

Medical Staff Allied Health Practitioner Policy

FINAL October 17, 2019



- *Updated May 2005
- *Revised, Approved by APP Section May 2006
- *Revised, Approved by APP Section March 2007
- *Revised, Approved by APP Section December 2009
- *Revised January 2014
- *Revised January 2016

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Community Hospitals of Indiana, Inc.

MEDICAL STAFF POLICIES & PROCEDURES

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MEDICAL STAFF ALLIED HEALTH PRACTITIONER POLICY

I. OBJECTIVE

The purposes of this Medical Staff policy are (1) to establish a method by which an eligible Allied Health Practitioner may seek and be granted clinical privileges; (2) to establish a method by which each Medical Staff will oversee the quality of care provided by the Allied Health Practitioner granted clinical privileges; and (3) establish a review process by which the Allied Health Practitioner may challenge certain actions or recommendations limiting clinical privileges granted.

II. DEFINITIONS

A. Advanced Practice Providers are licensed or certified health care practitioners (other than physicians, oral surgeons, podiatrists or dentists) who are eligible to seek and be granted clinical privileges as approved by each Community Health Network Hospital's Medical Staff and Board of Directors as an Allied Health Practitioner/Advanced Practice Providers eligible to seek clinical privileges as an Allied Health Practitioner are set forth below:

- Nurse Practitioners
- Clinical Nurse Specialists
- Certified Nurse-Midwives
- Certified Registered Nurse Anesthetists
- Clinical Psychologists
- Physician Assistants

B. Adverse Recommendation or Action means any recommendation of a peer review committee related to competence or professional conduct that restricts or suspends any clinical privilege for over thirty (30) days or indefinitely.

C. AHP Reviewer is a similarly licensed and similarly qualified provider selected by a Hospital to assist the various medical staff committees as set forth in this policy. When peers for an APP or Clinical Psychologist are available and practicing at the Hospital, the AHP Reviewer may be selected by the Hospital's Chief of Staff from the available peers practicing at the Hospital, for a two year term to provide assistance to the various medical staff committees as set forth in this policy. If no AHP Reviewer has been appointed for a 2 year term, the Chief of Staff may appoint an ad hoc AHP Reviewer for such term as is needed. For Clinical Assistants, the Chief of Staff may seek assistance from the Chief Nursing Executive of the Hospital.

D. Allied Health Practitioner is an Advanced Practice Provider, Clinical Psychologist, or Clinical Assistant who is eligible to seek and be granted clinical privileges as approved by each Community Health Network Hospital's Medical Staff and Board of Directors.

E. Board means the governing body of the hospital at which the Allied Health Practitioner is seeking or maintains clinical privileges.

F. Clinical Assistants are licensed or certified health care practitioners (other than physicians, oral surgeons, podiatrists, dentists, nurse practitioners, clinical nurse specialists, certified nurse-midwives, certified registered nurse anesthetists, physician assistants, or clinical psychologists) who are employed by a Member to clinically assist the Member in the Hospital setting and who may seek and be granted limited clinical privileges as approved by each Community Health Network Hospital's Medical Staff and Board of Directors. Those practitioners eligible to be a Clinical Assistant are set forth below:

- Scrub Nurses
- Certified Surgical Technicians
- Rounding Nurse
- Rounding Nurse First Assist
- Registered Radiology Assistant

G. Collaborating Physician means a physician who has agreed to collaborate with or supervise an Advanced Practice Provider and who has clinical privileges in the same specialty at the same Hospital.

H. Direct Economic Competition for the purposes of this policy means the Allied Health Practitioner selected to serve on the Hearing Committee practices in the same specialty as the Affected Practitioner. Direct economic competition does not mean another Allied Health Practitioner employed by or contracted with Community Health Network.

I. Hospital means the hospital at which the Allied Health Practitioner is seeking or maintains clinical privileges.

J. Medical Staff means the medical staff of the hospital at which the Allied Health Practitioner is seeking or maintains clinical privileges.

