SRH Medical Staff Bylaws / Non-physician Provider Policy

1. Advanced Practice Providers (APPs)

1.1. APPs are health care workers other than physicians, dentists, and podiatrists who are allowed to provide supervised patient care in the hospital and exercise independent judgment within the areas of their professional competence and within the boundaries of their license/certificate or other legal credentials as defined by the relevant professional licensing board.

1.2. APPs are not members of the Medical Staff and can only exercise their clinical privileges under the supervision of their designated Primary or Alternate Supervising Physician as defined below. APPs will be credentialed and privileged according to this policy and through the Credentials Committee of the Medical Staff, the MEC, and the Board.

1.3. For purposes of this policy, APPs are limited to:

1.3.1. Physician Assistants (PA).
1.3.2. Nurse Practitioners (NP).
1.3.3. Certified Registered Nurse Anesthetists (CRNA).
1.3.4. Certified Nurse Midwives (CNM).

2. Supervising Physicians

2.1. A Supervising Physician is a physician who is a Hospital Based Active or Senior Active Member of the Medical Staff who supervises the APP in the capacity of a Primary Supervising or Alternate Supervising Physician.

2.2. The Primary Supervising Physician shall:

2.2.1. Meet and maintain all qualifications for Medical Staff Membership set forth in the Medical Staff Bylaws;
2.2.2. Be responsible for the acts of the APPs under his/her supervision;
2.2.3. Be responsible for drafting, signing and submitting the APP approved written scope of practice guideline, written protocol, or written guideline (collectively, the "Guideline") on the APP initial application for clinical privileges;
2.2.4. Be responsible for requesting amendment to the approved Guideline when appropriate;
2.2.5. Participate when requested in the evaluation of the APP's competence, during and at the conclusion of the initial focused professional practice evaluation (FPPE), as set forth in Section 20 of this policy, at the time or renewal and at other intervals, as necessary;
2.2.6. Discuss and unambiguously explain to each APP under his or her supervision the boundaries imposed by the APP's individual approved Guideline;
2.2.7. Ensure that the APP provides patient care only within the boundaries of his or her approved Guideline.

2.2.8. The Primary Supervising Physician will be listed as such in the APP credentialing file and with the appropriate professional licensing boards where required by the laws of the State of South Carolina.

2.3. Alternate Supervising Physicians: An Alternate Supervising Physician is a Hospital Based Active Staff or Senior Active Staff Member of the same or comparable specialty as the Supervising Physician to whom the APP's Supervising Physician has delegated supervising capacity and shall:

2.3.1. Meet and maintain all qualifications for Medical Staff Membership set forth in the Medical Staff Bylaws;

2.3.2. Familiarize themselves with the approved Guideline of each and every APP under the Alternate Supervising Physician's delegated supervision and ensure the APPs while under their delegated supervision provide patient care only within the boundaries of their approved Guideline;

2.3.3. Provide feedback to the Supervising Physician regarding the clinical performance of APPs under their delegated supervision;

2.3.4. Participate in supervised training of an APP when requested by the Supervising Physician.

2.3.5. Alternate Supervising Physicians shall not utilize any APP for clinical activities exceeding the APP approved Guideline. If an Alternate Supervising Physician wishes to expand the approved Guideline of an APP under his or her delegated supervision, the changes need to be agreed upon by the Supervising Physician who is then solely responsible to request an amendment to the APP's approved Guideline.

2.3.6. The Alternate Supervising Physician, after approval by the Credentials Committee, will be listed as such in the APP credentialing file and with the appropriate professional licensing boards, where required by the laws of the State of South Carolina.

3. Approved written scope of practice guideline, written protocol, or written guideline

3.1. Each APP must have an approved Guideline, agreed upon by the APP, the Supervising Physician and, following recommendation of the Credentials Committee, approved by the MEC and the Board. This binding document will be filed within the APP credentialing record. This document shall be filed and approved by the appropriate professional licensing boards where required by the laws of the State of South Carolina.

3.2. Scope of Practice document refers to the applicable delineated documents appropriate to each type of APP:

3.2.1. Physician Assistant: Approved written scope of practice guidelines.
3.2.2. Nurse Practitioner: Approved written protocols.
3.2.3. Certified Nurse Midwife: Approved written protocols.
3.2.4. Certified Registered Nurse Anesthetist: Approved written guidelines.

3.3. It is responsibility of the Supervising Physician to compile or amend the approved Guideline, which should list in detail the clinical functions he/she is requesting the APP be allowed to perform.
3.4. The Supervising Physician shall include in the approved Guideline only clinical functions he/she deems are appropriate and commensurate with the APP's judgment and documented clinical competence.
3.5. APP Guidelines cannot exceed the clinical privileges of the Supervising Physicians.
3.6. By signing the written scope of practice guidelines, written protocols or written guidelines, the APP agrees to be bound and not to exceed the approved Guideline as defined by the above document and by the pertinent laws of the State of South Carolina, whichever is more limiting.
3.7. Limitations may be placed on the APP's authorized approved written scope of practice guideline, written protocol or written guideline in the Hospital as deemed necessary to ensure:

3.7.1. Efficient and effective operation of the Hospital;
3.7.2. Proper management of personnel, services and equipment;
3.7.3. Quality patient care; and
3.7.4. As otherwise approved by the MEC to be in the best interest of patient care in the Hospital.

4. Advanced Practice Professionals performing clinical activity in multiple specialties

4.1. In order to optimize use of local resources, APPs with the appropriate clinical competence and after approval by the MEC and the appropriate professional licensing boards where required, are allowed to perform clinical activities in multiple unrelated clinical specialties provided all of the following requirements are met:

4.1.1. The APP shall have a Supervising Physician and Alternate Supervising Physician in each specialty in which he/she is providing clinical services;
4.1.2. The APP shall not provide clinical services for multiple specialties at the same time; (e.g., An APP who is assigned a shift in the emergency department providing clinical services under the supervision of an emergency department physician may not, during the same shift, provide clinical services for patients in an unrelated specialty).

5. Supervision

5.1. Supervision of APPs generally means the overseeing of or participation in the work of the APP by a licensed independent health professional acting in the capacity of Supervising Physician where all of the following conditions exist:

5.1.1. The continuous availability of direct communication in person, by telephone or other telecommunication means between the APP and the Supervising Physician;

5.1.2. The availability of a Supervising Physician on a regularly scheduled basis to review the practice of the supervised APP, to provide consultation to the APP, to review records, and to further educate the APP in the performance of his/her functions;

5.1.3. Provision by the Supervising Physician to the APP of an approved Guideline establishing the boundaries within which the AHP can exercise his/her clinical privileges;

5.1.4. The APP and his or her Supervising Physicians agree the APP must have his or her own DEA Registration, South Carolina Controlled Substance License, and/or Delegation of Prescriptive Authority Form for prescribing non-controlled and controlled substances in accordance with South Carolina law.

