

**ASSOCIATE PROFESSIONAL STAFF
RULES AND REGULATIONS
OF
BAYSTATE NOBLE HOSPITAL CORPORATION**

As Amended Effective: May 13, 2019

BAYSTATE NOBLE HOSPITAL CORPORATION
ASSOCIATE PROFESSIONAL STAFF RULES & REGULATIONS

I. INTRODUCTION

The Medical Staff of Baystate Noble Hospital Corporation is responsible and accountable to the Board of Trustees for the clinical performance and professional and ethical conduct of, and the appropriateness of patient care services provided by, each associate health professional with delineated clinical privileges, to the end that patient care provided at the Hospital is maintained at a level of quality and efficiency consistent with generally recognized standards of care.

The Associate Professional Staff shall consist of health care professionals other than members of the Medical Staff who are qualified by training, experience, and current competence to practice within an established category of the Associate Professional Staff. Such categories may include only health-care professionals who:

- (a) have a recognized but limited scope of practice within medicine, are licensed or certified to provide services independently [i.e., without the direction or immediate supervision of a physician], and provide such services in accordance with clinical privileges specifically delineated by the Hospital as set forth below;
- (b) provide specific patient care services designated by the Hospital, as set forth below, within a specialized medical discipline under a defined level of direction and/or supervision by a physician; or
- (c) are doctoral-level (or the equivalent) scientists in a health-related field recognized for its contribution to the effective conduct of patient care, education, and research and who demonstrate appropriate training, experience, and competence in their discipline as it relates to specific patient care, teaching, or research activities at the Hospital.

Members of the Associate Professional Staff may or may not provide professional services pursuant to an employment relationship with the Hospital or other entity affiliated with the Hospital or Baystate Health, Inc. Those members of the Associate Professional Staff who are not providing services pursuant to such an employment relationship shall be, with the Hospital, part of an organized health care arrangement, as that term is used in the federal Health Insurance Portability and Accountability Act and related regulations. Such organized health care arrangement shall promote the efficient sharing of protected health information to facilitate treatment, payment and health care operations, and such Associate Professional Staff members may participate in joint activities such as utilization review, quality assessment, or payment activities.

II. DEFINITIONS

The following definitions, regardless of capitalization, apply to these Associate Professional Staff Rules and Regulations:

Associate Health Professional means an individual other than a physician, dentist, oral surgeon, or podiatrist applying for or exercising delineated clinical privileges on the Associate Professional Staff at the Hospital. Associate health professionals are not eligible for Medical Staff membership and are not entitled to the same hearing and appellate review rights as Medical Staff members.

Board of Trustees means the governing body of Baystate Noble Hospital Corporation, the Board Credentialing Committee, or any other committee or individual authorized by the Board of Trustees of Baystate Noble Hospital Corporation to act on its behalf on certain matters.

Clinical Privileges means the permission granted to an individual to perform at the Hospital those diagnostic, therapeutic, medical, or surgical services specifically delineated to him/her, including the permission granted to perform any specifically delineated diagnostic, therapeutic, medical, or surgical services via telemedicine link.

Ex Officio means service as a member of a body by virtue of office or position held, and, unless otherwise expressly provided, with voting rights.

Hospital means Baystate Noble Hospital Corporation and, where the context requires, the facilities, services, and other activities established, maintained, and carried on from time to time by Baystate Noble Hospital Corporation.

Medical Staff means the Medical Staff of the Hospital, the formal organization of all appointed members who have clinical privileges to attend patients or to provide other diagnostic, therapeutic, teaching, or research services at the Hospital and, where the context requires, the organizational components of the Medical Staff, including its committees and its departments, divisions, services, and other clinical subunits.

Medical Staff Bylaws means the Medical Staff Bylaws of the Medical Staff of the Hospital, including all appendices.

Medical Staff Member means a physician, dentist, oral surgeon, or podiatrist member in good standing of the Medical Staff.

Office of the CEO means the individual appointed consistent with the bylaws of the Hospital as the president, chief executive officer, or other senior management officer to act on behalf the Hospital in the overall executive management of the Hospital, or his or her designee.

Physician means an individual with an M.D. or D.O. degree, who is licensed to practice medicine in any state or certain territories of the United States, consistent with the use of the term “physician” as defined in the federal Health Care Quality Improvement Act.

Practitioner means, unless otherwise expressly provided, any physician, dentist, oral surgeon, or podiatrist, applying for or exercising clinical privileges or providing other diagnostic, therapeutic, teaching, or research services at the Hospital.

Special Notice means written notification sent by certified mail, return receipt requested; personal delivery, with signed acknowledgment of receipt; or overnight delivery, requiring written acknowledgment of receipt. [Note: Any other type of notice or written notice, express or implied, given by the Hospital consistent with these Medical Staff Bylaws may be given by any manner of paper or electronic notice, in the discretion of the Hospital.]

III. CATEGORIES OF THE ASSOCIATE PROFESSIONAL STAFF

Within the Associate Professional Staff, there shall be such categories of associate health professionals as may be established and approved by the Board of Trustees. The following are the categories of associate health professionals currently authorized to provide services in the Hospital as members of the Associate Professional Staff:

- Certified Registered Nurse Anesthetists
- Certified Nurse Midwives
- Clinical Psychologists
- Doctoral-Level Scientists
- Nurse Practitioners
- Pharmacist
- Physician Assistants
- Surgical First Assists

Regardless of category, each member of the Associate Professional Staff must be a member of either the Active Staff or the Affiliated Staff of the Associate Professional Staff. The qualifications of the Active and Affiliated Staff shall be the same. The obligations and prerogatives of the Active and Affiliated Staff shall be as set forth in Section IV below.

Active Staff: Members of the Active Staff shall be those individuals who are regularly involved in the care of patients at the Hospital and have been granted clinical privileges.

Affiliated Staff: Members of the Affiliated Staff shall be those individuals whose office practice is at a location within the primary service area of the Hospital but who do not have clinical privileges at the Hospital and whose patients may be admitted to the Hospital by a member of the Active Staff of the Medical Staff.

3.1 REQUEST TO ESTABLISH NEW CATEGORY

A request to establish a new category of the Associate Professional Staff shall be submitted to the Credentials Committee by a Department Chief. Such a request shall include:

- (a) A statement detailing the need for the new category; and
- (b) Proposed criteria for the category which set forth at least the following:
 - (1) the qualifications and credentials required for membership within the category;
 - (2) the nature of the services to be provided and/or procedures to be performed by Associate Professional Staff members within the category;
 - (3) the classes of patients who may be seen by Associate Professional Staff members within the category;
 - (4) the duties and responsibilities of Associate Professional Staff members within the category;
 - (5) the required level of supervision of Associate Professional Staff members within the category; and
 - (6) if applicable, the proposed scope of the clinical privileges within the category (*i.e.*, the specific procedures which Associate Professional Staff members within the category may be authorized to perform).

3.2 COLLABORATION WITH OTHER INTERESTED PARTIES

The Department Chief shall collaborate with other parties appropriate to the category in the preparation of the proposed criteria under Section 3.1 above. (e.g., Nursing Administration for nurse practitioner scope of practice). Such parties, if any, shall continue to collaborate with the Department Chief with respect to matters involving such protocols and with respect to applications for appointment or reappointment to the Associate Professional Staff within the category. Where more than one clinical department has an interest in a particular category of the Associate Professional Staff, the Chief of each such clinical department shall collaborate, as appropriate, in matters affecting such category.

