staff policies relating to clinical practice in the Hospital.

Content

The application shall include:

1. Acknowledgment and Agreement

A statement that the applicant has received (or has had access to) and read (or been given the opportunity to read) the Bylaws, Rules and Regulations and Organization and Functions Manual of the Medical Staff and that he or she agrees to be bound by the terms thereof if he or she is granted membership and/or clinical privileges, and to be bound by the terms thereof in all matters relating to consideration of his or her application without regard to whether or not he or she is granted membership and/or clinical privileges.

2. Qualifications

Detailed information concerning the applicant's qualifications, including information in satisfaction of the basic qualifications and of any additional qualification specified in the Bylaws for the particular Medical Staff category to which the applicant requests appointment.

3. Requests

Requests stating the Medical Staff category, department and clinical privileges for which the applicant wishes to be considered.

4. References

The names of at least two (2) persons who have recently worked with the applicant and directly observed his or her professional performance 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.

In addition, if the applicant completed an approved residency in a recognized medical specialty within the last five years, a reference will be requested from the program director and/or the Chairperson of the Department or member of that department where training was obtained. A reference will also be requested from the Chairperson of the Department or Chief of Staff from affiliations where the applicant is/was active staff within the past five years.

5. Professional Sanctions

Information as to whether any of the following have ever been voluntarily or involuntarily in the process of being denied, revoked, suspended, reduced, not renewed or relinquished:

- (a) Medical Staff membership status or clinical privileges at any other Hospital or health care institution;
- (b) Membership/fellowship in local, state or national professional organizations;
- (c) Specialty board certification/eligibility;
- (d) License to practice any profession in any jurisdiction;
- (e) Drug Enforcement Agency (DEA) certificate;
- (f) Membership on a managed care organization's panel for quality of care reasons or unprofessional conduct.

In addition, information regarding an initial sanction notice, notice of proposed sanction or of the commencement of a formal investigation, or the filing of charges regarding health care matters by a Medicare peer review organization, the Department of Health and Human Services, or any law enforcement agency or health regulatory agency of the United States or the State of Wisconsin; any proposed or actual exclusion from any federally-funded health care program, or any pending investigation from any health care program funded in whole or in part by the federal government, including Medicare and Medicaid. (Reference Ministry Corporate Policy No. CI-008 Sanction Screening).

Information regarding any criminal conviction or pending criminal charges, any findings by a governmental agency that the applicant has been found to have abused or neglected a child or patient or has misappropriated the property of any patient. (Reference Ministry Corporate Policy No. CI-001 Background Checks).

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

6. Professional Liability Insurance

A statement that the applicant carries at least the minimum amount of professional liability insurance in not less than the minimum amounts as required by State statutes and/or Hospital policy. Any information on his or her malpractice claims history and experience, and as to whether or not the applicant has ever been refused professional insurance or voluntarily or involuntarily canceled coverage. A statement that the applicant consents to the release of information by his or her present and past malpractice insurance carrier(s).

7. Notification of Release and Immunity Provisions

Statements notifying the applicant of the scope and extent of the authorization, confidentiality, immunity and release provisions of Subsection 1.3.

8. Administrative Remedies

A statement whereby the practitioner agrees that, when an adverse ruling is made with respect to his or her Medical Staff status, and/or clinical privileges, he or she will exhaust the administrative remedies afforded by these Bylaws before resorting to formal legal action.

B. Privilege Request Form(s) including criteria

C. Health Assessment Questionnaire

D. Criminal Background Disclosure Form

E. HIPAA Consent Form

Subsection 1.3 EFFECT OF APPLICATION

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

- A. Signifies his or her willingness to appear for interviews in regard to his or her application.
- B. Authorizes Hospital representatives to consult with others who have been associated with him or her and/or who may have information bearing on his or her competence and qualifications.
- C. Consents to Hospital representatives inspecting all records and documents that may be material to an evaluation of his or her professional qualifications and competence to carry out the clinical privileges he or she requests.
- D. 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 or her credentials.
- E. 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, criminal record, physical and mental health, emotional stability, and other qualifications for Medical Staff appointment and clinical privileges.
- F. 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 information relevant to such matters that the Hospital may have concerning him or her, and releases Hospital representatives from liability for so doing, provided that such furnishing of information is done in good faith and without malice.
- G. Provides evidence of mental and physical ability to exercise membership and privileges requested (with reasonable accommodation if necessary). Initially, evidence is defined as self-certification on the application with appropriate confirmation. Additional details regarding the applicant's health status (including physical, appropriate immunizations, mental and emotional stability) shall be obtained following a favorable recommendation for appointment by the Medical Executive Committee.

