STRAUB CLINIC & HOSPITAL

CREDENTIALS PROCEDURE MANUAL (09-16)

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Part II: CREDENTIALS POLICY AND PROCEDURE MANUAL

SECTION 1. CREDENTIALS COMMITTEE:

1.1 Composition:

The Credentials Committees shall consist of at least three members of the Active staff and (in minority) members of the other staff categories eligible to attend these meetings and may include representation from hospital administration, nursing services, medical records service, pharmaceutical service, social services and other such divisions as are appropriate to the function(s) to be discharged. At least one member of the Credentials Committee shall be a non-employed Straub physician member. The Chief of Staff appoints the Chair of the Credentials Committee, and the Chair will appoint all standing members.

1.2 Duties:

The duties of the Credentials Committee is to:

a. Review and evaluate the qualifications of each applicant for initial appointment to staff status, reappointment or modification of appointment and/or for clinical privileges, and in connection therewith to obtain and consider the recommendations of the division.

b. Submit a report to the Medical Executive Committee on the qualifications of each applicant for staff status or clinical privileges. Such report shall include recommendations with respect to appointment, staff status, division affiliation, clinical privileges and special conditions attached thereto.

c. Investigate, review and report on matters, including the clinical or ethical conduct of any professional assigned or referred to it by: (l) the Chief of Staff; (2) the Medical Executive Committee; or (3) or the Hospital CEO.

d. Submit periodic reports to the Medical Executive Committee on the status of pending applications, including reasons for any delay in processing an application or request.

e. Conduct a periodic review of the Credentials Procedure Manual and submit recommendations to the Medical Executive Committee for changes in these documents.

f. Act upon all matters as may be referred by the Board, the Medical Executive Committee, the divisions, the Chief of Staff and committees of the staff.

g. Recommend criteria for the granting of medical staff membership and clinical privileges for Straub Clinic & Hospital.

1.3 Meetings: The Committee shall meet approximately monthly for a total of 10 meetings a year, maintain a permanent record of its proceedings and actions and submit reports to the MEC on a quarterly basis.

1.4 Confidentiality: This committee shall function as a Peer Review and Professional Review Committee consistent with federal and state law. All members of the Credentials Committee shall,

consistent with the medical staff and hospital confidentiality policies, keep in strict confidence all papers, reports, and information obtained by virtue of membership on the committee.

SECTION 2: QUALIFICATIONS FOR MEMBERSHIP:

2.1 It is the policy of Straub Clinic & Hospital to grant medical staff membership and clinical privileges only to individuals who meet the following criteria:

2.1.1 Fulfill the criteria as identified in Medical Staff Bylaws, ARTICLE I, SECTION 3-4

2.1.2 Demonstrate his/her background, experience and training, current competence, knowledge, judgment, ability to perform, and technique in his/her specialty for all privileges requested.

2.1.3 Upon request provide evidence of both physical and mental health that does not impair the fulfillment of his/her responsibilities of medical staff membership and the specific privileges requested by and granted to the applicant.

2.1.4 Have appropriate personal qualifications, to include a record of applicant's observance of ethical standards including:

2.1.4.1 Compliance with all rules and regulations regarding billing practices as referenced in the Straub Clinic and Hospital Guiding Principles and Standards of Conduct.

2.1.4.2 A record of working professionally and in a collaborative and cooperative manner with others within an institutional setting.

2.2 Appropriate written and verbal communication skills.

2.3 Any member of the medical staff who may have occasion to admit an inpatient must demonstrate the capability to provide continuous care by having a plan to reside and/or have established or plan to establish an office within a reasonable distance of Straub Clinic & Hospital (unless the applicant is joining a group practice in which members of the group live within that distance). The applicant must provide evidence of acceptable patient coverage to the MEC.

2.4 Reside and practice their profession close enough to the hospital to provide continuous care to their patients.

SECTION 3: APPLICATION REQUEST PROCEDURE

3.1 The Medical Staff, through its divisions, committees and officers, shall investigate and consider each application for appointment or reappointment to any staff status and each request for modification of staff status and shall adopt and transmit recommendations thereon to the Board of Directors. The Medical Staff shall also perform these same investigation, evaluation and recommendation functions in connection with any professional who is not eligible for Medical Staff membership but who seeks to exercise clinical privileges or to hold staff status other than as a member.

3.2 All requests for application for appointment to the medical staff and request for clinical privileges will be forwarded to medical staff services.

After review of the Medical Staff Development Plan and, if appropriate, the applicant will be provided with the Application for Appointment to the Medical Staff, a description of responsibilities for medical staff members, privilege request form(s) including criteria for privileges, and a detailed list of requirements for completion of the application. Copies of the Credentials Procedure Manual, Organization and Functions Manual, rules and regulations and policies and procedures of Straub Clinic & Hospital will be provided or made available upon request.

3.3 Straub Clinic & Hospital utilizes Hawaii Pacific Health Centralized Verification Service to handle system credentials verification for practitioners applying for appointment to the medical staff. A coordinated method of verifying the information shall be followed in accordance with the system's information sharing program rules established pursuant to the written agreement developed between and/or among the system member.

3.4 The applicant shall deliver a completed application to Hawaii Pacific Health Centralized Verification Service or Medical Staff Services, who shall seek to collect or verify the references, licensure, and other qualification evidence submitted. Hawaii Pacific Health Centralized Verification Service or Medical Staff Services shall promptly notify the applicant of any failure of others to respond within fourteen (14) days to such collection or verification efforts. After such notice, the applicant shall have the obligation of obtaining responses to requests for information. When collection and verification is accomplished by receipt of responses from all persons or entities so contacted, Medical Staff Services shall transmit the application and all related materials to the Division Chief in which the applicant seeks privileges and to the Credentials Committee.

SECTION 4: INITIAL APPOINTMENT PROCEDURE

4.1 Upon receipt of a completed application[1] the CEO and Chief of Staff in collaboration with the Chair of the Credentials Committee will determine if the requirements of Section 2 are met. In the event the requirements of Section 2 are not met the potential applicant will be notified that he is ineligible for membership on the Straub Clinic & Hospital medical staff. Additionally, if information is missing from the application, a letter requesting missing information will be sent to the potential applicant. The practitioner has 45 days to provide a written response (via email, fax or postage) to the erroneous information to the Medical Staff Office. If the requested information is not received within [45] days of the receipt of the missing information letter, this may be interpreted as a voluntary withdrawal of the application. If the requirements of SECTION 2 are met, the application will be accepted for further processing.

4.2 The applicant must sign the application and in so doing:

[1] "Completed application" definition – means that all relevant data forms, and application information that the applicant can provide has been submitted and received by the Medical Staff Office.

4.2.1 Attests to the accuracy and completeness of all information on the application and accompanying documents, and agrees that any inaccuracy, omission, or misrepresentation, whether intentional or not, will be grounds for termination of the application process. If the inaccuracy, omission or misstatement is discovered after an individual has been granted appointment, the discovery will be grounds for automatic relinquishment of appointment and clinical privileges. Neither the rejection of the application, nor the relinquishment of appointment and clinical privileges shall entitle an individual to any hearing or appeals.

4.2.2 Signifies his/her willingness to appear for any requested interviews in regard to his/her application.

4.2.3 Authorizes hospital and medical staff representatives to consult with prior and current associates and others who may have information bearing on his/her professional competence, character, ability to perform the privileges requested, ethical qualifications, ability to work cooperatively with others, and other qualifications for membership and the clinical privileges requested or wish to maintain.

4.2.4 Consents to hospital and medical staff representatives' inspection of all records and documents that may be material to an evaluation of his/her professional qualifications and competence to carry out the clinical privileges requested, of his/her physical and mental health status, and of his/her professional and ethical qualifications.

4.2.5 Releases from liability, promises not to sue and grants immunity to the hospital, its medical staff, and its representatives for acts performed and statements made in connection with evaluation of the application and his/her credentials and qualifications to the fullest extent permitted by law.

4.2.6 Releases from liability and promises not to sue, all individuals and organizations who provide information to the hospital or the medical staff, including otherwise privileged or confidential information to Straub Clinic & Hospital representatives concerning his/her background, experience, competence, professional ethics, character, physical and mental health, emotional stability, utilization practice patterns, and other qualifications for staff appointment and clinical privileges.

4.2.7 Consents to authorize Straub Clinic & Hospital medical staff and administrative representatives to release to other hospitals, medical associations, licensing boards, and other organizations concerned with provider performance and the quality and efficiency of patient care with any information relevant to such matters that Straub Clinic & Hospital may have concerning him/her and release Straub Clinic & Hospital representatives from liability for so doing. For the purposes of this provision, the term "Straub Clinic & Hospital representatives" includes the board, its directors and committees, the CEO or his/her designee, registered nurses and other employees of Straub Clinic & Hospital, the medical staff organization, and all medical staff appointees, clinical units, and committees which have responsibility for collecting and evaluating the applicant's credentials or acting upon his/her application, and any authorized representative of any of the foregoing.

4.2.8 Signifies that he/she has been oriented to the current medical staff bylaws and associated manuals and agrees to abide by their provisions in regard to his/her application for appointment to the medical staff, with such orientation to include at least one of the following: receiving a copy of the bylaws and associated manuals, receiving a summary of the bylaws and associated manuals, or receiving a summary of expectations of medical staff members and having the bylaws and manuals made available to the applicant.

4.2.9 Agrees to provide the following information and immediately notify Medical Staff Office if there are any changes:

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

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

4.2.9.3 Have you ever been asked to surrender your license?

4.2.9.4 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)?

4.2.9.5 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?

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

4.2.9.7 Is your narcotics registration certificate currently being challenged?

4.2.9.8 Are you currently engaged in the illegal use of drugs? Have you been engaged in the illegal use of drugs in the past five years?

4.2.9.9 Information as to whether there are any current, pending or past felony charges or convictions or any criminal act involving moral turpitude.

4.2.9.10 Have your employment, medical staff appointment, or clinical privileges ever been suspended, diminished, revoked, refused, or limited at any hospital or other health care facility, whether voluntarily or involuntarily?

4.2.9.11 Have you ever withdrawn your application for appointment, reappointment, or clinical privileges or resigned from the medical staff before a hospital's or health facility's governing board made a decision?

4.2.9.12 Have you ever been the subject of focused individual monitoring at any hospital or health care facility?

4.2.9.13 Have you ever been examined by any specialty board, but failed to pass the examination? Please provide details.

4.2.9.14 If not certified, have you applied for the certification exam?

4.2.9.15 If no, do you intend to apply for the certification exam?

4.2.9.16 Have you been accepted to take the certification exam?

4.2.9.17 If yes, what dates are you scheduled to take the certification exam?

4.2.9.18 What are the date(s) of the next re-certification examination (if applicable)?

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

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

4.3 Procedure for processing applicants for initial staff appointment

4.3.1 A completed application includes, at a minimum, a signed, dated application form and request for privileges, copies of all documents and information necessary to confirm applicant meets criteria for membership and privileges, and has obtained at least two (2) references. An applicant who has been granted temporary privileges shall be required to submit one peer reference from a member of the medical staff at Straub Clinic & Hospital. An application shall become incomplete if the need arises for new, additional, or clarifying information at any time. An incomplete application will not be processed.