K. Medical Staff Bylaws, for the purposes of this policy, means the medical staff bylaws, rules and regulations, policies and procedures of the medical staff of the hospital at which the Allied Health Practitioner is seeking or maintains clinical privileges.

L. Medical Executive Committee means the executive committee of the medical staff of the hospital at which the Allied Health Practitioner is seeking or maintains clinical privileges. For the purposes of this policy, it also includes the Medical Executive Committee's subcommittees that may routinely conduct quality reviews/peer review activities on behalf of the Medical Executive Committee.

The definitions contained in the applicable Medical Staff Bylaws apply to this policy. There are numerous Community Health Network hospitals and each Hospital's medical staff has its own medical staff bylaws.

III. CLINICAL PRIVILEGES

No Allied Health Practitioner may provide services requiring clinical privileges merely by virtue of licensure to practice, employment by Community Health Network, or possession of clinical privileges at another Community Health Network Hospital. Clinical privileges are hospital-specific. Clinical privileges granted to an Allied Health Practitioner shall be determined by the Board of each Hospital upon recommendation of its Medical Staff in accordance with this policy. The determination of clinical privileges shall be based upon written criteria set forth in the applicable clinical privilege form and this policy. The clinical privilege forms are approved the Medical Executive Committee and must be consistent with any scope of practice laws. These forms will be reviewed every three years by the Hospital's Credentials Committee with input from the applicable AHP Reviewer.

IV. SCOPE OF CLINICAL PRIVILEGES

The scope of clinical privileges available to a category of Allied Health Practitioners shall be established in accordance with the applicable state and federal laws and contained in the clinical privileges form for each category of practitioner, subject to the needs of each Hospital. In an emergency and so long as permitted by his/her license, an Allied Health Practitioner with clinical privileges may provide patient care, treatment, and services as a life-saving means or to prevent further harm to save the life of a patient.

V. EXERCISE OF PRIVILEGES

The Allied Health Practitioner permitted to provide patient care services in the Hospital shall have been delineated clinical privileges in accordance with this policy and the Medical Staff Bylaws of each Hospital.

Except as otherwise provided, an Allied Health Practitioner providing clinical services at the Hospital shall be entitled to exercise only those clinical privileges specifically granted by the Board. Clinical privileges are hospital-specific, within the scope of any license, certificate or other legal credential authorizing practice in Indiana and consistent with any restrictions thereon, and shall be subject to the Medical Staff Bylaws.

VI. COLLABORATION LIMITATIONS AND RESPONSIBILITIES

A. Collaboration.

The exercise of clinical privileges requires a designated collaborating physician unless provided otherwise by the Medical Staff Bylaws. All clinical privileges are performed in accordance with any applicable collaborating written agreement and policies and protocols developed and approved by the relevant Department/Section, the Medical Executive Committee, and the Board. The Allied Health Practitioner must have a collaborative/supervising agreement designating a back-up physician with appropriate

Medical Staff membership and privileges when the collaborating/supervising physician is unavailable.

If clinical privileges are granted to an applicant, the applicant will be assigned to a Medical Staff Department/Section. The Allied Health Practitioner is subject to the Medical Staff policies and regulations of that Department/Section and to the authority of the Chief of the Medical Staff Department/Section. The quality and efficiency of the care provided by Allied Health Practitioner within any such Department/Section shall be monitored and reviewed by the collaborating/supervising physician and the medical staff quality review processes such as focused professional practice evaluation (FPPE) and ongoing professional practice evaluation (OPPE).

B. Limitations.

Allied Health Practitioners are not eligible to become members of the Medical Staff and therefore do not pay dues to the Medical Staff. Allied Health Practitioners are not governed by the procedures defined in the Fair Hearing Plan/Corrective Action Section of the Medical Staff Bylaws. However, Allied Health Practitioners are governed by a similar process contained in this policy. Allied Health Practitioners may not admit or discharge patients.

