# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. GENERAL</td>
<td>1</td>
</tr>
<tr>
<td>1.A. TIME LIMITS</td>
<td>1</td>
</tr>
<tr>
<td>1.B. DELEGATION OF FUNCTIONS</td>
<td>1</td>
</tr>
<tr>
<td>2. QUALIFICATIONS, CONDITIONS AND RESPONSIBILITIES</td>
<td>1</td>
</tr>
<tr>
<td>2.A. QUALIFICATIONS</td>
<td>1</td>
</tr>
<tr>
<td>2.A.1. Eligibility Criteria</td>
<td>1</td>
</tr>
<tr>
<td>2.A.2. Waiver of Criteria</td>
<td>4</td>
</tr>
<tr>
<td>2.A.3. Factors for Evaluation and Decision</td>
<td>4</td>
</tr>
<tr>
<td>2.A.4. No Entitlement to Appointment or Clinical Privileges</td>
<td>6</td>
</tr>
<tr>
<td>2.A.5. Nondiscrimination</td>
<td>6</td>
</tr>
<tr>
<td>2.B. GENERAL CONDITIONS OF PRACTICE AT CHRISTIANA CARE</td>
<td>7</td>
</tr>
<tr>
<td>2.B.1. Responsibilities and Requirements</td>
<td>7</td>
</tr>
<tr>
<td>2.B.2. Burden of Providing Accurate Information</td>
<td>10</td>
</tr>
<tr>
<td>2.B.3. Practitioner Rights in Credentialing</td>
<td>10</td>
</tr>
<tr>
<td>2.B.4. Legal Agreements</td>
<td>11</td>
</tr>
<tr>
<td>3. CREDENTIALING PROCEDURE</td>
<td>12</td>
</tr>
<tr>
<td>3.A. CREDENTIALING PROCEDURE</td>
<td>12</td>
</tr>
<tr>
<td>3.A.1. Pre-Application</td>
<td>12</td>
</tr>
<tr>
<td>3.A.2. Submission of an Application</td>
<td>13</td>
</tr>
<tr>
<td>3.A.3. Initial Review of Application</td>
<td>14</td>
</tr>
<tr>
<td>3.A.4. Department Procedure</td>
<td>14</td>
</tr>
<tr>
<td>3.A.5. Special Committee Review Procedure</td>
<td>15</td>
</tr>
<tr>
<td>3.A.6. Staff Credentials Committee Procedure</td>
<td>15</td>
</tr>
<tr>
<td>3.A.7. Medical Executive Committee Procedure</td>
<td>16</td>
</tr>
<tr>
<td>3.A.8. Board Action</td>
<td>17</td>
</tr>
<tr>
<td>3.A.9 Time Periods for Processing</td>
<td>18</td>
</tr>
<tr>
<td>4. CLINICAL PRIVILEGES</td>
<td>18</td>
</tr>
<tr>
<td>4.A. CLINICAL PRIVILEGES</td>
<td>18</td>
</tr>
</tbody>
</table>
4.A.1. Generally.....................................................................................................18
4.A.3. Clinical Privileges for Podiatric Surgeons..............................................21
4.A.5. Telemedicine Privileges.......................................................................21

4.B. CLINICAL PRIVILEGES FOR PHYSICIANS NOT ON
THE MEDICAL-DENTAL STAFF..............................................................23
4.B.1. Physicians in Training...........................................................................23
4.B.2. House Practitioners...............................................................................24
4.B.3. Locum Tenens.......................................................................................24

4.C. CORE PRIVILEGES...................................................................................25
4.C.1. Application Process Requirements.........................................................25
4.C.2. Exercise of Core Privileges..................................................................25
4.C.3. Exemption from Core Privileges..........................................................25
4.C.4. Special Privileges Beyond the Core.......................................................27

4.D. SPECIAL PRIVILEGE SITUATIONS .......................................................27

4.E. TEMPORARY CLINICAL PRIVILEGES..................................................30
4.E.1. Eligibility to Request Temporary Clinical Privileges............................30
4.E.2. Supervision Requirements....................................................................30
4.E.3. Termination of Temporary Clinical Privileges.......................................31

4.F. EMERGENCY SITUATIONS.......................................................................31
4.F.1. Emergency Situations............................................................................31
4.F.2. Disaster Privileges................................................................................31

4.G. FOCUSED PROFESSIONAL PRACTICE EVALUATION.......................32
4.G.1. Focused Professional Practice Evaluation............................................32
4.G.2. Failure to Complete FPPE......................................................................33

4.H. LEAVE OF ABSENCE...............................................................................34
4.H.1. Initiation of Leave..................................................................................34
4.H.2. Reinstatement.......................................................................................35
5. **RECREDENTIALING/RENEWAL OF MEDICAL-DENTAL STAFF**  
**APPOINTMENT AND CLINICAL PRIVILEGES** ...............................................................36

5.A. **RENEWAL** ........................................................................................................36

5.A.1. Submission of Application............................................................................36
5.A.2. Factors for Evaluation of Renewal of Appointment and/or  
Clinical Privileges .............................................................................................36
5.A.3. Processing Renewal Applications...............................................................38
5.A.4. Conditional Reappointments ....................................................................38
5.A.5. Time Periods for Processing ....................................................................39

6. **PEER REVIEW ACTION FOR MEMBERS OF**  
**THE MEDICAL-DENTAL STAFF** ........................................................................39

6.A. **PEER REVIEW ACTION** ............................................................................39

6.B. **PROCESS FOR CORRECTIVE/REMEDIAL ACTION** .................................40

6.B.1. Department Review and Recommendations............................................40
6.B.2. Staff Credentials Committee Review and Recommendations ...............40
6.B.3. Medical Executive Committee Review ....................................................41

6.C. **IMMEDIATE CORRECTIVE ACTION (SUMMARY**  
**SUSPENSION OR RESTRICTION OF CLINICAL PRIVILEGES)** ..................42

6.C.1. Grounds for Summary Suspension or Restriction ..................................42
6.C.2. Review Procedure .....................................................................................42
6.C.3. Care of Patients ......................................................................................43

6.D. **AUTOMATIC ADMINISTRATIVE SUSPENSION** ......................................43

6.D.1. Administrative Termination .......................................................................43
6.D.2. Administrative Suspension .......................................................................44

7. **HEARING AND APPEAL PROCEDURES FOR**  
**MEMBERS OF THE MEDICAL-DENTAL STAFF** ............................................46

7.A. **INITIATION OF HEARING** ........................................................................46

7.A.1. Grounds for Hearing ................................................................................46
7.A.2. Actions Not Grounds for Hearing .............................................................46
7.A.3. Notice of Recommendation .................................................................47
7.A.4. Request for Hearing .................................................................................47
7.A.6. Hearing Officer and Panel ................................................................. 48

7.B. PRE-HEARING PROCEDURES............................................................... 49

7.B.1. General Procedures ........................................................................ 49
7.B.2. Pre-Hearing Conference ................................................................. 50
7.B.3. Witness List .................................................................................... 50
7.B.4. Provision of Information ............................................................... 50
7.B.5. Stipulations .................................................................................... 51
7.B.6 Provision of Information to the Hearing Panel or Hearing Officer .... 51

7.C. THE HEARING .................................................................................... 52

7.C.1. Failure to Appear ............................................................................ 52
7.C.2. Record of Hearing ......................................................................... 52
7.C.3. Rights of Both Sides and the Hearing Officer/Panel at the Hearing .... 52
7.C.4. Persons to be Present .................................................................... 52
7.C.5. Postponements and Extensions ...................................................... 53
7.C.6. Presence of Hearing Panel Members ............................................. 53

7.D. HEARING CONCLUSION, DELIBERATIONS, AND RECOMMENDATIONS ................................................................. 53

7.D.3. Action on Hearing Committee Report ......................................... 54

7.E. APPEAL PROCEDURE ....................................................................... 55

7.E.1. Time for Appeal................................................................................ 55
7.E.2. Grounds for Appeal ....................................................................... 55
7.E.3. Time, Place and Notice ................................................................ 55
7.E.5. Final Decision of the Board ........................................................... 56
7.E.6. Further Review .............................................................................. 57
7.E.7. Right to One Hearing and One Appeal Only ................................... 57

8. PEER REVIEW PROCEDURES FOR ISSUES INVOLVING APCS ................................................................. 57

8.A. INVESTIGATIONS ............................................................................... 57

8.A.1. Procedure for Investigations ......................................................... 57
8.A.2. Recommendation and Follow-Up Review ...................................... 58

8.B. ADMINISTRATIVE SUSPENSION/TERMINATION ................................................................. 59
8.C. AUTOMATIC RELINQUISHMENT OF CLINICAL PRIVILEGES ..................59

9. PROCEDURAL RIGHTS OF APCS .................................................................................60
   9.A. Procedural Rights, Generally .................................................................................60
   9.B. Procedural Rights .................................................................................................60

10. CHRISTIANA CARE EMPLOYEES ...........................................................................61

11. CONFLICTS OF INTEREST .......................................................................................61

12. CONFIDENTIALITY AND PEER REVIEW PROTECTION ........................................62
   12.A. CONFIDENTIALITY .............................................................................................62
   12.B. PEER REVIEW PROTECTION .............................................................................63

13. ADOPTION ..................................................................................................................63

14. DEFINITIONS ...............................................................................................................63
NOTE: All provisions in this Manual apply to Advanced Practice Clinicians (APCs) as well as Medical-Dental Staff members unless specifically noted. While APCs are not members of the Medical-Dental Staff, they must be granted delineated clinical privileges in order to practice at Christiana Care.

1A. TIME LIMITS
Time limits referred to in this Manual and related policies and manuals are advisory only and are not mandatory, and merely constitute guidelines, unless it is expressly stated that a particular right is waived by failing to take action within a specified period.

1.B. DELEGATION OF FUNCTIONS
With the exception of the Telemedicine Staff Category, Christiana Care does not delegate its credentialing decisions to any outside organization. When a credentialing function is the responsibility of a member of Christiana Care management, a Medical-Dental Staff member, or a Medical-Dental Staff committee, such function may be delegated to a designee as appropriate, which may include, but shall not be limited to, the review of applications for appointment, reappointment or clinical privileges and/or peer review of clinical performance. Provided, however, that the department chair, after consultation with the department credentials committee, must provide the credentialing or peer review recommendations.