3.3 CREDENTIALS COMMITTEE/MEDICAL STAFF EXECUTIVE COMMITTEE REVIEW

The Credentials Committee shall review the request of the Department Chief and shall either refer the request back to the Chief for additional input or transmit the request, together with its recommendations as to each of the matters set forth in Section 3.1 to the Medical Staff Executive Committee (“MSEC”). The MSEC shall review the recommendations of the Credentials Committee and shall either refer any recommendations back to the Credentials Committee or to the Department Chief for additional input or transmit the request and the recommendations of the Credentials Committee, together with its own recommendations as to each of the matters set forth in Section 3.1 above, to the Board. Whenever a recommendation of the Credentials Committee or the MSEC is not unanimous, a dissenting view shall be documented in a minority report and transmitted with the recommendations of the majority.

3.4 BOARD OF TRUSTEES ACTION

The Board of Trustees shall review the request and the recommendations of the Credentials Committee and MSEC, together with any minority reports, and shall adopt, reject, or modify the request to establish a new category or refer the matter back to the MSEC for additional input.

3.5 REVIEW OF AND CHANGES IN CATEGORIES

- (a) The Department Chief, the Credentials Committee, or the MSEC may, at any time, recommend that the Board of Trustees revise, delete, or reconstitute any previously established category of the Associate Professional Staff.
- (b) The protocols for each category of the Associate Professional Staff, including the scope of any clinical privileges within any category, shall be reviewed by the applicable Department Chief every two (2) years. The Department Chief, the Credentials Committee, or the MSEC may, at any time, recommend that the Board of Trustees revise or amend such protocols, including the scope of clinical privileges, within any category.
- (c) The Board of Trustees, after receiving any recommendation under this section or at any other time upon its own initiative, after consulting with the Department Chief, the Credentials Committee, and the MSEC, may revise, delete, or reconstitute any previously established category and may revise or amend any protocols, including the scope of clinical privileges within any category.

IV. MEMBERSHIP ON THE ASSOCIATE PROFESSIONAL STAFF

4.1 QUALIFICATIONS FOR MEMBERSHIP

4.1.1 General Qualifications

Each person who seeks or enjoys Associate Professional Staff membership, at the time of application, appointment, and continuously thereafter, shall demonstrate to the satisfaction of the appropriate authorities of the Hospital the following qualifications, in addition to any specific qualifications and credentials required for membership within a particular category of the Associate Professional Staff:

- (a) To have and maintain a current license, certificate, registration, or other such credentials, if any, required by Massachusetts law to practice within the category, which is not subject to any conditions or restrictions that adversely affect, or are inconsistent with, the ability to have Associate Professional Staff membership or exercise clinical privileges at the Hospital;
- (b) To have appropriate professional education and training and meet continuing professional education requirements for such license, certificate, registration, or other credential as determined by the applicable state licensure, certification, or registration authority and to demonstrate satisfaction of the requirements for the privileges requested;
- (c) To have, exhibit, demonstrate, and evidence current experience, clinical results, and utilization practice patterns documenting a continuing ability to provide patient care services at an acceptable level of quality and efficiency given the current state of practice within the category;
- (d) To have, exhibit, demonstrate, and evidence professional conduct and cooperativeness, including the ability to work and cooperate with and to communicate with members of the Medical Staff and the Associate Professional Staff, members of other health disciplines, Hospital management, employees, and other personnel, the Board of Trustees, patients, visitors, and the community in general in a courteous and professional manner, in a manner that is respectful of Hospital property, and in a manner that is not disruptive to Hospital operations;
- (e) To be of high moral character and to adhere to generally recognized standards of medical professional ethics and conduct;

- (f) To have sufficient physical, mental, behavioral, and cognitive abilities and to demonstrate appropriate professional judgment and conduct to permit the individual to fulfill all duties, responsibilities, and obligations of membership and to exercise all clinical privileges requested and granted safely and competently;
- (g) To have and maintain documentation of all immunizations and vaccinations required under Baystate Health, Inc., Hospital, Medical Staff, and department rules, regulations, and policies, as amended from time to time;
- (h) To have and maintain documented such professional liability insurance as the Board of Trustees may, from time to time, require for members of the Associate Professional Staff within a given category;
- (i) To be and remain eligible, and not be sanctioned, excluded, or otherwise ineligible, to participate in and submit claims to federal health care programs; and
- (j) To have and maintain a current valid National Provider Identifier (“NPI”) number and to comply with all relevant payment and other provisions regarding the NPI.

4.1.2 Effect of Other Affiliations on Current Status

No person is automatically entitled to membership on the Associate Professional Staff or to provide particular patient care services or exercise particular clinical privileges merely because he or she (a) is licensed, registered, or certified to practice in the Commonwealth of Massachusetts or any other state; (b) is a member of any professional organization; (c) is certified by any clinical board; (d) had or presently has staff membership or privileges at any other health care facility or in any other practice setting; or (e) previously had Associate Professional Staff membership or clinical privileges at the Hospital.

4.1.3 Nondiscrimination

With respect to Associate Professional Staff membership and clinical privileges, the Hospital shall not discriminate in any unlawful manner against any individual on the basis of age, race, color, sex, religion, national origin, ancestry, gender identity, sexual orientation, disability, military status, or any other characteristic that is protected by law.

4.2 OBLIGATIONS OF ASSOCIATE PROFESSIONAL STAFF MEMBERS

4.2.1 Active Staff

Obligations of Associate Professional Staff members on the Active Staff shall include the following:

- (a) To provide patients with care at the level of quality and efficiency generally recognized as appropriate within the category and at facilities such as the Hospital;
- (b) To participate, when requested, in utilization review, peer review, quality assurance, corporate compliance, risk management, and patient care assessment program activities, including, but not limited to, the Hearing Procedure under these Associate Professional Staff Rules and Regulations;
- (c) To attend, when requested, clinical and educational meetings of the Medical Staff, the Department, or any clinical unit and attend any individual conference as requested by the applicable Department Chief;
- (d) To abide by the Medical Staff Bylaws and Rules and Regulations, these Associate Professional Staff Rules and Regulations, the protocols of the applicable category, and all other standards, policies, and rules of the Hospital;
- (e) To prepare and complete medical records in a timely manner to document services provided;
- (f) To maintain the confidentiality of patient information, including individually identifiable health information, in compliance with all Associate Professional Staff, Medical Staff, and Hospital bylaws, policies, procedures, standards, rules and regulations, and relevant law, including the federal Health Insurance Portability and Accountability Act and related regulations, and to execute any agreements or documents as may be required by law or reasonably requested by the Medical Staff or Hospital concerning the confidentiality of patient information; and
- (g) To pay all required dues and assessments as determined by the Medical Staff.

4.2.2 Affiliated Staff

Obligations of Associate Professional Staff members on the Affiliated Staff shall include the following:

- (a) To pay all required dues and assessments as determined by the Medical Staff; and
- (b) To satisfy all other requirements and obligations of Affiliated Staff members as may be set forth in these Associate Professional Staff Rules and Regulations.

4.3 PREROGATIVES OF ASSOCIATE PROFESSIONAL STAFF MEMBERS

4.3.1 Active Staff

Prerogatives of Associate Professional Staff members on the Active Staff shall include:

- (a) To exercise such clinical privileges as are granted to him or her;
- (b) To participate in medical research and education programs, if applicable, subject to the requirements of the relevant Institutional Review Board
- (c) To serve on committees when so appointed; and
- (d) To attend, when invited, clinical meetings of the Medical Staff or of the Department or other clinical unit.

4.3.2 Affiliated Staff

Prerogatives of Associate Professional Staff members on the Affiliated Staff shall include:

- (a) To participate in medical research and education programs, if applicable, subject to the requirements of the relevant Institutional Review Board; and
- (b) To serve on committees when so appointed.