6. Identification

6.1. All APP's shall at all times identify themselves as such, by use of badges or similar identification method, as required by the Hospital and in accord with State law on identification of direct care providers.

6.2. The relationship between the APP and the Hospital will be subject to termination if the APP has willingly allowed to:

6.2.1. Presented himself or herself as a Member of the Medical Staff;

6.2.2. Performed any work assignment constituting independent and unsupervised practice of medicine such as examining or prescribing treatment for patients who are not patients of any of his/her Supervising Physicians. This provision is not limited to the Hospital but extends to any activities performed inside or outside the Hospital.

7. Qualifications

7.1. No APP shall be approved to perform health care services in the Hospital merely because he or she is licensed or certified in a particular APP field in this or any state, or because he or she is certified or eligible to be certified by any particular board, or because he or she presently has or has had in the past permission to perform health

care services in the Hospital or any other hospital, health care facility, or any other practice setting.

8. Prerogatives

8.1. AHPs shall:

8.1.1. Exercise judgment in their areas of competence, provided that a Hospital Based Active Staff or Senior Active Staff appointee shall have the ultimate responsibility for patient care;

8.1.2. Participate directly in patient care and management under the general supervision of an authorized Supervising Physician, provided that such activities are within the APP's Guideline and scope of his or her license/certificate or other legal credentials;

8.1.3. Perform and document patient admission history and physical examinations and specialty consultations, provided findings and plan of care are discussed with and approved by the Supervising Physician who will be the admitting physician or consulting physician on record. Documentation of such discussion shall be present on the medical record. The admission history and physical examination, specialty consultation, orders and discharge summary are co-signed by the Supervising Physician.

8.1.4. Record reports and progress notes on patient records and write treatment orders, provided that such orders are within the written scope of practice guideline, written protocol or written guideline and the scope of his or her license/certificate or other legal credentials. Except for admission orders, admission history and physical examination, specialty consultations, and discharge summary, orders and notes do not require co-signature of the Supervising Physician; however, the Supervising Physician has the prerogative to request previous discussion and approval of the plan of care for all or any patients under the Supervising Physician's responsibility.

8.1.5. Perform procedures under the general supervision of an authorized Supervising Physician, provided that such activities are within the APP's approved Guideline and scope of his or her license/certificate or other legal credentials;

8.1.6. Have the opportunity to attend, upon request and approval of the MEC, Medical Staff, Hospital and clinical service education programs and clinical meetings related to the APP's professional discipline;

8.1.7. Have the opportunity to serve on Medical Staff, Hospital and clinical service committees (in an Ad Hoc advisory basis) when invited, where special training and knowledge are desirable, and with vote capability, only if so specified by the appointing authority and applicable governance document; and

8.1.8. Be governed by the appeal process as set forth in Section 13.4 of this policy.

9. Limitations

9.1. APPs are not eligible:

9.1.1. For Membership on the Medical Staff;

9.1.2. To invoke any provisions of the Medical Staff Bylaws, including Article 14 or the Fair Hearing Procedure attached to the Bylaws at Appendix A.

9.1.3. To vote in meetings of or hold office on the Medical Staff;

9.1.4. For admitting privileges.

10. Obligations

AHPs are required to provide patients with quality care within the applicable approved Guideline that meets generally recognized professional standards, including but not limited to:

10.1. Timely completion of appropriate and authorized portions of patient's medical records;

10.2. Maintain professional competence within the individual's licensed discipline;

10.3. Participate in applicable quality assessment/improvement activities;

10.4. Abide by all applicable sections of the Medical Staff Bylaws, Rules and Regulations, related Medical Staff and Hospital Policies and Procedures, and lawful standards established by local, state, and federal jurisdictions.

10.5. Notify the Medical Staff Office immediately of any of the following:

10.5.1. Criminal charges brought against the APP (other than minor traffic violations not involving a DUI charge);

10.5.2. Potential change in the status of his or her license/certificate to practice;

10.5.3. Potential change in liability insurance coverage including malpractice claims pertaining to professional performance;

10.5.4. Change or withdrawal of the Supervising or Alternate Supervising Physician regardless of the reason for the change or withdrawal;

10.5.5. Changes in affiliation with other institutions where professional services are provided; and

10.5.6. Changes in physical or mental competence such that the APP is not able to perform the essential functions related to his or her clinical privileges or poses a direct threat or a health or safety risk to patients.

11. Credentials for Advanced Practice Providers

11.1. Eligibility Criteria:

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

11.1.1. Have a current, unrestricted license, certification, or registration to practice in South Carolina;

11.1.2. Where applicable to their practice, have a current, unrestricted DEA registration;

11.1.3. Have current, valid professional liability coverage in a form and in amounts satisfactory to the Hospital;

11.1.4. Have never been excluded or precluded from participation in Medicare, Medicaid, or other federal or state governmental health care program;

11.1.5. Provide proof of compliance with all health testing requirements (e.g., TB tests and drug screens);

11.1.6. Satisfy all additional eligibility qualifications relating to their specific area of practice that may be established by the Hospital; and

11.1.7. Have a sponsoring agreement with a Supervising Physician who is a Hospital Based Active or Senior Active member of the Medical Staff.

12. Application Requirements

12.1. The APP shall provide detailed information concerning the applicant's qualifications, including information in satisfaction of the qualifications specified in this policy and of any additional qualifications specified.

12.2. Professional References:

12.2.1. Three peer references that have personal knowledge of the applicant's professional competence, experience, current clinical ability, ethical character, and ability to work with others will be required. These references should have acquired their knowledge through recent observation of the applicant's professional performance. At least one must be a department chair, service-line chief, training program director or a chief medical officer. One reference must be a peer reference defined as an APP in the same specialty. Professional references for an APP practicing for the first time after completing his or her degree should typically be provided by the applicant's academic supervising practitioners. Special circumstances regarding the ability of the AHP to provide such professional references shall be considered on a case by case basis by the appropriate Department Chair.