For purposes of this Section, the term "Hospital Representative" includes the Board of Directors, its Directors and Committees; the President of the Hospital or his/her designee; the Medical Staff organization and all Medical Staff members, departments and committees which have responsibility for collecting or evaluating the applicant's credentials or action upon his/her application; and any authorized representative of any of the foregoing.

Subsection 1.4 PROCESSING THE APPLICATION

A. Applicant's Burden

The applicant shall have the burden of producing adequate information for a proper evaluation of his or her education, training, experience, current competence, and mental and physical ability to exercise membership and privileges requested (with reasonable accommodation if necessary), and of resolving any doubts about these or any of the other basic qualifications specified in Medical Staff Bylaws, Article 1, Section 2.

B. Verification of Information

Application to the Medical Staff shall ordinarily be made to the Medical Staff Coordinator. After initial review and in a timely fashion, the Medical Staff Coordinator shall seek to collect evidence of qualifications and obtain primary source verification or designated equivalent source verification of relevant education and training, current licensure, current competence, and the applicant's ability to perform the privileges requested. The Medical Staff Coordinator shall promptly notify the applicant of any problem in obtaining the information required, and it shall then be the applicant's obligation to obtain the required information. If at any time attempts to obtain primary source verification have been unsuccessful, the information may be obtained from a secondary source if that information has been obtained from the primary source and the hospital believes the information to be credible and accurate. When all required information has been received and the application has been determined complete by the Medical Staff Coordinator, the application and supporting documents will be forwarded to the Medical Executive Committee.

An expedited process allows for a subcommittee of the Board to grant approval of an appointment and/or clinical privileges. In the event any of the following has occurred, an applicant may be ineligible for the expedited process:

- The application is incomplete;
- The Medical Executive Committee makes a final recommendation that is adverse or with limitation;
- There is a current challenge or a previously successful challenge to licensure or registration;
- The applicant has received an involuntary termination of medical staff membership at another organization;
- The applicant has received involuntary limitation, reduction, denial, or loss of clinical privileges; or
- There has been a payment by, or on behalf of an applicant, in settlement of or satisfaction in whole or in part, of a claim or judgment against such practitioner.

C. Medical Executive Committee Action

The Medical Executive Committee shall review the application, the supporting documentation, and such other information available to it that may be relevant in consideration of the applicant's qualifications for the Medical Staff category, department affiliation, and clinical privileges requested.

The Medical Executive Committee reserves the right to a personal interview with any applicant prior to recommending formal appointment.

The Medical Executive Committee shall then forward to the Medical Staff President for transmittal to the Board of Directors a written report and recommendation as to Medical Staff appointment and, if appointment is recommended, as to Medical Staff category, department affiliation, clinical privileges to be granted, and any special conditions to be attached to the appointment. The Medical Executive Committee may also defer action on the application.

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

The Medical Executive Committee may consider, upon reviewing the application, the Hospital plan for development as currently being implemented, the ability of the Hospital to provide adequate facilities and support services for the applicant and his or her patients, and the need for additional Medical Staff members with the skills and training of the applicant.

D. Effect of Medical Executive Committee Action

1. Deferral

Action by the Medical Executive Committee to defer the application for further consideration must be followed up within thirty (30) days with a subsequent recommendation for appointment with specified clinical privileges, or for rejection for Medical Staff membership.

2. Favorable Recommendation

When the recommendation of the Medical Executive Committee is favorable to the applicant, additional information regarding the applicant's current health status shall be obtained prior to forwarding the recommendation to the Board of Directors. Upon receipt of the completed health assessment questionnaire, the President of the Medical Staff shall determine whether further investigation and review is warranted.

- a) If the President of the Medical Staff determines that the information may affect the recommendation, the matter will be referred back to the Medical Executive Committee for further investigation and review at their next scheduled meeting. Following review, the Medical Executive Committee may recommend affirmation or modification of their original recommendation. The Medical Executive Committee's recommendation shall be forwarded to the Board of Directors.
- b) If the President of the Medical Staff determines that the information does not affect the recommendation, the Medical Executive Committee's recommendation shall be forwarded to the Board of Directors.

To expedite appointment, the Medical Executive Committee may recommend that the application and supporting documentation be reviewed by a subcommittee of the Board of Directors, to include three voting members, in lieu of the regularly scheduled Board of Directors meeting.

