

Medical Staff Credentials Manual



PHOENIX CHILDREN'S *Hospital*

Approved by the Medical Staff

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ARTICLE I

MEDICAL STAFF MEMBERSHIP

1.1 ELIGIBILITY AND QUALIFICATIONS FOR MEMBERSHIP

The basic eligibility criteria and qualifications for membership on the Medical Staff of the Phoenix Children's Hospital are found in the Medical Staff Bylaws in Article II, Section 2.1. In addition, the Board, after requesting input from the MEC, may impose further requirements on specific Practitioners where it believes these are warranted after a review of the Practitioner's credentials file, peer review and performance data, or other relevant material.

1.2 CONDITIONS AND DURATION OF APPOINTMENT

1.2.1 Initial Appointment and Reappointment

- a. Initial appointment and reappointment to the Medical Staff shall be made by the Hospital Board. The Board shall act on appointments and reappointments only after there has been a recommendation or an opportunity for a recommendation from the Medical Executive Committee.
- b. Appointment to the staff will be for no more than 24 calendar months.
- c. Appointment to the Medical Staff shall confer on the appointee only such clinical privileges as have been granted by the Board.

1.3 LEAVE OF ABSENCE (LOA)

1.3.1 Written Notice

A Medical Staff member may request, in writing, a voluntary leave of absence from the Medical Staff. Such request shall be received in the Medical Staff Office, at a minimum of thirty (30) days prior to the requested leave date. Request shall state the reason the Medical Staff member requests the leave and the exact period of leave time requested, which may not exceed one (1) year. Such request shall be submitted to the member's Department Chair, Credentials Committee, and MEC, which shall review such requests and recommend approval or disapproval to the Hospital Board. The Hospital Board shall make the final decision whether to approve or disapprove such request. In the event that such request is approved, the Staff member shall make necessary arrangements to provide alternate coverage for proper and necessary patient care during his or her absence and shall meet all obligations listed in 1.3.2 below. During the period of a leave, the staff member's membership status, Department affiliation, privileges and prerogatives, duty to pay

Medical Staff dues, if any, and attendance requirements at Medical Staff and Department meetings shall be suspended. In the event that the Board disapproves such request, the affected staff member shall not be entitled to procedural rights as outlined in the Corrective Action and Fair Hearing Manual of the Medical Staff Bylaws.

1.3.2 Obligations

A request for Leave of Absence shall not be considered until all obligations to the Hospital have been met, including completion of all medical records, payment of any outstanding dues, and fulfillment of any Emergency Department or other call obligations.

1.3.3 Request to Return from LOA

Not less than thirty (30) days prior to the termination of the leave, the Medical Staff member must request, in writing, reinstatement of his/her membership and/or privileges and submit such request to the Medical Staff office. The Medical Staff member must also submit a written summary of his/her relevant activities during the leave if so requested by members of the Department, Credentials or MEC. Reinstatement will be made by action of the MEC. If the MEC denies reinstatement, the matter will be forwarded to the Board for a final decision. If the requested return date is past the time for the member's reappointment, he or she must submit a reapplication form and be reappointed by the Board before resuming his or her staff position and privileges.

1.3.4 Failure to Request to Return from LOA

The failure of a Medical Staff member to request reinstatement from a LOA shall result in automatic relinquishment of membership status and privileges. The affected Practitioner shall not be entitled to procedural rights as outlined in the Corrective Action and Fair Hearing Manual of these Bylaws.

1.4 PHYSICAL HEALTH STATUS

1.4.1 Health Requirements

Members of the Medical Staff and Practitioners holding privileges must maintain the physical and mental ability to deliver patient care and exercise privileges safely and at an appropriate level of quality at all times.

1.4.2 Notification of Health Status

A staff member or Practitioner holding privileges must immediately report in writing to his/her Department Chair (or her designee), Chair of the Credentials Committee, or an Officer of the Medical Staff when he or she has a mental or physical condition

that has the potential or likelihood to impair judgment or affect functional capability to perform granted privileges safely and at an appropriate level of quality at all times (as determined by the staff member, a treating physician, or a health care facility). Failure to do so may result in Corrective Action.

1.4.3 Health Examination

At any time that the MEC or Board have any reason to question whether a Medical Staff member has the requisite physical and/or mental health required to care for patients safely and with an appropriate level of care and skill, it may require that member to undergo an appropriate health examination. The nature and scope of the exam (including drug testing) and the examining clinician may be determined at the discretion of the MEC and/or Board. Where there is a concern that a physician may be impaired by use of or addiction to drugs or alcohol, such examination may include the imposition of random drug or alcohol testing. Refusal of a Medical Staff member to comply with a request to submit a health examination and/or drug testing will be considered a voluntary resignation from the Medical Staff and relinquishment of Privileges.

ARTICLE II

PROCEDURES FOR APPOINTMENT AND REAPPOINTMENT

2.1 GENERAL PROCEDURE

The Medical Staff through its designated departments, committees, and officers shall evaluate and consider each application for appointment or reappointment and clinical privileges and each request for modification of staff membership or privileges and shall adopt and transmit recommendations to the Hospital Board.

2.2 APPLICATION FOR INITIAL APPOINTMENT

2.2.1 Application Form

Each application for appointment to the Medical Staff shall be in writing, submitted on the prescribed form issued by the Hospital's Medical Staff office, and signed by the applicant. Any qualified Practitioner who wishes to apply for membership on the Medical Staff shall contact the Medical Staff Office. The Medical Staff Office shall forward to eligible Practitioners an application form, a copy of the Medical Staff Bylaws and its manuals, selected associated policies and procedures of the

Medical Staff, a Delineation of Privilege request form, and other specific Hospital required documents.