ARTICLE 2
QUALIFICATIONS, CONDITIONS AND RESPONSIBILITIES

2A. QUALIFICATIONS
2A.1. Eligibility Criteria:
(1) Medical-Dental Staff Members: To be eligible to apply for initial appointment or reappointment to the Medical-Dental Staff, a physician, dentist, oral and maxillofacial surgeon, podiatric surgeon, or psychologist must:
(a) Have a current, unrestricted license to practice in Delaware and have never had his/her license to practice revoked or suspended by any state licensing agency;

(b) If applicable to his/her practice, have a current, unrestricted DEA registration and a Delaware controlled substance license;

(c) Demonstrate availability to provide services for Christiana Care patients as appropriate to his or her responsibility and to fulfill his/her Medical-Dental Staff responsibilities;

(d) Have current, valid professional liability insurance coverage in a form satisfactory to Christiana Care (at least $1 million per claim/$ 3 million annual aggregate) except for members of the Administrative Category;

(e) Provide a text-capable cell phone number and e-mail address to Medical-Dental Staff Services Department;

(f) Have never been convicted of Medicare, Medicaid, or other federal or state governmental or private third-party payer fraud or program abuse, nor have been required to pay civil penalties for the same;

(g) Have never been, and are not currently, excluded or restricted from participation in Medicare, Medicaid, or other federal or state governmental health care program;

(h) Have never had medical staff appointment, clinical privileges, or status as a participating provider denied, revoked, suspended or terminated by any health care facility or health plan for reasons related to clinical competence or professional conduct, and/or have never resigned appointment or relinquished privileges during a Medical-Dental Staff investigation into clinical competence or professional conduct or in exchange for not conducting such an investigation;

(i) Have never been convicted of, or entered a plea of guilty or no contest, to any felony; or to any misdemeanor relating to professional practice, controlled substances, alcohol, illegal drugs, insurance or health care fraud or abuse, or violence;

(j) Agree to fulfill emergency call responsibilities as determined by the department chair;
(k) Have appropriate coverage arrangements with other members of the Medical-Dental Staff in the same specialty and with the same privileges likely to be needed for those times when the covered practitioner will be unavailable;

(l) Have successfully completed a residency training program approved by the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA) or other approved accreditation organization in the specialty in which the applicant seeks clinical privileges;

(m) Be board certified (as provided in the definitions section) and, except for psychologists, members of Hospital Dentistry, and members of the Administrative Staff, maintain board certification in their primary area of practice at Christiana Care. Those applicants who are not board certified at the time of application but who have completed their residency or fellowship training within the last five years will be eligible for Medical-Dental Staff appointment. However, in order to remain eligible for Medical-Dental Staff membership, those applicants must achieve board certification in their primary area of practice within five years from the date of completion of residency or fellowship training. The deadlines for initial board certification or recertification may be extended up to one additional year if necessary to afford the member with a reasonable opportunity to obtain certification in his/her primary specialty or subspecialty. In order to be eligible to request such an extension, the member must, at a minimum, satisfy the following criteria:

(i) The individual must be a member of the Medical-Dental Staff in good standing; and,

(ii) The individual must provide a letter from the appropriate certifying board confirming that the individual remains eligible to take the certification or recertification examination the next year; and,

(iii) The applicable department chair must provide a favorable report concerning the individual’s qualifications;

A member who fails to meet the requirement of board certification shall be administratively terminated from the staff.

(n) Demonstrate recent active clinical practice for at least two of the last four years;
(o) Practice in a department or specialty that is not closed to applicants unless employed by Christiana Care or the contractor with an exclusive contract; and
(p) Meet such other criteria as the Board may adopt from time to time.

(2) **Advanced Practice Clinicians (APCs):** For APCs to be eligible to apply for initial and continued clinical privileges at Christiana Care, the individuals must:
(a) Meet the applicable criteria in (1)(a) – (i) above;
(b) Satisfy all additional eligibility qualifications relating to their specific area of practice that may be established by Christiana Care; and
(c) Be employed by Christiana Care, a practice with an exclusive contract, or a physician on the Medical-Dental Staff and have a consultative relationship with a Collaborating/Supervising Provider.

2.A.2. Waiver of Criteria:
(1) Any individual who does not satisfy one or more of the criteria outlined above (except for state of Delaware licensure, unrestricted DEA registration, or professional liability insurance) may request the Board that it be waived. Requests for a waiver shall be reviewed in accordance with the Medical-Dental Staff appointment process (review by the Department, Staff Credentials Committee, Medical-Executive Committee and the Board). The individual requesting the waiver bears the burden of demonstrating that the requirement is not necessary, that he/she can help satisfy Christiana Care’s unmet clinical need, and/or that his or her qualifications are equivalent to, or exceed the criterion in question.
(2) No individual is entitled to a waiver or to a hearing if the Board determines not to grant a waiver. A determination that an individual is not entitled to a waiver is not a "denial" of appointment or clinical privileges.
(3) An application for appointment for an applicant who does not satisfy an eligibility criterion will not be processed until the Board has granted the waiver.

2.A.3. Factors for Evaluation and Decision:
(1) The following factors among others will be evaluated during the credentialing process and used in rendering a decision:
(a) **Patient Care:** Practitioners are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life.

(b) **Medical/Clinical Knowledge:** Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others.

(c) **Technical Skills:** Practitioners are expected to be able to appropriately perform technical procedures within their specialty.

(d) **Practice-Based Learning and Improvement:** Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.

(e) **Interpersonal and Communication Skills:** Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams as well as to facilitate hand-off communications necessary to continuity of care.

(f) **Professionalism:** Practitioners are expected to demonstrate behaviors that promote the provision of quality healthcare, including appropriate interactions with others in the hospital workplace. Practitioners are also expected to demonstrate a commitment to continuous professional development and ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession and society.

(g) **Systems-Based Practice:** Practitioners are expected to demonstrate an understanding of the contexts and systems in which health care is provided; the ability to practice within Christiana Care’s systems, facilities, and policies and procedures; and the ability to apply systems-based knowledge to improve and optimize the efficacy, efficiency and cost-effectiveness of health care.

(2) In evaluating these factors, the Medical-Dental Staff shall consider the following factors, among others:
(a) The quality of the practitioner's relevant training, experience, demonstrated current competence (including medical/clinical knowledge, technical and clinical skills), and clinical judgment;

(b) Adherence to the ethics of his/her profession;

(c) Good reputation and character;

(d) Ability to work harmoniously with others and assure Medical-Dental Staff and Christiana Care that all patients treated by him/her will receive quality care and that Christiana Care will be able to operate in an orderly manner;

(e) Ability to safely and competently perform the clinical privileges requested;

(f) No current involvement in alcohol or substance abuse;

(g) Recognition of the importance of, and willingness to support, Christiana Care's commitment to quality care; and

(h) Recognition that interpersonal skills, communication, and collegiality are essential to the provision of quality patient care.

2.A.4. No Entitlement to Appointment or Clinical Privileges:

No individual is entitled to receive an application or to be appointed or reappointed to the Medical-Dental Staff or to be granted particular clinical privileges merely because he or she:

1. Is licensed to practice a profession in this or any other state;

2. Is a member of any particular professional organization;

3. Participated in a Christiana Care training program or has had in the past, or currently has, Medical-Dental Staff appointment or privileges at Christiana Care or at any other hospital or health care facility;

4. Resides in the geographic service area of Christiana Care; or

5. Is affiliated with, or under contract to, any managed care plan, insurance plan, or other entity.

2.A.5. Nondiscrimination:

In making credentialing decisions, Christiana Care shall not consider an applicant's race, religion, ethnic/national identity, gender, age, disability, marital status, sexual orientation, genetic information, veteran’s status, the types of procedures (e.g., abortions) performed, or payors (e.g., Medicaid) of the applicant’s practice.
To maintain compliance with this nondiscrimination requirement, a signed attestation statement will be collected annually from members of all credentialing committees.

2.B. GENERAL CONDITIONS OF PRACTICE AT CHRISTIANA CARE

2.B.1. Responsibilities and Requirements:

(1) **Medical-Dental Staff Members:** As a condition for appointment or reappointment, and as a condition of continued membership, every Medical-Dental Staff member specifically agrees to the following:

   (a) To provide timely care to all patients for whom the member has responsibility;

   (b) To communicate clearly and professionally with other health team members so as to promote effective hand-off communications and care continuity;

   (c) To abide by all current Bylaws, policies, and Rules and Regulations of Christiana Care and its Medical-Dental Staff;

   (d) To accept committee assignments, emergency call obligations, care of unassigned patients, consultation requests, participate in quality improvement and peer review activities, and such other reasonable duties and responsibilities as assigned by the department chair;

   (e) To provide the names of at least one member of the Medical-Dental Staff who will provide coverage of his/her hospitalized patients should he/she not be available. The covering practitioner shall be in the same specialty and with the privileges likely to be needed for those times when the covered practitioner will be unavailable;

   (f) To comply with care management guidelines and protocols, including those adopted by the Medical-Dental Staff or Christiana Care leadership and those related to national patient safety initiatives and core measures, that are established by, and must be reported to, regulatory or accrediting agencies or patient safety organizations or clearly document the clinical reasons for variance;

   (g) To utilize hospital procedures, protocols, and systems (including electronic health records and electronic ordering when available) for the care of patients admitted to the hospital;
(h) To inform the Department Chair and Medical-Dental Staff Services of any adverse change in the practitioner's status or any change in the information provided on the individual's application forms. The practitioner shall provide this information -- with or without request -- within 60 days from when the change occurs. The information to be reported includes, but is not be limited to, adverse actions affecting licensure status, medical staff membership or clinical privileges at another hospital, or participation in Medicare or other federal health benefit programs; changes in professional liability insurance coverage; changes in credentials, or health conditions that affect the member's ability to safely and competently exercise clinical privileges (including impairment due to substance abuse) and any interruption of practice for a period longer than thirty (30) days;

(i) When requested, to participate in the development, review, and revision of care management guidelines, protocols and pathways pertinent to his/her medical specialty, including those related to national patient safety initiatives and core measures;

(j) To comply with the Provider Fitness to Practice Policy;

(k) To comply with the Code of Conduct (see Christiana Care Medical-Dental Staff Bylaws, Article 1);

(l) When requested by department or hospital leadership and/or peer review committee, to appear for personal interviews in regard to an application for initial appointment, reappointment, and/or clinical privileges;

(m) When required by hospital or department leadership or a peer review committee, to respond in a timely manner, appear upon request and participate to address an issue or concern;

(n) To maintain ABMS or AOA board certification, if applicable to specialty;

(o) To comply with peer review, performance improvement, and patient safety processes;

(p) To complete in a timely manner all medical and other required records, and provide all information required by Christiana Care;

(q) To abide by the terms of Christiana Care's Notice of Privacy Practices with respect to health care delivered in Christiana Care;
To perform all services and conduct himself/herself at all times in a cooperative and professional manner;

To promptly pay any applicable dues, assessments and/or fines;

To satisfy continuing medical education requirements and any certification requirements related to clinical practice (including but not limited to ACLS, BLS and CPR certifications) as requested by the Department or Section;

To satisfy the immunization requirements as set forth in Medical-Dental Staff Policy: Immunity, Vaccination and Tuberculosis Evaluation Requirements;

To maintain and provide to Christiana Care current e-mail address and cell phone and/or pager number; and,

To acknowledge that the individual has had an opportunity to read a copy of this Manual and any other applicable bylaws, policies, rules and regulations (including applicable departmental rules) and agrees to be bound by them.