4.3.2 The burden is on the applicant to provide all required information and it is the applicant's responsibility for ensuring that the Medical Staff Office receives supporting documents verifying information on the application. If all supporting documents required are not received within [45] forty-five days, this will be interpreted as a voluntary withdrawal of the application.

4.3.3 Upon receipt of a completed application as defined above, the applicant will be sent a letter of acknowledgment. Individuals seeking appointment and reappointment have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, character, ethics, and other qualifications, and of resolving any doubts.

4.3.4 Any applicant not meeting the minimum objective requirements for membership to the medical staff will not have his/her application processed and will not be entitled to a fair hearing.

4.3.5 Upon receipt of a completed application, the Medical Staff Office or Hawaii Pacific Health Centralized Verification Service will verify its contents from acceptable sources and collect additional information as follows:

4.3.5.1 Information from all prior and current liability insurance carriers concerning claims, suits, settlements and judgments, (if any) during the past (10) ten years;

4.3.5.2 Documentation of the applicant's past clinical work experience;

4.3.5.3 Licensure status in all current or past states of licensure;

4.3.5.4 Information from the AMA or AOA Physician Profile, Federation of State Medical Board, HHS/OIG list of excluded individuals, or other such data banks;

4.3.5.5 Completion of professional training programs including residency and fellowship programs;

4.3.5.6 Information from the National Practitioner Data Bank;

4.3.5.7 The hospital will directly contact the references and request information from physicians and non-physicians applicable to the individual specialty regarding current clinical ability, ethical character and ability to work with others; and

4.3.5.8 Additional information as may be requested to determine whether applicant meets the criteria for medical staff membership, and to clarify the Intended Practice Plan. NOTE: In the event there is undue delay in obtaining required information, the Medical Staff Office or Hawaii Pacific Health Centralized Verification Service will request assistance from the applicant. During this time period, the "time periods for processing" the application will be appropriately modified. Failure of an applicant to adequately respond to a request for assistance after thirty days will be deemed a withdrawal of the application.

4.3.6 When the items identified in 4.3.5 above have been obtained, the file will then be reviewed by the Chief of Staff in collaboration with the Chair of the Credentials Committee, and the Medical Staff Office Service Professional (or designee) who will categorize the application as follows:

Category 1: A completed file[2] that does not raise concerns as identified in the criteria for category 2. Applicants in category 1 will be granted medical staff membership and privileges following approval by the following: Division Chief, Chairperson of the Credentials Committee acting on behalf of the Credentials Committee, the MEC, and a Board Committee consisting of at least two individuals. The MEC may act on requests for expedited appointment, clinical privileges and reappointment only when a quorum as defined in the bylaws is present.

Category 2: If one or more of the following criteria are identified in the course of review of a completed file, the application will be treated as category 2. The Division Chief, Credentials Committee, the MEC and the Board of Directors, reviews applications

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[2]Complete file – definition – indicates that the primary source verification has been completed as well as items listed under 4.3.5

in category 2. The Credentials Committee may request that an appropriate subject matter expert assess selected applications. At all stages in this review process, the burden is upon the applicant to provide evidence that he/she meets the criteria for membership on the medical staff and for the granting of requested privileges. Criteria for category 2 applications include but are not necessarily limited to the following:

4.3.6.2.1 The application is deemed to be incomplete.

4.3.6.2,2. The final recommendation of the MEC is adverse or with limitation.

4..3.6.2.3 The applicant is found to have experienced an involuntary termination of medical staff membership or involuntary limitation, reduction, denial, or loss of clinical privileges at another organization.

4.3.6.2.4 Applicant is, or has been, under investigation by a state medical board or has prior disciplinary actions or legal sanctions.

4.3.6.2.5 Applicant has had two (2) or more malpractice cases filed within the past five (5) years or one final adverse judgment in a professional liability action.

4.3.6.2.6 Applicant changed medical schools or residency programs or has gaps in training or practice.

4.3.6.2.7 Applicant has changed practice locations more than three times in the past ten years.

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4.3.6.2.8 Applicant has practiced or been licensed in three or more states.

4.3.6.2.9 Applicant has one or more reference responses that raise concerns or questions.

4.3.2.9.10 Discrepancy found between information received from the applicant and references or verified information.

4.3.2.9.11 Applicant has an adverse data bank report.

4.3.2.9.12 The request for clinical privileges is not reasonable based upon applicant's experience, training, and competence, and/or is not in compliance with applicable criteria.

4.3.2.9.13 Applicant has been removed from a managed care panel for reasons of professional conduct or quality.

4.3.2.9.14 Applicant has potentially relevant physical or mental health problems.

4.3.2.9.15 Other as determined by the Division Chief or other representative of the institution.

4.4 Applicant Interview:

4.1 All applicants may be required to participate in an interview as part of the application for appointment to the medical staff at the discretion of the Credentials Committee. The interview is to be conducted by Division Chief and one or more individuals selected by the Credentials Committee for this purpose. A permanent record of the interview will be documented using the questionnaire incorporated herein. The interview may be used to solicit information required to complete the credentials file or clarify information previously provided, e.g., malpractice history, reasons for leaving past healthcare organizations, or other matters bearing on the applicant's ability to render care at the generally recognized level for the community.

4.2 Procedure: The applicant will be notified when the verification process is complete and that he/she should contact the responsible individual to schedule an interview. It is the responsibility of the applicant to contact this individual to arrange the interview. Failure of the applicant to schedule an interview with the designated medical staff leader within thirty (30) days will be deemed a withdrawal of the application.

4.5 Division Chief Action:

4.5.1 All completed applications are presented to the Division Chief for review, interview, and recommendation. The Division Chief reviews the application to ensure that it fulfills the established standards for membership and clinical privileges. The Division Chief, in consultation as appropriate with the Chief of Staff and Medical Staff Office professional, determines whether the application is forwarded as a category 1 or category 2. The Division Chief may obtain input if necessary from an appropriate subject matter expert. A report must be forwarded to the Credentials Committee within fifteen days. The Division Chief takes action as follows:

4.5.1.1 Deferral: The Division Chief may not defer consideration of an application. In the event a Division Chief is unable to formulate a report for any reason, the chief must so inform the Chair of the Credentials Committee. The applicant will be notified.

4.5.1.2 Favorable recommendation: The Division Chief must document his/her findings pertaining to adequacy of education, training and experience for all privileges requested. Reference to any criteria for clinical privileges must be documented and included in the credentials file. When the Division Chief's recommendation is favorable to the applicant in all respects, the application shall be promptly forwarded, together with all supporting documentation, to the Credentials Committee.

4.5.1.3 Adverse recommendation: The Division Chief will document the rationale for all unfavorable findings. Reference to any criteria for clinical privileges not met will be documented and included in the credentials file. The application, along with the Division Chief's adverse recommendation and supporting documentation, will be forwarded to the Credentials Committee.

4.6 Credentials Committee Action:

4.6.1 If the application is designated category 1, it is presented to the Credentials Chair for review and recommendation. The Credentials Chair reviews the application to ensure that it fulfills the established standards for membership and clinical privileges. The Credentials Chair has the opportunity to determine whether the application is forwarded as a category 1 or may change the designation to a category 2. If forwarded as a category 1, the Credentials Chair acts on behalf of the Credentials Committee and the application] is presented to the MEC for review and recommendation. If designated category 2, the Credentials Committee reviews the application and votes for one of the following actions:

4.6.1.1 Deferral: Action by the Credentials Committee to defer the application for further consideration or gathering of information from the applicant or other sources must be followed within thirty days by subsequent recommendations as to approval or denial of, or any special limitations to, staff appointment, category of staff and prerogatives, division affiliations, and scope of clinical privileges.

4.6.1.2 Favorable recommendation: When the Credentials Committee's recommendation is favorable to the applicant in all respects, the application shall be promptly forwarded, together with all supporting documentation, to the MEC. The Credentials Committee may recommend the imposition of specific conditions. These conditions may relate to behavior or to clinical issues. The Credentials Committee may also recommend that appointment be granted for a period of less than two years in order to permit closer monitoring of an individual's compliance with any conditions.

4.6.1.3 Adverse recommendation: When the Credentials Committee's recommendation is adverse to the applicant, the application, shall be forwarded to the MEC.

4.7 Medical Executive Committee Action:

4.7.1 If the application is designated Category 1, it is presented to the MEC where the application is reviewed to ensure that it fulfills the established standards for membership and clinical privileges. The MEC has the opportunity to determine whether the application is forwarded as a category 1 or may change the designation to a category 2. If forwarded as a category 1, the MEC acts and the application is presented to the Board of Directors. If designated a category 2, the MEC reviews the application and votes for one of the following actions:

4.7.1.1 Deferral: Action by the MEC to defer the application for further consideration must be followed within thirty (30) days by subsequent recommendations as to approval or denial of, or any special limitations to, staff appointment, category of staff and prerogatives, division affiliations, and clinical privileges. The CEO shall promptly notify the applicant by special, written notice of the action to defer.

4.7.1.2 Favorable recommendation: When the MEC's recommendation is favorable to the applicant in all respects, the application shall be forwarded, together with all supporting documentation, to the Board of Directors.

4.7.1.3 Adverse recommendation: When the MEC's recommendation is adverse to the applicant, a special notice shall be sent to the applicant. No such adverse recommendation will be acted upon by the Board of Directors until after the practitioner has exercised or has waived his/her right to a hearing as provided in the hearing and appeals plan.

4.8 Board Action:

4.8.1 If the application is designated category 1, it is presented to the Physician Affairs Committee of Board of Directors where the application is reviewed to determine whether it fulfills the established standards for membership and clinical privileges. The Physician Affairs Committee has the opportunity to determine whether the application is forwarded as a category 1 or may change the designation to a category 2. If designated a category 2, the Board of Directors reviews the application and votes for one of the following actions: A report is prepared for the Board of Directors, identifying those practitioners who were appointed and granted clinical privileges as category 1 applicants. This report is for information only, since the board committee is authorized to act on behalf of the Board of Directors for category 1 applicants. If an application is designated a category 2, the Board of Directors reviews the application and votes for one of the following actions.

4.8.1.1 Favorable recommendation: The Board of Directors may adopt or reject in whole or in part a favorable recommendation of the MEC or refer the recommendation to the MEC for further consideration stating the reasons for such referral back and setting a time limit within which a subsequent recommendation must be made. Favorable action by the Board of Directors is effective as its final decision.