12.2.2. Professional references refer, as appropriate, to the applicant's relevant training and/or experience, current competence, fulfillment of obligations as a member of an Advanced Practice Provider, and any effects of health status on the APP's ability to perform essential functions related the APP's clinical privileges requested.

12.3. Acknowledgement Agreement:

The application form shall include:

12.3.1. A statement that the applicant has received and read this policy, the current Medical Staff Bylaws, Rules and Regulations, the current Hospital Bylaws, the Hospital's Compliance Program Code of Conduct booklet and other relevant policies and that he or she agrees:

12.3.1.1. To be bound by the terms thereof and any amendments thereto if he or she is granted clinical privileges, and

12.3.1.2. To be bound by the terms thereof and any amendments thereto in all matters relating to consideration of his or her application without regard to whether or not he or she is granted clinical privileges;

12.3.1.3. To refrain from any unethical practices;

12.3.1.4. To seek consultation as necessary and appropriate; and

12.3.1.5. To comply with all applicable laws, rules and regulations and accreditation standards.

12.4. Attestation Clause

The applicant must sign the application form. This signature will signify the applicant's agreement to all the following:

12.4.1. Attestation to the accuracy and completeness of all information on the application or accompanying documents and agreement that any substantive inaccuracy, omission, or misrepresentation, whether intentional or not, will be grounds for termination of the application process without the right to appeal. Whether or not an inaccuracy is substantive will be determined by the MEC after review by the Credentials Committee.

12.4.2. If the inaccuracy, omission or misstatement is discovered after an individual has been granted clinical privileges, the individual's clinical privileges shall lapse effective immediately upon notification of the individual.

12.4.3. An applicant who has received an adverse decision regarding an application shall not be allowed to reapply for a period of two (2) years after notice of such decision is sent.

12.5. Statement of Release and Immunity from Liability

The following are express conditions applicable to any applicant, to any APP, and to anyone having or seeking clinical privileges to practice his or her profession in the Hospital. In addition, these statements shall be referenced on the application form, and, by applying for clinical privileges, the applicant expressly accepts these conditions during the processing and consideration of his or her application, regardless of whether he or she is granted the desired clinical privileges:

12.5.1. The applicant for clinical privileges or renewal of clinical privileges extends permission to, and releases from liability, this Hospital and its representatives (and any third party which provides information in connection with the application, as long as the information is provided in good faith and without significant misstatements) with respect to any and all civil liability which might arise from any acts, communications, reports, recommendations, or disclosures involving an applicant, or performed, made, requested, or received by this Hospital and its representatives, to, from, or by any third party, including appointees to the Medical Staff, concerning:

12.5.1.1. Activities relating, but not limited, to:

12.5.1.1.1. Clinical privileges;

12.5.1.1.2. Reappraisals undertaken to renew, increase or decrease clinical privileges;

12.5.1.1.3. Reduction or suspension of clinical privileges or any other disciplinary sanction;

12.5.1.1.4. Focused professional practice evaluations and ongoing professional practice evaluations;

12.5.1.1.5. Hospital and Medical Staff, Departmental, service or committee activities relating to the quality of patient care or the professional conduct of any individual granted clinical privileges to practice in the Hospital;

12.5.1.1.6. Action based on review of National Practitioner Data Bank query results;

12.5.1.2. Investigations, materials provided, or inquiries, oral or written, to the National Practitioner Data Bank or otherwise, relating to:

12.5.1.2.1. An applicant's professional qualifications;

12.5.1.2.2. Credentials;

12.5.1.2.3. Clinical competence;

12.5.1.2.4. Previous performance;

12.5.1.2.5. Character;

12.5.1.2.6. Mental or emotional stability;

12.5.1.2.7. Physical condition;

12.5.1.2.8. Ethics;

12.5.1.2.9. Behavior and conduct; and

12.5.1.3. inspection of all records and documents that may be material to such questions or any other matter that might directly or indirectly have an effect on the individual's

competence, on patient care, on the orderly operation of this Hospital or any hospital or health care facility, including otherwise privileged or confidential information, provided such information is provided in good faith and without malice.

12.5.1.4. Any act, communication, report, recommendation, or disclosure, with respect to any such applicant, made in good faith and at the request of an authorized representative of this Hospital or any other hospital or health care facility, anywhere, at any time, for the purposes set forth above, shall be privileged to the fullest extent permitted by law. Such privilege shall extend to employees of the Hospital and its authorized representatives, and to any third parties who either supply or are supplied information and to any of the foregoing authorized to receive, release, or act upon the same.

12.5.2. As used in this section, the term "Hospital and its representatives" means members of the Medical Staff, the members of its Board and their appointed representatives, employees, the CEO and his or her subordinates or designees, consultants to the Hospital, the Hospital's attorneys and their partners, associates, assistants, or designees, and all appointees to the Medical Staff who have responsibility for obtaining or evaluating the applicant's credentials and/or acting upon his or her application or conduct in the Hospital, or any authorized representative of any of the foregoing.

12.5.3. As used in this section, the term "third parties" means all individuals or governmental agencies, organizations, associations, partnerships, and corporations, whether hospitals or health care facilities or not, from whom information has been requested by the Hospital or its authorized representatives, or which have requested information from the Hospital and its authorized representatives.

12.6. Information on Professional Liability Insurance Coverage:

12.6.1. Information as to whether the applicant currently has professional liability insurance coverage in the amount determined from time to time by the Board.

12.6.2. Names and contact information of professional liability insurance carriers for the past ten years.

12.7. Information of Affiliations with Other Hospitals or Facilities

The names and locations of all hospitals and other health care facilities where applicant has or has had clinical privileges to provide patient care.

12.8. Criminal Background Check and the Office of Inspector General Excluded Individuals/Entities List

12.8.1. A criminal background check shall be conducted on each new applicant.

12.8.2. The Office of Inspector General's excluded individuals and entities list will be checked on each new applicant and with each renewal of clinical privileges.

12.9. Education

The names and locations of colleges, with times of attendance, to include month and year; names and address of clinical directors of each program and if the program was completed as required.

12.10. Certification

The name of the certifying board, the specialty, the date of certification/recertification and expiration of certification is required.

12.11. Licensure

Licensure previously or currently held indicating the state of issue, number, expiration date and status as well as Federal DEA and South Carolina Controlled substance Certification number (as applicable) and the expiration date is required.

12.12. Questions

The application shall require the applicant to provide accurate answers concerning the following items listed below. The applicant shall agree to immediately notify the Medical Staff Services Office in writing should any of the information regarding these items change during the period the AHP holds clinical privileges at the Hospital. If the applicant provides information identifying a problem with any of the following items, the applicant will be required to submit a written explanation of the circumstances involved.