(2) Advanced Practice Clinicians: As a condition of being granted permission to provide patient care and as a condition for continued permission to provide patient care, APCs will comply with the applicable duties and responsibilities in 2.B.1(1) above, as well as the following:

(a) To abide by the scope of practice defined by his or her license, Delaware Law and regulations, and by the authorization to practice granted by Christiana Care.

(b) To accept committee assignments, participate in quality improvement and peer review activities, and such other reasonable duties and responsibilities as assigned;

(c) To comply with adopted protocols and pathways or document reasons for variance;

(d) To refrain from illegal fee splitting or other illegal inducements relating to patient referrals;

(e) To refrain from assuming responsibility for diagnosis or care of patients for which he or she is not qualified or without adequate supervision;

(f) To refrain from deceiving patients as to his or her status as an APP;

(g) To seek consultation when appropriate; and,

(h) To participate in clinical care monitoring and evaluation activities.
(3) Failure of a Medical-Dental staff member or APC to meet these responsibilities shall be grounds for remedial and/or corrective/disciplinary action.

2.B.2. Burden of Providing Accurate Information:

(1) Medical-Dental staff members, APCs, and applicants have the burden of producing in a timely manner all information deemed necessary by Christiana Care for a proper evaluation of current competence, character, ethics, and other qualifications and for resolving any doubts regarding the same.

(2) Medical-Dental Staff members, APCs and applicants have the burden of providing, upon request, evidence that all the statements made and information given on credentialing documents or in response to a Medical-Dental Staff inquiry are accurate.

(3) The individual going through the credentialing or renewal process agrees that any misstatement in or omission from any credentialing document may be grounds for Christiana Care to stop processing the application or renewal. The individual will be informed in writing of the nature of the misstatement or omission and permitted to provide a written response. The Department Chair will decide whether to permit the individual to submit a corrected application and resume processing. If appointment has been granted prior to the discovery of a significant misstatement or omission, appointment and privileges shall be automatically relinquished. In either situation, there will be no entitlement to a hearing or appeal and Christiana Care will not accept a new application for at least two years.

2.B.3. Practitioner Rights in Credentialing:

Practitioners applying for appointment or reappointment to the Medical-Dental Staff or for clinical privileges shall have the following rights:

(1) To be informed of what documents were submitted pertaining to their credentialing application (but not the right to view or be provided with documents);

(2) To have an opportunity to be informed and respond to issues that may lead to denial of their application for appointment, reappointment or clinical privileges; and
(3) To be informed, upon request, of the status of the application for appointment, reappointment or clinical privileges. Applicants shall not be entitled to view or obtain copies of letters of recommendation or other documents submitted with an expectation of confidentiality.

2.B.4. Legal Agreements:
By requesting an application, applying for or being granted appointment, reappointment, or clinical privileges as a member of the Medical-Dental Staff or an APC, the individual expressly accepts the conditions in paragraphs (1) through (6) of this section 2.B.4:

(1) Immunity:
To the fullest extent permitted by law, the individual releases from any and all liability, extends immunity to, and agrees not to sue Christiana Care, any member of the Medical-Dental Staff, their authorized representatives, and third parties who provide information for any matter relating to appointment, reappointment, clinical privileges, scope of practice, or the individual's qualifications for the same. This immunity covers any actions, recommendations, reports, statements, communications, and/or disclosures involving the individual that are made, taken, or received by Christiana Care, its authorized agents, or third parties in the course of credentialing and peer review activities.

(2) Authorization to Obtain Information from Third Parties:
The individual specifically authorizes Christiana Care, Medical-Dental Staff leaders, and their representatives (1) to consult with any third party who may have information bearing on the individual's professional qualifications, credentials, clinical competence, character, ability to perform safely and competently, ethics, behavior, or any other matter reasonably having a bearing on his or her qualifications for initial and continued appointment to the Medical-Dental Staff, clinical privileges or scope of practice; and (2) to obtain any and all communications, reports, records, statements, documents, recommendations or disclosures of third parties that may be relevant to such questions. The individual also specifically authorizes third parties to release this information to Christiana Care and its representatives upon request and will sign a consent form agreeing to the same. The individual also agrees to sign
necessary consent forms to permit a consumer reporting agency to conduct a criminal
background check on the individual and report the results to Christiana Care.

(3) Authorization to Release Information to Third Parties:
The individual also authorizes Christiana Care representatives -- now and whether or
not appointment/reappointment or clinical privileges are granted -- to release
information to other hospitals, health care facilities, managed care organizations,
government regulatory and licensure boards or agencies, and their agents when
information is requested in order to evaluate his or her professional qualifications for
appointment, privileges, and/or participation at the requesting organization/facility,
and any licensure or regulatory matter.

(4) Hearing and Appeal Procedures:
The individual agrees that the hearing and appeal procedures set forth in this
Credentials Manual will be the sole and exclusive remedy with respect to any
professional review action taken by Christiana Care.

(5) Legal Actions:
If, notwithstanding the provisions in this Section, an individual institutes legal action
and does not prevail, he or she agrees to reimburse Christiana Care and any member
of the Medical-Dental Staff named in the action for all costs incurred in defending
such legal action, including reasonable attorney's fees.

(6) Authorization to Share Information among Components of the Christiana Care:
The individual specifically authorizes Christiana Care and its affiliated organizations
to share credentialing and peer review information pertaining to the individual's
clinical competence and/or professional conduct within Christiana Care and
specifically, when relevant to employment, with the individual's supervisor. This
information may be shared at any time during or after the individual's affiliation with
Christiana Care.

ARTICLE 3
CREDENTIALING PROCEDURE

3.A. CREDENTIALING PROCEDURE

3.A.1. Pre-Application:
1. Individuals requesting membership and/or clinical privileges shall be required to submit a pre-application and the required pre-application fee.

2. If the individual meets the membership criteria for appointment, and provides the application fee, the individual will be sent an application package. Provided, however, that an individual applying to a clinical service or department with a closed staff, shall not be provided with an application unless they meet the requirements for that clinical service (e.g., employment by Christiana Care or the exclusive contractor).

3. A practitioner who belongs to a category of providers that has not been approved by the Board to practice at Christiana Care will not be eligible to receive a pre-application.

4. If the applicant does not satisfy membership criteria for Medical-Dental Staff appointment or the criteria for APC clinical privileges, the applicant may request a waiver if permitted pursuant to § 2.A.2. of this Credentials Manual.

5. The application fee is non-refundable – even if the applicant withdraws his or her application.

6. Applications may be provided to residents who are in the final six months of their training. Final action will not be taken until all applicable membership criteria are satisfied.

7. The decision to not grant an application does not constitute denial of Medical-Dental Staff appointment or clinical privileges and shall not entitle the individual to procedural rights (fair hearing and appeal) under the Medical-Dental Staff Bylaws.

3.A.2. Submission of an Application:

1. A completed application form with copies of all required documents must be returned to Medical-Dental Staff Services within 45 calendar days of its receipt.

2. It is the responsibility of the applicant to provide a complete application, including adequate responses from references. An incomplete application will not be processed.

3. An application will become incomplete if the need arises for new, additional or clarifying information any time during the evaluation. Any application that continues to be incomplete 45 calendar days after the individual has been notified of the additional information required will be deemed to be withdrawn. Upon a reasonable request from an applicant, the Chief Clinical Officer (CCO) may provide an extension for a specified time period not to exceed 30 calendar days.
3.A.3. Initial Review of an Application:

(1) As a preliminary step, the Medical-Dental Staff Office will review the application to determine that the individual satisfies all threshold criteria. An individual who fails to meet the eligibility criteria set forth in Section 2.A.1 of this Manual will be notified that his or her application will not be processed and that, if permitted, the applicant must request a waiver.

(2) The Medical-Dental Staff Office will also review the application to determine if all questions have been answered, all references and other information or materials have been received, and pertinent information provided on the application has been verified with primary sources. Information will be verified in accordance with CMS, The Joint Commission and NCQA standards, with the primary source being preferred whenever possible. When an application is complete, it will be transmitted, along with all supporting documentation, to the applicable department chair and/or department credentials committee.

3.A.4. Department Procedure:

(1) Medical-Dental Staff Services will transmit the complete application and all supporting materials to the chair of each department in which the applicant seeks clinical privileges. The chair may seek the input of the section chief and/or department credentials committee.

(2) The Department and all committees may examine evidence of the applicant's character, professional competence, qualifications, behavior, and ethics. This information may be contained in the application and/or obtained from references and any other available sources, including the applicant's past or current department leaders at other health care entities, residency training director, and others at Christiana Care or elsewhere who may have knowledge about the applicant.

(3) An interview with the applicant will be conducted by the department chair or designee. The applicant's department chair may waive the interview if the applicant recently completed a residency or fellowship at Christiana Care or is in the Telemedicine Category. The purpose of the interview is to discuss and review any aspect of the applicant's application, qualifications, and requested clinical privileges. At the interview,
the practitioner shall be informed, and have an opportunity to respond, to any concerns or
issues that may be the basis for denial of his/her appointment or clinical privileges.

(4) Each chair -- if applicable, with the assistance of the section chief or department
credentials committee -- will transmit the determination of whether the applicant has
satisfied all of the qualifications for appointment, clinical privileges and/or scope of
practice requested.

(5) The department chair or credentials committee may recommend the imposition of
specific conditions on appointment. These conditions may relate to behavior (e.g., code
of conduct) or to clinical issues (e.g., general consultation requirements, proctoring) or to
practice-related certifications (e.g., ACLS, BLS). The chair or 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.