C. Responsibility.

Each Allied Health Practitioner shall:

- (1) provide patients with care or other services at the level of quality and efficiency professionally recognized as the appropriate standard of care based on the clinical privileges granted;
- (2) provide or arrange for appropriate and timely medical coverage and care for patients for whom he/she is responsible;
- (3) when necessary, and as appropriate, notify the appropriate attending physician of the need to arrange for a suitable alternative for care and supervision of the patient;
- (4) attend educational meetings when appropriate to his/her discipline or clinical privileges;
- (5) abide by the applicable sections of the Medical Staff Bylaws, and the applicable policies and procedures of Community Health Network and the Hospital at which the Allied Health Practitioner has been granted and maintains clinical privileges;
- (6) prepare and complete, as appropriate and authorized, those portions of the patient's medical record, and any other required records, documenting services provided;
- (7) refrain from any conduct that is or reasonably could be interpreted as beyond the scope of their clinical privileges;
- (8) immediately notify the collaborating/ supervising physician and, for each Hospital location, the President of the Medical Staff and Medical Staff Office, any:

- (a) criminal charges brought against the Allied Health Practitioner other than minor traffic violations. Driving or operating a motor vehicle while under the influence charge is not considered a minor traffic violation and must be reported;
- (b) formal action initiated by the State that could result in a loss or restriction license/certificate to practice;
- (c) loss of professional liability insurance coverage;
- (d) change in employment or affiliation relationships with the collaborating/supervising physician;
- (e) restrictions of clinical privileges at other hospitals or surgery centers;
- (f) change in the status of current or the initiation of new malpractice claims against him/her;
- (g) change in health status that would affect his/her ability to safely and competently perform patient care services; and
- (h) reduction in clinical privileges of the physician identified as collaborating/supervising physician of the Allied Health Practitioner.

Failure to satisfy any of these responsibilities is grounds for termination of clinical privileges or for such other disciplinary action as deemed appropriate under the provisions of the Hospital or Medical Staff policies.

VII. APPLICATION PROCEDURE

A. Application. An application for clinical privileges must be submitted by the Allied Health Practitioner on the approved form. The application and all supporting documents, including the Authorization, Attestation and Release of Liability form, must be complete with all questions answered and returned to the Medical Staff Office within fourteen (14) days. Applications not received within the 14-day time period will be deemed incomplete and the application process will be terminated.

B. Burden of Proof. The Allied Health Practitioner has the burden of providing all documentation required for credentialing, updating all incorrect information, and resolving any reasonable doubts about these matters. Upon completion and submission of the appropriate forms to the Medical Staff Office, a designated individual will confirm that the applicant is eligible to have the request processed further. Privilege requests that do not demonstrate compliance with eligibility requirements will not be processed.

C. Verification of Information. The Medical Staff Office will verify the references, licensure, registration, certification, education, training, affiliations and other qualification evidence provided by the applicant. The Medical Staff Office will promptly notify the applicant in writing of any gaps or other problems in verifying the information required and the time frame for response. Failure to provide information within the required time frame is deemed a withdrawal of the application.

D. Time Period for Processing Applications. The time required to complete the verification process by the Medical Staff Office is approximately ninety (90) days after the receipt of the completed application. If the gathering of additional information is required, the

credentialing process may exceed 90 days. The 90-day time period is only a guideline and does not create any rights for an Allied Health Practitioner to have an application processed within this time period.

E. Evaluation of the Credential File. If, at any time during the review process, questions regarding the application arise, the Allied Health Practitioner will be asked to clarify or provide additional information before a recommendation on the application is made. If the Allied Health Practitioner fails to respond by the specified date as outlined in the request for clarification or request for additional information, the application will be deemed to be voluntarily withdrawn. At any time during the application process, the committee may seek clarification or further information from the applicant, the AHP Reviewer, the Department/Section Chair or anyone that may have useful information.