3. Adverse Recommendation

When the recommendation of the Medical Executive Committee is adverse to the applicant, the President of the Medical Staff shall promptly inform the applicant by special notice.

If the applicant is a MD, DO, DPM, or DDS and has applied for medical staff membership, he or she shall be entitled to the procedural rights as provided in MS.6 of this manual and in the Fair Hearing Plan. For the purposes of this Subsection, an "Adverse recommendation" by the Medical Executive Committee is as defined in the Fair Hearing Plan.

E. Board of Directors Action

1. On Favorable Medical Executive Committee Recommendation

The Board of Directors and/or the Subcommittee of the Board of Directors acting on behalf of the full Board of Directors, shall, in whole or in part, adopt or reject a favorable recommendation of the Medical Executive Committee, or refer the recommendation back to the Medical Executive Committee 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 of Director's action is adverse to the applicant as defined in the Fair Hearing Plan, the President of the Medical Staff shall promptly so inform the applicant by special notice, and he or she shall be entitled to the procedural rights as provided in MS.6 of this manual and in the Fair Hearing Plan. In the event a recommendation from the Medical Executive Committee to the Board of Directors is returned to the Medical Executive Committee for further consideration or with a specific request for further information, such information shall be contained in a final report returned to the Board of Directors within sixty (60) days.

2. Without Benefit of Medical Executive Committee Recommendation

If the Board of Directors does not receive a Medical Executive Committee recommendation within 60 days, it may, after notifying the Medical Executive Committee, take action on its own initiative in the manner set forth in the Hospital Corporate Bylaws. If such action is favorable, it shall become effective as the final decision of the Board of Directors. If such action is adverse, as defined in the Fair Hearing Plan, the President of the Medical Staff shall promptly so inform the applicant by special notice, and he or she shall be entitled to the procedural rights as provided in MS.6 of this manual and in the Fair Hearing Plan.

After Procedural Rights

In the case of an adverse Medical Executive Committee recommendation pursuant to Subsection 1.4 F. (3.) or an adverse Board of Directors decision pursuant to Subsection 1.4 G. (1) or (2), the Board of Directors shall take final action in the matter only after the applicant has exhausted or has waived any procedural rights provided in MS.6 of this manual and in the Fair Hearing Plan. Action thus taken shall be the conclusive decision of the Board of Directors, except that the Board of Directors may defer final determination by referring the matter back for further reconsideration. Any such referral back shall state the reasons for such referral and shall set a time limit within which a subsequent recommendation to the Board of Directors 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 of Directors shall make a final decision.

F. Denial for Hospital's Inability to Accommodate

A recommendation by the Medical Executive Committee, or a decision by the Board of Directors, to deny Medical Staff membership, a department affiliation or Medical Staff category assignment, or particular clinical privileges, either:

1. on the basis of the Hospital's present inability to accommodate, as supported by documented evidence, or to provide adequate facilities or supportive services for the applicant and his or her patients; or,

2. on the basis of inconsistency with the Hospital's written plan of development, including the mix of patient care services to be provided,

shall be considered adverse in nature, and in the case of a practitioner, shall entitle the applicant to the procedural rights as provided in MS.6 of this manual or in the Fair Hearing Plan.

Upon written request by the applicant to the President of the Medical Staff, the application shall be kept in a pending status for the next succeeding two (2) years.

If during this period, the Hospital finds it possible to accept Medical Staff applications for which the applicant is eligible, and there is no obligation to applicants with prior pending status, the President of the Medical Staff shall promptly so inform him or her by special notice. Within sixty (60) days of receipt of such notice, the applicant shall provide, in writing on the prescribed form, such supplemental information as is required to update all elements of his or her original application. Thereafter, the procedure provided in Subsection 1.4 for initial appointments shall apply.

G. Conflict Resolution

Whenever the Board of Director's proposed decision is contrary to the Medical Executive Committee's recommendation, the Board of Directors shall submit the matter to a Joint Conference of equal numbers of the Active Medical Staff and members of the Board of Directors for review and recommendation before making its final decision and giving notice of final decision required by Subsection 1.4 (J.).

H. Notice of Final Decision

1. Notice of the Board of Director's final decision shall be given, through the Chief Executive Officer to the President of the Medical Staff and to the applicant by means of special notice.
2. A decision and notice to appoint shall include:
 - (a) The Medical Staff category to which the applicant is appointed;
 - (b) The department to which he or she is assigned;
 - (c) The clinical privileges he or she may exercise; and,
 - (d) Any special conditions attached to the appointment.