(6) If it appears that the application will not be supported, the department chair or designee
shall inform the applicant of the concerns and afford the applicant an opportunity to
withdraw his/her application.

(7) The department chair and, if applicable, section chief or department credentials
committee members will be available to the Staff Credentials Committee, Medical
Executive Committee, and the Board to answer any questions that may be raised with
respect to that department chair's report and findings.

3.A.5. Special Committee Review Procedure:
When a physician applicant requests special privileges, such as privileges for Robotics, Heart
and Vascular Radiology procedures, or transplantation procedures, the application and all
supporting materials shall be transmitted to the Service Credentials Committee. The Committee
will transmit its determination to the Medical-Dental Staff Services Department.

3.A.6. Staff Credentials Committee Procedure:
(1) The Staff Credentials Committee will review and consider the report of the
Department/Section and will make a recommendation.

(2) If additional information is required to evaluate an applicant’s qualifications, background
or credentials, the Staff Credentials Committee may return the application to the
department with a request for more information or may use the expertise of the
department chair, department credentials committee, any member of the department, an outside consultant, or any other internal or external source for the information. The Staff Credentials Committee may invite the applicant to a meeting to address any concern or provide additional information.

(3) If the Staff Credentials Committee is considering a recommendation to deny appointment or reappointment; deny, restrict or reduce clinical privileges; or deny a requested change in staff category, the chair of the committee shall notify the individual of the possible recommendation and invite the individual to meet prior to any final recommendation being made. At the meeting, the individual should be informed of the concern and the general nature of the information supporting the recommendation contemplated and asked to discuss, explain or refute it. This meeting is not a hearing, and none of the procedural rules for hearings will apply. The committee will indicate as part of its report that such a meeting occurred and summarize the meeting in its report.

(4) After determining that an applicant is otherwise qualified for appointment and privileges, the Staff Credentials Committee will review the applicant's Delineation of Privileges form to determine if there is any question about the applicant's ability to perform the privileges requested and/or the responsibilities of appointment.

(5) If the recommendation of the Staff Credentials Committee is delayed longer than 60 days, the Chair of the Staff Credentials Committee should inform the applicant, preferably in writing with a copy to the CCO, explaining the reasons for the delay.

3.A.7. Medical Executive Committee Procedure:

(1) The Medical Executive Committee will consider credentialing matters in an Executive Session.

(2) After receipt of the written findings and recommendation of the Department/Section (as approved by the department chair) and those from the Staff Credentials Committee, the Medical Executive Committee will:

(a) Adopt the findings and recommendation of the Staff Credentials Committee or Department Chair, as its own; or

(b) Refer the matter back to the Staff Credentials Committee or Department Chair for further consideration and responses to specific questions raised by the Medical Executive Committee prior to its final recommendation; or
(c) Render its own recommendation, stating the reasons in its report and recommendation.

(3) If the recommendation of the Medical Executive Committee is to appoint the applicant and/or grant clinical privileges, the recommendation will be forwarded to the Board through the CCO.

(4) If the recommendation of the Medical Executive Committee is adverse to the applicant and would entitle the applicant to request a hearing, the Medical Executive Committee will forward its recommendation to the CCO, who will promptly send special notice to the applicant. The CCO will then hold the application until after the applicant has completed or waived the procedural process outlined in Article 8 of this Manual for Medical-Dental Staff members or the procedural process set forth in Article 9 for APCs.

3.A.8. Board Action:

(1) For Medical-Dental Staff members and APCs, upon receipt of a recommendation that the applicant be granted appointment and/or clinical privileges, the Board may:

(a) Approve the applicant and grant clinical privileges or scope of practice as recommended; or

(b) Refer the matter back to the Medical Executive Committee or to another source inside or outside Christiana Care for additional focused information; or

(c) Deny the applicant, as applicable, Staff membership and/or clinical privileges; or

(d) Deny the applicant some or all of the clinical privileges requested; or

(e) Take any other action it deems advisable in its discretion (including, but not limited to, placing conditions on an applicant's Staff membership and/or clinical privileges).

(2) Expedited Credentialing: The Board may delegate to a committee, consisting of at least two Board members, to take action on the clinical privileges requested if there has been a favorable recommendation from the Staff Credentials Committee and the Medical Executive Committee and there is no evidence of any of the following:

(a) A current or previously successful challenge to any license or registration;
(b) An involuntary termination, limitation, reduction, denial, or loss of appointment or privileges at any other hospital or other entity; or

c) An unusual pattern of, or an excessive number of, professional liability actions resulting in a final judgment against the applicant.

Any decision reached by the Board Committee to grant the clinical privileges requested will be effective immediately and will be forwarded to the Board for ratification at its next meeting.

(3) If the Board decides to reject a favorable recommendation from the Medical Executive Committee, it may, in its discretion, submit the matter to the Joint Conference group for conflict management or consult with the President of the Medical-Dental Staff and the Chair of the Staff Credentials Committee.

(4) Any final decision by the Board (whether to grant, deny, revise or revoke appointment and/or clinical privileges) shall be promptly communicated by the CCO to the individual and other appropriate individuals and, as required, shall be reported to appropriate entities.

3.A.9. **Time Periods for Processing:**

Most applications, once deemed complete, are expected to be processed within 120 days. This time period is intended to be a guideline only and will not create any right for the applicant to have the application processed within this precise time period. An applicant shall be informed of the status of his or her application upon request.

**ARTICLE 4**

**CLINICAL PRIVILEGES**

4.A. **CLINICAL PRIVILEGES**

4.A.1. **Generally:**

(1) Appointment, reappointment, or employment alone will not confer any clinical privileges or right to practice at Christiana Care. Each individual is entitled to exercise only those clinical privileges specifically granted by the Board.

(2) In order for a request for privileges to be processed, the applicant must satisfy any applicable criteria. For example, requests for clinical privileges that are subject to an exclusive contract will not be processed except as consistent with applicable contracts.
(3) An applicant’s request for clinical privileges will be reviewed by the department chair and, if applicable, the department credentials committee. The department’s recommendation will be forwarded to the chair of the Staff Credentials Committee and the Medical Executive Committee and processed as a part of the application for staff appointment or reappointment or authorization to practice as an APC.

(4) For Medical-Dental Staff members, as well as APCs, the clinical privileges recommended to the Board will be based upon consideration of the following:

(a) Ability to perform the privileges requested competently and safely based on education, relevant training, experience, demonstrated current competence, including medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal and communication skills, and professionalism;

(b) Utilization patterns;

(c) Information resulting from ongoing and focused professional practice evaluation, performance improvement and other peer review activities, if applicable;

(d) Availability of appropriate coverage arrangements with other members of the Medical-Dental Staff in the same specialty and with the privileges likely to be needed for those times when the covered practitioner will be unavailable;

(e) Professional liability insurance coverage at the minimum limits determined by Christiana Care;

(f) Christiana Care's available resources and personnel;

(g) Any previously successful or currently pending challenges to any licensure or registration, or the voluntary or involuntary relinquishment of such licensure or registration;

(h) Any information concerning professional review actions or voluntary or involuntary termination, limitation, reduction, or loss of appointment or clinical privileges at another hospital;

(i) Practitioner-specific data as compared to aggregate data, when available;

(j) Morbidity and mortality data, when available; and

(k) Professional liability actions, especially any such actions that reflect a concerning pattern or number of actions.
The applicant has the burden of establishing qualifications and current competence for all clinical privileges requested.

During the term of appointment, an individual may request additional privileges by applying in writing. The request will state the specific additional clinical privileges requested and information sufficient to establish eligibility, as specified in applicable criteria. If the individual is eligible and the application is complete, it will be processed in the same manner as an application for initial clinical privileges.

No provider may perform a procedure or service without appropriate privileges; providers who do so will be subject to corrective action.

A provider who wishes to obtain the privilege to perform a particular procedure or service must first request approval from the applicable department and/or section. If approval is recommended, the department and/or section shall coordinate the request and submit documentation of training, coursework or other evidence of qualification to the Medical Staff Services Office. Exercise of newly granted privileges will be under concurrent proctoring until such time as the department/section confirms the provider’s competency.

4.A.2. Clinical Privileges for Dentists and Oral and Maxillofacial Surgeons:

The scope and extent of surgical procedures that a dentist or an oral and maxillofacial surgeon may perform in Christiana Care will be delineated and recommended in the same manner as other clinical privileges.

Surgical procedures performed by dentists or oral and maxillofacial surgeons will be under the overall supervision of the Chair of the Department of Oral and Maxillofacial Surgery & Hospital Dentistry.

Oral and maxillofacial surgeons who have been granted admitting privileges, may perform the required history and physical. Medical consultation should be obtained if deemed appropriate by the surgeon.

The dentist will be responsible for the dental care of the patient, including the dental history and dental physical examination, as well as all appropriate elements of the patient's record. Dentists and oral and maxillofacial surgeons may write orders within the
4.A.3. Clinical Privileges for Podiatric Surgeons:

1. The scope and extent of surgical procedures that a podiatric surgeon may perform in Christiana Care will be delineated and recommended in the same manner as other clinical privileges.

2. Surgical procedures performed by podiatric surgeons will be under the overall supervision of the Chair of the Department of Surgery.

3. Podiatrists are permitted to admit patients and provide care that is within their scope of practice and specifically related to podiatry. An attending physician of the Medical-Dental Staff with admitting privileges will be consulted at the time of admission (co-management) and will supervise required medical care.

4. A history and physical examination of the patient admitted for podiatric surgery will be completed by an attending physician in collaboration with the podiatric surgeon who will complete that portion of the history and physical that relates to podiatry.

5. Podiatric surgeons may write orders which are within the scope of their licenses and consistent with the Medical-Dental Staff Bylaws, Rules and Regulations and this Manual.

4.A.4. Clinical Privileges for Psychologists:

1. The scope and extent of services that a psychologist may provide at Christiana Care will be delineated and recommended in the same manner as for other clinical privileges.

2. Care provided by psychologists will be under the overall supervision of the chair of the Department of Psychiatry.

4.A.5. Telemedicine Privileges:

1. Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient’s health status.

2. Individuals applying for telemedicine privileges will meet the qualifications for Medical-Dental Staff appointment outlined in this Manual, except for those requirements relating to geographic residency, coverage arrangements emergency call responsibilities, and, as
applicable, Delaware Controlled Substance Registration (CSR) and Federal Drug Enforcement Administration Registration (DEA).