A credential file, which includes the application and all supporting documentation, will be reviewed by the AHP Reviewer. After evaluating the applicant's training, education, experience, demonstrated ability, character, clinical competence, professional judgment and conduct, the AHP Reviewer will make a recommendation on the application. The credential file and recommendation from the AHP Reviewer will be forwarded to the respective Medical Staff Department/Section Chairman for review and recommendation. The Department/Section Chairman will make a recommendation, and the file, including all recommendations, will be forwarded to the Medical Staff Credentials Committee.

F. Medical Staff Credentials Committee Evaluation. The Medical Staff Credentials Committee shall review the application and supporting documents. The Medical Staff Credentials Committee will make a recommendation to the Medical Executive Committee.

G. Medical Staff Executive Committee. The Medical Executive Committee shall review the application and supporting documents. The Medical Executive Committee will make a recommendation to the Board. A favorable recommendation on the application by the Medical Executive Committee will be forwarded to the Board or its designated committee for action. An unfavorable or adverse recommendation on the application by the Medical Executive Committee avails the applicant to the hearing and appeal procedures set forth in this policy. The Chair of the Medical Executive Committee will notify the applicant and the supervising/collaborating physician in writing with the reasons for the recommendation. The Allied Health Practitioner has ten (10) days from the receipt of the notice of an adverse recommendation on the application to request a hearing and appeal as set forth in greater detail in Article XII.

VIII. REAPPOINTMENT PROCEDURES

The initial term of the clinical privileges shall not exceed two (2) years. Clinical privileges expire unless timely renewed. The Allied Health Practitioner will be sent a reappointment form for completion before the expiration of the term. All information must be updated by the applicant and must be returned within thirty (30) days. The Medical Staff Office will verify and gather quality and peer review activities information and any other sources warranted by the circumstances.

The reappointment application will be reviewed by the Medical Staff Office for completeness and forwarded to the applicable AHP Reviewer and the appropriate Department or Section Chair for review. The reappointment approval process will follow the same approval process as an initial application.

Reappointment of each Allied Health Practitioner will be for a period not to exceed two (2) years.

IX. TEMPORARY PRIVILEGES

Temporary privileges for Allied Health Practitioners will only be considered in the rare case of an urgent patient care need or service mandate that would not otherwise be fulfilled and requires immediate authorization to practice. Temporary privileges cannot be granted to accommodate administrative issues. A written request from the Allied Health Practitioner must be made that explains in detail the reason for the request. All standards set forth in the Temporary Privileges Policy must be met by the applicant, including completion of an application for privileges. The Medical Staff Office will collect information for the President of the Hospital or his/her designee. The AHP Reviewer, the Department/Section Chairman, the Credentials Committee Chair, or the President of the Medical Staff, or their designee, may review the request. Upon recommendation of any two of these individuals one of which must be the President of Staff or Credentials Committee Chair, the Hospital's President or his/her designee may grant temporary privileges not to exceed ninety (90) days according to the Temporary Privileges Policy. Temporary privileges may be terminated if the information available does not continue to support a favorable determination. The President of the Medical Staff will send a letter to the applicant and the collaborating/supervising physician confirming that temporary privileges have been granted.

X. AUTOMATIC SUSPENSIONS

Automatic suspensions or limitations on clinical privileges and voluntary resignations/relinquishments of clinical privileges become effective immediately by operation of this policy for administrative reasons relating to failure to meet eligibility requirements found in the Medical Staff Bylaws and applicable clinical privilege forms. Automatic actions are not considered "Adverse Recommendations or Actions" as defined in Article XII because they are not based on a peer review committee determination of competence or unprofessional conduct. Therefore, automatic suspensions or limitations do not give rise to any hearing or appeal procedures.

Grounds for an automatic suspension of clinical privileges are the same as set forth in the Medical Staff Bylaws. In addition to those grounds, an Allied Health Practitioner's clinical privileges will be automatically suspended when (1) the collaborative/supervising agreement is terminated; or (2) employment with CHNw or group practice is terminated. An Allied Health Practitioner terminated from CHNw employment or her/his group practice, who is otherwise eligible for clinical privileges, may reapply. If an Allied Health Practitioner's collaborating/supervising physician's clinical privileges are restricted or suspended, the Allied Health Practitioner's clinical privileges will also be similarly automatically restricted or suspended. The Allied Health Practitioner must notify the Medical Staff Office of any change in the Allied Health Practitioner's collaborating/supervising physician agreement and provide documentation indicating details of the change.