2.2.2 Content of Application Form

The completed application for appointment shall be in a form determined by the Hospital in consultation with the Medical Staff Credentials Committee and MEC. The completed application and its attachments shall include, but is not limited to, the following information:

- a. **Acknowledgement and Agreement:** A statement signed by the applicant to the effect that he/she has read and agrees to be bound by the Bylaws and its manuals, and any Medical Staff rules, regulations or policies that are provided to the applicant as part of the application process. The applicant also agrees to be bound by these documents in all matters relating to consideration of his or her application whether or not he/she is granted membership and/or staff privileges. Furthermore, the applicant agrees that if he/she is granted Medical Staff membership and/or privileges, he/she agrees to follow and be bound by any and all Medical Staff and Hospital policies, rules, or regulations and meet all the responsibilities of Medical Staff membership.
- b. **Qualifications:** Detailed information concerning the applicant's qualifications, including information in order to satisfy the Basic Eligibility and Qualifications of Medical Staff Membership and of any additional qualifications necessary to be granted any privileges requested.
- c. **Requests:** Specific requests stating the department and the privileges for which the applicant wishes to be considered.
- d. **Peer References:** The names of at least three (3) practitioners who have worked with applicant and observed his or her professional performance and who can provide references as to the applicant's professional ability and judgment, ethical character, and ability to work cooperatively with other Practitioners and hospital personnel, such that patients treated by him/her receive quality care delivered in a professional and efficient manner. Information provided by the reference should address the applicant's abilities with regard to the general competencies adopted from time to time by the American College of Graduate Medical Education (ACGME). In general, peer references should be submitted on a peer reference form provided by the Medical Staff office and/or the reference should answer specific questions posed on this form.
- e. **Ethical Pledges:** A pledge signed by the applicant relating to the provision of providing professional services in an ethical manner.
- f. **Professional Sanctions:** Information as to whether the applicant's membership status and/or medical staff privileges have ever been voluntarily or involuntarily revoked, suspended, reduced, subjected to restrictions or limitation not applicable to all other Practitioners in the same medical staff category, or not renewed at any other hospital, health care institution, or health plan, including whether any of the following has ever been voluntary or involuntarily suspended, revoked, or denied:
 - membership/fellowship in a local, state or national professional organization;
 - staff membership status or clinical privileges at any other hospital or health care institutions;

- specialty board certification;
- licensure to practice any profession in any jurisdiction;
- Drug Enforcement (DEA) number or a state controlled substance license; or
- Information as to any current or pending sanctions, affecting participation in any Federal Healthcare Program or any actions which cause the Practitioner to become ineligible for such programs.

If any such actions were ever taken or if any such actions are currently pending, the particulars of these actions shall be included.

- g. **Criminal Proceedings:** Information as to whether the applicant has ever been named as a defendant in any criminal proceedings, regardless of the outcome.
- h. **Felony Convictions:** Information as to whether the applicant has ever been convicted of a felony or submitted a plea of guilty or no contest, if a felony prosecution is now pending against the applicant, and the particulars of any such conviction, settlement or prosecution, if any.
- i. **History of Medical Staff Membership:** A chronological history listing all of the applicant's past medical staff memberships and associated privileges, including the full addresses of the facilities at which such memberships or privileges were held.
- j. **Professional Employment History:** A chronological history of applicant's entire employment history as a health care professional.
- k. **Education and Training History:** A chronological history of the applicant's undergraduate education, all graduate education in the health care field, and all post-graduate training (internships/residencies/fellowships) in any health care field.
- l. **Notification of Release and Immunity Statement:** Such releases, waivers, and authorizations as are presented to the applicant by the Medical Staff office. These will include a statement signed by the applicant authorizing and consenting to allow Medical Staff and Hospital representatives to provide other hospitals, medical associations, licensing boards, and other organizations concerned with provider performance and the quality and efficiency of patient care with any relevant information the Hospital or Medical Staff may have concerning the applicant. This statement will also release from liability the Hospital, its Medical Staff, and their representatives for sharing with appropriate health care and licensing entities information concerning the professional competence, ethics, and other qualifications of the applicant for staff appointment and privileges, including information otherwise privileged or confidential, to the full extent permitted by Arizona law.
- m. **Professional Liability Actions:** All particulars regarding medical malpractice claims filed against the applicant, any adverse and/or pending malpractice decisions or settlements, and of any cancellation, non-renewal, or limitation of malpractice insurance coverage.
- n. **Authorization for Employment:** Where appropriate, applicants who are not United States citizens will provide documentation from their employer which supports their authorization to be employed in the United States.
- o. **Miscellaneous Information:** Such other information relating to evaluation of the applicant's professional qualifications, ethical character and professional conduct, current competence, and prior professional experience, including utilization of hospital resources, as may be deemed relevant by the MEC and the Hospital Board.