V. APPLICATION PROCEDURE

5.1 APPLICATION AND CONTENT

A request for an application for membership within an established category of the Associate Professional Staff must be submitted to the Office of the CEO, attention of the Medical Staff Office, which shall respond to the request and notify the applicable Department Chief of the request. Upon such request, the Medical Staff Office may, but is not required to, send to the prospective applicant a pre-applicant questionnaire or ask the prospective applicant questions related to the minimum or threshold criteria for Associate Professional Staff membership and clinical privileges. Any individual who does not satisfy the minimum or threshold criteria will not be provided an application form and will be so notified by the Medical Staff Office, after consultation with the Department Chief. An individual who is determined to be ineligible to receive an application because he or she does not satisfy the minimum or threshold criteria for Medical Staff membership and clinical privileges is not entitled to the hearing and appellate review rights provided in these Associate Professional Staff Rules and Regulations.

An application for Associate Professional Staff membership must be submitted by the applicant in writing and on such form as approved by the Office of the CEO after receiving any recommendations of the Credentials Committee and the Medical Staff Executive Committee. Prior to the application being submitted, the applicant will be provided a copy or summary of, or access to a copy or summary of, these Associate Professional Staff Rules and Regulations.

Notwithstanding any provision in these Associate Professional Staff, Affiliated Staff members shall be appointed to the Associate Professional Staff, consistent with these Associate Professional Staff Rules and Regulations.

Every applicant shall submit a complete application furnishing information concerning, at least, the following:

- (a) Personal information, including full name, social security number, and addresses and telephone numbers for office and residence;
- (b) Educational information, including the names and addresses of all undergraduate and/or professional institutions attended, dates attended, degrees awarded, and a summary description of any clinical training programs attended, including the dates attended and the name of the program director or other person overseeing the applicant's performance;
- (c) Continuing education information, including the name and location of programs attended, a summary description of the program, the dates attended, and the name of the program director;

- (d) All current valid professional licenses, registrations, and/or certifications, including the dates of issue and the name and address of the issuing agency or authority, and a copy of each such current license, registration, or certification, along with a copy of the most recent application for initial or renewal licensure;
- (e) A current valid National Provider Identifier number;
- (f) Professional history, including the inclusive dates of any affiliations with or employment by any hospitals, institutions, and/or health-care practices, the names and addresses of each, and a summary description of privileges exercised at each.
- (g) A copy of the most current Massachusetts and DEA controlled substances registrations;
- (h) Any pending or completed action involving any adverse change concerning or the denial, revocation, suspension, reduction, limitation, probation, non-renewal, or voluntary relinquishment (by resignation or expiration) of: any license, registration, or certificate to practice any profession in any state; DEA or other controlled substances registration; membership or fellowship in local, state, or national professional organizations; faculty membership at any professional school; staff membership status, prerogatives, or clinical privileges at any other hospital, clinic, or other health care facility; professional liability insurance; or eligibility to participate in and submit claims to any federal health care program;
- (i) Written documentation of all immunizations and vaccinations required under Baystate Health, Inc., Hospital, Medical Staff, and department rules, regulations, and policies, as amended from time to time;
- (j) Professional liability insurance coverage and information on malpractice claims history and experience (suits and settlements made, concluded, and pending) for at least the past ten (10) years, including the names of present and past insurance carriers;
- (k) Any physical or mental health impairment, including alcohol or substance abuse, that adversely affects, or could adversely affect, the ability of the applicant to exercise his or her clinical privileges or to fulfill patient care and Associate Professional Staff obligations;
- (l) Any criminal convictions or criminal proceedings, in accordance with relevant law;
- (m) References, including the names and addresses of at least three health care professionals, preferably peers and not newly associated or about to become

associated in professional practice with or personally related to the applicant who have personal knowledge of the applicant's current clinical ability, ethical character, health status, and ability to work cooperatively with others and who will provide specific written comments on these matters upon request from the Hospital. The named individuals must have acquired the requisite knowledge through recent observation of the applicant's professional performance over a reasonable period of time, and at least one must have had organizational responsibilities for supervision of his or her performance (e.g., Department Chief or Division Clinical Leader);

- (n) A current valid email address;
- (o) Professional society memberships, whether past, current, or pending;
- (p) Location of offices; names and addresses of other providers with whom the applicant was or is associated and inclusive dates of such association; names and locations of any other hospital, clinic, managed care organization, or other health care facility where the applicant provides or provided clinical services, with the inclusive dates of each affiliation, status held, and general scope of clinical privileges; confirmation of good standing at such other health care facilities; and the reasons for any disassociation or discontinuance of employment, practice, other association, or privileges at any of the named health care facilities;
- (q) Such other information or references as may be required by the protocols implemented in the specific category of the Associate Professional Staff for which application is being made, including, for example, information relating to or provided by a member of the Medical Staff who will supervise the Associate Professional Staff member, if applicable; and
- (r) An acknowledgment by the applicant and, if applicable, any associated member of the Medical Staff that the applicant understands and agrees to the terms and conditions of Section 5.2, Effect of Application, and statements that the applicant has been notified of and agrees to the scope and extent of the authorization, confidentiality, immunity, and release provisions of these Associate Professional Staff Rules and Regulations.

5.2 EFFECT OF APPLICATION

An applicant must sign the application for appointment to the Associate Professional Staff. By so doing, the applicant:

- (a) Attests to the truth, accuracy, and completeness of all information furnished and acknowledges that any significant misstatement in or omission from the application constitutes grounds for denial of appointment or reappointment,

for automatic dismissal from the Associate Professional Staff, or other disciplinary action;

- (b) Signifies his or her willingness to appear for interviews in connection with the application;
- (c) Acknowledges that he or she has received copies of these Rules and Regulations and agrees to be bound by same and by the applicable protocols of the category, the Medical Staff Bylaws, Medical Staff Rules and Regulations, and by any other rules, regulations, policies, standards, guidelines, and procedures of the Medical Staff and the Hospital;
- (d) Agrees to maintain an ethical practice and to refrain from misrepresenting his or her position, status, or scope of authorized practice to any person or entity and from delegating responsibility for patient care to any person not qualified to undertake that responsibility;
- (e) Agrees to keep Hospital representatives up to date on any change made or proposed in the status of his or her professional license or certificate to practice, DEA or other controlled substances registration, professional liability insurance coverage, membership or clinical privileges at any other institution or health care facility or participating provider in any managed care organization or network if related to professional competence or conduct, and on the status of current or initiation of new professional liability claims, and regarding eligibility to participate in and submit claims to federal health care programs;
- (f) Authorizes and consents to Hospital representatives consulting with, requesting and receiving information from, and providing information to licensing authorities, regulatory agencies, professional colleagues, references, associates, hospitals, clinics, managed care organizations, health care facilities, and others who may have or may request from the Hospital information bearing on professional or ethical qualifications and competence and consents to Hospital representatives inspecting all records and documents that may be material to evaluation of said qualifications and competence;
- (g) Agrees to submit to any physical or mental exam if requested by the Board of Trustees, the Medical Staff Executive Committee, the Credentials Committee, or the Department Chief; and, if there is a known physical or mental impairment, including alcohol or substance abuse, to provide evidence that the impairment does not affect the applicant's ability to exercise the clinical privileges requested or to fulfill patient care and Associate Professional Staff obligations;

- (h) Acknowledges his or her burden of providing adequate information regarding the qualifications for Associate Professional Staff membership and of resolving any doubts about such qualifications;
- (i) Agrees to maintain and fulfill his or her obligations with respect to the confidentiality of patient information, including individually identifiable health information, in compliance with Medical Staff and Hospital bylaws, policies, procedures, standards, rules, regulations, and relevant law, including the federal Health Insurance Portability and Accountability Act and related regulations, to participate in an organized health care arrangement with the Hospital, a Baystate Health affiliated covered entity, solely for the purposes of compliance therewith, and to execute any agreements or other documents as may be required by law or reasonably requested by the Medical Staff or Hospital concerning the confidentiality of patient information; and
- (j) Releases from any liability and holds harmless all those who review, act on, or provide information regarding the applicant's competence, professional ethics, utilization practice patterns, character, physical and mental health status, and other qualifications for Associate Professional Staff appointment and clinical privileges to the fullest extent permitted under relevant law.