XI. ACTING ON REPORTED CONCERNS

A. Collegial Intervention. When concerns about professional conduct or performance are raised, the Medical Staff leadership will work collegially with the Allied Health Practitioner to address the concerns expeditiously as long as patient safety is not jeopardized. Collegial interventions will be documented. The collaborating physician and, if applicable, the Community Physician Network ("CPN") peer review committee representative, will receive notification of the collegial intervention. The collaborating/supervising physician may be required to participate. The medical staff leadership may collaborate with the AHP Reviewer. When collegial intervention is not successful, or insufficient to protect the well-being of patients, staff or the orderly administration of the Hospital, formal peer review activities may be commenced.

B. Grounds for Initiating Investigation. Any person may provide information to an AHP Reviewer, a member of the Medical Executive Committee, or other Medical Staff leader about the conduct, performance, or competence of an Allied Health Provider. An investigation or collegial intervention may be initiated when reliable information indicates the Allied Health Practitioner may have exhibited acts, demeanor, or conduct reasonably likely to be:

- (1) detrimental to patient safety or to the delivery of quality patient care within the Hospital;
- (2) unethical or illegal;
- (3) contrary to the Medical Staff Bylaws, associated procedures, Hospital or Medical Staff Policies and/or any Rules and Regulations or to the delineation of clinical privileges;
- (4) harassing or intimidating to Hospital employees, Medical Staff colleagues, patients or their families;
- (5) disruptive of Hospital or Medical Staff operations;
- (6) below applicable professional standards for competency or standards established by the Medical Staff; or
- (7) harmful to the reputation of the Hospital and/or Medical Staff

The purpose of an Investigation is to gather information related to the concern so that the appropriate Peer Review Committee can make a recommendation as warranted by the facts.

C. Initiation. A request for an investigation must be submitted by one of the following parties: the AHP Reviewer, Medical Staff President, Medical Executive Committee, Regional Senior Vice President Physician Executive or the Hospital President or their respective designees. The request is made to the Medical Executive Committee and supported by reference to the specific activities, concerns, or conduct alleged to warrant the investigation. If the Medical Executive Committee authorizes the investigation, it shall make a record of this action in its official minutes. The committee will provide notice to the Allied Health Practitioner, the collaborating/supervising physician, and, if applicable, the CPN peer review committee representative. The Medical Executive Committee may query other appropriate peer review committees to gather additional information. When the Allied Health Practitioner is employed by Community Health Network, human resources also may be queried to gather additional information.

D. Procedure. If the Medical Executive Committee concludes an investigation is warranted, it will direct an investigation to be undertaken by its designated subcommittee or other medical staff committee and may enlist the assistance of the applicable AHP Reviewer or collaborating/supervising physician. The Medical Executive Committee or the Credentials Committee may ask the Hospital to undertake external peer review if it believes such a step is warranted to conclude its investigation.

The investigation will be initiated within ten (10) days following the date the Medical Executive Committee determined that the investigation is warranted. A written report of the findings and any recommendations will be submitted to the Medical Executive Committee as soon as practicable if the Medical Executive Committee delegates a subcommittee to conduct the investigation. If the Medical Executive Committee conducts the investigation, the findings and recommendation may be noted in the committee's minutes and a separate document is unnecessary. The investigating committee may, but is not obligated to, conduct interviews with persons knowledgeable about the Allied Health Practitioner under review. The committee may delegate the interviewing task to the "personnel of the peer review committee" as defined in the Indiana peer review statute. The Allied Health Practitioner and the collaborating/supervising physician will be notified of the investigation before the written report is completed, and will be given an opportunity to provide information.