4.8.1.2 Adverse recommendation: If the board's action is adverse to the applicant, a special notice will be sent to him/her and he/she shall then be entitled to the procedural rights provided in the hearing and appeals plan.

4.8.1.3 After procedural rights: In the case of an adverse MEC recommendation, the Board of Directors shall take final action in the matter as provided in the hearing and appeals plan.

4.8.1.4 All appointments to medical staff membership and the granting of privileges are for a period not to exceed 24 months, except as described in section 5 below concerning provisional status.

4.9 Basis for recommendation and action: The report of each individual or group required to act on an application, including the board, must state in writing the reasons for each recommendation or action taken, with specific reference to the completed application and all other documentation considered.

4.10 Conflict resolution: Whenever the Board of Directors determines that it will decide a matter contrary to the MEC's recommendation, the Chief of Staff will be afforded the opportunity to present the Medical Staff's position on the issue to the Board. When the Chief of Staff also serves as a Board Member, he will recuse himself from any subsequent vote on the matter.

4.11 Notice of final decision: Notice of the Board's final decision shall be given through the CEO or his designee to the MEC and to the chair of each division concerned. The applicant shall receive written notice from the CEO or his designee of appointment and special notice of any adverse final decisions. A decision and notice of appointment includes the staff category to which the applicant is appointed, the division to which he/she is assigned, the clinical privileges he/she may exercise, and any special conditions attached to the appointment.

4.12 Time periods for processing: All individuals and groups required to act on an application for staff appointment must do so in a timely and good faith manner, and, except for good cause, each application will be processed within the following time periods:

Medical Staff Office (to collect, verify and summarize)	60 days
Division Chief (to review and report)	30 days
Credentials Committee (analyze and recommend)	30 days
Medical Executive Committee (to reach final recommendation)	30 days
Board of Directors (render final decision)	30 days

These time periods are deemed guidelines and do not create any right to have an application processed within these precise periods. If the provisions of the fair hearing plan are activated, the time requirements provided therein govern the continued processing of the application.

SECTION 5: PROVISIONAL STATUS

5.1 Appointments Provisional: All initial appointments to the Medical Staff, except the Honorary Medical staff, shall be provisional for at least 12 months and not more than 24 months with members assigned to the Affiliate Staff. The failure of an appointee to advance from provisional to full Affiliate or Active status by the end of the second full Medical Staff year of provisional membership shall automatically terminate his/her appointment.

Provisional staff members shall be assigned to a division where the Chief of the Division or his representative shall observe their performance to determine the eligibility of such provisional members for regular staff membership and for exercising the privileges provisionally granted to them. The period of observation may be terminated, waived in whole or in part, or extended beyond its original term as consistent with procedures outlined in this manual.

All provisional appointments shall be reviewed at the end of 12 months. The Medical Executive Committee may recommend to the governing body the following or other appropriate actions**:**

a. That the applicant be appointed to an appropriate staff category with unrestricted privileges:

b. That the applicant be appointed to an appropriate staff category with privileges restricted in accordance with guidelines and criteria established by the appropriate division;

c. That the provisional appointment be renewed;

d. That the provisional appointment be renewed with a modification of privileges; or

e. That the appointment be terminated either absolutely or until the applicant complies with specified conditions.

A provisional appointee whose appointment is terminated or to whom the privileges granted are less than those requested, or upon whom other conditions or restrictions are imposed shall have the rights accorded by these Bylaws to a member of the Medical Staff who has failed to be reappointed or whose privileges have been restricted. Continuation of provisional membership shall not entitle the appointee to a hearing or to any of the other rights accorded by these Bylaws to a practitioner who is the subject of an adverse recommendation or decision, unless the decision to continue provisional membership imposes conditions or restrictions that were not imposed during the preceding period of provisional membership. A provisional appointee upon whom such additional conditions or restrictions are imposed shall be entitled to a hearing only with respect to such conditions and restrictions, and not with respect to the decision to continue provisional membership.

An initial appointment and renewals thereof shall remain provisional until the appointee has furnished to the Credentials Committee and through it to the Medical Executive Committee:

a. A statement, signed by the Division Chief to which he is assigned and of each division in which he exercises privileges, that the appointee meets all of the qualifications, has discharged all of the responsibilities, and has not exceeded or abused the prerogatives of the staff category to which he is provisionally appointed; and

b. A recommendation signed by the Credentials Committee Chairman that the appointee has demonstrated his ability to exercise the clinical privileges provisionally granted to him.

5.2 Renewals**:**

Provisional status may not be renewed for more than two (2) six-month periods after the first provisional year. If the provisional appointee fails within that period to furnish the certifications required in Section 5.1, his staff status or particular clinical privileges, as applicable, shall automatically terminate.

SECTION 6: REAPPOINTMENT: Refer to Medical Staff Bylaws, ARTICLE I, SECTION 6 for additional criteria

6.1 The following information is collected:

6.1.1 A summary of clinical activity at this hospital for each appointee due for reappointment.

6.1.2 Performance and conduct in this hospital and/or other healthcare organizations, including, without limitation, patterns of care as demonstrated in findings of quality assessment/performance improvement activities, his/her clinical judgment and skills in the treatment of patients, and his/her behavior and cooperation with hospital personnel, patients and visitors.

6.1.3 Verification of the required hours of category one continuing medical education activities.

6.1.4 Service on medical staff, division, and hospital committees.

6.1.5 Timely and accurate completion of medical records**.**

6.1.6 Compliance with all applicable bylaws, policies, rules, regulations and procedures of the hospital and medical staff.

6.1.7 Any gaps in employment or practice since the previous appointment or reappointment

6.2 Procedure for processing applications for staff reappointment: When verification items have been obtained, the file will then be reviewed by the Division Chief (or his/her designee) who, in consultation with the Medical Staff Office Service Professional (or designee), will categorize the reapplication as follows:

6.2.1 Category 1: A completed reapplication that does not raise concerns as identified in the criteria for category 2. Re-applicants in category 1 will be reviewed through the same process as for category 1 initial applications as described in section 4 above.

6.2.2 Category 2: If one or more of the following criteria is identified in the course of review of a completed reapplication, the reapplication will be treated as category 2. Reapplications in category 2 are approved through the same procedure as category 2 initial applications. Criteria for category 2 reapplications include but are not necessarily limited to the following:

6.2.2.1 The application is deemed to be incomplete

6.2.2.2 The final recommendation of the MEC is adverse or with limitation

6.2.2.3 The applicant is found to have experienced an involuntary termination of medical staff membership or involuntary limitation, reduction, denial, or loss of clinical privileges at another organization

6.2.2.4 Applicant is, or has been, under investigation by a state medical board or has had prior disciplinary actions or legal sanctions

6.2.2.5 Applicant has had two (2) or more malpractice cases filed within the past five (5) years or one final adverse judgment or settlement in a professional liability action.

6.2.2.6 Applicant has gaps in practice since the most recent re-credentialing.

6.2.2.7 Applicant has one or more reference responses which raise concerns or questions.

6.2.2.8 Discrepancy found between information received from the applicant and references or verified information.

6.2.2.9 Applicant has an adverse data bank report

6.2.2.10 The request for clinical privileges is not reasonable based upon applicants experience, training, and competence and/or is not in compliance with applicable criteria.

6.2.2.11 Removal from managed care panel for reasons of professional conduct or quality.

6.2.2,12 Potentially relevant physical or mental health problems.

6.2.2.13 Information from the quality monitoring and improvement program at Straub Clinic & Hospital raises possible concerns with the applicant's quality of care or capacity to fulfill the responsibilities of medical staff membership and the requested privileges.

6.3 All applications for reappointment will be processed through the same procedure described for initial appointment. In addition, as part of the assessment of the appointee's performance, the Division Chief or one or more subject matter experts may/will be asked to provide relevant information concerning provider's clinical and professional qualifications for reappointment for staff category and clinical privileges and to evaluate the credentials application. Such evaluation will include providing information as to whether or not he/she knows of, or has observed or been informed of any conduct which indicates significant present or potential physical or behavioral problems affecting the practitioner's ability to perform professional and medical staff duties appropriately, as well as relevant information concerning provider's clinical and professional qualifications for reappointment for staff category and clinical privileges.

6.4 For the purpose of reappointment, an "adverse recommendation" by the Board of Directors as used in SECTION 4.8.1.2 means a recommendation or action to deny reappointment, or to deny or restrict requested clinical privileges. The terms "applicant" and "appointment" shall be read respectively, as "staff appointee" and "reappointment."

6.5 Criteria for reappointment: It is the policy of Straub Clinic & Hospital to approve for reappointment only those individuals who meet the criteria for initial appointment and determined by the MEC to provide high quality, effective care that is consistent with Straub Clinic & Hospital standards of ongoing quality as determined by the MEC and hospital performance improvement program, and practitioners who have also fulfilled their commitment to the Straub Clinic & Hospital.

SECTION 7: CLINICAL PRIVILEGES

7.1 Exercise of privileges: A practitioner providing clinical services at Straub Clinic & Hospital may exercise only those privileges granted to him/her by the Board of Directors or emergency privileges as described herein.

7.2 Requests: Each application for appointment or reappointment to the medical staff must contain a request for specific clinical privileges desired by the applicant. Specific requests must also be submitted for temporary privileges and for modification of privileges in the interim between reappraisals.

7.3 Basis for privileges determination:

7.3.1 Requests for clinical privileges will be considered only when accompanied by evidence of education, training, experience, and demonstrated current competence as specified by the hospital in its board approved criteria for clinical privileges.

7.3.2 Privileges for which no criteria have been established:

7.3.2.1 In the event a request for privileges is submitted for which no criteria have been established, the request will be tabled for a reasonable period of time, usually not to exceed sixty (60) days, during which the MEC will, upon recommendation from the Credentials Committee and appropriate subject matter specialists, formulate the necessary criteria and recommend these to the Board of Directors. Once objective criteria have been established, the original request will be processed as described herein.

7.3.2.2 For the development of criteria, the medical staff service professional (or designee) will compile information relevant to the privileges requested which may include, but need not be limited to, position and opinion papers from specialty organizations, white papers from the Credentialing Resource Center and others as available, position and opinion statements from interested individuals or groups, and documentation from other hospitals in the region as appropriate.

7.3.2.3 Criteria to be established for the privilege(s) in question include education, training, board status or certification (if applicable), and experience. Proctoring requirements, if any, will be addressed including who may serve as proctor and how many proctored cases will be required. Hospital related issues such as equipment and management will be referred to the appropriate hospital Division Director.

7.3.2.4 If the privileges requested overlap two or more specialty disciplines, an ad hoc committee will be appointed by the chair of the Credentials Committee to recommend criteria for the privilege(s) in question. This committee will consist of at least one, but not more than two, members from each involved discipline. The chair of the ad hoc committee will be a member of the Credentials Committee who has no vested interest in the issue.