For purposes of this section, the term "Hospital representative" includes: the Board of Trustees and its individual trustees and committees; the Hospital President and his or her designees; the Medical Staff organization and any Medical Staff members, clinical units and committees; any Hospital employees and committees; any Associate Professional Staff member with responsibility for providing information about or collecting or evaluating the credentials of the applicant or acting upon his or her application; and any authorized representative of any of the foregoing.

5.3 PROCESSING THE APPLICATION

5.3.1 Burden of the Applicant

The applicant has the burden of producing a complete application, which must include adequate information for a proper evaluation of his or her qualifications for Associate Professional Staff membership and requested clinical privileges, including experience, training, clinical competence, utilization and practice patterns, ability to work cooperatively with others, and health status, and of resolving any doubts concerning his or her qualifications, including requests for a mental or physical health exam. The applicant also has the burden of supplementing his or her pending application to keep such pending application information current and to disclose any significant changed circumstances concerning such pending application. The failure to so update an application constitutes grounds for denial of appointment or reappointment, for automatic termination from the Associate Professional Staff, or other disciplinary action.

The determination of whether an application is complete at any state during the credentialing process shall be made by the Office of the CEO, acting through the Medical Staff Office. Representatives of the Medical Staff Office will promptly notify the applicant if a pending application is incomplete for any reason at any stage during the credentialing process. This must be a special notice and must indicate the nature of the additional information the applicant is to provide no later than thirty (30) days from the date of such notice. Failure, without good cause, of the applicant to provide the additional information or otherwise respond in a satisfactory manner within thirty (30) days from the date of such notice shall be deemed a voluntary withdrawal of the application.

At any stage during the credentialing process, the Hospital may determine that an applicant does not satisfy the minimum or threshold criteria for requested Associate Professional Staff membership or clinical privileges. Representatives of the Medical Staff Office will notify the applicant in writing of a determination that he or she does not satisfy such minimum or threshold criteria, and the individual's application will not be further processed. An individual whose application is not processed because he or she is determined to be ineligible for Associate Professional Staff membership or clinical privileges because of a failure satisfy minimum or threshold criteria is not entitled to the hearing and appellate review rights provided in these Associate Professional Staff Rules and Regulations.

5.3.2 Collection and Verification of Information

Representatives of the Medical Staff Office, working with the applicable Clinical Department Chief and the Chair of the Credentials Committee or their designees, shall organize and coordinate the collection and verification of the references, licensure, certification, experience, professional liability insurance coverage, malpractice claims history information for the past ten (10) years, and other qualification evidence submitted. Verification shall include, but shall not be limited to, sending a copy of the list of clinical privileges requested by the applicant to, at least, his or her most recent affiliations and a request for specific information regarding his or her competence in exercising those privileges, as well as checking the Office of the Inspector General's List of Excluded Individuals/Entities or otherwise concerning the applicant's eligibility to participate in and Submit claims to federal health care programs.

Representatives of the Medical Staff Office will promptly notify the applicant if a pending application is incomplete for any reason, including any reason related to a problem regarding the collection or verification of application information, in accordance with the procedures and the consequences set forth in Section 5.3.1 above. When collection and verification of application information is accomplished to the satisfaction of the Office of the CEO, the Medical Staff

Office transmits the application and all supporting materials to the applicable Department Chief.

5.3.3 Department and Division Evaluation

The applicable Department Chief shall review the application and its supporting documentation, may solicit input from Medical Staff members in the Department on the application, may conduct an interview with the applicant, and shall forward to the Credentials Committee a written report and recommendation evaluating the training of the applicant, experience, and ability and shall make specific recommendations as to the specific patient care services the applicant is qualified to provide; the degree of supervision required of the applicant; the clinical privileges (if any) which the applicant is qualified to exercise; and any special conditions attached to the appointment.

If a Department Chief requires further information, he or she may defer transmitting his or her report but generally for not more than thirty (30) days, and shall notify, through the Medical Staff Office, the applicant and the Chair of the Credentials Committee in writing of the deferral and the grounds. If the applicant is required to provide additional information, the applicant shall be sent a special notice that indicates the nature of the additional information the applicant is to provide no later than thirty (30) days from the date of such notice. Failure, without good cause, of the applicant to provide the additional information or otherwise respond in a satisfactory manner within thirty (30) days from the date of such notice shall be deemed a voluntary withdrawal of the application.

5.3.4 Credentials Committee Evaluation

The Credentials Committee shall review the application, the supporting documentation, the report of the Department Chief, and any other information made available to it or requested by it. If the Credentials Committee requires further information, it may defer transmitting its report but generally for not more than thirty (30) days, and it must notify, through the Medical Staff Office, the applicant and the Medical Staff President in writing of the deferral and the grounds. If the applicant is required to provide additional information, the applicant shall be sent a special notice that must indicate the nature of the additional information the applicant is to provide no later than thirty (30) days from the date of such notice. Failure, without good cause, of the applicant to provide the additional information or otherwise respond in a satisfactory manner within thirty (30) days from the date of such notice shall be deemed a voluntary withdrawal of the application.

The Credentials Committee prepares its written report and recommendation evaluating the application, as set forth in Section 5.3.3 above, and transmits it to the Medical Staff Executive Committee at or before the next regular meeting of the Medical Staff Executive Committee.

5.3.5 Medical Staff Executive Committee Recommendation

The Medical Staff Executive Committee, at its next regular meeting upon or after receiving the report of the Credentials Committee, shall review it, as well as the report and recommendation of the Department Chief and any other relevant information made available to or requested by it. The Medical Staff Executive Committee shall either defer action on the application or prepare a written report with specific recommendations as to the matters set forth in Section 5.3.3 above.

5.3.6 Effect of the Medical Staff Executive Committee Recommendation

- (a) **Deferral:** A determination by the Medical Staff Executive Committee to defer the application for further consideration must, except for good cause, be followed up within thirty (30) days of its report and recommendation. The Medical Staff President, through the Medical Staff Office, promptly sends the applicant special notice, of the deferral and any request for additional information the applicant is to provide no later than thirty (30) days from the date of such notice. Failure, without good cause, of the applicant to provide the additional information or otherwise responds in a satisfactory manner within the thirty (30) days from the date of such notice shall be deemed a voluntary withdrawal of the application.
- (b) **Favorable Recommendation:** A Medical Staff Executive Committee recommendation that is favorable to the applicant is forwarded promptly, together with supporting documentation, directly to the Board of Trustees, through the Office of the CEO. Supporting documentation may constitute an executive summary of the application form and of its accompanying information, the reports and recommendations of the Department Chief, Credentials Committee, and Medical Staff Executive Committee. A recommendation that is “favorable” to the applicant means a recommendation to appoint the applicant to the Associate Professional Staff with authorization to provide the level of patient care services and the level of clinical privileges requested by the applicant.
- (c) **Adverse Recommendation:** An adverse recommendation by the Medical Staff Executive Committee is forwarded to the Office of the CEO, which immediately informs the applicant, by special notice, of the recommendation. The applicant is then entitled to the procedural rights set forth Section IX below. If the applicant waives his or her procedural rights, then the adverse recommendation of the Medical Staff Executive Committee, together with the supporting documentation, shall be forward to the Board of Trustees for action.

If the applicant exercises such procedural rights, the report and recommendation of the Hearing Committee convened under Section IX, together with the recommendation of the Medical Staff Executive Committee and the supporting documentation, shall be forwarded to the Board of Trustees for action.

An “adverse recommendation” means a recommendation not to appoint the applicant to the Associate Professional Staff or a recommendation to appoint the applicant with authorization to provide a lesser level of patient care services or with a lesser level of clinical privileges than that requested by the applicant.