An investigation is not a hearing and the procedural rules with respect to hearings or appeals do not apply. Despite the status of any investigation, at all times the Medical Executive Committee shall retain authority and discretion to take whatever action may be warranted by the circumstances to protect any patient, staff, and the Hospital.

E. Completion of Investigation. The Medical Executive Committee shall strive to conclude an investigation within thirty (30) days of a referral for an investigation. Where the committee believes it is necessary, an investigation can be extended for an additional thirty (30) day period or longer. The Medical Executive Committee will determine if the results of the investigation are sufficient to make a determination and whether corrective action should be recommended. When it makes this decision, the Medical Executive Committee will indicate in its minutes that the investigation is completed and so notify the Allied Health Practitioner and the collaborating/supervising physician involved and, if applicable, the CPN peer review committee representative.

F. Committee Action. As soon as practicable after the conclusion of the investigation, the Medical Executive Committee shall take action that may include, without limitation:

- (1) Determining no further action is warranted. If the committee determines no credible evidence or substantiated concern in the first instance. The request for investigation and the concern will be maintained in the Allied Health Practitioner's medical staff quality assurance file in a peer review protected manner.
- (2) Deferring action if it believes more information is needed. However, such deferral should not be longer than 120 days from the formal recommendation for an investigation.
- (3) Issuing letters of admonition, censure, reprimand, or warning. In the event such letters are issued, the affected Allied Health Practitioner may make a written

response, which shall be placed in the Allied Health Practitioner's medical staff quality assurance file.

- (4) Recommending special limitation upon continued exercise of clinical privileges.
- (5) Recommending denial, restriction, modification, reduction, suspension or revocation of clinical privileges.
- (6) Recommending limitation of any prerogatives directly related to the member's delivery of patient care.
- (7) Taking other actions deemed appropriate under the circumstances.

If the recommendation is an adverse recommendation or action that restricts or suspends clinical privileges for a period over thirty days, it will give rise to hearing rights. The following recommendations are not adverse recommendations or actions:

- (1) the issuance of a letter of guidance, warning, or reprimand;
- (2) automatic suspension or limitation as provided above;
- (3) the restriction or suspension of clinical privileges for a period of less than fourteen (14) days while an Investigation is pending;
- (4) the denial of a request for a leave of absence or for an extension of a leave of absence;
- (5) determination by the Hospital that an initial or renewed application is untimely or incomplete;
- (6) assignment to a particular clinical Service/Department/Section;
- (7) imposition of a proctoring or monitoring requirement where such does not include a restriction on clinical privileges;
- (8) failure to process a request for clinical privileges when the Applicant does not meet the threshold eligibility requirements to seek a particular clinical privilege;
- (9) imposing focused peer review including external peer review or focused professional practice evaluation or a formal Investigation;
- (10) the requirement to appear for a special meeting;
- (11) the termination or limitation of Temporary Privileges;
- (12) any ineligibility to exercise or request clinical privileges because of an exclusive agreement for those services;
- (13) termination of any contract with or employment by the Hospital;
- (14) any non-Adverse Recommendation voluntarily accepted by the AHP as a result of collegial intervention;
- (15) any requirement to complete an educational assessment;
- (16) any requirement to undergo a mental, behavioral, or physical evaluation to determine fitness for practice;
- (17) clinical privilege term less than 24 months;
- (18) refusal of the Board to reinstate clinical privileges following a leave of absence;
- (19) actions taken by the licensing agency or any other governmental agency or regulatory body.

G. Grounds for Suspension. The clinical privileges of an Allied Health Practitioner may be summarily suspended upon the agreement of two of the following persons: the Chief of Staff, the Department Chief, and the Hospital President, or their designees. Upon the agreement of

no less than two (2) of the above listed authorized individuals, all or any portion of the clinical privileges of Allied Health Practitioner will be suspended whenever there is a reasonable possibility that failure to do so may pose danger to the health and/or safety of any individual or to the orderly operations of the Hospital. This suspension will take place immediately. The affected Allied Health Practitioner and his/her collaborating physician will be promptly informed. The imposition of the suspension will be reviewed by the Medical Executive Committee as soon as practicable, but in no more than fourteen (14) days.