7.4. Valid requests for clinical privileges will be evaluated on the basis of prior and continuing education, training, experience, utilization practice patterns, current ability to perform the privileges requested, and demonstrated current competence, ability, and judgment. Additional factors that may be used in determining privileges are patient care needs for and the hospital's capability to support the type of privileges being requested and the availability of qualified coverage in the applicant's absence. The basis for privileges determination to be made in connection with periodic reappointment or a requested change in privileges must include observed clinical performance and documented results of the staff's performance improvement program activities. Privileges determinations will also be based on pertinent information from other sources, especially other institutions and health care settings where a professional exercises clinical privileges.

7.5 The procedure by which requests for clinical privileges are processed are as outlined in SECTION 4 of this manual.

7.6 Special conditions for dental privileges: Requests for clinical privileges for dentists are processed in the same manner as all other privilege requests. Privileges for surgical procedures performed by dentists and/or oral surgeons will require that all dental patients receive a basic medical evaluation (history and physical) by a physician member of the medical staff with privileges to perform such an evaluation, which will be recorded in the medical record. Oral surgeons may be granted the privilege of performing a history and physical on their own patients upon submission of documentation of completion of an accredited postgraduate residency in oral/maxillofacial surgery and demonstrated current competence.

7.7 Special conditions for Allied Health Practitioners: requests for privileges from such individuals are processed consistent with Exhibit A - Policy for Granting of Privileges for Allied Health Professionals (AHPs).

7.6 Special conditions for podiatric privileges: Requests for clinical privileges for podiatrists are processed in the same manner as all other privilege requests. All podiatric patients will receive a basic medical evaluation (history and physical) by a physician member of the medical staff that will be recorded in the medical record.

7.7 Special conditions for residents or fellows in training: Residents or fellows in training in the hospital shall not normally hold membership on the medical staff and shall not normally be granted specific clinical privileges. Rather, they shall be permitted to function clinically only in accordance with the written training protocols developed by the Director of Surgical or Medical Education in conjunction with the Residency Training Program. The protocols must delineate the roles, responsibilities, and patient care activities of residents and fellows including which types of residents may write patient care orders, under what circumstances they may do so, and what entries a supervising physician must countersign. The protocol must also describe the mechanisms through which resident directors and supervisors make decisions about a resident's progressive involvement and independence in delivering patient care.

The post-graduate education program director or committee must communicate periodically with the MEC and the governing board about the performance of its residents, patient safety issues, and quality of patient care and must work with the MEC to assure that all supervising physicians possess clinical privileges commensurate with their supervising activities.

7.8 Temporary privileges**:** In the first circumstance, temporary privileges may be granted on a case by case basis when there is an important patient care need that mandates an immediate authorization to practice, for a limited period of time, while the full credentials information is verified and approved. Examples include:

7.8.1 Care of specific patients(s): A specific licensed independent practitioner has the necessary skills to provide care to a patient that a licensed independent practitioner currently privileged does not possess. Upon receipt of a written request, an appropriately licensed practitioner who is not an applicant for membership may be granted temporary privileges for a period of sixty (60) days for the care of one or more specific patient(s). Such privileges may be extended for an additional period of sixty (60) days in any twelve month period after which the practitioner shall be required to apply for appropriate medical staff status before being allowed to attend to additional patients.

7.8.2. Locum tenens: A situation where a physician becomes ill or takes a leave of absence and a licensed independent practitioner would need to cover his/her practice until he/she returns. 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 an appointee of the medical staff may, without applying for appointment to the staff, be granted temporary privileges for a period of [thirty (30) days]. Privileges for locum tenens may be renewed for an additional [thirty (30) day period]. They are limited to treatment of the patients of the staff appointee for whom this practitioner is serving as a locum tenens and do not entitle him/her to admit his/her own patients to the hospital. Locum tenens providers may be required to provide emergency room specialty coverage as determined by the MEC.

7.8.3 In the second circumstance temporary privileges may be granted for up to 120 days when the new applicant for medical staff membership or privileges is waiting for a review and recommendation by the MEC and approval by the Board of Directors. Criteria for granting temporary privileges in these circumstances include the applicant providing evidence of the following which has been verified current licensure*; education*; training and experience*, current competence*, current DEA (if applicable); current professional liability insurance in the amount required; malpractice history; peer references specific to the applicant's competence, and ability to perform the privileges requested*; and results from a query to the National Practitioner Data Bank*, (* denote JCAHO required criteria). Additionally, the application must meet the criteria for Category 1, expedited credentialing consideration as noted in Section 4 of this manual.

7.8.4 Special requirements of consultation and reporting may be imposed as part of the granting of temporary privileges. Temporary privileges will not be granted unless the practitioner has agreed in writing to abide by the bylaws, rules, and regulations and policies of the medical staff and Straub Clinic & Hospital in all matters relating to his/her temporary privileges. Whether or not such written agreement is obtained, these bylaws, rules, regulations, and policies control all matters relating to the exercise of clinical privileges.

7.8.5 Termination of temporary privileges: The CEO, acting on behalf of the Board of Directors and after consultation with the Chief of Staff, may terminate any or all of the practitioner's privileges based upon the 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, and may at any other time terminate any or all of a practitioner's temporary privileges. Where the life or well being of a patient is determined to be endangered, any person entitled to impose summary suspension under the medical staff bylaws may effect the termination. In the event of any such termination, the practitioner's patients then will be assigned to another practitioner by the CEO or his/her designee. The wishes of the patient shall be considered, when feasible, in choosing a substitute practitioner.

7.8.6 Rights of the practitioner with temporary privileges: A practitioner is not entitled to the procedural rights afforded by the hearing and appeal procedures outlined in the medical staff bylaws, rules and regulations and policies of the medical staff because his/her request for temporary privileges is refused or because all or any part of his/her temporary privileges are terminated or suspended.

7.8.7 Conditions: Request for temporary privileges shall be limited to only those privileges that the applicant reasonably anticipates that he/she shall need to exercise during the term of the temporary privileges. The granting of temporary privileges pursuant to these bylaws, rules and regulations and policies of the medical staff shall not be deemed to confer upon any practitioner any form of staff membership or any right to membership on the medical staff of the hospital.

7.8.8 Emergency Privileges: Refer to Medical Staff Bylaws, ARTICLE I, SECTION 9

SECTION 8: CORRECTIVE ACTION:

8.1 Peer Review And Corrective Action

8.1.1 Criteria for Initiation of Peer Review and Corrective Action:

Any person or body, both internal and external, including, but not limited to, cases referred directly from Professional Affairs, Medical Staff Committees, Medical Staff Divisions, Physicians, Staff, Employees, Patients, Patient's family members, healthcare organizations, governmental agencies, and other appropriate sources, may provide information to the Medical Staff about the clinical activities, quality of care, professional conduct, performance and clinical competence of its members. The Medical Staff may initiate an investigation if they have reason to believe that:

a. A Medical Staff Member or applicant (hereinafter referred to as "Medical Staff Member" or "affected Practitioner") lacks requisite clinical competence.

b. A Medical Staff Member has violated an applicable ethical standard, the Bylaws, Policies, or Rules and Regulations of the Clinic & Hospital or the Medical Staff.

c. The behavior or conduct of any Medical Staff Member is below recognized acceptable standards and/or is disruptive to the orderly or efficient operation of the Clinic & Hospital.

d. A Medical Staff Member makes improper use of the Clinic & Hospital resources.

e. A Medical Staff Member has an impairment, including, but not limited to, mental or physical impairment and/or substance abuse, which may adversely affect the delivery of quality patient care.

8.1.2 Definitions

a. Intervention - action or recommendation of any peer review body, which is not required to be reported to the Hawaii Medical Board of Examiners pursuant to Subsection 8.3.12 and that does not adversely affect the Medical Staff membership status or clinical privileges of an individual Practitioner.

b. Peer Review Committee - committee(s) created by the medical or administrative staff of Clinic & Hospital concerned with patient health care and whose responsibility is to maintain the professional standards established by the Bylaws of Straub's Medical Staff of persons engaged in its profession, occupation or area of specialty practice. Straub Peer Review Committees include, but are not limited to the, Professional Review Committee, divisional peer review committees, the Credentials Committee when involved in a peer review process and the Medical Executive Committee. Physicians may be members of any Peer Review Committee examining any psychologists, dentists and/or oral surgeons and/or podiatrists.

c. Peer Review Action - action or recommendation of any peer review body, which is based on the competence or professional conduct of an individual Practitioner of Clinic & Hospital which conduct affects or could adversely affect the health or welfare of a patient or patients, and adversely affects the clinical privileges, or membership of the Practitioner. This term includes a formal decision of a peer review body not to take an action or make a recommendation described in the previous sentence and also includes activities relating to a professional review action.

d. Peer Review Body - means Straub, the governing body of Straub, any peer review committee of panel or panel of Straub, and any committee of the MEC or the Board of Directors when taking part in the peer review process.

8.1.3 Purpose of Peer Review Committees, Panels and Reviewing Bodies

The purpose of any peer review body is (a) to maintain the professional standards established in the Bylaws and related Procedural Manuals, Policies, and Rules and Regulations of the Clinic & Hospital, (b) to monitor and evaluate patient care, (c) to identify, study and correct deficiencies, and (d) to improve patient care through identification of opportunities for improving the patient care delivery process.

8.1.4 Primary Function of the Peer Review Committees at the Division Level and the Professional Review Committee in the Peer Review Process

The primary functions of the Peer Review Committees at the division level in regards to the peer review process include, but are not limited to, the following:

a. Review cases referred directly from Professional Affairs, Medical Staff Committees, Medical Staff Divisions, Physicians, Practitioner, Staff, Employees, Patients, Patient's families, and other appropriate sources.

b. Review significant trends regarding quality of care issues identified by the peer review process.

c. Investigate questions regarding delivery of care by members of the Medical Staff that may not meet standard of care.

d. Review and refer cases to the Professional Review Committee where a Practitioner with possible quality of care issues has been identified.

The primary functions of the Professional Review Committee include, but are not limited to, the following:

a. Review cases referred directly from Medical Staff Committees, Medical Staff Divisions, Physicians, Practitioners, Staff, Employees, Patients, Patient's families, and other appropriate sources.

b. Review cases referred from the peer review committees at the divisional levels or from divisional peer review activities.

c. Review significant trends regarding Quality of Care by members of the Medical Staff that may not meet standard of care.

d. Investigate questions regarding delivery of care by members of the Medical Staff that may not meet standard of care.

e. Carry on and/or assist with peer review regarding a Practitioner's quality of care which affects or could adversely affect the health or welfare of a patient or patients and adversely affects the clinical privileges or membership in a professional society of the Practitioner.

f. Review and recommend to the MEC an appropriate action for each case where a clinician with possible quality of care issues has been identified.