12.12.1. Have any disciplinary actions been initiated or are any pending against you by any state licensure board?

12.12.2. Has your license to practice in any state ever been relinquished, denied, limited, suspended, or revoked, whether voluntarily or involuntarily?

12.12.3. Have you ever been asked to surrender your license?

12.12.4. Have you ever been suspended, sanctioned, or otherwise restricted from participating in any private, federal, or state health insurance program (for example, Medicare, TRICARE, or Medicaid)?

12.12.5. Have you ever been the subject of an investigation by any private, federal, or state agency concerning your participation in any private, federal, or state health insurance program?

12.12.6. Has your narcotics registration certificate ever been relinquished, limited, denied, suspended, or revoked?

12.12.7. Is your narcotics registration certificate currently being challenged?

12.12.8. Have there ever been any allegations or charges of criminal activities related to your professional practice including, but not limited to, Medicare /

Medicaid / TRICARE or any other state or federal governmental payor related offenses, felony convictions, or occurrences that raise questions of criminal propensity or have you ever been named as a defendant in any criminal proceedings?

12.12.9. Has your employment or clinical privileges ever been suspended, diminished, revoked, refused, or limited at any hospital or other health care facility, whether voluntarily or involuntarily?

12.12.10. Have you ever withdrawn your application for or renewal application for clinical privileges or resigned as an AHP before a hospital's or health facility's governing board made a potentially adverse decision on your clinical privileges?

12.12.11. Have you ever been the subject of focused professional practice evaluation at any hospital or health care facility other than at initial granting of or following a request for renewed or new clinical privileges?

12.12.12. Have you ever been examined by any specialty board, but failed to pass the examination?

12.12.13. Has your membership/fellowship in any local or state or national professional organization been voluntarily or involuntarily terminated, suspended, revoked, refused or limited?

12.12.14. Have any professional liability claims or suits ever been filed against you or are any presently threatened or pending?

12.12.15. Have any judgments or settlements been made against you in professional liability cases?

12.13. Recent photograph of the applicant to verify identity.

12.14. Results of any previously mandated drug testing and other health testing in relation to the clinical privileges requested.

13. Application Process

13.1. Department Action

Upon receipt of the application, the Chair of each Department in which the applicant seeks clinical privileges shall review the application and supporting documentation. The Chair, at his or her discretion, may conduct a personal interview with the applicant. The Department Chair may request additional information if he or she deems such is necessary. The Chair shall then transmit to the Credentials Committee, on the prescribed form, a written report and recommendations as to clinical privileges to be granted, and any special conditions to be attached to the exercise of such clinical privileges. A Department Chair may also recommend that the MEC defer action on the application. The reason for each recommendation shall be stated and supported by reference to the completed application and any other documentation considered by a Chair, all of which shall be transmitted with the report.

13.2. Credentials Committee Action

The members of the Credentials Committee shall review the application, the supporting documentation, each Department Chair's report and recommendations, and such other information available to it that may be relevant to consideration of the applicant's qualifications for the AHP clinical privileges requested. The Credentials Chair shall transmit to the MEC on the prescribed form a written report and recommendations as to Medical Staff Department(s), clinical privileges to be granted and any special conditions to be attached to the exercise of the clinical privileges. The Credentials Chair may also recommend that the MEC defer action on the application. The reason for each recommendation shall be stated and supported by references to the completed application and any other documentation considered by the Credentials Committee, all of which shall be transmitted with the report. Any minority views shall be reduced to writing, supported by reasons and references, and transmitted with the majority report.

13.3. Medical Executive Committee Action

At its next regular meeting after receipt of the Credentials Committee report and recommendations, the MEC shall consider the report, the results of the query to the National Practitioner Data Bank (if received within a reasonable time), and such other information available to it that may be relevant to the applicant's qualifications for supporting the APP Department(s) assignment and clinical privileges requested. The MEC shall then forward to the CEO and to the Board a written report and recommendations on the prescribed form as to Department(s) assignment, and clinical privileges to be granted and any special conditions to be attached. The MEC may also defer action on the application. The reasons for each recommendation shall be stated and supported by reference to the completed application and any other documentation considered by the MEC, all of which shall be transmitted with the report. Any minority view shall be reduced to writing, supported by reasons and references, and transmitted with the majority report.

13.4. Effect of Medical Executive Committee Action

13.4.1. Deferral:

Action by the MEC to defer the application for further consideration must be on the agenda of the next following MEC meeting. At that meeting, the MEC may further defer the applicant, recommend the granting of all requested clinical privileges or a subset of clinical privileges or recommend rejection of the request for clinical privileges.

13.4.2. Favorable Recommendation:

When the recommendation of the MEC is favorable to the applicant, the MEC shall promptly forward a report to the CEO and the Board. For the purposes of this Section, the report includes, the reports and recommendations of the Department Chair, the Credentials Committee and the MEC.

13.4.3. Adverse Recommendations:

13.4.3.1. The MEC may, for reasons it deems appropriate, recommend the termination or limitation the privileges of an AHP. The AHP shall be notified in writing of such recommendation and the reasons therefor. The only right to appeal from such a decision shall be to the MEC. In order to quality for such an appeal, the AHP shall deliver to the MEC, within twenty (20) days after receipt of such notice, a written request for a hearing. At such hearing, the AHP shall be entitled to be present, to testify, and to present evidence. The decision of the MEC shall be final.

13.4.3.2. If the AHP is an employee of a member of the Medical Staff or a contracting group, termination of Medical Staff membership of the employing

physician for any reason, or termination of the contract shall automatically terminate all privileges of the AHP without any right of appeal.

14. Privileging for Advanced Practice Providers

Clinical privileging is the process through which individuals are credentialed at Self Regional Healthcare to provide specific patient care services. Credentials may be defined as the recognition of professional and technical competence and involves establishing mechanisms to verify information and evaluate the applicant requesting clinical privileges. The credentialing and privileging process will provide an objective mechanism for initial application and renewal of clinical privileges based on education, legal qualifications and a practitioner's competence and ability to render quality care.

14.1. Certified Registered Nurse Anesthetists.

14.1.1. All CRNAs will be credentialed as AHPs. The Credentials Committee is responsible for credentialing CRNAs. The Department of Anesthesiology will be responsible for reviewing each application and making recommendations to the Credentials Committee. The Credentials Committee will then make its recommendation to the MEC. The MEC will then make its recommendation to the Board for final action. The Chair of the Department of Anesthesiology or his or her designated representative will be responsible for the initial review of each application and will provide recommendations to the Credentials Committee.