- p. **Minimum Basic Criteria:** The following basic criteria must be appropriately documented and the information reasonably confirmed:
- Evidence of Current Licensure: (unrestricted Arizona State License, Unrestricted Federal DEA as appropriate to specialty). Licensure is verified with the primary source.
 - Relevant Training and/or Experience
 - At the time of appointment and initial granting of clinical privileges, Hospital may require verification of relevant training or experience from the primary source(s), when feasible.
 - Current Competence: Recent letters of verification from the applicant's residency program director or designee if residency training was within five years of initial application. Confirmation of board certification or qualification for certification from the appropriate specialty board. Written documentation from individuals personally acquainted first hand with the applicant's recent professional and clinical performance including, if available and applicable, types of surgical procedures performed, outcomes for invasive procedures performed, types of medical conditions managed as the responsible physician, clinical judgment and technical skills, and professional conduct. References should also provide information on the applicant's abilities regarding the six general competencies as described by the Accreditation Council for Graduate Medical Education (ACGME): patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
 - Ability to Perform Privileges Requested (Health Status): A health status statement provided by the Medical Office and signed by the applicant indicating that no physical or mental health problems exist that could affect his/her practice. This document should be confirmed by the director of the applicant's training program, a chief of service or chief of staff at another hospital, or a qualified physician who has examined the applicant.
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2.3 APPLICATION FEE

A non-refundable fee, in an amount established by the Hospital Board after consultation with the MEC, shall be payable upon request at the time of application for appointment or reappointment. Applications submitted without an accompanying fee will not be accepted for processing.

2.4 EFFECT OF APPLICATION

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

- a. Agrees to provide in a timely fashion any additional information and to resolve any questions relating to his application that are requested or posed by Medical Staff, Hospital, or Board representatives.
- b. Agrees to appear for interview(s) upon request.
- c. Authorizes Hospital representatives to consult with other hospitals and medical staffs who have been associated with the applicant and with anyone who may have information bearing on the applicant's clinical competence and qualifications for Medical Staff membership or privileges.
- d. Consents to the inspection by Hospital representatives of all records and documents that may be material to an evaluation of his professional and ethical qualifications for staff membership.
- e. Agrees that in the event of any adverse recommendations or decisions with respect to staff membership or privileges, as defined in these Bylaws, the applicant shall exhaust the administrative remedies afforded by these Bylaws before resorting to formal legal action.
- f. Releases from liability all individuals and organizations that provide information, including otherwise legally privileged or confidential information to Hospital representatives concerning the applicant's competence, professional ethics, character, physical and mental health, professional conduct, and other qualifications for staff appointment and clinical privileges.
- g. Signifies that the information submitted in his or her application is true to the best of his/her knowledge and belief and that he/she understands that any significant misstatement(s) or omission(s) from his/her application shall constitute grounds for rejection of the application.

2.5 PROCESSING OF INITIAL APPLICATIONS

2.5.1 APPLICANT'S BURDEN

The applicant shall have the burden of producing adequate information for a proper evaluation of his or her experience, background, training, clinical competence, and ability to adequately perform the privileges requested, and of resolving any doubts about these or any of the other qualifications specified in the Medical Staff Bylaws or in their associated Medical Staff manuals or policies. The applicant must be able to demonstrate to the satisfaction of the MEC and Board proficiency in the following six general competencies as described by the Accreditation Council for Graduate Medical Education (ACGME): patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. An application will not be processed by the Medical Staff until it is deemed complete by the Hospital medical staff office. If a department Chair, Medical Staff committee, or the Board request additional information from the applicant to process the application, the application will be deemed incomplete. If the application remains incomplete for more than sixty days,

it will be considered to have been voluntarily withdrawn by the Practitioner who submitted the application.

2.5.2 APPLICANT INTERVIEW

All applicants for appointment to the Medical Staff and/or clinical privileges may be required to participate in an interview at the discretion of the Department Chair, Credentials Committee, MEC, or Board. The interview may take place in person or by telephone, video or computer link at the discretion of the party calling for the interview. The interview will be used to gather information about the applicant and to communicate information to the applicant concerning Medical Staff responsibilities and expectations.

2.5.3 VERIFICATION OF INFORMATION

The applicant shall deliver a completed application to the Hospital, which shall in a timely fashion, seek to collect or verify the references, licensure, and other qualifications evidence submitted. The Hospital shall promptly notify the applicant of any problems in obtaining the information required, and it shall then be the applicant's obligation to obtain the required information and provide it to the Hospital in a timely manner. Once collection and verification is completed, the Hospital shall forward a complete verified application and its supporting materials to the Chair of the department to which the applicant will be assigned if granted staff membership.

2.5.4 EXPEDITED CREDENTIALS REVIEW

An expedited credentials review may occur when applicants present applications that raise no concerns. In particular, the following criteria must be met in order to complete an expedited credentials review:

- Applicant submits a completed application;
- MEC makes a final positive recommendation and without limitation(s);
- There are no current challenges or previously successful challenges to the applicant's licensure or registration;
- Applicant has never received an involuntary termination of medical staff membership at another organization;
- Applicant has never received involuntary limitation, reduction, denial, or loss of clinical privileges; or
- There has never been an adverse final judgment to the applicant in a professional liability action.

This list is not exhaustive and the Hospital Board or its Executive Committee shall have the discretion to determine whether or not an application qualifies for expedited review.

2.5.5 DEPARTMENT CHAIR REVIEW

The relevant department Chair, or designee, shall review the completed application and supporting documentation for completeness and for the purposes of determining the character, professional competence, qualifications, and ethical standing of the applicant to fulfill the requirements of Staff membership and/or the Privileges requested.

The department Chair may conduct an interview with the applicant and may request additional information from the applicant or elsewhere as needed to carry out his or her evaluation of the applicant. The Chair shall transmit to the Credentials Committee and MEC a written report and recommendation as to Staff appointment and, if appointment is recommended, as to the Staff category, department affiliation, clinical privileges to be granted, and any special conditions to be attached to the appointment. 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 all other documentation considered by a Chair, all of which shall be transmitted with the report.