8.2 Professional Review Generated Corrective Action

8.2.1 Review by Peer Review Committees at the Division Level

Upon receiving any complaint or information indicating one or more of the conditions stated in 8.1.1 (1) – (6), the applicable Peer Review Committee shall:

a. review the complaint;

b. conduct a reasonable investigation into the relevant facts and circumstances, if warranted;

c. determine whether any of the conditions stated in 8.1.1(1) - (6) do or may exist pertaining to the affected Practitioner;

d. provide a written report including its finding, conclusions and proposed action or recommendation; and

e. refer the case to the Professional Review Committee, along with its report, if it determines that any of the conditions stated in 8.1.1(1) - (6) do or may exist.

8.2.2 Review by Professional Review Committee

Upon receiving a referral and report from a Peer Review Committee regarding a possible quality of care issue, the Professional Review Committee shall meet to consider the applicable Peer Review Committee's findings and recommendations. The Professional Review Committee may affirm, reject, or modify the proposed action or recommendation. The Professional Review Committee may, at their discretion, require the affected Practitioner to attend their meeting to provide additional information about the matter being investigated. A record of such appearance shall be made by the Professional Peer Review Committee. The affected Practitioner may not bring medical or legal representation to any Professional Review Committee meeting. The Professional Review Committee shall have the authority to determine the appropriate manner in which the meeting will be handled, including the time and manner in which information is presented. No Professional Review Committee meeting shall constitute a hearing, as defined in these Bylaws, and none of the procedural rules provided in these Bylaws with respect to hearings shall apply to such meeting. Failure to attend such a meeting shall constitute the "Failure to Meet Special Appearance Requirement" as provided in these Bylaws. The Professional Review Committee may, but is not obligated to, interview any other persons involved or utilize other resources to further explore the issues under consideration.

8.2.2 Professional Review Committee Report and Recommendation:

As soon as practical, the Professional Review Committee shall prepare a written report which shall include a summary of the interview or meeting with the affected Practitioner, if one took place, and its recommendations and transmit the report to the MEC.

8.2.4 MEC Action

Upon receiving the report from the Professional Review Committee, the MEC shall meet in Executive Session to consider the Professional Review Committee's recommendation and act thereon. The MEC may affirm, reject, or modify the proposed action or recommendation.

8.2.5 Hearing and Appeal Rights

If the MEC decides on a corrective action against the affected Practitioner that constitutes grounds for a hearing under Subsection 8.3.1.2, the affected Practitioner shall be given written notice of the peer review action and of the right to a peer review hearing in accordance with Section 8.3. The Chief of Staff shall determine who shall represent the peer review action at the peer review hearing and/or appeal. For all other adverse corrective actions decided by the Straub Board of Directors, the affected Practitioner shall be afforded such other procedures that are appropriate for the action decided upon and fair under the circumstances.

8.3 Peer Review Hearing And Appeal Process

8.3.1 Grounds for a Hearing

8.3.1.1 Exhaustion of Remedies

If a peer review action is taken or proposed, the applicant or Medical Staff Member must exhaust the remedies afforded by these Bylaws before taking any other action.

8.3.1.2 Grounds for a Hearing

Except as otherwise specified in these Bylaws, the right to request a hearing shall be triggered when a peer review action or proposed peer review action includes any one or more of the following:

a. Denial of initial Medical Staff appointment and/or requested initial clinical privileges;

b. Denial of requested advancement in a Medical Staff membership or an increase in clinical privileges;

c. Denial of Medical Staff reappointment;

d. Revocation of Medical Staff membership and/or clinical privileges;

e. Involuntary decrease of clinical privileges;

f. Imposition of a co-admission, mandatory consultation, or proctoring requirement;

g. Suspension of any clinical privileges;

h. Termination of all clinical privileges;

i. Suspension of clinical privileges for more than fourteen (14) days; and

j. Any other disciplinary action or recommendation that must be reported by the Clinic &Hospital to the Hawaii Board of Medical Examiners and/or the National Practitioner's Databank.

8.3.2 Notice

In all cases in which the affected Practitioner has a right to request a hearing pursuant to Subsection 8.3.1.2 above, the affected Practitioner shall promptly be given notice, in writing, by certified mail, return receipt requested by the Chief of Staff.

Such notice shall contain:

a. A statement of the peer review action or proposed peer review action (collectively, hereinafter referred to as "Action") and the general reasons for it.

b. A statement that the affected Practitioner has the right to request a hearing within thirty (30) days of receipt of this notice pursuant to Subsection 8.3.3.

C. A summary of the affected Practitioner's rights in the hearing as provided by these Bylaws.

8.3.3 Request for a Hearing by the Affected Practitioner

Such Practitioner shall have thirty (30) days following the date of the receipt of such notice within which to submit a written request for a hearing to the Chief of Staff. In the event the affected Practitioner does not request a hearing, in writing, within the time and in the manner set forth herein, he shall be deemed to have waived his right to such hearing and to have accepted the Action. Such Action shall thereupon become effective upon final approval by the Board of Directors.

8.3.4 Notice of Time and Place of Hearing

If a timely request for a hearing is made, the Chief of Staff shall, within thirty (30) days, schedule a hearing and shall give notice, in writing, by certified mail, return receipt requested, to the affected Practitioner of: (i) the time, place and date of the hearing; and (ii) a list of witnesses, if any, expected to testify at the hearing on behalf, or in support of the peer review action. The affected Practitioner shall provide a list of witnesses pursuant to Section 8.3.7.1. The hearing shall be convened no sooner than thirty (30) days, nor more than sixty (60) days from the date of receipt of the affected Practitioner's request for a hearing. However, when a request is received from an affected Practitioner who is under summary suspension which is then in effect, the hearing shall be held as soon as the arrangements may reasonably be made, but not to exceed forty-five (45) days from the date of receipt of the request for a hearing.

8.3.4.1 Statement of the Reasons

Together with the notice stating the time, date and place of the hearing, the notice of hearing shall contain a statement of the reasons for the Action, including the acts or omissions with which the Practitioner is charged and a list of patient records that will be considered at the hearing, if applicable. This statement of reasons, and the list of patient records may be amended or supplemented at any time, even during the hearing, so long as the additional material is relevant to the continued appointment or clinical privileges of the affected Practitioner, and the affected Practitioner has sufficient time to review the additional information and the opportunity to rebut it.

8.3.5 Hearing Panel

When a hearing is requested, the Chief of Staff shall appoint an impartial Peer Review Hearing Panel which shall be composed of not fewer than three (3) members. Members of the panel may consist of physicians or specified professional personnel who may, but need not, be Medical Staff Members, or persons who are not connected with the Clinic & Hospital who shall sign a Straub Confidentiality Agreement or a combination of such persons. When feasible, the Hearing Panel shall include at least one (1) Member who has the same healing arts licensure as the Practitioner, and when feasible, who practices the same specialty as the Practitioner. Members of the Panel may not include any individual who is in direct economic competition with the affected Practitioner, or any individual who is related to the affected Practitioner, and may not include Medical Staff Members who have acted as accuser, investigator, fact finder, initial decision maker or actively participated in the consideration of the matter

at any previous level. In addition, the affected Practitioner may challenge the suitability of a member of the panel for just cause. The Hearing Officer shall judge the substance of such challenge. One person so appointed shall be designated as the Chairperson. Knowledge of the matter involved shall not preclude any individual from serving as a member of the Panel.

8.3.6 Hearing Officer

The highest ranking hospital administrator shall appoint an individual, who shall be an attorney-at-law, qualified to preside over a quasi-judicial hearing as a Hearing Officer, but an attorney regularly utilized by the Clinic & Hospital for legal advice regarding its affairs and activities shall not be eligible to serve as a Hearing Officer. Such Hearing Officer shall not be biased for or against any party, must not act as a prosecuting officer, nor as an advocate for either side at the hearing. The Hearing Officer may not be in direct economic competition with the affected Practitioner. The Hearing Officer may participate in the private deliberations of the Hearing Panel and be a legal advisor to it, but the Hearing Officer shall not be entitled to vote. The affected Practitioner may challenge the suitability of the Hearing Officer for just cause. The Board of Directors shall judge the substance of such challenge.

Duties of the Hearing Officer

The Hearing Officer shall:

a. Strive to insure that all participants in the hearing have a reasonable opportunity to be heard and to present oral and documentary evidence subject to reasonable limits on the number of witnesses and duration of direct and cross examination, applicable to both sides, as may be necessary to avoid cumulative or irrelevant testimony or to prevent abuse of the hearing process;

b. Prohibit presentation of evidence that is cumulative, excessive, irrelevant, abusive or that causes undue delay;

c. Maintain decorum throughout the hearing;

d. Resolve questions of procedure throughout the hearing, including, but not limited to the order of, or procedure for presenting evidence and argument during the hearing;

e. Have the authority and discretion to make rulings on all questions which pertain to matters of law, procedure, suitability of peer review hearing panel members or the admissibility of evidence that are raised prior to, during, or after the hearing, including deciding when evidence may not be introduced, granting continuances, and ruling on disputed discovery requests;

f. Act in such a way that all appropriate information relevant to the appointment, continued appointment or clinical privileges of the individual requesting the hearing is considered by the Hearing Panel in formulating its recommendations; and

g. Take such discretionary action as he or she deems warranted by the circumstances if the Hearing Officer determines that either side is not proceeding in an efficient and expeditious manner.

Rights of the Parties

At the hearing, both sides shall have the following rights, subject to reasonable limits determined by the Hearing Officer:

a. To inspect and copy, at their own expense, any relevant documents or other evidence in the possession or control of the other party except for confidential peer review information. The relevant document may not be removed from the premises, must be viewed at the premises with a third party, and all non-relevant information blacked out. The requests for discovery must be fulfilled as soon as practicable. The failure by either party to provide access to this information at least thirty (30) days before the hearing, or as soon as practicable if the request is made less than thirty (30) days prior to the hearing, shall constitute good cause for a continuance. The right to inspect and copy by either party does not extend to confidential information referring solely to individually identifiable Members other than the Member under review;

b. To ask the Hearing Panel members and Hearing Officer questions which are directly related to evaluating their qualifications to serve and for challenging such members or the Hearing Officer;

c. To call and examine witnesses, to the extent available, for relevant testimony;

d. To present evidence determined to be relevant by the Hearing Officer, and present the type of evidence on which responsible persons customarily rely in the conduct of serious affairs, regardless of its admissibility in a court of law;

e. To introduce relevant exhibits or other documents;

f. To cross-examine or impeach any witness who shall have testified orally on any matter relevant to the issues and to rebut any evidence; and

g. To submit a written statement at the close of the hearing.

h. Any individual requesting a hearing who does not testify in his own behalf may be called and examined as if under cross-examination.

i. The Hearing Panel may question the witnesses, call additional witnesses or request additional documentary evidence.