14.1.2. Clinical privileges will be granted appropriate to the CRNA's license/certificate or other legal credentials and complexity of care provided by CRNAs. Clinical privileging will be defined as to permit the CRNA to provide selected procedures under specific conditions with supervision by an anesthesiologist. The clinical privileging process will include the following:

14.1.2.1. Qualifications of the CRNA;
14.1.2.2. Actual clinical privileges requested and granted;
14.1.2.3. Conditions or limits of practice; and,
14.1.2.4. Process for evaluation and renewal of clinical privileges.

All applicants must work under the direct supervision of an anesthesiologist who is a member of the Hospital Based Active Staff or Senior Active Staff to be eligible for clinical privileges.

14.2. Qualifications

Applicants for clinical privileges as CRNAs must meet the following requirements:

14.2.1. Qualified CRNAs must be able to provide general and regional anesthesia. They must be able to perform all of the services usually required in the practice scope of nurse anesthetist to render the patient insensible to pain for the performance of surgical and obstetrical procedures, or other necessary but pain producing clinical maneuvers.

14.2.2. Support life functions during the period of anesthesia.

14.2.3. Recognize and take appropriate corrective action for abnormal patient responses to anesthesia or to any adjunctive medication or other form of therapy.

14.2.4. Provide professional observation and resuscitative care until the patient has regained control of his/her vital functions and reflexes.

14.3. In order to be eligible to apply, applicants must have the following:

14.3.1. State licensure as a registered professional nurse. Compliance with state regulatory requirements regulating advanced practice for nurse anesthesia. Graduation from a program of nurse anesthesia education accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs or its predecessor. Certification by the Council on Certification or recertification by the Council on Recertification or their respective predecessors or, if pending initial certification, evidence of graduation from an approved nurse anesthesia educational program. Any applicant must attain certification status within 14 months of finishing his or her training program.

14.3.2. Letter or recommendation from the Director of the CRNA's training program or the Chief of Anesthesiology (or Surgery if there is no Chief of Anesthesiology) at the last facility where the CRNA was employed.

14.3.3. Active practice as a nurse anesthetist during the preceding twelve months.

14.3.4. If Section 14.3.2, above, cannot be satisfied by an otherwise eligible applicant, then clinical privileges may be granted conditional to the applicant with the understanding that all the applicant's work performed at Self Regional Healthcare must be reviewed by the Chair of the Department of Anesthesiology for a period of six months. After this period of intensive review, the Chair of Anesthesiology will determine the applicant's competency in the practice of clinical privileges requested and will submit a report and recommendation to the Credentials Committee.

14.4. Initial Application

The CRNA requesting clinical privileges shall complete an application form. The CRNA will be required to submit the following:

14.4.1. Provide detailed information regarding qualifications as specified in Section 14.2;

14.4.2. Make a specific request for the anesthesia service and anesthesia clinical privileges for which the applicant wishes to be considered;

14.4.3. Provide references from persons who have worked with and who can comment on the ability and character of the applicant;

14.4.4. Provide information as to whether certification, licensure or clinical privileges have ever been denied, revoked, suspended or reduced;

14.4.5. Provide proof of malpractice coverage in the amounts required by the Board;

14.4.6. When all required information is completed and submitted, the application will be forwarded to the Credentials Committee for action. The Chair of the Department of Anesthesiology will be asked to review the application and furnish the Credentials Committee with a recommendation concerning the applicant. After review by the Credentials Committee, its recommendation will be forward to the MEC. The MEC will make its final recommendation to the Board for action.

14.5. Evaluation and Renewal of Clinical Privileges

Requests for renewal of clinical privileges will be evaluated every two years from the date of approval of clinical privileges. The basis for renewal of clinical privilege determinations will include quality assessment activities to the extent applicable. Both CNE and recertification will be as required by the American Association of Nurse Anesthetists. Changes in clinical privileges will be based on the CRNA's education, training, proctoring, experience, demonstrated abilities and judgment.

14.6. Clinical Privileges for which CRNAS may apply

CRNA privileges and responsibilities must be consistent with the law and may include the following:

14.6.1. Preanesthetic Preparation and Evaluation

14.6.1.1. Obtaining an appropriate health history.

14.6.1.2. Conducting an appropriate physical screening assessment.

14.6.1.3. Recommending or requesting and evaluating pertinent diagnostic studies.

14.6.1.4. Selecting, obtaining, ordering, and administering preanesthetic medications.

14.6.1.5. Documenting the preanesthetic evaluation and obtaining informed consent for anesthesia, anesthesia induction, maintenance and emergence.

14.6.2. Intraoperative Care

14.6.2.1. Obtaining, preparing, and using all equipment, monitors, supplies and drugs used for the administration of anesthesia, performing and ordering safety checks as needed.

14.6.2.2. Selecting, obtaining or administering the anesthetics, adjuvant drugs, accessory drugs, fluids and blood products necessary to manage the anesthetic.

14.6.2.3. Performing all aspects of airway management.

14.6.2.4. Performing and managing regional anesthetic techniques including subarachnoid, epidural and caudal blocks; plexus, major and peripheral nerve blocks; intravenous regional anesthesia; transtracheal, topical and local infiltration blocks; and peribulbar and retrobulbar blocks

14.6.2.5. Providing appropriate invasive and non-invasive monitoring modalities utilizing current standards and techniques.

14.6.2.6. Recognizing abnormal patient responses during anesthesia, selecting and implementing corrective action and requesting consultation whenever necessary.

14.6.2.7. Evaluating patient response during emergence from anesthesia and instituting pharmacological or supportive treatment to insure patient stability during transfer.

14.6.3. Postoperative Care

14.6.3.1. Providing post anesthesia follow-up and evaluation of the patient's response to anesthesia and surgical experience, taking appropriate corrective actions and requesting consultation when indicated.

14.6.3.2. Initialing and administering respiratory support to insure adequate ventilation and oxygenation in the post anesthesia period.

14.6.3.3. Initiating and administering pharmacological or fluid support of the cardiovascular system during the post anesthesia period to prevent morbidity and mortality.

14.6.4. Discharging patients from a post anesthesia care area.

Because all CRNAs must be supervised by anesthesiologists, all the above must have been discussed with the anesthesiologist and approved by the anesthesiologist. All orders are to be counter signed by the anesthesiologist.