2.5.6 CREDENTIAL COMMITTEE ACTION

Upon receipt of a recommendation regarding an applicant eligible for expedited credentialing, the Credentials Chair or designee shall review the completed application, all supporting material, and such other information available that may be relevant to consideration of the applicant's qualifications. The Credentials Chair shall then forward a recommendation to the MEC regarding appointment and privileges.

For applicants not eligible for expedited credentialing, the Credentials Committee shall review the application, supporting documentation, the Departments Chair's report and recommendations, and such other information available to it that may be relevant to consideration of the applicant's qualifications and may conduct a personal interview.

After its review of the applicant's credentials, the Credentials Committee shall submit, together with the recommendation of the Department Chair, a written recommendation to the MEC. This recommendation shall address the applicant's Medical Staff membership and category, Department affiliation, privileges, and any specific conditions relating to appointment and/or privileges. Minority views regarding any or all recommendations of the Credentials Committee may also be included.

2.5.7 MEDICAL EXECUTIVE COMMITTEE ACTION

At its next monthly meeting after receipt of the reports and recommendations of the Department Chair and the Credentials Committee, the MEC shall review the

applicant's request for membership and/or privileges. The MEC may utilize appropriate additional sources of information, including personal interviews with the applicant, as it deems necessary to complete its evaluation.

After completing its review of the applicant's qualifications the MEC shall transmit to the Hospital Board a written report and recommendation regarding appointment and/or privileges for the applicant, indicating whether the applicant's requests should be accepted, accepted with modifications or qualifications, or rejected. Where appointment is recommended, the MEC shall also recommend Staff category and Department affiliation. Where the MEC recommends that the applicant's requests for membership and/or privileges be rejected, modified, qualified, or otherwise restricted, the report of the MEC shall set forth reasons for such recommendation(s). If an MEC recommendation is not unanimous, a minority report may be submitted to the Board.

2.5.8 EFFECT OF MEDICAL EXECUTIVE COMMITTEE (MEC) ACTION

Favorable Recommendation: When the recommendation of the MEC is favorable to the applicant, the recommendation shall be forwarded to the Hospital Board.

Deferred: Any action by the MEC to defer the application for further consideration must be followed up within ninety (90) days with a subsequent recommendation.

Adverse Executive Committee Recommendation: When the MEC recommends denial or a restriction of membership or a requested privilege based on an applicant based on a determination of unprofessional conduct or inadequate clinical competence, the President of the Medical Staff shall inform the Practitioner by special notice within ten (10) days. Practitioner shall be entitled to the procedural rights as provided in the Corrective Action and Fair Hearing Manual of the Medical Staff Bylaws. The Hospital CEO and Hospital Board shall also be notified.

2.5.9 ACTION OF THE HOSPITAL BOARD

When the Hospital Board decides to appoint an applicant to the Medical Staff, its decision and the notice of appointment shall include:

- the Staff category to which the applicant is appointed;
- the department to which he is assigned;
- the privileges he may exercise; and
- any special conditions attached to the appointment or exercise of privileges.

Board Consideration of Expedited Applications

For applicants whose applications qualify for expedited review under 2.5.4 above, and who have received a positive recommendation from the MEC, the decision on initial applications, reappointment applications, and renewal or modification of

clinical privileges may be rendered by the Executive Committee of the Board, consisting of at least two (2) members of the Board who will review and approve the credentialing actions of the MEC.

After reviewing the recommendations of the MEC, a positive decision by the Executive Committee of the Board shall result in the status and/or privileges requested. If the decision by the Executive Committee of the Board is adverse the matter will be referred to the full Board for further evaluation at its next regularly scheduled meeting.

The full Board of Governors shall consider and ratify all positive committee decisions at its next regularly scheduled meeting. If the Board does not ratify the positive recommendation of its Executive Committee, the application will be handled as in the same manner as an application that has not received expedited review.

Applicants for Consideration by the Full Board

At its next meeting after receipt of the reports and recommendations of the MEC regarding an initial application for membership and/or privileges, the Hospital Board shall consider and act on such recommendations. If the Hospital Board decides to defer action on the application pending further consideration by the MEC, or if the Hospital Board does not accept the recommendation of the MEC, it shall refer the application back to the MEC for further consideration, subject to the requirement that a final recommendation be provided to the Hospital Board by the MEC within ninety (90) days. At the meeting next following the receipt of the second report of the MEC, the Hospital Board shall render its final decision regarding the application.

If the Board accepts a favorable MEC recommendation it shall act to grant the requested membership and/or privileges.

If the recommendation of the MEC is adverse to the applicant, as defined under these Bylaws, the Hospital Board shall postpone its final decision on the applicant, pending the applicant's decision to utilize or waive procedural rights. If the applicant waives his or her right to a fair hearing and appellate review, the Board will then determine its final decision on the request for membership and/or privileges. If the applicant requests a fair hearing, the Board will make a determination on the applicant's requests following a final recommendation from the MEC which takes into consideration the findings of the hearing panel. Where the applicant further requests an appellate review by the Board, its final determination will result from the decision made by the review panel.

2.5.10 CONFLICT RESOLUTION

Whenever the Board's proposed decision will be contrary to the MEC's recommendation, the Board shall submit the matter to a joint conference as

provided in Section 10.4 of the Medical Staff Bylaws. This joint conference will be held as soon as practicable and the Board will postpone any final determination on an applicant until such conference is held.