These rights shall be exercised in an efficient and expeditious manner.

8.3.7 Pre-Hearing Procedure

8.3.7.1 List of Witnesses

The affected Practitioner shall provide a written list of the names and addresses of the individuals expected to offer testimony or evidence on his behalf within ten (10) days after receiving the notice of hearing. The witness list of either party may, at the discretion of the Hearing Officer, be supplemented

or amended at any time prior to or during the course of the hearing, provided that sufficient notice of the change is given to the other party to allow them to adequately prepare.

8.3.7.2 Failure to Appear or Proceed

Failure without good cause of the affected Practitioner to personally attend and proceed at the peer review hearing in an efficient and orderly manner shall be deemed to constitute a voluntary acceptance of the Action and shall thereupon become effective upon final approval by the Board of Directors.

8.3.7.3 Postponements and Extensions

Once a request for a hearing is initiated, postponements and extensions of time beyond the times permitted by these Bylaws may be permitted within the discretion of the Hearing Officer, on a showing of good cause, or upon agreement of the parties.

8.3.7.4 Procedural Disputes

It shall be the duty of the parties to exercise reasonable diligence in notifying the Hearing Officer of any pending or anticipated procedural disputes as far in advance of the scheduled hearing as possible, in order that decisions concerning such matter may be made in advance of the hearing. Objections to any pre-hearing decision may be succinctly made at the hearing.

8.3.7.5 Representation

The hearings provided for within Section 8, Corrective Action are for the purpose of intra-professional resolution of matters bearing on the professional standards established by the Medical Staff Bylaws and related procedural manuals and the quality of care established and maintained by Straub Clinic & Hospital. The affected Practitioner shall have the right to be represented by legal counsel at the hearing. The affected Practitioner shall state, in writing, his intentions with respect to representation by legal counsel at the time he files the request for a hearing. If the affected Practitioner is represented by legal counsel, the body representing the proposed peer review action shall also be represented by legal counsel. Both sides shall notify the other of the name of the individual who will act as counsel at least ten (10) days prior to the date of the hearing. In the absence of legal counsel, the affected Practitioner shall be entitled to be accompanied by and represented at the hearing by any person of his choice.

8.3.8 Pre-Hearing Conference

The Hearing Officer may require the representative of the affected Practitioner, if he is represented, and the body representing the Action to participate in a pre-hearing conference for the purposes of resolving procedural questions in advance of the hearing.

8.3.9 The Hearing

8.3.9.1 Burdens of Presenting Evidence and Proof

At the hearing, the body representing the Action shall have the initial burden to present evidence for each case or issue in support of its proposed action. The affected Practitioner shall be obligated to present evidence in response.

An applicant for membership and/or privileges shall bear the burden of persuading the Hearing Panel, by a preponderance of the evidence, of his qualifications by producing information which allows for adequate evaluation and resolution of reasonable doubts concerning his current qualifications for membership and/or privileges. A Practitioner shall not be permitted to introduce information not produced during the application process unless the applicant establishes that the information could not have been produced previously in the exercise of reasonable diligence.

Except as provided above for applicants, throughout the hearing, the body representing the Action shall bear the burden of persuading the Hearing Panel, by a preponderance of the evidence, that is proposed action is reasonable and warranted.

The term "preponderance of the evidence" means evidence that has more convincing force than that opposed to it. If the evidence on a particular issue is so evenly balanced that the Hearing Panel is unable to say that the evidence on either side preponderates, then the Hearing Panel must find on that issue against the party who had the burden of proving it. In evaluating the evidence, the Hearing Panel should consider all of the evidence bearing upon every issue regardless of which party produced it or had the burden of proof on the issue.

8.3.9.2 Record of the Hearing

A certified court reporter shall be present to make a record of the hearing proceedings, and the pre-hearing proceedings if deemed appropriate by the Hearing Officer. The cost of attendance of the court reporter shall be borne by the hospital. The cost of the transcript, if any, shall be borne by the party requesting it. The Hearing Panel may, but shall not be required to, order that oral evidence be taken only on oath administered by any person lawfully authorized to administer such oath or by affirmation under penalty of perjury to the Hearing Officer.

The basis of decision of the Hearing Panel shall be based on the record produced at the hearing. This record may consist of the following:

a. Oral testimony of witnesses;

b. Memoranda of law and/or other authorities presented in connection with the hearing;

c. Any other pertinent information regarding the affected Practitioner so long as the information has been admitted into evidence at the hearing and the affected Practitioner had the opportunity to comment and/or refute it;

d. Any and all applications, references, and accompanying documents;

e. Other documentary evidence including, but not limited to, medical records; and

f. Any other evidence that has been admitted.

8.3.9.3 Admissibility of Evidence

Judicial rules of evidence and procedure relating to the conduct of the hearing, examination of witnesses, and presentation of evidence shall not apply to a hearing conducted under this Article. Any relevant evidence, including hearsay, shall be admitted by the Hearing Officer if it is the type of evidence on which responsible persons customarily rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law.

8.3.9.4 Adjournment and Conclusion

After consultation with the Chairperson of the Hearing Panel, the Hearing Officer may adjourn the hearing and reconvene the same without special notice at such times and intervals as may be reasonable and warranted, with due consideration for reaching an expeditious conclusion to the hearing. Upon conclusion of the presentation of oral and written evidence, or the receipt of closing written arguments, if submitted, the hearing shall be closed. The Hearing Panel shall thereupon conduct its deliberations outside the presence of any other person, except the presence of the Hearing Officer upon the Panel's request.

8.3.9.5 Basis for Decision

The decision of the Hearing Panel shall be based on the evidence introduced at the hearing, including all logical and reasonable inferences from the evidence and testimony.

8.3.9.6 Decision of the Hearing Panel

Within thirty (30) days after the final adjournment of the hearing, the Hearing Panel shall render a decision to uphold, modify or reverse the Action and submit a written report and recommendation to the Board of Directors. If the affected Practitioner is currently under suspension, however, the time for the decision and report shall be fifteen (15) days. The report shall contain a concise statement of the reasons in support of the decision including findings of fact and a conclusion articulating the connection between the evidence produced at the hearing and the conclusion reached. The Board of Directors shall forward the report and recommendation to the affected Practitioner and the body who represented the action.

8.3.10 Appeal

8.3.10.1 Time for Appeal

Within ten (10) days after receipt of the Hearing Panel's recommendation, either the affected Practitioner or the body representing the Action may request an appellate review by the Board of Directors. Said request shall be in writing, and shall be delivered to the Chairman of the Board either in person or by certified mail, return receipt requested, and shall include a statement of the reasons for the appeal and the specific facts or circumstances which warrant an appeal. The Chairman of the Board shall forward the request for appellate review to the Board of Directors.

If such appellate review is not requested within ten (10) days as provided herein, both parties shall be deemed to have waived their right to an appeal, and the Hearing Panel decision shall become the final recommendation of the Medical Staff. Such final recommendation shall be forwarded to the Board of

Directors for final action within thirty (30) days of the date it was issued and the Board of Directors shall affirm it as the final action if, in the Board of Directors' independent judgment, it is supported by substantial evidence.

8.3.10.2 Grounds for Appeal

The grounds for appeal shall be limited to the following:

a. Substantial non-compliance with the Medical Staff Bylaws so as to deny a fair hearing;

b. The Hearing Panel's recommendations were made arbitrarily or capriciously; or

c. The Hearing Panel's recommendations were not supported by substantial evidence.

8.3.10.3 Time, Place and Notice of Appeal

Whenever an appeal is requested as set forth in Subsection 8.3.10.1, the President of the Board of Directors shall, within thirty (30) days after receipt of such request, schedule and arrange for an appellate review. The Appellate Review Panel shall be convened no sooner than thirty (30) days, nor later than sixty (60) days, from the date of receipt of the request for appellate review; provided, however, that when a request for an appeal is from a Medical Staff Member who is under a suspension then in effect, the Appellate Review Panel shall be convened as soon as the arrangements may reasonably be made, but not more than fourteen (14) days from the date of receipt of the request for an appeal. The time for appellate review may be extended by the President of the Board of Directors for good cause.

8.3.10.4 Composition of the Appellate Review Panel

The President of the Board of Directors shall appoint an Appellate Review Panel composed of not less than three (3) persons, either members of the Board of Directors or other, including but not limited to, reputable persons outside the Clinic & Hospital upon signing a confidentiality agreement, to consider the record of the hearing. Alternatively, the Board of Directors, as a whole, may sit as the Appellate Review Panel. Knowledge of the matter involved shall not preclude any person from serving as a member of the Appellate Review Panel, so long as that person did not take part in a prior hearing on the same matter.

8.3.10.5 Appellate Review Panel Hearing Officer

The Appellate Review Panel may select an attorney to assist it in the proceeding who shall act as the Hearing Officer. If requested by the Appellate Review Panel, the Hearing Officer may participate in the Appellate Review Panel's deliberations and may serve as its legal advisor; however, the Hearing Officer shall not be entitled to vote. The Hearing Officer selected by the Appellate Review Panel shall not be the attorney that represented either party at the hearing or the Hearing Officer at the hearing.

8.3.10.6 Deliberations

The Appellate Review Panel may conduct, at a time convenient to itself, deliberations outside the presence of the appellant, respondent and their representatives.

8.3.10.7 Evidence

The proceedings by the Appellate Review Panel shall be in the nature of an appellate hearing based upon the record of the hearing before the Hearing Panel. Additional evidence will only be accepted if the Appellate Review Panel shall have determined, on the basis of written foundational showing, that: (i) there is additional relevant evidence and that the evidence could not have been produced in the exercise of reasonable diligence during the hearing; or (ii) an opportunity to admit relevant evidence was improperly denied by the Hearing Officer during the hearing.

The Appellate Review Panel may only accept such additional oral or written evidence subject to the same rights of cross-examination or confrontation that would have been available at the Hearing Panel proceedings or the Appellate Review Panel may remand the matter to the Hearing Panel so that such additional evidence may be heard and a remand report and recommendation may be rendered by the Hearing Panel.

8.3.10.8 Parties' Rights

Each party shall have the right to be represented by legal counsel, or any other representative designated by the party in connection with the appeal and present a written statement in support of its position on appeal. The Appellate Review Panel may allow each party or a representative to appear personally and make an oral argument on their behalf.

8.3.10.9 Record of Proceedings

A certified court reporter shall be present to maintain a record of any appellate review proceedings, during which oral argument shall be presented. The cost of attendance of the court reporter shall be borne by the hospital. The cost of the transcript, if any, shall be borne by the party requesting it.

8.3.10.10 Recommendation by the Appellate Review Panel

The Appellate Review Panel shall recommend final action to the Board of Directors. The Appellate Review Panel may recommend that the Board of Directors affirm, modify or reverse the recommendation of the Hearing Panel or that the matter be remanded back to the Hearing Panel for further review and consideration.