14.6.5. Clinical Support Functions

CRNAs may apply for clinical privileges for the following under the direct supervision of the supervising anesthesiologist:

14.6.5.1. Inserting peripheral and central intravenous catheters.

14.6.5.2. Inserting pulmonary artery catheters.

14.6.5.3. Inserting arterial catheters and performing arterial puncture to obtain arterial blood samples.

14.6.5.4. Managing emergency situations, including initiating or participating in cardiopulmonary resuscitation.

14.6.5.5. Providing consultation and implementation of respiratory and ventilatory care.

14.6.5.6. Initiating management of pain therapy utilizing drugs, regional techniques or other accepted pain relief modalities.

14.6.6. Clinical Privileges by Proctoring

A CRNA may obtain new clinical privileges for which he/she previously did not qualify through proctoring. The CRNA shall submit the request for the clinical privilege desired and the name of the anesthesiologist(s) who will do the proctoring to the Credentials Committee for approval for the proctoring. The CRNA must demonstrate successful completion of ten procedures along with written documentation of the proctoring process and patient data to the Chair of the Department of Anesthesiology who will review the information and make a recommendation to the Credentials Committee who will then act on the request for clinical privileges for that procedure unless otherwise stipulated in Credentials Manual of the Medical Staff Rules and Regulations. The CRNA's new clinical privilege will be subject to FPPE, as described at Section 20, below.

15. Physician Assistants

15.1. For a PA to be eligible to apply, the applicant must have the following:

15.1.1.1. Completion of an educational program for PAs approved by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor organization and current state registration or licensure.

15.1.1.2. Successful completion of the national certifying examination Physician Assistant National Certifying Examination or its predecessor or successor organization.

15.1.1.3. No physical or mental health problem preventing him or her from exercising the privileges granted.

15.1.1.4. Written agreement with a physician currently a member of the Hospital Based Active Staff or Senior Active Staff who agrees to provide:

15.1.1.4.1. Supervision and monitoring of the PA's practice.

15.1.1.4.2. Availability, either personally or via an Alternate Supervising Physician, for consultation on a continuous basis.

15.1.1.4.3. Total responsibility for the care of any patient when requested by the PA or in the interest of patient care or when requested by the patient.

15.1.1.5. Co-signature for all admission orders, admission history and physical examination and discharge summaries written by the PA.

15.2. For all requested procedures, a PA must document the number he or she has successfully completed in the preceding 2 years. Procedures that are specifically delineated in the Medical Staff Rules and Regulations shall apply to the PA.

15.3. For renewal, both continuing education and recertification will be as required by the National Commission on Certification of Physician Assistants.

15.4. Categories of clinical privileges:

15.4.1. Category 1: May be initiated and carried out independently by the PA.

15.4.2. Category 2: May be performed by the PA when ordered by the supervising member of the Medical Staff who is available, but not necessarily present.

15.4.3. Category 3: May be performed by the PA when ordered by the Supervising Physician when the Supervising Physician is present in the room.

15.5. "Core" Privileges for PA: Initial and ongoing assessment of patients' medical, physical, and psychological status, including:

15.5.1. Conduct histories and physicals,

15.5.2. Develop treatment plans,

15.5.3. Perform rounds,

15.5.4. Record progress notes,

15.5.5. Write discharge summaries.

15.5.6. Implement physician-directed treatment plans that permit PAs to:

15.5.6.1. Provide first, second, or third assist in surgery;

15.5.6.2. Write orders for medications, treatments, tests, IV fluids, etc.

15.5.6.3. Take calls;

15.5.6.4. Provide advanced cardiac life support; and

15.5.6.5. Provide pre- and post-operative surgical care.

16. Nurse Practitioners

16.1. In order for a NP to be eligible to apply, applicant must have the following:

16.1.1. An active registered professional nurse license in the United States or its territories.

16.1.2. A master's degree in nursing from an accredited college or university or evidence of successful completion of a postgraduate track or program in the applicant's specialty within a school of nursing granting graduate level academic credit.

16.1.3. Certification in the NP's area of specialization by any of the Advanced Practice Certification Organizations approved by the South Carolina Board of Nursing within 24 months of graduation from the graduate level nursing program. A candidate's clinical privileges will be ineligible for renewal if not certified.

16.1.4. Current licensure or registration in South Carolina.

16.1.5. No physical or mental health problems preventing him or her from safely exercising the privileges granted.

16.1.6. A written agreement with a physician currently a Member of the Hospital-Based Active Staff or Senior Active Staff who agrees to provide:

16.2. Supervision and monitoring of the NP's practice.

16.2.1. Availability, either personally or via an alternate, for consultation on a continuous basis.

16.2.2. Total responsibility for the care of any patient when requested by the NP or in the interest of patient care or when requested by the patient.

16.2.3. 15.1.1.5. Co-signature for all admission orders, admission history and physical examination and discharge summaries written by the NP.

16.2.4. For all requested procedures, the NP must indicate the number he or she has performed in the preceding two years. Procedures that are specifically delineated in the Medical Staff Rules and Regulations shall apply to the NP.

16.2.5. Both CNE and recertification will be as required by the candidate's Advance Practice Certification Organization as long as that organization is approved by the South Carolina Board of Nursing.

16.3. Categories of clinical privileges:

16.3.1. Category 1: May be initiated and carried out independently by the NP.

16.3.2. Category 2: May be performed by the NP when ordered by the Supervising Physician who is available, but not necessarily present.

16.3.3. Category 3: May be performed by the NP when ordered by the Supervising Physician when the Supervising Physician is present in the room.

16.4. "Core" Privileges for NP:

16.4.1. Initial and ongoing assessment of patients' medical, physical, and psychological status, including:

16.4.2. Conduct histories and physicals,

16.4.3. Develop treatment plans,

16.4.4. Perform rounds,

16.4.5. Record progress notes,

16.4.6. Write discharge summaries.

16.4.7. Implement physician-directed treatment plans that permit NPs to:

16.4.7.1. Provide first, second, or third assist in surgery;

16.4.7.2. Write orders for medications, treatments, tests, IV fluids, etc.

16.4.7.3. Take calls;

16.4.7.4. Provide advanced cardiac life support; and

16.4.7.5. Provide pre- and post-operative surgical care.

17. Certified Nurse Midwife

17.1. Education, Training and Experience:

17.1.1. Basic Education: A minimum of a master's degree that includes advanced education in the area of midwifery.

17.1.2. Training and Certification:

17.1.2.1. Successful completion of an American Midwifery Certification Board (AMCB), formerly called American College of Nurse-Midwives (ACNM) nurse-midwife educational training program.