(3) Individuals must also meet the requirements for the specific telemedicine privileges requested. (Subject to the approval of the Medical Executive Committee and the Board, each department will develop criteria for granting any privilege that may be appropriately performed via telemedicine.)

(4) Telemedicine privileges granted in conjunction with a contractual agreement will be incident to and coterminous with the agreement.

(5) Applications for telemedicine privileges from physicians providing telemedicine services to another facility on behalf of Christiana Care will be processed in accordance with the provisions of this Manual in the same manner as for any other applicant.

(6) For telemedicine services provided to Christiana Care through contract, the Medical-Dental Staff, in making recommendations on privileges for telemedicine physicians and practitioners, may rely upon the credentialing and privileging decisions of the distant-site hospital or entity as long as the following requirements are met:

(a) The distant-site telemedicine provider is a Medicare-participating hospital or a telemedicine entity that has a credentialing and privileging process that meets the standards of the Medicare Conditions of Participation (42 C.F.R § 482(a)(1) through (a)(7) and § 482.22 (a)(1) and (2));

(b) The physician is privileged to provide the telemedicine services to the distant-site telemedicine provider as evidenced by a current list of the physician’s privileges provided by the distant-site hospital;

(c) The physician is qualified for membership on the Telemedicine Staff, including holding a Delaware license.

Christiana Care shall perform an internal review of the telemedicine physician’s performance of his/her privileges and shall send such information to the telemedicine hospital or entity for use in the periodic appraisal of the telemedicine physician. This information shall include all adverse events that result from the telemedicine services provided by the physician to Christiana Care patients and all complaints regarding the physician.

(7) Telemedicine privileges, if granted, will be for a period of not more than two years.
(8) Physicians who provide telemedicine services to another facility on behalf of Christiana Care shall renew their privileges through the regular process. They must complete an application and, upon request, provide Christiana Care with evidence of current clinical competence. This information may include, but is not limited to, a quality profile from the applicant's primary practice affiliation and evaluation form(s) from qualified supervisor(s). If all requested information is not received by dates established by Christiana Care, the individual's telemedicine privileges will expire at the end of the current term. Once all information is received and verified, an application to renew telemedicine privileges will be processed as set forth above.

(9) For physicians providing telemedicine services to Christiana Care under a contract between Christiana Care and a distant site hospital or telemedicine entity meeting the requirements of subsection (6) above, the Medical-Dental Staff may also rely on the credentialing and privileging decisions of the distant-site hospital or entity with regard to its recommendations regarding the renewal of privileges.

(10) All physicians granted telemedicine privileges will be subject to Christiana Care's performance improvement, ongoing and focused professional practice evaluations and peer review activities.

4.B. CLINICAL PRIVILEGES FOR PHYSICIANS NOT ON THE MEDICAL-DENTAL STAFF

4.B.1. Physicians in Training:
Generally, as participants in a training program, a physician will not be a member of the Medical-Dental Staff and will not be granted specific clinical privileges. The program director, clinical faculty, and/or attending staff member will be responsible for the direction and supervision of the on-site and/or day-to-day patient care activities of each trainee, who will be permitted to perform only those clinical functions set out in curriculum requirements, affiliation agreements, and/or training protocols approved by the Graduate Medical Education Committee of Christiana Care. The applicable program director will be responsible for verifying and evaluating the qualifications of each physician in training. Nothing in this section prevents a Medical-Dental Staff member who enters a training program from remaining a member of the Christiana Care Medical-Dental Staff. Participants in training programs must apply for and be granted clinical privileges to moonlight outside of their training program.
4.B.2. **Clinical Privileges for House Practitioners:**

(1) House practitioners shall consist of those practitioners who provide patient care on a coverage basis on behalf of the hospital or for certain departments or individual members of the Medical-Dental Staff. House practitioners shall not include members of the Medical-Dental Staff providing services pursuant to a coverage or contractual relationship and shall not include practitioners serving in their capacity as trainees in a residency or fellowship program.

(2) House practitioners shall not be granted membership in the Medical-Dental Staff but shall be credentialed and awarded as appropriate those clinical privileges necessary to provide services to patients under their care pursuant to a coverage or contractual arrangement.

(3) The training, experience and demonstrated competence of these house practitioners shall be sufficient to permit the performance of the following functions:

   (a) The exercise of judgment within their areas of competence; provided that a member of the Medical-Dental Staff shall have ultimate responsibility for the patient's care;

   (b) Direct participation in the management of patients admitted by a Member of the Medical-Dental Staff;

   (c) The writing of orders and the recording of reports and progress notes on the medical records of patients, within the limits and in compliance with the requirements established by the Medical-Dental Staff and consistent with generally accepted standards of quality.

(4) The clinical privileges of a house practitioner shall only be active when the practitioner is providing coverage services and shall be automatically and administratively terminated upon the termination of his/her contract or coverage arrangement.

4.B.3. **Locum Tenens:**

(1) Locum Tenens privileges may be granted under two situations:

   (a) The provider is needed to provide services as a substitute for an existing Medical-Dental Staff member during a limited period of time (maximum period of one hundred and eighty (180) days) during which the Medical-Dental Staff member or APC is absent or unable to provide some or all of the services he/she normally would provide; or
(b) The service is provided under contract to perform services that are temporarily needed by Christiana Care during a provider shortage.

(2) Locum Tenens providers shall be credentialed and privileged as delineated in the Locum Tenens Policy and must meet all eligibility requirements for, as applicable, Medical-Dental Staff membership or APC privileging. Locum Tenens physicians will not be appointed to the Medical-Dental Staff.

4.C. CORE PRIVILEGES

4.C.1. Application Process Requirements:
Individuals requesting clinical privileges at Christiana Care may need to apply for core privileges in their specialties as may be defined by each clinical department. The scope of core privileges for each clinical department shall be recommended by the department chair and must be approved by the Staff Credentials Committee, Medical Executive Committee, and Board. Core privileges (and the eligibility criteria related to them) may be revised if recommended by the department chair and approved by the Staff Credentials Committee, Medical Executive Committee, and Board. Applicants must request inpatient and/or outpatient privileges and must exercise these privileges at a Christiana Care facility or be employed by Christiana Care.

4.C.2. Exercise of Core Privileges:
Individuals who have been granted core privileges shall:

(1) Provide emergency call coverage for patients requiring emergency care within the scope of their core privileges; and

(2) Provide consultations for patients requiring consults within the scope of their core privileges.

4.C.3. Exemption from Core Privileges:
(1) Any individual who wishes to be exempt from a particular privilege within the core for a specialty must apply for an exemption in writing, documenting the good cause basis for the request.

(2) After considering the recommendations from the relevant department chair and the Staff Credentials Committee, the Medical Executive Committee shall make a recommendation
in support of or against such exemption. The following factors may be considered by the Medical-Dental Staff leadership in their review of the request:

(a) Christiana Care's mission and its obligation to serve the health care needs of the community by providing timely, quality health care on a local basis;
(b) Fairness to the individual requesting the exemption, including past service and the other demands placed upon the individual;
(c) Fairness to the other Medical-Dental Staff members who serve on the call roster in that specialty, including the effect that the removal would have upon them;
(d) Any gaps in call coverage that might/would result from a Medical-Dental Staff member's removal from the call roster for the specific privilege;
(e) The expectations of other members of the Medical-Dental Staff who are in different specialties but who routinely rely on the specialty in question for the care of the patients who present to the emergency department;
(f) The perceived inequities in exemptions being available to some; and
(g) How the request may affect Christiana Care's ability to comply with applicable regulatory requirements, including the Emergency Medical Treatment and Active Labor Act.

(3) If the Medical Executive Committee recommends against granting an exemption, the individual shall be entitled to appear before the Medical Executive Committee before the Medical Executive Committee makes a final recommendation to the Board.

(4) If the Medical Executive Committee recommends in favor of granting the exemption, the recommendation shall be forwarded to the Board for its review and action.

(5) The Board shall make a final decision on the exemption request based upon consideration of the factors set forth in 4.C.3(2) above. The Board's decision shall be reported by the CEO or designee to the member, the Medical Executive Committee, and the applicable department chair.

(6) Individuals who have been granted an exemption from certain privileges within the core for their specialty are nevertheless required to participate in the emergency call schedule and to provide consultations for the privileges that remain within their core.
(7) No individual is entitled to an exemption -- or to a hearing if the Board determines not to grant an exemption. A denial of a request for exemption does not entitle a Medical-Dental Staff member to the procedural rights contained in Article 7 of this Manual.

4.C.4. Special Privileges Beyond the Core:

Individuals who have requested and been granted special privileges in addition to the core privileges for their specialty shall be required to provide such services on an emergency and consultative basis, as may be requested.

4.D. SPECIAL PRIVILEGE SITUATIONS


(1) Requests for clinical privileges to perform either a new procedure not currently being performed at Christiana Care or a new technique to perform an existing procedure ("new procedure") will not be processed until: (1) a determination has been made that the procedure will be offered by Christiana Care and (2) criteria to be eligible to request and obtain those clinical privileges have been established.

(2) The individual department requesting the new procedure will make a preliminary recommendation to the Staff Credentials Committee as to whether the new procedure should be offered to the community. Factors to be considered by the department include, but are not limited to, whether there is empirical evidence of improved patient outcomes and/or other clinical benefits to patients, whether the new procedure is being performed at other similar hospitals and the experiences of those institutions, and whether Christiana Care has the resources, including space, equipment, personnel, and other support services, to safely and effectively perform the new procedure.

(3) If it is recommended that the new procedure be offered, the department will investigate and consult with experts, including those on the Medical-Dental Staff and those outside Christiana Care, as necessary, to develop recommendations regarding (1) the minimum education, training, and experience necessary to perform the new procedure, and (2) the extent of monitoring and supervision that should occur if the privileges are granted. The department may also develop criteria and/or indications for when the new procedure is appropriate.
(4) The Staff Credentials Committee will review the department’s recommendations and report to the Medical Executive Committee and the Chief Clinical Officer. The Medical Executive Committee will then submit its recommendations to the Board for decision.

4.D.2. Clinical Privileges That Cross Specialty Lines:

(1) When a practitioner requests clinical privileges that, at Christiana Care, have been exercised only by individuals from another specialty/department, his/her request will not be processed until the steps outlined in this section have been completed and a determination has been made regarding the individual's eligibility to request the clinical privileges in question.

(2) The department chair of the individual requesting the privilege will investigate and consult with experts, as necessary, including those on the Medical-Dental Staff (e.g., department chairs, individuals on the Medical-Dental Staff with special interest and/or expertise) and those outside Christiana Care (e.g., other hospitals, residency training programs, specialty societies).