2.5.11 NOTICE OF FINAL DECISION

Notice of the final action of the Hospital Board on an applicant shall be given to the Hospital CEO who will provide an approved applicant with written offer of membership and/or Privileges and special notice of any adverse action on the application in a timely manner. The Hospital Board shall give notice of its final decision through the Hospital CEO to the President of the Medical Staff, the MEC, and the Chair of the affected Department.

2.5.12 TIME PERIODS FOR PROCESSING

Applications for Medical Staff appointment and/or Privileges shall be considered in a timely and good faith manner by all individuals and groups required by the Medical Staff Bylaws or policies to act upon them and shall be processed whenever possible within the time periods specified in this section. Any incomplete application after six (6) months shall be considered voluntarily withdrawn.

Within sixty (60) days after receipt by the Department Chair of a completed application for membership and/or clinical privileges, the Chair of the Department shall submit a written report of his or her recommendations to Credentials Committee.

Within sixty (60) days after the receipt of the Department's recommendation, the Credentials Committee or its Chair shall submit a written recommendation to the Medical Executive Committee.

Within sixty (60) days after receipt of recommendations from the Credentials Committee or its Chair, the MEC shall submit a recommendation regarding appointment and/or privileges to the Hospital Board.

The Hospital Board will act on recommendations from the MEC at its next regularly scheduled meeting.

The time periods in this section are guidelines and deviations will not entitle the applicant to any procedural due process rights.

2.6 REAPPOINTMENT PROCESS

2.6.1 APPLICATION FOR REAPPOINTMENT

Reappointment will be for a period of up to two (2) years and is based on the birth date of the applicant. At least one hundred eighty (180) days prior to the expiration date of his or her current appointment of membership and/or Privileges, the Hospital shall provide each Practitioner with an updated application form for reappointment and any required hospital specific forms and documents for completion which must be received prior to the reappointment application being acted upon. Each Practitioner who desires reappointment shall, at least 90 days prior to such expiration date, must complete such forms and return them to the Hospital. Failure to return the completed form(s) prior to such expiration date may, at the discretion of the Hospital, be considered a voluntary resignation of membership and clinical Privileges effective at the end of the Staff member's current term.

2.6.2 CONTENT OF APPLICATION

The application for reappointment shall be in a prescribed form setting forth, without limitation, requirements for the following information:

- a. Specific requests setting forth the category of Staff membership to which the applicant seeks to be reappointed, the Department to which the applicant seeks membership, and the Privileges for which the applicant wishes to be considered.
- b. Continuing training, education, and experience that qualify the Staff member for the Privileges sought on reappointment. At least 50% of continuing education hours must relate to the Privileges requested and documentation is provided to the Hospital upon request.
- c. A statement that no health problems exist that could affect the applicant's ability to perform the Privileges requested.
- d. The name and address of any other health care organization or practice setting where the Staff member provided professional services during the preceding appointment period.
- e. Any membership, awards, or other recognition conferred or granted by any professional health care societies, institutions or organizations.
- f. Current, unrestricted Arizona License, and an unrestricted Drug Enforcement (DEA) number, as applicable.
- g. Information as to whether the applicant's membership status and/or medical staff Privileges have ever been voluntarily or involuntarily revoked, suspended, reduced, subjected to restrictions or limitation if not applicable to all other Practitioners in the same medical staff category, or not renewed at any other hospital or health care institution, and as to whether any of the following has ever been voluntary or involuntarily suspended, revoked, or denied:
 1. staff membership status or clinical privileges at any other hospital or health care institutions;

2. membership/fellowship in a local, state or national professional organization;
3. specialty board certification;
4. licensure to practice any profession in any jurisdiction; or
5. Drug Enforcement (DEA) number.

If any such actions were ever taken or if any such actions are now pending, the particulars thereof shall be included.

- h. Information as to whether the applicant has ever been prosecuted for, convicted of or pled no contest to a felony and, if so, the particulars of any such convictions.
- i. Information as to whether the applicant has ever been named as a defendant in any criminal proceedings, regardless of the outcome.
- j. Evidence of continuous malpractice insurance coverage, minimum of 1 million per occurrence, 3 million aggregate or in an amount that may be determined from time to time by action of the Board,
- k. A list of all malpractice complaints filed against the Practitioner and the particulars regarding any adverse malpractice decisions or settlements.
- l. Such other specific information about the Staff member's professional ethics, qualifications, and ability that may bear on his ability to provide medical or surgical care in the Hospital.
- m. Information regarding whether the applicant has been convicted of any type of insurance fraud, been found guilty under the False Claims Act, or is on the OIG Excluded Provider list for Medicare and Medicaid.

2.6.3 COMPLETION AND VERIFICATION OF INFORMATION

The information provided on each application for reappointment and all other supporting materials and documentation, including information regarding the Staff member's professional activities, performance and conduct in the Hospital and query reports from the National Practitioners Data Bank shall be collected and verified. The applicant shall have the burden of producing adequate information for a proper evaluation of his or her qualifications and of resolving any questions regarding such qualifications. When collection and verification has been completed, and the Medical Staff Office has determined that the application is complete, it shall transmit the application and all supporting material to the Chair of the Department to which the applicant is assigned.