17.1.2.2. Successful completion of an 8 hour fetal monitoring course as endorsed by the MEC.

17.1.2.3. Current certification by the AMCB, formerly called the ACNM Certification Council.

17.1.2.4. Current Neonatal Resuscitation Program Certification

17.1.2.5. South Carolina licensure to practice as a nurse-midwife.

17.1.3. Experience: Demonstrated current competence and evidence of the performance of at least 15 deliveries, reflective of the scope of clinical privileges requested in the past 12 months or completion of an ACNM accredited training program in the past 12 months.

17.1.4. A written agreement with a current Member of the Hospital-Based Active Staff or Senior Active Staff who holds Type I Obstetrical privileges to:

17.1.5. Be physically present on hospital premises or readily available by electronic communication or provide alternate coverage to provide consultation when requested, and to intervene when necessary

17.1.6. Assume total responsibility for the care of any patient when requested or in the interest of patient care

17.1.7. Co-signature for all admission orders, admission history and physical examination and discharge summaries written by the CNM.

17.2. Core Privileges

Core clinical privileges for CNMs include evaluation, diagnosis, and consultation for the patient through antepartum, intrapartum, and postpartum care in collaboration with or under the supervision of a physician who holds OB Type I privileges at the Hospital. Clinical privileges include, but are not limited to, the following:

17.2.1. Writing admission orders, which are co-signed by the Supervising Physician;

17.2.2. Taking admission histories and performing physical examinations, which are co-signed by the Supervising Physician;

17.2.3. Ordering laboratory, radiological, sonographical, and other diagnostic examinations;

17.2.4. Collecting specimens for pathological examination;

17.2.5. Initiating management of obstetrical emergencies with immediate physician consultation;

17.2.6. Performing Induction of labor;

17.2.7. Augmenting labor with intravenous Pitocin in consultation with a physician with Type I privileges in Obstetrics;

17.2.8. Administering local or pudendal anesthesia and ordering epidural anesthesia when indicated;

17.2.9. Assisting with cesarean delivery;

17.2.10. Performing the following procedures:

17.2.10.1. Fetal Surveillance with either external or internal monitors, including placement of intrauterine presser catheter and fetal scalp electrodes;

17.2.10.2. Amniotomies;

17.2.10.3. Midline/mediolateral episiotomies;

17.2.10.4. Repair of midline/mediolateral episiotomies; and

17.2.10.5. Explore the uterus and manually remove placenta fragments.

17.2.11. Providing routine care to mothers and their infants in the postpartum period;

17.2.12. Providing support and instruction for breastfeeding women;

17.2.13. Providing contraceptive counseling for postpartum women;

17.2.14. Monitoring vital signs, lochia, fundus, and bladder functions in the immediate postpartum period;

17.2.15. Conducting postpartum rounds and examination;

17.2.16. Writing discharge orders and dictating discharge summaries which are co-signed by the Supervising Physician; and

17.2.17. Providing well-woman gynecological care as a member of a healthcare team that provides a full range of women's healthcare services.

17.3. Conditions excluded from these privileges include preeclampsia, post-date pregnancy delivery beyond 42 weeks, diabetes, preterm labor (less than 35 weeks gestation), other than slight meconium, vaginal birth after previous Cesarean section, mid-forceps, cesarean section, breech or twin delivery, or other conditions that would classify the patient as high risk or at increased risk for preterm delivery. Patients with any of these conditions require management by a physician with OB I privileges.

17.4. Procedures Requiring Separate Documentation:

17.4.1. Outlet forceps or vacuum extraction: The Supervising Physician must be notified in advance before performing Outlet Forceps or Vacuum Extraction.

17.4.1.1. To be eligible to apply for outlet forceps or vacuum extraction clinical privileges, the applicant must have the following:

17.4.1.1.1. Qualify for CNM core privileges in this Hospital.

17.4.1.1.2. Document use of outlet forceps or vacuum extraction in ten deliveries with acceptable outcomes during the last three years.

17.4.1.2. 4th degree laceration repair:

17.4.1.2.1. In order to be eligible to apply, applicant must have the following:

17.4.1.2.1.1. Qualify for CNM core privileges in this Hospital.

17.4.1.2.1.2. Document five fourth degree repairs in the past three years, with acceptable outcomes.

18. Registered Nurse First Assistant

Registered Nurse First Assistant

In order for a Registered Nurse First Assistant to be eligible to apply, applicant must have A-C:

A. Bachelors or master's degree in nursing. This requirement may be waived by the MEC if the applicant meets all of the following requirements.

B. Certified Registered Nurse First Assistant (CRNFA) and Certified Nurse Operating Room (CNOR).

C. Current state licensure.

Experience: 12 months of clinical practice within the RNFA's area of specialization and RNFA and Surgeon Collaboration Agreement (Supervising physician should be currently appointed to the medical staff of the hospital and has appropriate privileges) and meet requirements of statutes, regulations, and institutional policies relevant to the RNFA.

Core Privileges

Assess and monitor immediate postoperative status
Assessment, focused nursing based on planned surgical intervention
Assessment, intraoperatively for prevention or early detection of perioperative complications
Collects data from appropriate multiple sources
Performs initial postoperative dressing change
Handling tissue
Provides and maintains hemostasis
Implements and manages perioperative plan of care consistent with RNFA practice
Operative site exposure
Creates and monitors sterile field
Use of surgical instruments
Suturing techniques and wound closure
Monitoring of wound healing

19. Specialty Credentials for Advanced Practice Providers

19.1. Emergency Department (ED)

Minimal requirements for application are the same for NPs and PAs as described above, whichever is applicable.

Additional requirements:

ACLS certification within six (6) months of assuming ED duties.

NP or PA will be expected to practice under the guidelines of the ED policies and procedures as well as approved written protocols or written scope of practice guidelines in effect in the ED.

Scope of practice will be delineated by the ED Medical Director but will not exceed those clinical privileges recommended by the Credentials Committee and approved by the MEC and the Board. The ED Medical Director will supervise the applicant's performance.

18.1.1 Ultrasound Guided Central Line Placement

Performance of 10 Ultrasound Guided Central Lines in the past with letter of recommendation from physician who supervised these procedures.

If unable to document 10 Ultrasound Guided Central Lines in the past, then the applicant must perform 10 Ultrasound Guided Central Lines under the direct supervision of someone with these privileges with appropriate letter of recommendation.