Whenever an Allied Health Practitioner has been suspended for more than fourteen (14) days or when the Medical Executive Committee makes a recommendation to extend the suspension beyond fourteen (14) Days, the Allied Health Practitioner will be entitled to request a hearing as described in Article XII of this policy.

XII. HEARING AND APPEAL PROCEDURE

A. Actions Giving Rise to Hearing. Any recommendation to deny an initial complete application of an Allied Health Practitioner will trigger the same notice and opportunity to be heard provisions set forth in this Article. The clinical privileges may be limited or restricted by the Board upon the recommendation of the Medical Executive Committee. The Allied Health Practitioner will receive a written notice of the allegations supporting the proposed action within ten (10) days. The notice will contain the time frame for requesting a hearing. The collaborating/supervising physician and, if applicable, the CPN peer review committee representative will be copied on the notice.

When an eligible Allied Health Practitioner (hereinafter "Affected Practitioner") receives notice of a proposed Adverse Action made by the Medical Executive Committee that, if ratified by decision of the Board, will adversely affect his/her exercise of clinical privileges, the Affected Practitioner will be entitled to one (1) hearing as provided herein. If the recommendation of the Medical Executive Committee following such hearing is still adverse to the Affected Practitioner, then the Affected Practitioner will be entitled to one (1) appellate review prior to the Board making a final decision on the matter.

B. Exhaustion of Remedies. The procedures and remedies provided in this policy must be exhausted before resorting to any legal action.

C. Expedited Hearing Rights. A hearing for an Affected Practitioner who is under suspension shall be held as soon as arrangements may reasonably be made, if the Affected Practitioner requests in writing such an expedited hearing date and waives the usual deadlines as stated below in favor of an expedited process.

D. Request for Review. Within ten (10) days of receiving notice of the proposed Adverse Action, the Affected Practitioner may request a hearing before the hearing committee appointed by the Chief of Staff. If a hearing is not requested in ten (10) days, the Medical Executive Committee recommendation will be forwarded to the Quality of Care Committee of the Board.

E. Hearing Committee. The hearing committee shall consist of a minimum two (2) Allied Health Practitioners with clinical privileges at the same Hospital and with the same license as the Affected Practitioner. The Hearing Committee shall have no members (i) who actively

participated in initiating or investigating the underlying matter at issue or was responsible for making the proposal giving rise to the hearing unless it is otherwise impossible to select a representative group, or (ii) who are in Direct Economic Competition as defined in Article II of this policy with the Affected Practitioner for whom the hearing has been scheduled. The Affected Practitioner may waive this requirement thereby allowing another Allied Health Practitioner considered to be in direct economic competition with the Affected Practitioner serve on the hearing committee.

F. No Discovery. There shall be no right to discovery. In advance of the hearing, the Affected Practitioner will be provided a copy of any materials considered by the Medical Executive Committee in support of its proposed Adverse Action to prepare for the hearing. These materials remain confidential and peer review privileged. The Affected Practitioner is prohibited from using the materials outside of the hearing and appeal.

G. Hearing. At the hearing, the Affected Practitioner shall have an opportunity to present evidence or rebut the concerns leading to the recommendation of denial, limitation, restriction, or suspension.