(3) The department chair of the requesting individual may or may not recommend that practitioners from a new category be permitted to request the privileges at issue. If the chair recommends that the request be considered, the chair shall discuss the matter with the department chair where such privileges are generally placed and obtain his/her recommendations regarding:

   (a) The minimum education, training, and experience necessary to perform the clinical privileges in question;
   
   (b) The clinical indications for when the procedure is appropriate;
   
   (c) The extent of monitoring and supervision that should occur (and the pertinent Department/Section having that responsibility) if privileges would be granted;
   
   (d) The manner in which the procedure would be reviewed as part of Christiana Care's ongoing performance improvement activities (including an assessment of outcomes data for all relevant specialties); and
   
   (e) The impact, if any, on emergency call responsibilities.

(4) If the department chairs cannot agree, the matter shall be submitted to an independent ad hoc committee appointed by the President of the Medical-Dental Staff. Otherwise, the department chairs will forward their recommendations to the Staff Credentials
Committee, which will review the matter and forward its recommendations to the Medical Executive Committee and then to the Board for final action.

4.D.3. Privileges Related to Closed Staff

(1) From time to time, Christiana Care may close a portion of its staff and enter into contracts or employment arrangements with physicians and/or groups of physicians for the performance of clinical and/or administrative services at Christiana Care. All licensed independent practitioners functioning pursuant to such contracts will obtain and maintain Medical-Dental Staff appointment and/or clinical privileges at Christiana Care, in accordance with the terms of this Manual.

(2) To the extent that any such contract or arrangement confers the exclusive right to perform specified services at Christiana Care on the other party to the contract, no other person may exercise clinical privileges to perform the specified services while the contract or arrangement is in effect.

(3) If any such exclusive contract would have the effect of preventing an existing Medical-Dental Staff member from exercising clinical privileges that had previously been granted, the affected member will be given notice of the possibility of a closed staff and have the right to meet with the Board or a committee designated by the Board to discuss the matter prior to the decision. At the meeting, the affected member will be entitled to present any information relevant to the decision to close the staff. The individual will not be entitled to any other procedural rights with respect to the decision or the effect of the decision on his or her clinical privileges, notwithstanding any other provision of this Manual. The inability of a physician to exercise clinical privileges because of an exclusive contract or employment arrangement is not a matter that requires a report to the state licensure board or to the National Practitioner Data Bank.

(4) In the event of any conflict between this Manual or the Medical-Dental Staff Bylaws and the terms of a Christiana Care exclusive contract, the terms of the exclusive contract will control.

(5) Should a Medical-Dental Staff member practicing pursuant to an exclusive employment arrangement or exclusive contract, cease to be employed by Christiana Care or the exclusive contractor group, respectively, the member’s Medical-Dental Staff membership and clinical privileges will automatically terminate and the member shall not be entitled
to a hearing or other procedural rights. If qualified, the member may thereafter apply for
privileges in any other department.

4.E. TEMPORARY CLINICAL PRIVILEGES

4.E.1. Eligibility to Request Temporary Clinical Privileges:
(1) When recommended by the President of the Medical-Dental Staff or the pertinent
department chair, temporary clinical privileges may be granted by the CEO or his/her
designee, the CCO, but only for a period that is no longer than 120 days and only in the
following limited circumstances:
(a) While the applicant is awaiting completion of the credentialing process; and/or
(b) When there is an important patient care, treatment or service need (including the
need for external proctors). In this case, current licensure and competence will be
verified prior to granting temporary privileges.

(2) Temporary privileges for applicants for new privileges will be granted when the
application is completed, including verification of current licensure, relevant training or
experience, current competence, ability to exercise the privileges requested, required
amount of professional liability coverage; compliance with privileges criteria; and
consideration of information from the Data Bank and from a criminal background check.
In order to be eligible for temporary privileges, an individual must demonstrate that there
are no issues pertaining to his or her application, including but not limited to current or
previously successful challenges to his or her licensure or registration and that he/she has
not been subject to involuntary termination of Medical-Dental Staff membership, or
involuntary limitation, reduction, denial, or loss of clinical privileges, at another health
care facility.

4.E.2. Supervision Requirements:
In exercising temporary privileges, the individual will act under the supervision of the
department chair or his/her designee. Special requirements of supervision and reporting may be
imposed on any individual granted temporary clinical privileges.
4.E.3. Termination of Temporary Clinical Privileges:

(1) The granting of temporary privileges is a courtesy and may be immediately terminated by the CCO or Department Chair for any reason.

(2) Neither the denial nor termination of temporary privileges will entitle the individual to a hearing or appeal.

4.F. EMERGENCY SITUATIONS

4.F.1. Emergency Situations

(1) For the purpose of this section, an "emergency" is defined as a condition which could result in serious or permanent harm to a patient(s) and in which any delay in administering treatment might add to that harm.

(2) In an emergency situation, a member of the Medical-Dental Staff may administer treatment to the extent permitted by his or her license, regardless of department status or specific grant of clinical privileges.

(3) When the emergency situation no longer exists, the patient will be assigned by the department chair or CCO to a member with appropriate clinical privileges, after giving due consideration to the wishes of the patient.

4.F.2. Disaster Privileges

(1) When the disaster plan has been implemented and the immediate needs of patients in the facility cannot be met, the CCO or the President of the Medical-Dental Staff may use a modified credentialing process to grant disaster privileges to eligible volunteer licensed independent practitioners ("volunteers"). Safeguards must be in place to verify that volunteers are competent to provide safe and adequate care.

(2) Disaster privileges are granted on a case-by-case basis after verification of identity and licensure.

(a) A volunteer's identity may be verified through valid government-issued photo identification (i.e., driver's license or passport).

(b) A volunteer's license may be verified in any of the following ways: (i) current Christiana Care picture ID card that clearly identifies the individual's professional designation; (ii) current license to practice; (iii) primary source verification of the
license; (iv) identification indicating that the individual has been granted authority to render patient care in disaster circumstances or is a member of a Disaster Medical Assistance Team, the Medical Reserve Corps, the Emergency System for Advance Registration of Volunteer Health Professionals, or other recognized state or federal organizations or groups; or (v) identification by a current Christiana Care employee or Medical-Dental Staff member who possesses personal knowledge regarding the individual's ability to act as a volunteer during a disaster.

(3) Primary source verification of a volunteer's license will begin as soon as the immediate situation is under control and must be completed and the decision made whether to continue disaster privileges within 72 hours from the time the volunteer begins to provide service at Christiana Care.

(4) In extraordinary circumstances when primary source verification cannot be completed within 72 hours, it should be completed as soon as possible. In these situations, there must be documentation of the following:

(a) The reason primary source verification could not be performed in the required time frame;

(b) Evidence of the volunteer's demonstrated ability to continue to provide adequate care; and

(c) An attempt to obtain primary source verification as soon as possible. If a volunteer has not provided care, then primary source verification is not required.

(5) The Medical-Dental Staff will oversee the care provided by volunteer licensed independent practitioners. This oversight will be conducted through direct observation, mentoring, clinical record review, or other appropriate mechanism developed by the Medical-Dental Staff and Christiana Care.

4.G. FOCUSED PROFESSIONAL PRACTICE EVALUATION.

4.G.1. Focused Professional Practice Evaluation:

(1) Initial appointments to the Medical-Dental Staff and initial awards of clinical privileges shall be subject to focused professional practice evaluation). FPPE allows for focused evaluation of a specific aspect of a practitioner’s performance. This process is time- or
volume-limited and evaluates a practitioner's competency in a specific privilege. FPPE may consist of more than one type of proctoring. FPPE requirements are outlined in the CCHS Medical-Dental Staff Policy: Proctoring and Focused Professional Practice Evaluation. Advanced Practice Clinicians who hold administrative positions and provide no clinical care are exempted from the FPPE requirement.

(2) The department chair shall make a recommendation to the Staff Credentials Committee, which shall determine the number and type of cases each practitioner reasonably needs to have reviewed to determine the clinical competence of the individual.

(3) During the FPPE period, a practitioner must arrange for, or cooperate in arranging for, the required numbers and types of cases to be reviewed by the department chair, department credentials committee, or a designee.

(4) Generally, unless otherwise approved by the Department Chair, the FPPE process will be completed within a period of six (6) months.

4.G.2. Failure to Complete FPPE:

(1) Practitioners who do not complete the initial FPPE requirements prior to the end of their initial appointment term and who, in the opinion of the pertinent chair have had insufficient activity for a recredentialing review, shall be given the option to either be administratively reassigned to the Ambulatory Staff or request a shortened reappointment term conditioned upon completion of an FPPE.

(2) A practitioner shall automatically relinquish his or her appointment and privileges, or specific clinical privileges, at the end of the extension of the FPPE period if that practitioner fails to:

(a) Participate in the required number of cases as defined by Departmental Rules or the department chair or section chief;

(b) Cooperate with the monitoring and review conditions; or

(c) Fulfill all requirements of appointment or clinical privileges, including but not limited to those relating to completion of medical records and/or emergency call responsibilities.

(3) When, based on FPPE, clinical privileges are terminated, revoked, or restricted for reasons related to clinical competence or professional conduct, the individual shall be
entitled to procedural rights. If the individual is deemed to have automatically relinquished his or her privileges, the individual shall not be entitled to procedural rights.

4.H. LEAVE OF ABSENCE

4.H.1. Initiation of Leave:

(1) A leave of absence permits a practitioner to take a temporary hiatus from clinical practice at Christiana Care. During the leave of absence, the individual may not exercise any clinical privileges at Christiana Care. In addition, the individual shall be excused from all Medical-Dental Staff responsibilities (e.g., meeting attendance, committee service, emergency call obligations).

(a) A practitioner may request a leave by submitting a written request to the practitioner’s department chair or the CCO. The request shall include the reason, and the beginning and expected ending dates of the leave, which shall not exceed one year. A leave of absence to permit a practitioner to fulfill military service will be granted upon written request. Except for military leaves, a leave of absence is a matter of courtesy, not a right. In the event a voluntary leave is not granted, the determination will be final, with no recourse to a hearing or appeal.

(b) The CCO in consultation with the President of the Medical-Dental Staff may institute an administrative leave of absence under the following circumstances:

   (i) When required by the Fitness to Practice Policy; or,

   (ii) When a member of the Medical-Dental Staff is away from Medical-Dental Staff and/or patient care responsibilities for a period likely to last longer than 30 days.