18.2 Cardiology Department

18.2.1 Performance of Stress Testing Involving Nuclear Imaging

In order for an advanced practice provider to supervise the performance of stress tests involving nuclear imaging, the physician assistant or nurse practitioner should have 10 proctored cases by a senior level advanced practice provider who already has been credentialed in this field.

The physician director of nuclear cardiology will conduct a generalized quarterly review of the studies performed within the department to identify any safety issues or adverse reactions. The physician director of nuclear cardiology will also conduct a case review involving 5 randomly selected studies per year to maintain quality control.

Maintenance of credentials requires documentation of 50 studies annually.

18.3 Pediatrics Department

18.3.1 Neonatal Circumcision

Performance of 10 circumcisions in the past with letter of recommendation from physician who supervised these procedures.

If unable to document 10 circumcisions in the past, then the applicant must perform 10 circumcisions under the direct supervision of someone with circumcision privileges with appropriate letter of recommendation

18.4 Critical Care

18.4.1 Endotracheal Intubation

Performance of 10 endotracheal intubations in the past with letter of recommendation from physician who supervised these procedures and completion of an advanced airway course approved by the Medical Director for Hospital Medicine.

If unable to document 10 endotracheal intubations in the past, then the applicant must perform 10 endotracheal intubations under the direct supervision of someone with these privileges with appropriate letter of recommendation and completion of an advanced airway course approved by the Medical Director for Hospital Medicine.

18.4.2 Ultrasound Guided Central Line Placement

Performance of 10 Ultrasound Guided Central Lines in the past with letter of recommendation from physician who supervised these procedures.

If unable to document 10 Ultrasound Guided Central Lines in the past, then the applicant must perform 10 Ultrasound Guided Central Lines under the direct supervision of someone with these privileges with appropriate letter of recommendation.

20. Non-Discrimination Policy

No individual shall be denied permission to exercise clinical privileges at the Hospital on the basis of sex, race, creed, color, age, national origin, or disability.

21. Focused Professional Practice Evaluation to Confirm Competence

All new clinical privileges granted to APPs, regardless of when they are granted (initial requests for clinical privileges, renewal of clinical privileges or at any time in between),

will be subject to focused professional practice evaluation (FPPE) in order to confirm competence.

22. Renewal Procedures

22.1. Renewal Application:

An applicant for renewal of clinical privileges must submit a fully completed renewal application to the Medical Staff Coordinator Office including the following information:

22.1.1. Copy of current South Carolina license or certification;

22.1.2. Copy of current malpractice insurance coverage (applicant's name, expiration dates, and amounts);

22.1.3. Completed application and Supervising Physician's signature;

22.1.4. Written evaluation of the applicant's clinical performance by their Supervising Physician;

22.1.5. Approved Guideline, as applicable, reviewed and signed by the applicant and by the Supervising Physician. The Supervising Physician has the prerogative to remove any of the previously granted clinical privileges at his or her sole discretion or to request new clinical privileges.

23. Penalty for Failure to Apply within Established Time Frames

On or before three months (90 days) prior to the date of expiration of an APP's clinical privileges, the Medical Staff Office shall notify the APP of his or her expiration date. The APP must furnish a complete application for renewal of clinical privileges to the Medical Staff Office, providing sufficient time to process the application. Failure to submit an application for renewal will result in termination of clinical privileges. If an APP experiences termination of clinical privileges, and desires continuation of clinical privileges, he or she must reapply as an initial applicant by submitting a new application to the Medical Staff Office.

24. Administrative Suspension

24.1. The President of the Medical Staff, the relevant Department Chair, the CMO, the CEO, and the MEC will each have the authority to impose an administrative suspension of all or any portion of the clinical privileges of any APP whenever a question has been raised about such individual's clinical care or professional conduct.

24.2. An administrative suspension will become effective immediately upon imposition, will immediately be reported to the CEO and the President of the Medical Staff, and will

remain in effect unless or until modified by the CEO and the MEC. Upon receipt of notice of the imposition of an administrative suspension, the CEO and President of the Medical 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.

25. Relinquishment of Clinical Privileges

25.1. An AHP's clinical privileges shall be relinquished upon receipt of notice of relinquishment from the CEO, CMO or the President of the Medical Staff without entitlement to the procedural rights outlined in this policy, in the following circumstances:

25.1.1. The APP fails to provide information pertaining to his or her qualifications for clinical privileges in response to a written request from the Credentials Committee, the MEC, the Physician Excellence Committee, the CMO, the CEO, or any other committee authorized to request such information;

25.1.2. The APP fails to complete or comply with required training or educational requirements;

25.1.3. The APP fails, for any reason, to maintain an appropriate relationship with a Supervising Physician as defined above; or

25.1.4. Any APP employed by the Hospital has his or her employment terminated.

26. Leave of Absence

26.1. An APP may request a leave of absence, for a period not to exceed a year, by submitting a written request to the Medical Staff Office. The CEO will then determine whether a request for a leave of absence shall be granted. Requests for reinstatement must be made at least 30 days prior to the conclusion of the leave of absence.

26.2. Except for maternity leaves, APPs must report to the Medical Staff Office anytime they are away from patient care responsibilities for longer than 90 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 CEO, in consultation with the President of the Medical Staff, may impose a medical leave of absence.

26.3. Individuals requesting reinstatement will submit a written summary of their professional activities during the leave, and any other information that may be requested by the Hospital. Requests for reinstatement will then be reviewed by the Credentials Committee, the Department Chair and President of the Medical Staff. This determination will then be forwarded to the Credentials Committee, the MEC, and the

Board for ratification. 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 performing the essential functions related to his or her clinical privileges.

27. MISCELLANEOUS

27.1. Capitalized terms in this policy are the same as the terms defined in the Medical Staff Bylaws.

27.2. Terms used in this policy will be read as the singular or plural, as the context requires. The captions or headings in this policy are for convenience only and are not intended to limit or define the scope or effect of any provision within this policy.

27.3. Effect of Bylaws on Policy

This policy supplements provisions in the Medical Staff Bylaws. Any inconsistency between this policy and the Medical Staff Bylaws will be resolved in favor of the Medical Staff Bylaws.

28. Adoption and Approval

Approval by Medical Executive Committee:

Meeting Minutes	December 18, 2023
Signature (Chair)	Date

Adoption by the Governing Board:

Meeting Minutes	January 8, 2024
Signature (Chair)	Date