- (i) **Personal Appearance Requirement.** The personal presence of the Affected Practitioner is mandatory. An Affected Practitioner who fails, without good cause, to appear and proceed at such hearing shall be deemed to have waived his/her rights and to have accepted the Adverse Recommendation and the same shall thereupon become and remain in effect until Board action.
- (ii) **Continuance.** Postponement of the hearing beyond the time set forth in this policy shall be made only with the approval of the Hearing Committee if good cause is shown in the sole discretion of the Hearing Committee.
- (iii) **Representation.** The Affected Practitioner may be accompanied by and represented at the hearing by an Allied Health Practitioner in good standing at the Hospital or by an attorney licensed to practice in Indiana at his/her own expense.
- (iv) **No Rule of Evidence.** The hearing shall not be conducted according to the rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make evidence inadmissible over objection in any civil or criminal action. The Affected Practitioner and Medical Executive Committee may present documents, including affidavits, and have others provide testimony.
- (v) **Standard Burden of Proof.** In cases challenging the proposed Adverse Action of the Medical Executive Committee, the Medical Executive Committee shall have the burden of initially producing evidence in support of the proposed Adverse Action. The Affected Practitioner bears the

ultimate burden of providing, by a preponderance of the evidence that the proposed Adverse Action should be rejected.

In cases challenging denial or limitation of requested clinical privileges, the Affected Practitioner shall bear the burden to initially produce evidence and bear the ultimate burden of persuading the Hearing Committee.

In all cases, the Affected Practitioner shall be required to prove, by a preponderance of the evidence presented, that the reasons for the proposed Adverse Action were (1) lacking foundation in fact or (2) that the recommended action or decision was arbitrary or unreasonable.

H. Hearing Committee Report and Recommendation. Upon hearing the evidence, the Hearing Committee may recommend to the Medical Executive Committee that the proposed Adverse Recommendation be approved, modified or denied. Within ten (10) days of the hearing, the Hearing Committee shall make a written report and recommendation. This report and recommendation shall be forwarded to the Medical Executive Committee. A copy of the Hearing Committee's report and recommendation shall also be sent to the Affected Practitioner. The report may recommend confirmation, modification, or rejection of the original Adverse Recommendation. At its next regularly scheduled meeting, the Medical Executive Committee shall make a recommendation. If the Medical Executive Committee recommendation continues to be an Adverse Recommendation, the Allied Health Practitioner will have ten (10) days to request an appeal to the Quality of Care Council of the Board. Written notice of the action taken shall be sent to the Affected Practitioner. The recommendation will not be forwarded to the Board for final action until the Affected Practitioner has exercised or been deemed to have waived his/her right to an appeal.

If an appeal is not requested, in the timeframes set herein, the Medical Executive Committee recommendation will be forwarded to the Quality of Care Council of the Board.

XIII. APPEAL

A. Appeal to the Board. If an appeal is requested, the President of the Hospital will set a reasonable date for the Allied Health Practitioner to submit his/her written appeal, which shall be no earlier than thirty (30) days from the receipt of the Medical Executive Committee's formal recommendation. The Medical Executive Committee will be provided an opportunity to respond in writing to the Allied Health Practitioner's written appeal submission. The Board or its designee will consider the written submissions of both parties and make its final determination. Any action by the Board shall become effectively immediately. The Allied Health Practitioner will be notified of the final action by the Hospital President or his or her designee.

B. One Hearing/Appeal. Notwithstanding any other provision of this policy, no Affected Practitioner shall be entitled to more than one hearing and one appellate review on any matter.

C. Reports. The Hospital or its authorized representative shall report to the appropriate licensing authority all final Adverse Actions taken by the Board in compliance with the Indiana law.

D. Fraudulent, False or Omitted Material Information. An Affected Practitioner who has been denied clinical privileges because of fraudulent information, falsification of information, or material omission presented in the application process must wait two (2) years from the final action before applying again.

E. Reapplication After Denial. An Affected Practitioner who has been denied clinical privileges by the Board may subsequently request such clinical privileges only if that Affected Practitioner can provide adequate documentation of additional education, training, and experience to qualify for privileges previously denied. If such an application is accepted as complete and privileges are denied or limited based on competency, the Affected Practitioner shall have the hearing and appeal rights set forth in this policy.

Committee Approvals:

East/North Medical Executive Committee Approval: 09/10/2019

South Medical Executive Committee Approval: 10/08/2019

Board of Directors Approval: 11/11/2019