2.6.4 DEPARTMENT CHAIR REVIEW

The Department Chair or designee shall review the application for reappointment and all other pertinent information, including the application and all supporting documentation. Such review shall consist of an appraisal of the following factors, without limitation:

- a. Professional performance, including applicant's patterns of practice monitored by the Hospital and Medical Staff performance improvement programs, data from ongoing professional practice evaluation (OPPE), findings based on utilization review, infection control activities, blood utilization monitoring, operative and invasive procedure review, medical records review, and pharmacy and therapeutic review, as appropriate.
- b. The Privileges currently exercised by applicant and the basis for any requested modifications.
- c. Applicant's health status, where relevant to his or her ability to exercise assigned privileges safely and competently.
- d. Applicant's participation in relevant continuing education programs.
- e. Applicant's attendance at meetings of the Medical Staff and of the Department.
- f. Applicant's service on Medical Staff and Hospital committees.
- g. Applicant's record relating to timely completion of medical records.
- h. Applicant's demonstrated ability to work cooperatively with other Practitioners and hospital personnel, to comply with policies on professional conduct, and to avoid unprofessional conduct in the Hospital that may have a disruptive effect on patient care or impede the efficient and safe operation of the Hospital.
- i. Applicant's record of compliance with the Medical Staff Bylaws, rules, regulations and policies of the Medical Staff, and with Hospital policies applicable to Medical Staff members or Practitioners granted Privileges.

2.6.5 ACTION OF THE DEPARTMENT CHAIR

The Department Chair shall review the application and information in the Practitioner's file and shall submit his/her recommendation to the Credentials Committee regarding the reappointment of and/or privileges to be exercised by such member. The recommendation of the Department Chair shall contain the following, without limitation:

- a. Recommendations for reappointment or denial of reappointment, including any suggested restrictions or conditions on reappointment.
- b. Recommendation for Department affiliation and Staff category.
- c. The privileges to be granted, including any restrictions on such privileges.

2.6.6 CREDENTIALS COMMITTEE ACTION

The Credentials Committee shall review each application and all other relevant information available to it, including the report and recommendation of the Chair of the Department in which the applicant has been a member. The Credentials Committee may choose to interview the applicant prior to rendering a formal recommendation to the Executive Committee. The Credentials Committee shall make a report to the Executive Committee regarding its recommendations on the application for reappointment. The report of the Credentials Committee shall

contain the same specific types of recommendations contained in the report of the Department Chair as set forth in the section above. The report of the Credentials Committee shall be accompanied by all relevant documentation, including the application, supporting information, and the report of the Department Chair.

2.6.7 MEDICAL EXECUTIVE COMMITTEE ACTION

The Executive Committee shall review each application for reappointment and all other relevant information available to it. The MEC may choose to interview the applicant prior to rendering a recommendation. The Executive Committee shall make a report to the Hospital Board regarding its recommendations on the application for reappointment of membership and Privileges. The report of the Executive Committee shall contain the same specific types of recommendations contained in the report of the Credentials Committee. The report of the Executive Committee shall be accompanied by all relevant documentation, including the application, supporting information, and the report of the Credentials Committee.

2.6.8 FINAL PROCESSING AND BOARD ACTION

Following the report of the Executive Committee to the Hospital Board, the procedure provided in the Credentials Manual relating to initial applications shall be followed and the Hospital Board shall render a decision prior to the expiration date of the applicant's appointment. Where the Board disagrees with the recommendation of the MEC, the matter will be brought to a Joint Conference as described in 2.5.10 above.

2.6.9 BASIS FOR RECOMMENDATION

Each recommendation concerning the reappointment of a Practitioner's membership and/or privileges shall be based upon review not only of those matters set forth in the Medical Staff bylaws and policies pertaining to such Practitioner, but also on any other information bearing on the ability and willingness of the Practitioner to contribute to the rendering of quality health care within the Hospital and to contribute to the mission of the Hospital.

2.7 REQUESTS FOR MODIFICATION OF MEMBERSHIP STATUS AND/OR PRIVILEGES

A Medical Staff member may, either in connection with reappointment or at any other time, request modification of staff category, department affiliation, or clinical privileges by submitting a written application to the Medical Staff Office in such form as may be prescribed by the MEC and the Hospital Board. Such Staff member shall have the burden of justifying such modification(s). Such application shall be processed in substantially the same manner as applications for reappointment of membership and/or privileges.

2.8 EFFECTIVE DATE OF REAPPOINTMENT/MODIFICATIONS OF APPOINTMENTS AND/OR STAFF PRIVILEGES

Reappointments approved by the Hospital Board, including privileges awarded in connection with such reappointments, modifications of categories of Staff membership, Department affiliation, and/or privileges, shall take effect on the date such modifications are approved by the Hospital Board.

ARTICLE III

DETERMINATION OF PRIVILEGES

3.1 EXERCISE OF PRIVILEGES

Practitioners providing clinical services at the Hospital shall be entitled to exercise only those privileges specifically granted to them by the Hospital Board, or emergency or disaster privileges as described in this Manual.

3.2 DELINEATION OF PRIVILEGES IN GENERAL

3.2.1 Requests

Each application for appointment and reappointment to the Medical Staff must contain a request for the specific clinical Privileges desired by the applicant. Practitioners who are ineligible for Medical Staff membership may nevertheless apply for Privileges by requesting a Privileges application form from the Hospital. A request by a Practitioner for Privileges or the modification of Privileges must be supported by all requested documentation regarding appropriate licensure, training and the evidence of current competence. Privilege requests will not be processed where the applicant does not meet the eligibility requirements to be granted the Privilege at Phoenix Children's Hospital.