I. Reapplication After Adverse Appointment Decision

An applicant who has received a final adverse decision regarding appointment shall not be eligible to reapply to the Medical Staff for a period of one (1) year. Any such reapplication shall be processed as an initial application, and the applicant shall submit such additional information as the Medical Staff or the Board of Directors may require in demonstration that the basis for the earlier adverse ac

J. 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 Bylaws to act thereon and, except for good cause, shall be processed within the time periods as follows:

Within sixty (60) days after receipt of the completed application, the application for membership, references, reports, and other supporting data requested of the applicant, shall be forwarded to the Medical Executive Committee.

The Medical Executive Committee shall review the application and make its recommendation to the Board of Directors or Subcommittee of the Board of Directors within thirty (30) days. The Board of Directors shall then ratify or take final action on the application at its next regular meeting.

The time periods specified herein are to assist those named in accomplishing their tasks and shall not be deemed to create any right for the applicant to have his or her application processed within those periods.

The governing body or any medical staff committee or department may, at any time, request additional information in connection with a completed application, and the processing of the application shall be suspended for sixty (60) days or until the applicant has provided the information requested or satisfactorily explains his or her failure to do so, whichever occurs first. If the requested information is not provided within sixty (60) days, the application will be considered withdrawn and will cease to be processed.

K. Hospital/Department Staff Orientation

All Active Staff Members must complete hospital orientation, if at all feasible, prior to providing direct patient care. Courtesy Staff providers must review and sign the orientation manual and, at a minimum, have received departmental orientation specific to their specialty. All members are encouraged to contact the Medical Staff Office to ensure all requirements have been met prior to providing direct patient care.

Subsection 1.5 REAPPOINTMENT PROCESS

A. Application for Reappointment

The Medical Staff Coordinator shall, at least ninety (90) days prior to the expiration date of the present Medical Staff appointment of each Medical Staff member, provide such Medical Staff members with a reapplication form and other required documents for use in considering his or her reappointment. (A copy of these documents is attached and hereby incorporated by reference.)

Each Medical Staff member who desires reappointment shall, at least sixty (60) days prior to such expiration date, send his or her reapplication form to the Medical Staff Coordinator.

Failure, without good cause, to return the reapplication form and all required supporting documentation shall be deemed a voluntary resignation from the Medical Staff and shall result in automatic termination of staff membership and relinquishment of clinical privileges at the expiration of the member's current term. A medical staff member whose membership is so terminated shall be entitled to the procedural rights provided in MS.6 of this manual and the Fair Hearing Plan for the sole purpose of determining the issue of good cause.

1. Content of Reappointment Application Form

The reappointment application form shall include all information necessary to update the information contained in the applicant's initial application for appointment including, without limitation:

- a. Continuing training, education and experience that qualifies the Medical Staff member for the privileges sought on reappointment;
- b. The name and address of any other healthcare organization or practice setting where the Medical Staff member provided clinical services during the preceding period;
- c. Memberships, awards or other recognition conferred or granted by any professional healthcare societies, institutions, or organizations;
- d. Sanction of any kind imposed or pending, including voluntary or involuntary relinquishment of medical staff membership or clinical privileges by any other health care institution, professional healthcare organization, licensing authority; or third party insurer such as Medicare, Medicaid or insurance company;
- e. Malpractice insurance coverage (including voluntary or involuntary cancellations, non-renewals and limits), claims, suits, and settlements; and,
- f. Such other specifics about the Medical Staff member's professional ethics, qualifications and ability that may bear on his or her ability to provide good patient care in the Hospital.

2. Reappointment Health Questionnaire

Evidence of mental and physical ability to exercise membership and privileges requested, with reasonable accommodation if necessary, is required. If requested by the Medical Executive Committee or Hospital Board of Directors, additional information may be required, including but not limited to, an individual professional exam by a physician of the applicant's choice.

3. Privileges Request Form(s) including criteria

4. Criminal Background Disclosure Form (if applicable)

5. HIPAA Consent Form

B. Basis for Recommendation

1. Each recommendation concerning the reappointment of a Medical Staff member and the clinical privileges to be granted upon reappointment shall be based upon such Medical Staff member's professional ability and clinical judgment in the treatment of patients, his or her professional ethics, his or her discharge of Medical Staff obligations, his or her compliance with the Medical Staff Bylaws and Rules and Regulations (including timeliness of medical record completion), his or her cooperation with other practitioners and with patients, and other matters bearing on his or her ability and willingness to contribute to quality patient care in the Hospital.