(2) Any individual requesting or being placed on a leave of absence shall complete all medical records if possible prior to the initiation of the leave.

(3) The CCO will report the granting of a leave to the Department, Staff Credentials Committee, Medical Executive Committee and the Board.
4.H.2. Reinstatement:

(1) Individuals requesting reinstatement will submit to the CCO and Medical-Dental Staff Services a written summary of their professional activities during the leave, and any other information that may be requested by Christiana Care.

(2) Requests for reinstatement will then be reviewed by the relevant department chair, the Chair of the Staff Credentials Committee, the President of the Medical-Dental Staff, and the CCO. If all these individuals recommend reinstatement, the Medical-Dental Staff member may immediately resume clinical practice at Christiana Care. This recommendation will then be forwarded to the Staff Credentials Committee, the Medical Executive Committee and the Board for ratification.

(3) If, however, any of the individuals reviewing the request have any questions or concerns, those concerns shall be noted and referred to the department to conduct a full review and recommend whether reinstatement should be granted. The department’s recommendations shall be transmitted to the Staff Credentials Committee, Medical Executive Committee, and then the Board. If the Medical-Dental Staff or Board denies a request for reinstatement, the member will be entitled to request a hearing and appeal.

(4) A practitioner returning from a leave of absence to fulfill military service will be immediately reinstated upon showing that the leave has been shorter than 6 months or that he or she has engaged in clinical activity during the leave.

(5) If the leave of absence was requested for mental or physical health reasons, the request for reinstatement must be accompanied by a report from the individual's provider indicating that the individual is fit for duty and can safely exercise the clinical privileges requested with or without reasonable accommodation. If any of the individuals reviewing the request have any questions or concerns, those concerns will be documented and managed as outlined in the Fitness to Practice Policy.

(6) A Medical-Dental Staff member’s membership and clinical privileges will be automatically relinquished at the end of a leave unless the individual applies for reinstatement or an extension of the leave. Extension of a leave of absence beyond one (1) year will be considered only in extraordinary cases where the extension of a leave is in the best interest of Christiana Care.
(7) If an individual's current appointment is due to expire during the leave, the individual must apply for reappointment and clinical privileges or they will be automatically relinquished at the end of the appointment period.

ARTICLE 5
REREDENTIALING/RENEWAL OF MEDICAL-DENTAL STAFF APPOINTMENT AND CLINICAL PRIVILEGES

5.A. RENEWAL
Renewal of Medical-Dental Staff appointment and/or clinical privileges shall be for a determined period not to exceed two years. All terms, conditions, requirements, and procedures relating to initial appointment will apply to continued appointment, reappointment, and ongoing and renewal of clinical privileges.

5.A.1. Submission of Application:
(1) The granting of appointment, renewal of appointment, and/or clinical privileges is a courtesy and should be considered neither routine nor automatic. A request to renew any of these credentials will be considered only upon submission of a completed renewal application.

(2) At least three months prior to the date of expiration of the appointment, reappointment, and/or clinical privileges, the Medical-Dental Staff Office will notify the individual of the date of expiration and provide the individual with access to the renewal application.

(3) Failure to complete the renewal application at least 30 days prior to the expiration of the individual's appointment and/or clinical privileges will result in automatic expiration of appointment and clinical privileges at the end of the then current term.

(4) Once an application for renewal of clinical privileges has been completed and submitted to the Medical-Dental Staff Office, it will be evaluated following the same procedures outlined in this Manual regarding initial applications.

5.A.2. Factors for Evaluation of Renewal of Appointment and/or Clinical Privileges
(1) In considering a Medical-Dental Staff member’s application for reappointment, the factors listed in Section 2.A.3 of this Manual will be considered as well as the following factors:
(a) Compliance with the Bylaws, Rules and Regulations, and policies of the Medical-Dental Staff and Christiana Care;

(b) Completion of all medical records and response to any billing inquiries;

(c) Completion of all continuing medical education requirements;

(d) Satisfaction of all Medical-Dental Staff responsibilities, including payment of dues, fines, and assessments;

(e) Continuing satisfaction of the applicable qualifications and criteria for appointment and/or the clinical privileges requested;

(f) As applicable, maintenance of sufficient patient contacts to enable the chair to assess current clinical judgment and competence for the privileges requested. Peer recommendations are obtained from a practitioner in the same professional discipline as the applicant with personal knowledge of the applicants ability to practice when insufficient data are available before the application will be considered complete and processed further; additionally undergo a period of FPPE to determine ongoing competency;

(g) Participation in Medical-Dental Staff duties, including committee assignments and emergency call;

(h) The results of Christiana Care's performance improvement, ongoing professional practice evaluations, and other peer review activities, taking into consideration practitioner-specific information compared to aggregate information concerning other individuals in the same or similar specialty (provided, that other practitioners will not be identified);

(i) Demonstration of appropriate communication with health team members especially with regard to hand-offs;

(i) The findings of any focused professional practice evaluations (FPPE);

(j) Complaints and compliments received from patients and/or staff; and

(k) Other reasonable indicators of continuing qualifications.

(2) In considering an APC’s application for renewal of clinical privileges, the above factors will be considered as well as an assessment prepared by the Collaborating or Supervising Provider or a peer, as applicable.
5.A.3. Processing Renewal Applications

(1) Renewal applications will be reviewed by Medical-Dental Staff Services to determine that all questions have been answered and that the individual satisfies all criteria for reappointment and/or for the clinical privileges requested.

(2) Medical-Dental Staff Services will oversee the process of gathering and verifying relevant information. Medical-Dental Staff Services will also be responsible for confirming that all relevant information has been received. To obtain complete information concerning a practitioner's satisfaction of the criteria for reappointment and/or clinical privileges, hospital and Medical-Dental Staff leaders may obtain references or evaluations from individuals who are familiar with the practitioner's work (other physicians, nurse managers, members of management, etc.).

(3) Medical-Dental Staff Services will forward the application to the relevant department chair/section chief and the renewal application will be processed in a manner consistent with applications for initial appointment and/or clinical privileges. For department chairs, the CCO shall perform this review. The department chair will submit his/her recommendation for reappointment and/or clinical privileges to the Staff Credentials Committee, which will then submit its recommendation to the Medical Executive Committee and, which will then submit its recommendation to the Board for decision.

(4) If the Staff Credentials Committee considers a recommendation to deny renewal, change the physician’s staff category, or reduce clinical privileges, the chair of the Staff Credentials Committee shall notify the individual of the possible recommendation and invite the individual to meet prior to any final recommendation being submitted to the Medical Executive Committee. At the meeting, the individual should be informed of the recommendation and the general nature of the information supporting it and given an opportunity to respond. This meeting is not a hearing, and none of the procedural rules for hearings will apply.

5.A.4. Conditional Reappointments

(1) Recommendations for reappointment and renewed privileges may be contingent upon an individual's compliance with certain specific conditions. These conditions may relate to behavior (e.g., code of conduct), credentials (e.g., board certification, completion of CME
requirements) or to clinical issues (e.g., general consultation requirements, proctoring). Unless the conditions involve the matters set forth in Section 7.A.1(1) of this Manual, the imposition of such conditions does not entitle an individual to request the procedural rights set forth in Article 7 and 8 of this Manual.

(2) In addition, at any stage of peer review, renewal of appointment and/or clinical privileges may be recommended/granted for periods of less than two years in order to permit closer monitoring of an individual's conduct, practice or compliance with any conditions that may be imposed. A recommendation for a period of less than two years does not alone entitle an individual to the procedural rights set forth in Articles 7 and 8.

5.A.5. Time Periods for Processing:

Once a renewal application is deemed complete, it is expected to be processed within 120 days, unless it becomes incomplete. This time period is intended to be a guideline only and will not create any right for the applicant to have the application processed within this precise time period.

ARTICLE 6
PEER REVIEW ACTION FOR MEMBERS OF THE MEDICAL-DENTAL STAFF

6.A. PEER REVIEW ACTION

(1) Whenever a practitioner with clinical privileges shall engage in, make or exhibit acts, statements, demeanor, or professional conduct, either within or outside of Christiana Care, and the same is, or is reasonably likely to be detrimental to patient safety or the delivery of quality patient care or undermine the operations of Christiana Care, or violate the Code of Conduct (see Christiana Care Medical-Dental Staff Bylaws, Article 1), the Medical-Dental Staff may impose peer review action against the practitioner.

(2) Peer review actions may be taken to address concerns relating to a practitioner – whether clinical, administrative or behavioral -- pursuant to the progressive procedures set forth in the Peer Review Policy.

(3) In situations where a department chair has reasonable cause to believe that a practitioner’s issues pertain to a physical health, mental health or addiction issue, he/she shall refer the matter for evaluation and, if necessary, resolution pursuant to the Fitness to Practice Policy.
(4) This Manual encourages, but does not mandate, the use of progressive steps by Medical-Dental Staff leaders (e.g. department chairs) and Christiana Care management, beginning with remedial action including coaching and other collegial and educational efforts, to address issues or questions relating to an individual's clinical practice and/or professional conduct. See Peer Review Policy. The goal of these efforts is to arrive at responsive actions by the individual to resolve issues or concerns that have been raised.

(5) When a practitioner’s conduct, activities or issues cannot be expeditiously resolved through application of the Peer Review Policy or when they could result in imminent danger to the health or safety of any individual or may seriously interfere with the orderly operation of Christiana Care (see Section 6.D), the matter may be handled through corrective/remedial action or automatic administrative action as set forth in this Manual.

6.B. PROCESS FOR CORRECTIVE/REMEDIAL ACTION

6.B.1. Department Review and Recommendations
The Department – through its Department Chair and/or the designated departmental committee – shall report in writing the grounds suggesting the need for corrective/remedial action. This report shall be supported by reference to the specific clinical activities or unprofessional conduct investigated through the Department and Peer Review Processes and shall detail the findings of those processes, the prior peer review actions to date, and recommend specific corrective/remedial action.

6.B.2. Staff Credentials Committee Review and Recommendations
The Department Chair’s report shall be submitted to, and considered by the Staff Credentials Committee. The Staff Credentials Committee may perform its own investigation of the matter or remand the matter to the department for further review or for further information. The Staff Credentials Committee may meet with the practitioner to discuss the matter. If the recommended corrective action could result in the restriction or termination of Medical-Dental Staff appointment and/or clinical privileges, the Staff Credentials Committee shall provide the practitioner with an opportunity to meet to discuss the recommendation. If the Staff Credentials Committee concurs that corrective/disciplinary action is warranted, it will submit its
recommendation to the Medical Executive Committee for further action. The Chair of the Staff Credentials Committee shall inform the CCO and the practitioner of its recommendations.