3.2.2 Basis for Determinations of Privileges

Privileges shall be determined on the basis of the Practitioner's prior and continuing education, training, experience, utilization patterns and demonstrated current competence, including observed professional performance and documented results of Practitioner-specific performance improvement activities. Information

concerning professional performance obtained from other sources will be considered when available, especially from other institutions and health care settings where a Practitioner exercises privileges. It is the burden of the Practitioner applying for privileges to provide all information requested by the Medical Staff and Board as they determine necessary to evaluate the request.

Residents or Fellows in training in an approved ACGME program and acting under the auspices of that program will not be required to request specific privileges. They must carry out any clinical care in accordance with the written educational protocols developed by the Hospital CMO and the training program. These protocols must delineate the roles, responsibilities, and scope of clinical activities applicable to such trainees. They must also describe the requirements for oversight of trainees, the types of orders they may write, and when such orders must be countersigned and by whom. The protocols will describe how trainees' level of responsibility and scope of practice may expand over time and how this information will be transmitted to staff and personnel working in the Hospital. These protocols must be periodically reviewed and approved by the MEC. In addition, training programs will periodically communicate with the MEC regarding the performance of its trainees and alert it to any performance concerns or matters that may threaten patient safety. The training program must work with the MEC to assure that all supervising Practitioners hold privileges commensurate with their oversight activities.

3.2.3 Procedure

All requests for clinical privileges shall be processed pursuant to the procedures outlined in Article II. Requests for privileges will not be processed where the Board has made a determination that the Hospital will not support or authorize the exercise of a particular privilege for any Practitioner at the Hospital; where the privilege requested is covered by an exclusive contract granted by the Hospital Board and the requesting Practitioner is not a party to the contract or provider under the contract; or where the requesting Practitioner does not meet the eligibility requirements to request or exercise a privilege as described in the Hospital's Delineation of Privileges documents.

In the event a Practitioner requests a privilege for which the Hospital has not adopted criteria (e.g. for a new technology or procedure), the request may be tabled for a reasonable period of time, usually not in excess of ninety calendar days. During this time the MEC and Board will review the community, patient, and Hospital need for the privilege and determine if the institution can make available the necessary resources to adequately support the exercise of that privilege. The MEC will research appropriate eligibility criteria for the safe and effective exercise of the requested privilege and establish, with the approval of the Board, the necessary education, training, experience and evidence of current competence that will be

required to request and be granted the privilege. Once these steps are taken, a request for the privilege will be evaluated.

3.3 TEMPORARY CLINICAL PRIVILEGES

3.3.1 Circumstances

Temporary privileges may be granted to a Practitioner to address an important patient care or service need for a limited time, up to 120 days. Temporary privileges may be granted to a Practitioner upon the recommendation of either the applicable clinical department chair or the President and who meets one of the following circumstances and the minimum criteria as defined below:

- a. **Pendency of a new application for Medical Staff membership and/or privileges:** Temporary clinical privileges may be granted for new Medical Staff membership and privileges, provided the application is complete, and the applicant has no current or previously successful challenge to professional licensure or registration, no involuntary termination of medical staff membership at any other organization, and no involuntary limitation, reduction, denial or loss of clinical privileges. Under temporary privileges, such persons may only attend patients for a period not to exceed 120 days.
- b. **Care of Specific Patients:** In special circumstances upon receipt of a written request for specific temporary privileges an appropriately licensed Practitioner of documented competence, who is not an applicant for membership, may be granted temporary privileges for the care of one or more specific patients. The following documentation is required for temporary privileges:
 - Unrestricted Arizona State License
 - Unrestricted Federal DEA
 - State Board of Pharmacy registration
 - Current valid professional liability insurance coverage in a certificate form and in amounts satisfactory to the Hospital
 - Current standing from primary practicing facility, if applicable
 - National Practitioner Data Bank report (processed by the Medical Staff Office)
 - A verbal reference which establishes current competency.
- c. **Locum Tenens:** Upon receipt of a written request for specific temporary privileges, an appropriately licensed Practitioner of documented competence who is serving as a Locum Tenens for a member of the Medical Staff may, without applying for membership on the Staff, be granted temporary privileges for an initial 120 days. He shall be limited to treatment of the patients of the Practitioner for whom he is serving a Locum Tenens. He shall not be entitled to admit his own patients to the Hospital unless such privileges are specifically granted. This request must also be accompanied by a written statement from

the affected Medical Staff member that he is utilizing the applicant Practitioner as a locum tenens and this is necessary in order to meet the important needs of his patients.

3.3.2 Conditions

Temporary privileges shall be granted by the Hospital CEO or designee acting on behalf of the Board and based on a recommendation of the President of the Medical Staff or a Department Chair. Before temporary privileges are granted, the Practitioner must first acknowledge in writing that he/she has received and read copies of the Medical Staff Bylaws and all other Medical Staff and Hospital policies relevant to his or her performance of temporary privileges, and that he agrees to be bound by them.

3.3.3 Termination

On discovery of any information or the occurrence of any event of a nature which raises questions about a Practitioner's professional qualifications or ability to exercise any or all of the temporary privileges granted, the Hospital CEO, Medical Staff President or the Chair of an appropriate clinical Department, may terminate any or all of such Practitioner's temporary privileges, subject to the ultimate approval of the Hospital Board. Where the life or well-being of a patient is determined to be endangered by continued treatment by a Practitioner exercising temporary privileges, the termination may be effected by any person entitled to impose precautionary suspensions under the Bylaws. In the event of such termination, the patients of such Practitioner then in the Hospital shall be assigned to another Practitioner by the President or, in his absence, by the Chair of the appropriate Department. Where feasible, the wishes of the patient shall be considered in choosing a substitute Practitioner.