5.3.7 Board of Trustees Action

The Board shall review the application and supporting documentation and shall consider the reports and recommendations of the Department Chief, the Credentials Committee, the Medical Staff Executive Committee, and, if applicable, the Hearing Committee. The Board of Trustees may adopt or reject, in whole or in part, a favorable recommendation or refer the recommendation back to the Medical Staff Executive Committee for further consideration stating the reasons for such referral back and setting a time limit within which a subsequent recommendation must be made back to the Board of Trustees.

If the action of the Board of Trustees is favorable to the applicant, it is effective as the final action. If, following a Medical Staff Executive Committee recommendation that is favorable to the applicant, the Board of Trustees determines, after complying with the conflict resolution provisions set forth below in this paragraph, determines that it will take adverse action, the Office of the CEO shall promptly so notify the applicant by special notice, and the applicant is then entitled to the hearing procedures set forth in Section IX below. If the applicant waives his or her right to such hearing procedures, the decision of the Board of Trustees shall be final. If the applicant exercises his or her right to such hearing procedures, the Board of Trustees shall consider the report and recommendation of the Hearing Committee convened thereunder at its next regularly scheduled meeting after receiving such report and recommendation. The Board of Trustees shall then affirm, reverse, or modify its previous decision and, through the Office of the CEO, shall notify the applicant by special notice and the Department Chief, Credentials Committee, and the Medical Staff Executive Committee of its action, which shall be final.

Whenever the Board of Trustees determines that it will decide an individual’s credentialing matter contrary to the recommendation of the Medical Staff Executive Committee, the matter shall be submitted to an advisory committee for review and report to the Board of Trustees before the Board of Trustees takes final action. The size of any advisory committee established under this section shall be decided jointly by the Chair of the Board of Trustees and the President of the Medical Staff, each of whom shall appoint the same number of

members to the advisory committee from the Board of Trustees and from the Medical Staff, respectively. Notwithstanding the foregoing provision, in cases concerning the elements of a focused professional practice evaluation, the Board of Trustees shall refer the recommendation back to the Medical Staff Executive Committee for further consideration stating the reasons for such referral back and setting a time limit within which a subsequent recommendation must be made back to the Board of Trustees.

Without regard to the apparent scope of practice permitted within a category of the Associate Professional Staff or under applicable law, the Board of Trustees, after consultation with and on the recommendation of the Medical Staff, may place such limitations on the authorized scope of practice of an Associate Professional Staff member as may be deemed appropriate for the delivery of quality and efficient care or otherwise in the best interests of the Hospital.

5.3.8 Notice of the Decision of the Board of Trustees

- (a) Notice of the decision of the Board is given by the Office of the CEO to the applicant by special notice and to the Medical Staff Executive Committee, the Credentials Committee, and the applicable Department Chief.
- (b) Notice of a decision by the Board of Trustees to appoint the applicant shall include: (1) the category of the Associate Professional Staff to which the applicant is appointed; (2) the scope of services which the Associate Professional Staff member is authorized to provide and, if applicable, the clinical privileges which the applicant is authorized to exercise; (3) if applicable under relevant law and Hospital policy, the degree of supervision that is required of the applicant; and (4) any special conditions attached to the appointment.

5.4 REAPPLICATION AFTER RESIGNATION, APPLICATION WITHDRAWAL, OR ADVERSE ACTION

Except as otherwise provided in these Associate Professional Staff Rules and Regulations or as determined by the Credentials Committee in light of exceptional circumstances, an applicant or Associate Professional Staff member who has resigned, has voluntarily withdrawn or is deemed to have voluntarily withdrawn, or has received a final adverse action regarding, an application for appointment, reappointment, or clinical privileges is not eligible to reapply for such appointment, reappointment, or denied clinical privileges, for a period of one (1) year from the date of the resignation, application withdrawal, or notice of final adverse action. Any such reapplication shall be processed as an initial application, and the applicant shall submit such additional information as the Medical Staff or Hospital may reasonably require to demonstrate that

the basis for any earlier incomplete application or adverse action no longer exists. Failure to provide such information is deemed a voluntary withdrawal of the application.

Notwithstanding the above, an Associate Professional Staff member who has voluntarily resigned or elected not to apply for reappointment may reapply for Associate professional Staff membership and clinical privileges within one (1) year from the effective date of such voluntary resignation or expiration of appointment if there had been no concerns regarding the clinical competence or professional conduct of such Associate Professional Staff member at the time of such resignation or expiration of appointment, as determined by the Office of the CEO after recommendation of the Department Chief, and subject to such application and processing fee as may be established by the Office of the CEO from time to time. Any such reapplication is processed as an initial application. No person may submit or have in process at any given time more than one application for Associate Professional Staff membership or reappointment.

VI. FOCUSED PROFESSIONAL PRACTICE EVALUATION

Consistent with the standards of The Joint Commission and Medical Staff and Hospital policy, a period of focused professional practice evaluation shall be implemented for all grants of initial and increased privileges and whenever a question arises regarding a practitioner's ability to provide safe, high-quality care. A focused professional practice evaluation is not an investigation or a corrective action as defined in these Associate Professional Staff Rules and Regulations and does not entitle an Associate Professional Staff member to the hearing and appellate review rights provided in Articles XIII and XIV below.

During the focused professional practice evaluation, an Associate Professional Staff member must demonstrate all of the qualifications, may exercise all of the prerogatives, and must fulfill all of the obligations of his or her Association Professional Staff membership; he or she may exercise all of the clinical privileges granted to him or her. The exercise of prerogatives and clinical privileges by an Associate Professional Staff member during the period of focused professional practice evaluation is subject to any conditions or limitations imposed as part of his or her appointment to the Associate Professional Staff or grant of clinical privileges.

Whenever a focused professional practice evaluation, including any extension of such focused professional practice evaluation, concludes with an adverse recommendation by the Medical Staff Executive Committee or adverse action by the Board of Trustees, the Office of the CEO will provide the Associate Professional Staff member with special notice of such adverse recommendation or adverse action consistent with Section 12.2 below.

VII. REAPPOINTMENT OF ASSOCIATE PROFESSIONAL STAFF MEMBERS

Associate Professional Staff members shall be evaluated for reappointment every two (2) years. At least one hundred twenty (120) days prior to the date of expiration of the Associate Professional Staff member's appointment, the Medical Staff Office notifies him or her of the expiration and sends him/her an application for reappointment to be completed by a deadline

determined by the Office of the CEO. At least ninety (90) days prior to the expiration date, the Associate Professional Staff member must submit the application to the Medical Staff Office, which shall include the following:

- (a) Complete information to bring his or her file up to date as to current licensure and DEA and other controlled substances registration, professional liability insurance coverage and experience, other institutional affiliations and status thereat, professional references, disciplinary actions pending or completed, health status changes, and information regarding the Associate Professional Staff member's eligibility to participate in and submit claims to federal health care programs;
- (b) Information concerning continuing training and education external to the Hospital during the preceding period;
- (c) Specific requests for additions to or deletions from the clinical privileges presently held, with any basis for changes; and
- (d) Requests for changes in Medical Staff category or department, division, service, or other clinical subunit, assignments.

If the Associate Professional Staff member has not returned his or her completed application for reappointment by the ninetieth (90th) day prior to the date of expiration of his or her appointment, the Medical Staff Office shall send him or her special notice that his or her application has not been received. Failure, without good cause, to provide the fully completed reappointment application with all of the above information by the deadline determined by the Office of the CEO and set forth in such notice shall result in automatic termination of membership and of all clinical privileges at the expiration of the current term.