2. The recommendation of the service leader in which the applicant for reappointment will exercise clinical privileges shall be considered.
3. The results of quality assessment and improvement activities, and the monitoring performed during the term of provisional appointment, if applicable, shall be considered in the appraisal of the applicant's professional performance, judgment and technical and/or clinical skills.
4. Factors considered in the periodic appraisal include, but are not limited to:
 - a. Number of procedures performed or major diagnoses made;
 - b. Rates of undesirable outcomes, such as complications or readmissions compared with those of others doing similar procedures/treatments; and
 - c. Findings and conclusions of review by peers.

C. Verification of Information

The Medical Staff Coordinator shall, in a timely fashion, seek to collect or verify the additional information made available on each reappointment application form and to collect any other materials or information deemed pertinent, including information regarding the Medical Staff member's professional activities, performance and conduct in this Hospital. The Medical Staff Coordinator shall promptly notify the Medical Staff member of any problems in obtaining the information required. The Medical Staff member shall then have the same burden of producing adequate information and resolving the doubts as provided in Subsection 1.4 (A.).

D. Medical Staff Reapplication

When collection and verification has been accomplished, and the Medical Staff Coordinator is satisfied as to the valid nature of the application, he/she will forward the application and supporting documents to the Medical Executive Committee. Supporting documents shall include, but not limited to, the following:

- Current WI license
- Current DEA
- Current Liability Insurance with appropriate coverage limits
- Current board certification certificate
- Continuing Medical Education credits acquired since previous appointment/reappointment
- Physical exam, if applicable, and appropriate immunization information
- Malpractice claims history since previous appointment/reappointment
- NPDB
- OIG Query

- Background Disclosure Form (if applicable)
- Affiliation verification assessments from all current hospital affiliations
- Appropriate privilege forms
- HIPAA Consent Form

E. Medical Executive Committee Action

The Medical Executive Committee shall review each application form and all other relevant information available to it and shall, forward to the President of the Medical Staff for transmittal to the Board of Directors, its report and recommendation that the applicant's reappointment be either renewed, renewed with modified Medical Staff category, department affiliation, and/or clinical privileges, or terminated.

If the Medical Executive Committee's recommendation is favorable, to expedite reappointment, the Committee may recommend that the application and supporting documentation be reviewed by a subcommittee of the Board of Directors, to include three voting members, in lieu of the regularly scheduled Board of Directors meeting.

The Medical Executive Committee may also defer action. Any minority view shall also be reduced to writing and transmitted with the majority report. The report of the Medical Executive Committee regarding renewals, etc. shall be reported to the Medical Staff as a whole during the next regularly scheduled meeting of the entire Medical Staff.

H. Final Processing and Board of Directors Action

Thereafter, the procedure provided in Subsection 1.4 G. - Subsection 1.4 J. shall be followed.

I. Time Periods for Processing

Transmittal of the reappointment application form to a Medical Staff member and his or her return of it shall be carried out in accordance with Subsection 1.5 (B) - Reappointment Application Form.

Thereafter, and except for good cause, each person, department and committee required by these policies and procedures shall complete such action in a timely fashion. All reports and recommendations concerning the reappointment of a Medical Staff member shall be transmitted to the Medical Executive Committee for its consideration and action pursuant to Subsection 1.5 (H) and to the Board of Directors for its action pursuant to Subsection 1.5 (I), all prior to the member's current appointment/reappointment expiration date.

The time periods specified herein are to guide the acting parties in accomplishing their task and shall not be deemed to create any right for the member to have his/her application processed within those periods nor to create a right for a staff member to be automatically reappointed for the coming term. If the approval process has not been completed by the expiration date of the current appointment period, the member's clinical privileges will be suspended for a period not to exceed 30 days. Failure to obtain Board approval within 30 days will result in an automatic termination of staff membership and relinquishment of clinical privileges.

If suspension of the member's clinical privileges will result in the failure to fulfill an important patient care need, the member must request temporary privileges not to exceed 30 days.

Subsection 1.6 REQUESTS FOR MODIFICATION OF MEMBERSHIP STATUS

A Medical Staff member may, either in connection with reappointment or at any other time, request modification of his or her Medical Staff category or service assignment, by submitting a letter to the Medical Staff Office. Any such request shall be processed in substantially the same manner as provided in Subsection 1.5 for reappointment.