3.3.4 Procedural Rights

A Practitioner shall not be entitled to procedural rights because of the denial of any request for temporary privileges, or because of any termination or suspension of temporary privileges, whether in whole or in part, unless based on a determination of demonstrated incompetence or unprofessional conduct.

3.4 EMERGENCY PRIVILEGES

In case of an emergency, any Medical Staff member attending a patient shall be expected and permitted to do everything in his/her power and to the degree permitted by his or her license, to save the life of the patient or prevent significant and disabling morbidity regardless of the member's Medical Staff status, Department affiliation or privileges. This duty shall be subject to the Medical Staff member's concurrent duty to take into account or abide by a patient's directive under the Arizona law to withhold or withdraw life-sustaining

procedures, or to take into account and abide by the requirements of sound medical practice. For purposes of this section, an emergency is defined as a condition or set of circumstances in which any delay in administering treatment would increase the danger to the patient's life or the danger of serious harm. When such an emergency situation no longer exists, the patient shall be assigned to an appropriate member of the Medical Staff who holds privileges appropriate to address the patient's medical conditions.

3.5 DISASTER PRIVILEGES

3.5.1 Authority

The authority to implement disaster privileges is at the direction of the Hospital Command Center, in consultation with the Medical Staff leadership, in the event the Emergency Management Plan is activated and the Hospital is unable to handle immediate patient care needs. One of the following individuals may grant disaster privileges once appropriate identification is obtained from a physician who has offered to volunteer during a disaster:

- ❖ CEO or designee
- ❖ President or any elected Officer of the Medical Staff
- ❖ Credentials Chair
- ❖ Department Chair

3.5.2 Eligible Physician

Disaster privileges may be granted only to physicians, who hold a license in the State of Arizona to practice medicine and who volunteer their services but do not possess medical staff privileges at Phoenix Children's Hospital.

Primary source verification of licensure will begin as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer physician presents to the Hospital. Primary source verification applies only to volunteer physicians who actually provided care, treatment and services while under disaster privileges. In extraordinary circumstance in which primary source verification cannot be completed within 72 hours, it will be completed as soon as possible and reasons for the delay documented.

3.5.3 Scope of Privileges

Volunteering physicians granted disaster privileges shall be paired with and supervised by a currently credentialed Medical Staff member. An approved form of ID must be worn at all times while volunteering at the Hospital. Scope of privileges

for the volunteering physician shall be consistent with minimum core privileges for the Practitioner's specialty and as determined by the onsite-supervising physician.

Within 72 hours of disaster privileges being granted the medical staff leadership will make a determination of the professional practice of the volunteer physicians and the need for continuation of disaster privileges granted.

3.5.4 Termination of Privileges

Disaster privileges will be for the duration of the emergency situation. Privileges will automatically be canceled when it is determined by the hospital that an emergency situation no longer exists. In the event that any information received through the verification process or the professional practice review indicates adverse information suggesting the person is not capable of rendering services in an emergency such privileges shall be immediately terminated. Practitioner's granted disaster privileges will not be eligible for the due process rights afforded under these Bylaws and the exercise of disaster privileges will be considered a waiver by the Practitioner to any and all rights to contest or appeal the restriction or termination of such privileges.

ARTICLE IV

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

4.1 Focused Professional Practice Evaluation

The Medical Staff will confirm the competence of all Practitioners newly granted privileges at Phoenix Childrens Hospital. This will occur following the Practitioner's initial appointment of Privileges and subsequently at any time a new privilege is requested for addition to the Practitioner's then current privileges. This activity will occur in conformance with a policy on Focused Professional Practice Evaluation adopted by the MEC. This policy will determine the manner and duration of the evaluation of the Practitioner's exercise of privileges and the available monitoring modalities that may be used. As a result of this initial FPPE, the Department chair for a Practitioner may recommend to the MEC and Board, modifications in the privileges granted upon initial appointment.

ARTICLE V

PRACTITIONERS PROVIDING CONTRACTED SERVICES

5.1 Medical Administrative Officers

A medical administrative officer is a Practitioner engaged by the Hospital in a management capacity which may also include clinical responsibilities such as direct patient care, clinical supervision of residents or fellows, or the proctoring of privileged Practitioners. Medical administrative officers must hold Medical Staff appointment and clinical privileges appropriate their clinical activities and discharge Medical Staff obligations appropriate to their staff category.

The terms of the officer's contract with the Hospital will govern the effect of that contract's termination on the appointment and privileges of the officer. The officer will not be entitled to the procedural due process rights in the Corrective Action and Fair Hearing Manual of these Bylaws where membership and privileges are terminated as a matter of contract. The officer will be entitled to the same procedural rights as other staff members in the event an adverse change in appointment or privileges is the result of a determination of demonstrated incompetence or unprofessional conduct.

5.2 Exclusive Contracts

Whenever the Hospital Board determines that certain Hospital facilities or services will be staffed on an exclusive basis it will do so under contracts (or letters of agreement) that identify which Practitioners may work pursuant to the contract. Except in emergency or disaster situations, only Practitioners authorized under the exclusive contract may hold privileges for the clinical services covered by the contract. Requests for such privileges from Practitioners not so authorized will not be processed by the Medical Staff of Board. Practitioners not authorized under the contract who were granted privileges prior to the contract will not be allowed to exercise those privileges once an exclusive agreement is signed by the Hospital. Ineligibility to exercise or request privileges covered by an exclusive contract will not entitle a Practitioner to the procedural due process rights described in the Corrective Action and Fair Hearing Manual of these Bylaws.