The Office of the CEO shall designate appropriate Hospital or Medical Staff personnel to collect for each Associate Professional Staff member's credentials file all relevant information regarding the individual's professional and collegial activities, performance, and conduct in the Hospital. Such information includes, without limitation: pattern of care and utilization as demonstrated in the findings of quality assessment and improvement activities; participation in relevant internal teaching and continuing education activities; level and amount of clinical activity (patient care contacts) at the Hospital; clinical performance and exercise of clinical privileges; sanctions imposed or pending and any other problems; health status; attendance at meetings; timely and accurate completion and preparation of medical records; cooperativeness in working with other practitioners and Hospital personnel; general attitude towards his or her patients and the Hospital; results of a query of the Office of the Inspector General's List of Excluded Individuals/Entities; and any other relevant information concerning the applicant's eligibility to participate in and submit claims to federal health care programs; and compliance with all applicable bylaws, policies, procedures, standards, rules, and regulations of the Hospital and Medical Staff.

Reappointment of the Associate Professional Staff member shall be processed in accordance with the procedures set forth in Section 5.3 above.

VIII. MATTERS INVOLVING EMPLOYMENT OR CONTRACT WORK

A member of the Associate Professional Staff who is or who will be providing professional services pursuant to any employment relationship between the Associate Professional Staff member and the Hospital or other affiliated entity or any other entity or individual must meet the same membership qualifications, must be evaluated for appointment, reappointment, and clinical privileges in the same manner, must fulfill all the obligations of the Associate Professional Staff, and must abide by all Associate Professional Staff, Medical Staff, and Hospital bylaws, policies, procedures, standards, rules and regulations with respect to Associate Professional Staff membership and the exercise of clinical privileges as any other applicant or Associate Professional Staff member.

Notwithstanding any other provision of these Associate Professional Staff Rules and Regulations, matters relating to or arising from the employment relationship between the Hospital or other affiliated entity and individuals practicing in an expanded role shall be governed the personnel policies of the Hospital and Baystate Health.

When there is an adverse change in the Associate Professional Staff membership or clinical privileges of an individual who provides professional services pursuant to any employment relationship described above, the effect of any such adverse change on the continuation of employment is governed solely by the terms of such employment. If any contract with or policy of the Hospital or affiliated entity is silent on the matter, the effect of such adverse change on the continuation of such employment relationship will be determined by the Hospital or affiliated entity. The effect of termination of a contract referenced in this section on an individual's Associate Professional Staff membership and clinical privileges is governed solely by the terms of such contract.

IX. CORRECTIVE ACTION

9.1 CRITERIA FOR INITIATING CORRECTIVE ACTION

A corrective action request may be initiated concerning an Associate Professional Staff member whenever such member engages in, demonstrates, or exhibits demeanor, behavior, performance, clinical competence, or other acts or conduct, either within or outside the Hospital, which is or is reasonably likely to be one or more of the following:

- (a) Contrary to or inconsistent with these Associate Professional Staff Rules and Regulations, the protocols of the applicable category, the Medical Staff Bylaws and Rules and Regulations, or any other rule, regulation, policy, guideline, or procedure of the Medical Staff, the Hospital, or Baystate Health, Inc.;
- (b) Detrimental to patient safety or the delivery of quality or efficient patient care in the Hospital;

- (c) Contrary to or inconsistent with the qualifications for an obligations of Associate Professional Staff membership as set forth in these Associate Professional Staff Rules and Regulations; or
- (d) Disruptive to Hospital operations.

9.2 PROCEDURE FOR INITIATING CORRECTIVE ACTION

Whenever any Member of the Medical Staff or the Office of the CEO has reason to believe that an Associate Professional Staff member has engaged in any act or has exhibited any conduct within the criteria set forth in Section 8.1 above, such person may submit, in writing, a corrective action request concerning the Associate Professional Staff member to the Department Chief of the department within which the Associate Professional Staff member primarily provides services.

9.3 DEPARTMENT CHIEF CORRECTIVE ACTION RECOMMENDATION

- (a) The applicable Department Chief may promptly make a recommendation concerning the corrective action request, consistent with Section 8.3(b) below, or direct that an investigation concerning the grounds for the corrective action be undertaken. The Department Chief may investigate the matter himself/herself or assign this task to an individual or committee prior to the Department Chief making his or her recommendation. This investigative process is not a hearing and may include a review of documents, consultation with the Associate Professional Staff member or the individual making the request, or with other individuals who may have knowledge of the events or circumstances involved. If the investigation is accomplished by a committee or individual other than the Department Chief, that committee or individual must forward a written report of the investigation to the Department Chief as soon as is practicable after the assignment to investigate has been made.
- (b) As soon as practicable after the conclusion of the investigative process, if any, the Department Chief shall consider such corrective action request and may, without limitation, reject the corrective action request or recommend that the Board impose any corrective action including, but not limited to, the following:
 - (1) An oral warning;
 - (2) A written warning or reprimand;
 - (3) An individual medical or psychiatric evaluation or treatment;
 - (4) A requirement of retrospective review of cases or other review of professional performance or behavior;

- (5) A monitoring period of a defined duration;
 - (6) A reduction, suspension, revocation, termination, or other adverse change concerning all Associate Professional Staff membership; and
 - (7) A reduction, suspension, revocation, termination, or other adverse change concerning all or any part of the clinical privileges granted.
- (c) The Department Chief shall promptly notify the Office of the CEO of any recommendation pursuant to this Section.

X. SUMMARY SUSPENSION

10.1 CRITERIA FOR IMPOSING SUMMARY SUSPENSION

Summary suspension of an Associate Professional Staff member's membership or all or any portion of such member's clinical privileges, or both, may be imposed whenever the failure to take such action may result in an imminent danger to the life, health, or safety of any individual or otherwise whenever an Associate Professional Staff Member's acts or conduct require that immediate action be taken:

- (a) To protect the life or any patient;
- (b) To reduce the substantial likelihood of injury or damage to the health or safety of any patient, employee, or other person at the Hospital; or
- (c) For the continued effective operation of the Hospital.

Any of the following or their respective designated representatives has the authority to summarily suspend the Associate Professional Staff membership or all or any portion of the Associate Professional Staff member's clinical privileges, or both: (a) Medical Staff President; (b) Department Chief; (c) the Office of the CEO; (d) the Medical Staff Executive Committee; or (e) the Board of Trustees.

A summary suspension of the membership or all or any portion of an Associate Professional Staff member's clinical privileges, or both, shall be effective immediately upon imposition, and the individual or group imposing the summary suspension shall promptly give special notice of the suspension to the Associate Professional Staff member. Any individual or body with the authority to impose a summary suspension under this section also may recommend, at the time the summary suspension is imposed, other corrective action concerning the Associate Professional Staff member, up to and including termination of the Associate Professional Staff Medical Staff membership or all or any portion of the individual's clinical privileges, or both.

10.2 SUMMARY SUSPENSION REVIEW COMMITTEE

As soon as possible, but in any event, within three (3) business days after a summary suspension is imposed, a Summary Suspension Review Committee, comprised of the Chair of the Credentials Committee and two (2) other members of the Credentials Committee designated by the Chair, shall convene to review and consider the terms of the summary suspension. The Summary Suspension Review Committee may also recommend additional corrective action concerning the Associate Professional Staff member, up to and including termination of his or her Associate Professional Staff membership or of all or any portion of the individual's clinical privileges, or both. The Board of Trustees or a committee thereof may, in addition to acting on the summary suspension, take corrective action concerning the Associate Professional Staff member, up to and including termination on of his or her Associate Professional Staff membership or of all or any portion of the individual's clinical privileges, or both. Action by the Board of Trustees, or a committee thereof, to continue the summary suspension or take any other adverse action as defined in Section 12.1.1 of these Associate Professional Staff Rules and Regulations entitles the Associate Professional Staff member to the procedural rights contained in Articles XII and XIII.

XI. AUTOMATIC SUSPENSION, AUTOMATIC TERMINATION, AND OTHER AUTOMATIC DISCIPLINARY ACTION

11.1 GENERALLY

Whenever any of the circumstances specified in this Article XI occur, the Associate Professional Staff member must immediately report it to his or her Department Chief. Failure to so report, without good cause, is grounds for automatic termination of Associate Professional Staff membership and clinical privileges.