SECTION 2

DETERMINATION OF CLINICAL PRIVILEGES

Subsection 2.1 EXERCISE OF PRIVILEGES

Every practitioner or other professional providing direct clinical services at this Hospital by virtue of Medical Staff membership or otherwise shall, in connection with such practice and except as otherwise provided in Subsection 2.4, MS.4.1 and MS.4.2, be entitled to exercise only those clinical privileges or specified services specifically granted to him or her by the Board of Directors.

Subsection 2.2 DELINEATION OF PRIVILEGES IN GENERAL

A. Requests

Each application for appointment and reappointment to the Medical Staff must contain a request for the specific clinical privileges desired by the applicant. Modifications of current privileges must be in writing with supporting documentation evidencing current competency.

If a Medical Staff member requests new privileges not previously performed that includes new technology and/or procedure that requires a significantly new or different skill set and has significant new or increased associated risk to the patient, the request must be supported by documentation of additional training and/or experience, i.e. CME certification supporting the privileges requested, and proctoring of the first one - ten cases as determined by the Medical Executive Committee. The proctoring physician must have training and experience in a specialty associated with the new procedure and a familiarity with its expectations, possible complications, and outcomes, but need not necessarily be privileged in the specific technique or procedure being proctored. Any applicable federal, state and/or other medical regulatory requirements applicable to the procedure must be met.

New techniques to perform existing privileges to achieve the same patient care outcome may not necessarily constitute a request for new privileges. However, a request for modification must be presented to the Medical Executive Committee in writing. The Medical Executive Committee will make the determination, based on the information provided by the applicant, if the request is considered a new technique to perform an existing privilege, whereby no further action will be necessary.

B. Procedure

All requests for clinical privileges requested at time of appointment or reappointment shall be processed pursuant to the procedures outlined in Section 1 and 2.

All requests for modification of clinical privileges will be processed per the recommendation of the Medical Executive Committee. A subcommittee of the Board of Directors, pursuant to a policy adopted by the Board, may approve the request for modification of clinical privileges.

The Chief Executive Officer or his/her designee, or the President of the Medical Staff or his/her designee, will report to the Board to ratify the practitioner's request at the next regularly scheduled Board meeting.

Subsection 2.3 SPECIAL CONDITIONS FOR DENTAL AND PODIATRIC PRIVILEGES

Requests for clinical privileges from dentists and podiatrists shall be processed in the manner specified in Subsection 2.2. Surgical procedures performed by dentists and podiatrists shall be under the overall supervision of the Chairperson of the Department of Surgery or his or her designee. All dental and podiatric patients shall receive the same basic medical appraisal as patients admitted to other surgical services. A physician member of the Medical Staff shall be responsible for the care of any medical problem that may be present at the time of admission or that may arise during hospitalization and shall determine the risk and effect of the proposed surgical procedure on the total health status of the patient. Patients being admitted to the Hospital for dental or podiatric care by dentists or podiatrists having been granted privileges on the Medical or Allied Health Professional Staff, shall have a history and physical performed by a physician (MD, DO) member of the Hospital Medical Staff. The MD or DO will be the primary physician of record in charge of the patient's general care within the Hospital and will be responsible for completion of the overall medical record, except for those parts specifically covered by the dentist or podiatrist, i.e., operative reports or clinical notes. Dentists and podiatrists will only write orders within their sphere of competence.

Any dentist or podiatrist shall be afforded an equal opportunity to obtain hospital staff privileges, and may not be denied hospital staff privileges solely for the reason that the person is a dentist or podiatrist.

Dentists and podiatrists must identify an alternate provider with appropriate privileges in the event they are not available to provide continuous care to patients who have had invasive procedures. The alternate provider must be willing and able to care for these patients. This documentation must be submitted at the time of appointment and will be maintained in the provider's credentials file. This agreement will be reviewed at the time of reappointment, or may be reviewed at any time a situation warrants review. The provider must inform the medical staff office in the event this agreement is amended.

Dentists who are board certified in Oral & Maxillofacial Surgery may admit and discharge patients without co-management of another physician (MD, DO) member of the hospital medical staff.

Subsection 2.4 EMERGENCY PRIVILEGES

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, to the degree permitted by his or her 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.

Other Medical Staff Policies relating to privileges:

MS.4.1 – Temporary Privileges; MS.4.2 – Granting Privileges in the Event of an Emergency/Disaster; MS.4.3 – Telemedicine Privileges