Appellate Decision
The Board of Directors may affirm, modify or reverse the recommendation of the Appellate Review Panel or, in its discretion, remand the matter for further review and consideration. The Board of Directors shall issue its report within thirty (30) days of the receipt of the recommendation of the Appellate Review Panel. The Board of Directors shall deliver copies thereof to the affected Practitioner and to the Chairpersons of the MEC and the Professional Review Committee or Credentials Committee, whichever is appropriate, in person or by certified mail, return receipt requested.

8.3.11 Right to One Hearing and One Appeal Only

No Practitioner shall be entitled to more than one (1) hearing and one (1) appeal on any matter which has been the subject of adverse action or recommendation. If the Board of Directors denies

reappointment to an applicant or Member, or revokes or terminates the Medical Staff appointment and/or clinical privileges or a current Medical Staff Member, that Member may not reapply for staff appointment or clinical privileges at this Clinic & Hospital for a period of five (5) years, after the date of the final Board action, unless the Board of Directors provides otherwise.

8.3.12 Report of Final Adverse Decisions
(required by HRS 663-1.7, the Health Care Quality Improvement Act of 1986 and 45 CFR 60)

A report shall be submitted to the Hawaii Board of Medical Examiners within fifteen (15) days of the final action if: *(HRS 663-1.7 requires reporting within 30 days, but the Health Care Quality Improvement Act and 45 CFR 60 require reporting within 15 days)*

a. The Final action results in a professional review action that adversely affects the clinical privileges of a Practitioner for a period longer than thirty (30) days, as defined in 42 U.S.C.A. Section 11151(9); or

b. Straub accepts the surrender of clinical privileges of a physician (i) while the Practitioner is under an investigation by the entity relating to possible incompetence or improper professional conduct; or ii) in return for not conducting such an investigation or proceeding.

All other final adverse actions shall be reported to the Hawaii Board of Medical Examiners within thirty (30) days of the final action except if such action is based on provisions outlined in section 8.6. of these Bylaws.

8.3.12.1 Information Reported

Any report made to the Hawaii Board of Medical Examiners pursuant to Subsection 8.3.12 shall contain the following information, with respect to the Practitioner:

a. Name;

b. Work address;

c. Home address, if known;

d. Social Security Number, if known, and if obtained in accordance with Section 7 of the Privacy Act of 1974;

e. Date of Birth;

f. Name of each professional school attended and year of graduation;

g. For each professional license: the license number, the field of licensure, and the name of the State or Territory in which the license is held;

h. Drug Enforcement Administration registration number, if known;

i. Description of the acts or omissions or other reasons for privilege loss, or if known, for surrender;

j. Action taken, date the action was taken, and effective date of the action;

k. Whether a potential adverse decision was superseded by resignation or other voluntary action; and

l. Other information as required from time to time by the Secretary of Health and Human Services and/or Hawaii Board of Medical Examiners.

Specific patient identifiers shall be expunged from the report.

8.3.13 Confidentiality of Peer Review Process

The proceedings and/or records of any committee or panel, the MEC and Board of Directors when involved in the peer review process, any peer review hearing or appeal, including but not limited to recordings, transcripts, minutes, summaries, reports of meetings and conclusions contained therein, reports and decisions, shall remain confidential and are protected from discovery pursuant to Section 624.25.5, Hawaii Revised Statutes.

8.4 Exceptions To Hearing Rights

8.4.1 Closed Staff or Exclusive-Use Divisions

The hearing and appeal rights under these Bylaws do not apply to a Practitioner whose application for Medical Staff membership and privileges was denied on the basis that the privileges he seeks are granted pursuant only to a Closed-Staff or exclusive-use policy.

8.4.2 Medico-Administrative Practitioner

The hearing and appeal rights under these Bylaws do not apply to those persons serving the Clinic & Hospital in a Medico-Administrative capacity. Termination of such persons' rights to practice in the Clinic & Hospital shall instead be governed by the terms of their individual contracts with the Clinic & Hospital. However, the hearing and appeal rights of these Bylaws shall apply to the extent that membership category or clinical privileges, which are independent of the Members' contract, are also removed or suspended, unless the contract includes a specific provision establishing alternative procedural rights applicable to such decisions.

8.5 Summary Restriction Or Suspension Of Clinical Privileges And/Or Medical Staff Membership: Refer to Medical Staff Bylaws, Article I, SECTION 17

8.6 Automatic Suspension, Limitation Or Termination Of Medical Staff Privileges/ Membership

8.6.1 Licensure

a. Revocation, Suspension or Expiration: Whenever a Member's license or other legal credential authorizing practice in this State is revoked, suspended or expires without an application

pending for renewal, Medical Staff membership and clinical privileges shall be automatically revoked as of the date such action becomes effective.

b. Restriction: Whenever a Member's license or other legal credential authorizing practice in this State is limited or restricted by the applicable licensing or certifying authority, any clinical privileges which the Member has been granted at the Clinic & Hospital which are within the scope of said limitation or restriction shall be automatically limited or restricted in a similar manner as of the date such action becomes effective and throughout its term.

c. Probation: Whenever a Member is placed on probation by the applicable licensing or certifying authority, his membership status and clinical privileges shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its term.

8.6.2 Controlled Substances

a. Revocation, Suspension or Expiration: Whenever a Member's DEA certificate is revoked, limited, suspended, or expired the Member shall automatically and correspondingly be divested of the right to prescribe medications covered by the certificate, as of the date such action becomes effective and throughout its term.

b. Probation: Whenever a Member's DEA certificate is subject to probation, the Member's right to prescribe such medications shall automatically become subject to the same terms of the probation, as of the date such action becomes effective and throughout its term.

8.6.3 Felony Conviction

A Practitioner who has been convicted of, or pled "guilty" or pled "no contest" or its equivalent to a felony in any jurisdiction shall be automatically suspended by the Chief of Staff or his designee. Such suspension shall become effective immediately upon such conviction or plea regardless of whether an appeal is filed. Such suspension shall remain in effect until the matter is resolved by subsequent action of the MEC.

8.6.4 Medical Records

Members of the Medical Staff must complete their patients' medical records within thirty (30) days of each patient's discharge or such period as the law may prescribe. Medical records that the Member fails to complete within the 30 day period will be considered delinquent. Notification procedures pertaining to incomplete medical records shall be addressed in the Medical Records section of the Rules and Regulations. Failure to timely complete medical records shall result in an automatic suspension after notice is given as provided in the Rules and Regulations which suspension shall continue until the medical records are completed.

8.6.5 Failure to Pay Dues/Assessments

Failure without good cause as determined by the MEC, to pay dues or assessments, where available, as required by these Bylaws, shall be grounds for automatic suspension of a Member’s clinical privileges,

and if within three (3) months after written warnings of the delinquency, the Member does not pay the required dues or assessments, the Member's membership shall be automatically suspended.

8.6.6 Professional Liability Insurance

Failure to maintain professional liability insurance, in the amount as required by the Board of Directors shall be grounds for automatic suspension of a Member's clinical privileges. Written warning of this delinquency shall be provided to the Member. If within ninety (90) days after receipt of the written warning of the delinquency, the Member does not provide evidence of required professional liability insurance, the Member's membership shall be automatically terminated.

8.6.7 Failure to Meet Special Appearance Requirement

Failure of a Member to appear at any meeting that he is requested to attend after reasonable notice that the Member's practice or conduct is scheduled for discussion, unless excused by the body calling the meeting upon a showing of good cause, shall be grounds for automatic suspension of a Member's clinical privileges.

8.6.9 MEC Review

As soon as practical, after action is taken or warranted, the MEC shall convene to review and consider the facts, and may recommend, pursuant to Section 8.3, such further corrective action as it may deem appropriate.

SECTION 9: PRECEPTORSHIP FOR PRACTITIONERS RE-ENTERING INPATIENT CARE

9.1 A practitioner who has not provided acute inpatient care for the past five years or more who requests clinical privileges at the hospital must arrange for a preceptorship with a current member in good standing of the medical staff who practices in the same specialty during at least the first six months of the practitioner's provisional period.

9.2 A description of the preceptorship program including details of monitoring and consultation must be written and submitted for approval to the Credentials Committee and MEC. At a minimum, the preceptorship program must include the following:

9.3 All inpatient admissions must be co-managed by the preceptor for a minimum of six (6) months or fifty (50) admissions, whichever occurs first. The preceptor must agree to see each admitted patient within twelve (12) hours of admission or earlier if the situation requires (ICU patients must be seen within four (4) hours of admission). Preceptors must also make daily rounds, as well as share in any clinical management decisions.

9.4 Practitioner applicant must maintain a log of all patients attended that will include patient name, date of admission, unit assignment, and diagnosis.

9.4.1 Prior to the termination of the preceptorship, the preceptor must submit a written evaluation of the applicant addressing the applicant's clinical competence, ability to get along with others, the quality and timeliness of medical records documentation, ability to perform the privileges requested, and professional ethics and conduct. This evaluation will be forwarded to the appropriate Division Chair and the Chair of the

Credentials Committee to be processed according to the procedures in section 5 of this manual.

SECTION 10: REAPPLICATION AND MODIFICATIONS OF MEMBERSHIP STATUS OR PRIVILEGES AND EXHAUSTION OF REMEDIES

10.1 Reapplication after adverse credentials decision: Except as otherwise determined by the MEC or Board of Directors in light of exceptional circumstances, a practitioner who has received a final adverse decision or who has resigned or withdrawn an application for appointment or reappointment or clinical privileges is not eligible to reapply to the medical staff for a period of two (2) years from the date of the notice of the final adverse decision or the effective date of the resignation or application withdrawal. Any such application is processed in accordance with the procedures then in force. As part of the reapplication, the practitioner must submit such additional information as the medical staff and/or Board of Directors requires demonstrating that the basis of the earlier adverse action no longer exists. If such information is not provided, the reapplication will be considered incomplete and voluntarily withdrawn and will not be processed any further.

10.2 Reapplication after administrative revocation: A practitioner who has had his/her appointment or clinical privileges administratively revoked for failure to maintain current professional liability insurance in the specified amount or failure to maintain and complete medical records will be reinstated for appointment and appropriate privileges upon submission of documentation that he/she has resolved the reason for the revocation.

10.3 Request for modification of appointment status or privileges: A staff appointee, either in connection with reappointment or at any other time, may request modification of staff category, division assignment, or clinical privileges by submitting a written request to the medical staff services. A modification request must be on the prescribed form and must contain all pertinent information supportive of the request. All requests for additional clinical privileges must be accompanied by information demonstrating additional education, training, and current clinical competence in the specific privileges requested. A modified application is processed in the same manner as a reappointment, which is outlined in section 6 of this manual. A practitioner who determines that he/she no longer exercises, or wishes to restrict or limit the exercise of, particular privileges that he/she has been granted shall send written notice, through the medical staff services, to the Credentials Committee and MEC. A copy of this notice shall be included in the practitioner's credentials file.