In addition to any other provision of these Associate Professional Staff Rules and Regulations that calls for automatic suspension, automatic termination, or other automatic disciplinary action with respect to an Associate Professional Staff member's membership, the provisions of this Article XI shall constitute grounds for the imposition of automatic suspension, automatic termination, or other automatic disciplinary action.

A record of any automatic suspension, automatic termination, or other automatic disciplinary action imposed concerning an Associate Professional Staff member shall be made a permanent part of the member's credentialing file. An Associate Professional Staff member whose membership or clinical privileges in whole or in part have been automatically suspended or terminated pursuant to this Section Xi, is not entitled to the procedural rights provided in Articles XII and XIII of these Associate Professional Staff Rules and Regulations.

11.2 LICENSE TO PRACTICE

- (a) *Revocation/Non-renewal:* Whenever an Associate Professional Staff member's license to practice in the Commonwealth of Massachusetts is revoked or not renewed by the Commonwealth, his or her Associate Professional Staff membership and clinical privileges are immediately and automatically terminated.
- (b) *Restriction:* Whenever an Associate Professional Staff member's license is limited or restricted in any way, those clinical privileges which he or she has been granted that are within the scope of the limitation or restriction are immediately and automatically similarly limited or restricted. If the Hospital has any question concerning the scope of any such limitation or restriction or its effect on the individual's Associate Professional Staff membership or clinical privileges, the individual's Associate Professional Staff membership and clinical privileges are immediately and automatically suspended, or held in abeyance, until such question is resolved to the satisfaction of the Hospital.
- (c) *Lapse/Expiration:* Whenever an Associate Professional Staff member's license lapses or expires, his or her Associate Professional Staff membership and clinical privileges are immediately and automatically suspended, or held in abeyance, until the Associate Professional Staff member provides documentation sufficient to demonstrate to the satisfaction of the Hospital that the license has been reinstated.
- (d) *Suspension:* Whenever an Associate Professional Staff member's license is suspended, his or her Associate Professional Staff membership and clinical privileges are immediately and automatically suspended effective upon and for the term of such license suspension.
- (e) *Resignation/Surrender:* Whenever an Associate Professional Staff member resigns or surrenders his or her license to practice in the Commonwealth of Massachusetts, his or her Associate Professional Staff membership and clinical privileges are immediately and automatically terminated.
- (f) *Voluntary Agreement Not to Practice:* Whenever an Associate Professional Staff member enters into a voluntary agreement not to practice with his or her licensing authority, his or her Associate Professional Staff membership and clinical privileges are immediately and automatically suspended, or held in abeyance, effective upon and for the term of such voluntary agreement not to practice.

As soon as reasonably practicable after an Associate Professional Staff member's license is revoked, not renewed, lapsed, expired, restricted, suspended, placed on

probation, or subject to a voluntary agreement not to practice, the Medical Staff Executive Committee convenes to review and consider the facts concerning such adverse licensure action. If the Medical Staff Executive Committee recommends corrective action in addition to the automatic disciplinary actions set forth above in this Section 11.2, further proceedings concerning such recommended corrective action shall be consistent with these Associate Professional Staff Rules and Regulations.

Any automatic action taken concerning an Associate Professional Staff member under this section remains in effect unless and until the Associate Professional Staff member requests, and the Hospital grants, reinstatement. Upon the termination or completion of any of the adverse licensure actions described in this section, the Associate Professional Staff member may request reinstatement of his or her Associate Professional Staff membership or clinical privileges or both. A request for reinstatement shall be in writing and sent to the Office of the CEO, with a copy to the Associate Professional Staff member's Department Chief. When requesting reinstatement, the Associate Professional Staff member shall provide evidence of a currently valid license to practice that is not subject to any conditions or restrictions that adversely affect, or are inconsistent with, the practitioner's ability to have Associate Professional Staff membership or to exercise clinical privileges at the Hospital. When processing a request for reinstatement, the Hospital may require the Associate Professional Staff member to provide other or further information or documents to demonstrate the Associate Professional Staff member's continued satisfaction of the minimum or threshold qualifications for Associate Professional Staff membership and clinical privileges; the Associate Professional Staff member's ability to fulfill all duties, responsibilities, and obligations of membership; or the Associate Professional Staff member's ability safely and competently to exercise all of the clinical privileges requested to be reinstated. If the Associate Professional Staff member's appointment expired during the term of the adverse licensure action, the Associate Professional Staff member must complete the full application for initial appointment when requesting reinstatement. The credentialing procedures set forth herein, as applicable, are followed in evaluating and acting on the reinstatement request.

11.3 PROFESSIONAL LIABILITY

For failure to maintain a demonstrated adequate amount of professional liability insurance as required under these Associate Professional Staff Rules and Regulations, an Associate Professional Staff member's membership and clinical privileges are immediately and automatically suspended.

An individual whose Associate Professional Staff membership and clinical privileges are suspended pursuant to this Section 11.4 may request reinstatement of membership and clinical privileges by sending a written notice to the chair of the department in which he or she held membership, with a copy to the Medical Staff Office, along with a certified copy of the insurance certificate from the insurance company or other written statement of good cause, if any, for the requested reinstatement of membership and privileges, and a written statement explaining the circumstances of the previous insurance being canceled or not renewed and any limitations on the new policy.

Further action shall proceed in accordance with the credentialing procedures set forth above.

XII. INITIATION OF A HEARING

12.1 TRIGGERING EVENTS

12.1.1 Adverse Recommendations or Adverse Actions

Subject to the exceptions set forth in Section 12.1.3 below or in any other provision of these Associate Professional Staff Rules and Regulations, the following recommendations or actions, when deemed adverse under Section 12.1.2 below, entitle the Associate Professional Staff member to a hearing upon request made in accordance with Section 13.1 below:

- (a) Denial of initial appointment to the Associate Professional Staff;
- (b) Denial of requested clinical privileges;
- (c) Denial of reappointment to the Associate Professional Staff;
- (d) Reduction, suspension, revocation, or termination of Associate Professional Staff membership;
- (e) Reduction, suspension, revocation, or termination of clinical privileges;
- (f) Summary suspension of Associate Professional Staff membership or clinical privileges, provided that the summary suspension has first been reviewed by the Summary Suspension Review Committee and by the Board of Trustees in accordance with Section 10.2 above and provided further that the action of the Board of Trustees is to continue the suspension or to take other action that would entitle the Associate Professional Staff member to request a hearing under this Article XII;
- (g) Restriction of clinical privileges, including imposition of a requirement of prior or concurrent consultation or direct supervision; and
- (h) Any action or actions concerning Associate Professional Staff membership or clinical privileges, alone or in combination, for which, in the opinion of the Office of the CEO, the Hospital is required by law or these Associate Professional Staff Rules and Regulations to make a report to the Associate Professional Staff member's licensure authority.

12.1.2 When Deemed Adverse

A recommendation or action listed in Section 12.1.1 above is deemed adverse to the practitioner only when it has been:

- (a) Recommended by the Medical Staff Executive Committee; or
- (b) Taken by the Board of Trustees under circumstances where no prior right to a hearing existed.

12.1.3 Exceptions to Hearing Rights

- (a) Notwithstanding any other provision in these Associate Professional Staff Rules and Regulations, the following recommendations or actions, without limitation, do not entitle the Associate Professional Staff member to a hearing:
 - (1) The imposition of a monitoring or consultation requirement or any other condition or limitation imposed upon initial appointment or grant of increased privileges or during the period of a Focused Professional Practice Evaluation;
 - (2) The termination of any contract between the Associate Professional Staff member and the Hospital or affiliated entity or other entity;
 - (3) A decision not to (a) provide a requested application to an individual, (b) accept an application from an individual, or (c) process an individual's application for membership or clinical privileges because the or she does not satisfy the minimum or threshold criteria for such membership or privileges;
 - (4) Any other recommendation or action not listed in Section 12.1.1 above, including but not limited to any recommendation or action that does not affect or otherwise concern an individual's Associate Professional Staff membership or clinical privileges; and
- (b) Notwithstanding any other provision in these Associate Professional Staff Rules and Regulations, a recommendation or action listed in Section 12.1.1 above does not entitle the Associate Professional Staff member to a hearing when it:
 - (1) Is voluntarily imposed or accepted by the Associate Professional Staff member;

- (2) Is automatically imposed pursuant to any provision of these Associate Professional Staff Rules and Regulations;
- (3) Is recommended or taken with respect to the Associate Professional Staff or one or more departments, divisions, services, or other clinical subunits generally, and is not recommended or taken with respect to, on account of, or otherwise concerning the actions or inactions of any particular Associate Professional Staff member or members; or
- (4) Arises from the denial of any application or request of the practitioner because such application or request was not made in accordance with the provisions of these Associate Professional Staff Rules and Regulations or the policies of the Hospital.

12.2 NOTICE OF ADVERSE ACTION

The Office of the CEO, within ten (10) business days after receiving written notice of an adverse action or adverse recommendation that triggers the right to a hearing pursuant to Section 12.1 above shall give the Associate Professional Staff member special notice thereof. The notice shall:

- (a) State the reasons for the adverse recommendation or adverse action and of his or her right to a hearing upon a timely and proper request in accordance with Section 12.3 below;
- (b) Specify that the practitioner has fifteen (15) days after receiving the notice within which to submit a request for a hearing and that the request must satisfy the conditions of Section 12.3 below;
- (c) State that failure to request a hearing within the time and the manner specified in Section 12.3 below constitutes a waiver of the right to a hearing and to appellate review on the matter that is the subject of the notice and that the recommendation or action involved shall thereupon become effective immediately, subject, if applicable, to the final action of the Board of Trustees; and
- (d) Reference the hearing procedures set forth in, and provide the individual with a copy of, these Associate Professional Staff Rules and Regulations.

12.3 REQUEST FOR HEARING

The Associate Professional Staff member shall have fifteen (15) days after receiving the notice given pursuant to Section 12.2 above to file a written request for a hearing. The request shall be delivered to the Office of the CEO by special notice.

XIII. HEARING PROCEDURES

13.1 NOTICE OF HEARING AND APPOINTMENT OF HEARING PANEL

Upon receiving a timely and proper request for hearing in accordance with Section 12.3 above, the Office of the CEO shall schedule a hearing. At least fifteen (15) days prior to the hearing the Office of the CEO shall give the Associate Professional Staff member or applicant special notice stating the date, time, and place of the hearing and the reason for the adverse action that gave rise to the adverse recommendation or action. The Office of the CEO shall also appoint a Hearing Committee composed of a department chief of a department other than the one in which the Associate Professional member practices, who shall serve as Chair, three (3) members of the Associate Professional Staff, and a representative of the Medical Staff.

13.2 PERSONAL PRESENCE; PROCEDURE AND EVIDENCE

The Associate Professional Staff member or applicant shall appear personally before the Hearing Committee and shall respond to questions from the Hearing Committee. Failure of the Associate Professional Staff member or applicant to appear before the Hearing Committee may be deemed a waiver of the hearing procedure rights. The individual or body whose adverse action or recommendation gave rise to the request for hearing shall present evidence of the basis for the adverse action or recommendation. The Associate Professional Staff member or applicant may present an oral or written statement in support of his or her position. The Associate Professional Staff member or applicant has the burden of proving by a preponderance of the evidence that the corrective action recommendation or summary suspension lacks any substantial factual basis or is otherwise arbitrary, unreasonable, or capricious.

13.3 HEARING PANEL REPORT; EFFECT OF RESULT

As soon as reasonably possible after meeting with the Associate Professional Staff member or applicant and with such other persons as the Hearing Committee may determine appropriate to its inquiry, the Hearing Committee shall prepare a written report of its findings and recommendation, including the basis therefor (the "Hearing Committee Report").

If the Hearing Committee recommendation is favorable to the Associate Professional Staff member or applicant, the Hearing Committee Report shall be forwarded to the Board of Trustees for final action. The Office of the CEO shall notify

the Associate Professional Staff member or applicant, by special notice, of the final action by the Board of Trustees.

If the Hearing Committee recommendation is adverse to the Associate Professional Staff member or applicant, the Office of the CEO shall promptly notify the Associate Professional Staff member or applicant, by special notice, of the adverse recommendation of the Hearing Committee, and shall specify that the member or applicant has a right to appellate review, upon timely and proper request in accordance with Article XIII below.

XIV. APPELLATE REVIEW PROCEDURE

14.1 REQUEST FOR APPELLATE REVIEW

An Associate Professional Staff member or applicant shall have fifteen (15) days after receiving the special notice of an adverse recommendation or action given pursuant to Section 13.3 above to file a written request for appellate review. The request for appellate review shall be delivered to the Office of the CEO by special notice.

An Associate Professional Staff member or applicant who fails to request appellate review within the time and in the manner specified herein shall have waived any right to appellate review and shall be deemed to have accepted the adverse result that gave rise to the request for appellate review. Upon such waiver of the right of appellate review, the Hearing Committee Report shall be forwarded to the Board of Trustees for final action at its next regularly scheduled meeting.

14.2 PROCESSING OF REQUEST FOR APPELLATE REVIEW AND APPELLATE REVIEW PROCEDURE

Upon timely receipt of a written request for appellate review, the Office of the CEO shall schedule an appellate review, and shall notify the Associate Professional Staff member or applicant of the date, time, and place of such review by special notice. The appellate review shall be undertaken by a Review Panel consisting of the Hospital CEO, or his or her designee, and the Chief Medical Officer, or his or her designee. The Review Panel shall consider the Hearing Committee Report, and may consider any other written materials, including any written materials that the Associate Professional Staff member or applicant may wish to present, as long as such materials are delivered to the Office of the CEO before the date of the appellate review. The Review Panel in its discretion may, but is not required to, request or permit the Associate Professional Staff member or applicant, the Clinical Department Chief, or any other involved individual to appear personally and make oral statements in support of his or her position.

As soon as reasonably possible after the appellate review, the Review Panel shall prepare a written report of its findings and recommendation, including the basis therefor. The Review Panel shall recommend that the Board of Trustees affirm, modify, or reverse

the recommendation in the Hearing Committee Report. The Review Panel shall forward its report and recommendation to the Board of Trustees for final action. The Office of the CEO shall notify the Associate Professional Staff member or applicant, by special notice, of the final action of the Board of Trustees.

XV. AMENDMENT

The Medical Staff shall be responsible for the periodic review of these Associate Professional Staff Rules and Regulations, consistent with the Medical Staff and Hospital Bylaws and policies and relevant law. The Medical Staff Executive Committee shall adopt and amend the Associate Professional Staff Rules and Regulations, which shall become effective when approved by the Board of Trustees.

The Medical Staff Executive Committee shall have the power to adopt, without Board of Trustees approval, such amendments to the Associate Professional Staff Rules and Regulations as are, in the judgment of the Medical Staff Executive Committee, technical or legal modifications or clarifications, reorganization, or renumbering of the Associate Professional Staff Rules and Regulations, or amendments made necessary because of punctuation, spelling, or other errors of grammar or expression. Such amendments shall be reported as soon as reasonably practicable to the Board of Trustees and shall become effective within thirty (30) days of their adoption by the Medical Staff Executive Committee, unless the Board of Trustees disapproves of the amendments during the thirty (30)-day period.

Amended Effective May 13, 2019