10.4 Resignation of staff appointment: A practitioner may resign his/her staff appointment and/or clinical privileges by providing written notice to the appropriate Division Chair or Chief of Staff. The resignation shall specify the reason for the resignation and the effective date. A practitioner who resigns his/her staff appointment and/or clinical privileges is obligated to fully and accurately complete all portions of all medical records for which he/she is responsible prior to the effective date of resignation. Failure to do so shall result in an entry in the practitioner's credentials file acknowledging the resignation and indicating that it became effective under unfavorable circumstances and shall be considered a matter of professional conduct that could adversely affect the health or welfare of a patient and so is reportable to the National Practitioner Data Bank, pursuant to the HCQIA (Health Care Quality Improvement Act) of 1986.

10.5 Exhaustion of administrative remedies: Every practitioner agrees that he/she will exhaust all of the administrative remedies afforded in the various sections of this manual, the bylaws and the hearing and appeals plan before initiating legal action against the hospital or its agents.

10.6 Reporting requirements: The CEO or his/her designee shall be responsible for assuring that the hospital satisfies its obligations under the Health Care Quality Improvement Act of 1986 and its successor statutes. Actions that must be reported include any negative professional review action against a physician related to clinical incompetence or misconduct that lead to a reduction in clinical privileges of greater than 30 days, resignation, surrender of privileges, or acceptance of privilege reduction either during investigation or to avoid investigation.

10.7 Denial for Accommodation Reasons:

A recommendation by the Medical Executive Committee, or a decision by the Board of Directors, to deny staff status or particular clinical privileges to an applicant either:

a. Because the hospital does not then provide adequate facilities or supportive services for the applicant and his patients, for whatever reason, including but not limited to utilization levels then existing or services not then offered; or,

b. Because of inconsistency with the hospital's plans in respect to its development, including the mix of patient care services to be provided, as currently being implemented, shall be considered adverse and shall entitle the applicant to the procedural rights as provided under Section 8, Peer Review and Correction, however, that in a proceeding under Section 8, a determination made without malice by the Board of Directors not to offer a service or not to expand a service, or a determination made without malice by the Board of Directors that hospital facilities are not adequate or appropriate for the offering or expansion of a service, shall not be subject to challenge with regard to the validity or appropriateness of such determination. In the event of denial of an application because of the exclusivity policy, the applicant shall not be entitled to exercise the procedural rights provided in Section 8, Peer Review and Corrective Action Plan.

SECTION 11: LEAVE OF ABSENCE

11.1 Leave Status:

A staff member may obtain a voluntary leave of absence from the Medical Staff by submitting written notice to the Medical Executive Committee and the CEO stating the exact period of time of the leave. Period of time of leave may not exceed twelve (12) months without the staff member losing their clinical privileges, and he would need to reinstate clinical privileges and prerogatives as required as outlined elsewhere within this Credentials Procedure Manual.

11.2 Termination of Leave:

At least forty-five days prior to the termination of the leave, or at any earlier time, the staff member may request reinstatement of his privileges by submitting a written notice to that effect to the Chief of Staff for transmittal to the Medical Executive Committee. The staff member shall submit a

written summary of his relevant activities during the leave if the Medical Executive Committee so requests.

The Medical Executive Committee shall make a recommendation to the Board of Directors concerning the reinstatement of the member's privileges. If such recommendation is negative, the member shall be entitled to the procedural rights afforded in Section 8, above Peer Review and Corrective Action Plan. Failure to request reinstatement or to provide a requested summary of activities as above provided shall result in automatic termination of staff membership, privileges and prerogatives without right of hearing or appellate review. A request for staff membership subsequently received from a staff member so terminated shall be submitted and processed in the manner specified for applications for initial appointments.

SECTION 12: PRACTITIONER PROVIDING CONTRACTUAL SERVICES

12.1 Exclusivity policy: Whenever hospital policy specifies that certain hospital facilities or services may be provided on an exclusive basis in accordance with contracts or letters of agreement between Straub Clinic & Hospital and qualified practitioners, then other staff appointees must, except in an emergency or life threatening situation, adhere to this exclusivity policy in arranging for or providing care. Application for initial appointment or for clinical privileges related to Straub Clinic & Hospital facilities or services covered by exclusive agreements will not be accepted or processed unless submitted in accordance with the existing contract or agreement with the hospital.

12.2 Qualifications: A practitioner who is or will be providing specified professional services pursuant to a contract or a letter of agreement with the hospital must meet the same qualifications, must be processed in the same manner, and must fulfill all the obligations of his/her appointment category as any other applicant or staff appointee.

12.3 Effect of disciplinary or corrective action recommended by the medical executive committee: the terms of the medical staff bylaws will govern disciplinary action taken or recommended by the medical executive committee.

12.4 Effect of contract or employment expiration or termination: The effect of expiration or other termination of a contract upon a practitioner’s staff appointment and clinical privileges will be governed solely by the terms of the practitioner’s contract with Straub Clinic & Hospital. If the contract or the employment agreement is silent on the matter, then contract expiration or other termination alone will not affect the practitioner’s staff appointment status or clinical privileges.

SECTION 13: MEDICAL ADMINISTRATIVE OFFICERS

13.1 A medical administrative officer is a practitioner engaged by the hospital either full or part time in an administratively responsible capacity, whose activities may also include clinical responsibilities such as direct patient care, teaching, or supervision of the patient care activities of other practitioners under the officer’s direction.

13,2 Each medical administrative officer must achieve and maintain medical staff appointment and clinical privileges appropriate to his/her clinical responsibilities and discharge staff obligations appropriate to his/her staff category in the same manner applicable to all other staff members.

13.3 Effect of removal from office or adverse change in appointment status or clinical privileges:

13.3.1 Where a contract exists between the officer and the hospital, its terms govern the effect of removal from the medical administrative office on the officer's staff appointment and privileges and the effect of an adverse change in the officer's staff appointment or clinical privileges on his remaining in office.

13.3.2 In the absence of a contract or where the contract is silent on the matter, removal from office has no effect on appointment status or clinical privileges. The effect of an adverse change in appointment status or clinical privileges on continuance in office will be as determined by the Board of Directors after requesting and considering the recommendations of relevant components and officials of the staff.

13,3,3 A medical administrative officer has the same procedural rights as all other staff members in the event of an adverse change in appointment status or clinical privileges unless the change is, by contract a consequence of removal from office.

13.4 A physician or AHP employed by the hospital in a purely administrative capacity with no clinical duties or privileges is subject to the regular personnel policies of the hospital and to the terms of his contract or other conditions of his engagement and need not be a member of the Medical Staff.

SECTION 14: USE OF TERMS

When used herein the terms "Credentials Committee chairperson," "Chief of Staff," "medical staff service professional (or designee)," "CEO," and "Board" are construed to include "designee." "Subject matter expert" is an individual chosen by the Credentials Committee, Chief of Staff or MEC to assist and advise them in evaluation of recommendations for clinical privileges for their peers.

EXHIBIT A

Policy for the Granting of Privileges for Allied Health Professionals (AHPs)

1.0 Definition. An Allied Health Professional (AHP) is a health care provider who is not eligible for Medical Staff membership but who holds a license, certificate, or such other legal credentials required by the state of Hawaii to authorize the AHP to provide health care service.

2.0 The Board of Directors permits AHPs to provide patient care services without appointment to the medical staff. Such practitioners must be qualified by academic and clinical or other training to practice in a clinical or supportive role in providing services. All such individuals will provide services only under supervision of a member of the medical staff or under the supervision of an individual contracted with the hospital to provide such supervision. The AHP will provide only those clinical services that are consistent with a written designated scope of service or job description.

3.0 Categories of AHPs. The categories of AHPs eligible to provide clinical services consistent with this policy include but are not limited to the following:

a) Certified Registered Nurse Anesthetist (CRNA)
b) Nurse Practitioner
c) Physicians Assistant
d) Optometrist
e) Surgical Technician who is not employed by Straub Clinic & Hospital

4.0 Qualifications. To be eligible to apply to provide clinical services consistent with this policy, an AHP must:

a) Be a graduate of a recognized and accredited school in his or her discipline;
b) Be legally qualified to practice in the given discipline in the state of Hawaii, including holding any current license, certification, or registration appropriate for the clinical services provided;
c) Have demonstrated clinical competence in his or her discipline consistent with the requested scope of services;
d) Meet the specific qualifications and requirements established by the institution;
e) Meet the same malpractice insurance coverage amounts and conditions as required for medical staff members;
f) Agree to abide by the rules, policies and procedures of the institution.

5.0 Application.

An AHP's application for permission to provide selected clinical services will be processed in the same manner as applications for medical staff members, as described by current institution policies and procedures unless the AHP is providing services through a contracted providing organization. If the AHP is providing services through a contracted providing organization, the institution's contract with this providing organization will require that the contracted providing organization obtain evidence that all such AHPs meet at least the employment criteria for employees of the institution including but not limited to evidence of current licensure, criminal background check, current competencies relevant to the practitioner's scope of service, and meeting any JCAHO and OSHA requirements. These contracts will require that

upon request the contracted providing organization will make this information available to the institution for each AHP working within the institution.

6.0 Practitioners Employed by Physician Members of the Medical Staff.
AHPs employed by physician members of the medical staff must submit a statement by their employer or cosigned by a member of the medical staff concurring with the request for permission to provide services. The statement must confirm that the employer or medical staff member does contract with the AHP and will, at all times, be responsible for the practice of the AHP, and, if unavailable, shall designate another member of the medical staff who will assume such responsibility. If the AHP is employed by a group of physicians, at least one member of the group must submit or cosign such a statement. If the appointment or privileges of the supervising physician are suspended or terminated, the AHPs eligibility to provide clinical services at Straub Clinic & Hospital will also be suspended or terminated.

7.0 Reappointment:
AHPs will undergo biennial reappointment including, but not limited to, assessment for competencies and other requirements with which hospital employees with a similar scope of service must comply.

8.0 Professional Ethics.
The professional conduct of each AHP shall be governed both by the principles of professional ethics established by the profession, by law, and in accordance with the mission and philosophy of the hospital.

9.0 Suspension, Modification, or Termination of Permission to Provide Services. Each AHP may be subject to discipline and corrective action, and his or her permission to provide selected clinical services may be suspended, modified, or terminated consistent with hospital bylaws and policies and procedures. In the event an action is taken that is adverse to the AHP, the AHP may request an appeal. This appeal will be a meeting with the Chief of Staff, who may consult with the Division Chief, Chief Medical Officer, Chief Nursing Officer, or other individuals as appropriate.