6.B.3. Medical Executive Committee Review

(1) The Medical Executive Committee will consider peer review matters in an Executive Session.

(2) The Medical Executive Committee may accept, modify, or reject any recommendation it receives from the Staff Credentials Committee.

(A) Specifically, the Medical Executive Committee may take the following actions:

(1) Determine that no action is justified;
(2) Issue a letter of guidance, counsel, warning, or reprimand;
(3) impose a requirement for monitoring or consultation;
(4) require additional training or education;
(5) Any other action not affecting Medical-Dental Staff membership or the exercise of clinical privileges.

(B) The Medical Executive Committee may recommend to the Board any other action affecting a practitioner’s clinical privileges, including:

(1) Reduction or restriction of clinical privileges;
(2) Suspension of clinical privileges for a specified period of time;
(3) Revocation of appointment and/or clinical privileges; or
(4) Any other action that it deems necessary or appropriate.

(3) A recommendation by the Medical Executive Committee that would entitle the individual to request a hearing as provided in Article 7 will be forwarded to the CCO, who will promptly offer the practitioner a hearing by special notice. The CCO will not forward the recommendation to the Board until after the individual has completed a hearing and/or appeal or waived the hearing.

(4) If the Medical Executive Committee makes a recommendation that does not entitle the individual to request a hearing, the recommendation will be submitted to the Board.

(5) If the Medical Executive Committee’s recommendation is subsequently modified by the Board and this modified action is one of the grounds for a hearing in Section 7.A.1, the CCO will offer the practitioner a hearing by special notice.
6.C. IMMEDIATE CORRECTIVE ACTION (SUMMARY SUSPENSION OR RESTRICTION OF CLINICAL PRIVILEGES)

6.C.1. Grounds for Summary Suspension or Restriction

(1) When, in their sole discretion, failure to take such action may result in imminent danger to the health and/or safety of any individual or may seriously interfere with the orderly operation of Christiana Care, the President of the Medical-Dental Staff, the chair of a department, the CCO, the CEO, or the Medical Executive Committee will each have the authority to impose a precautionary summary suspension of all or a restriction of any portion of an individual's clinical privileges. In the alternative, the pertinent individual or committee may afford the subject practitioner an opportunity to voluntarily refrain from exercising privileges pending an investigation.

(2) A summary suspension or restriction can be imposed at any time including, but not limited to, immediately after the occurrence of an event that causes concern or following a pattern of occurrences that raises concern.

(3) The summary suspension or restriction should remain in effect for the shortest reasonable time but will remain in effect until it is modified by the CCO or Medical Executive Committee.

(4) A summary suspension or restriction will generally become effective immediately upon imposition. The individual/committee imposing the summary suspension or restriction shall immediately inform the subject practitioner and the CCO. The CCO will then inform the CEO, the President of the Medical-Dental Staff and the pertinent department chair of the summary suspension or restriction and the grounds for its imposition.

(5) Within five (5) days of the summary suspension/restriction, the subject practitioner shall be provided a brief written description of the reason(s) for the summary suspension, including the names and medical record numbers of the patient(s) involved (if any), and the process for investigation or further review.

6.C.2. Review Procedure

(1) The Medical Executive Committee, in Executive Session, will review the matter resulting in a summary suspension or restriction within 14 days. As part of this review, the individual shall be given an opportunity to meet with the Medical Executive Committee.
(2) After considering the matters resulting in the summary suspension or restriction and the individual's response, if any, the Medical Executive Committee will determine whether there is sufficient information to warrant a final recommendation, or whether it is necessary to commence an investigation. The Medical Executive Committee will also determine whether the summary suspension or restriction should be continued, modified, or terminated pending the completion of the investigation (and hearing, if applicable).

(3) There is no right to a hearing based on the imposition of a summary suspension or restriction alone if that corrective action does not last longer than 30 days.

6.C.3. Care of Patients

(1) Immediately upon the imposition of a summary suspension or restriction of a physician, the President of the Medical-Dental Staff will assign to another individual with appropriate clinical privileges responsibility for care of the suspended individual's hospitalized patients, and/or to aid in implementing the summary restriction, as appropriate. The assignment will be effective until the patients are discharged. The wishes of the suspended physician and the patient will be considered if possible in the selection of a covering physician. All patients and procedures scheduled in Christiana Care outpatient sites or medical offices shall be rescheduled if possible. The subject practitioner must arrange for the substitute care of patients who cannot be rescheduled.

(2) All members of the Medical-Dental Staff, including the subject practitioner, have a duty to cooperate with the President of the Medical-Dental Staff, the department chair, the Peer Review Committee, the Medical Executive Committee, and the CCO in enforcing summary suspensions or restrictions.

6.D. Automatic, Administrative Action

Any action taken by any licensing board, professional liability insurance company, court or government agency regarding any of the matters set forth below or failure to satisfy any of the membership criteria set forth in this Manual must be promptly reported to the Medical-Dental Staff Office.

6.D.1 Administrative Termination:

An individual's appointment and clinical privileges will be automatically, administratively terminated if any of the following occur:
(1) **Licensure:** Revocation, expiration, suspension, or the placement of conditions or restrictions on an individual's license.

(2) **Controlled Substance Authorization:** Revocation, expiration, suspension or the placement of conditions or restrictions on an individual's DEA or state controlled substance authorization.

(3) **Insurance Coverage:** Termination or lapse of an individual's professional liability insurance coverage or other action causing the coverage to fall below the minimum required by Christiana Care or cease to be in effect, in whole or in part.

(4) **Medicare and Medicaid Participation:** Termination, exclusion, or preclusion by government action from participation in the Medicare/Medicaid or other federal or state health care programs.

(5) **Criminal Activity:** Indictment, conviction, or a plea of guilty or no contest pertaining to any felony, or to any misdemeanor involving (i) professional practice; (ii) controlled substances; (iii) illegal drugs; (iv) alcohol; (v) Medicare, Medicaid, or insurance or health care fraud or abuse; or (vi) violence against another.

**6.D.2 Administrative Suspension:**

An individual's appointment and clinical privileges will be automatically, administratively suspended if any of the following occur:

(1) **Failure to Complete Medical Records:** Failure to complete medical records will result in automatic administrative suspension of all clinical privileges, after receipt by the CCO of notification from the Health Information Management Services (“HIMS”) Department of the delinquency. Administrative suspension will continue until all delinquent records are completed and reinstatement accomplished in accordance with applicable Rules and HIMS policy. Failure to complete the medical records that caused administrative suspension within the time required by applicable Rules and Regulations and HIMS policy will result in an administrative termination from the Medical-Dental Staff. Administrative termination will take effect immediately upon notice to the subject practitioner. An individual whose appointment and clinical privileges are administratively
terminated shall not be entitled to the procedural rights outlined in this Credentials Manual.

(2) Failure to Complete Required Immunizations: Failure to complete the requirements as defined in Medical-Dental Staff Policy: Immunity, Vaccination, and Tuberculosis Evaluation Requirements may result in administrative suspension of clinical privileges.

(3) Failure to Provide Requested or Required Information: Failure to provide information pertaining to an individual's qualifications for appointment or clinical privileges, in response to a written request from the department chair, Staff Credentials Committee, the Medical Executive Committee, the CCO, or any other committee authorized to request such information, will result in automatic administrative suspension of all clinical privileges until the information is provided. Failure to respond within 30 days shall result in administrative termination of membership and clinical privileges.

(4) Failure to Attend a Special Conference: Whenever there is a concern regarding clinical practice or professional conduct involving any individual, the department chair, department peer review committee, the President of the Medical-Dental Staff or CCO may require the individual to attend a special conference with the Department Chair, Medical-Dental Staff leaders and/or with a standing or ad hoc committee of the Medical-Dental Staff.

(a) The notice to the individual regarding this conference will be given by special notice at least three days prior to the conference and will inform the individual that attendance at the conference is mandatory.

(b) Failure of the individual to attend the conference will be reported to the Medical Executive Committee. Unless excused by the Medical Executive Committee upon a showing of good cause, such failure will result in automatic suspension of all or such portion of the individual's clinical privileges as the Medical Executive Committee may direct. Such suspension will remain in effect until the matter is resolved.
ARTICLE 7
HEARING AND APPEAL PROCEDURES FOR
MEMBERS OF THE MEDICAL-DENTAL STAFF

7.A. INITIATION OF HEARING

7.A.1. Grounds for Hearing:

(1) A practitioner is entitled to request a hearing whenever the Medical Executive Committee makes one of the following recommendations for reasons based on competence or professional conduct:
   (a) Denial of initial appointment to the Medical-Dental Staff;
   (b) Denial of reappointment to the Medical-Dental Staff;
   (c) Revocation of appointment to the Medical-Dental Staff;
   (d) Denial of requested clinical privileges;
   (e) Revocation of clinical privileges;
   (f) Suspension of clinical privileges for more than 30 days;
   (g) Mandatory concurring consultation requirement (i.e., the consultant must approve the course of treatment in advance); or
   (h) Denial of reinstatement from a leave of absence if the reasons relate to professional competence or conduct.

(2) No other recommendations or automatic actions will entitle the practitioner to a hearing.

(3) If the Board makes any of the recommendations listed in Section 7.A.1(1) without a prior adverse recommendation by the Medical Executive Committee, a practitioner shall also be entitled to request a hearing. For ease of use, this Article refers to adverse recommendations of the Medical Executive Committee. When a hearing is triggered by an adverse recommendation of the Board, any reference in this Article to "the Medical Executive Committee" will be interpreted as a reference to the "Board."

7.A.2. Actions Not Grounds for Hearing:

None of the following actions will constitute grounds for a hearing, and they will take effect without hearing or appeal; provided, however, that the practitioner will be entitled to submit a written explanation to be placed into his or her file:

(1) Issuance of a letter of guidance, counsel, warning, or reprimand;
(2) Imposition of conditions, monitoring, or a general consultation requirement (i.e., the practitioner must obtain a consult or proctor but need not get prior approval for the treatment);

(3) Termination of temporary privileges;

(4) Automatic suspension of appointment or privileges;

(5) Imposition of a requirement for additional training or continuing education;

(6) Summary suspension of less than 30 days in duration;

(7) Denial of a request for leave of absence, for an extension of a leave or for reinstatement from a leave if the reasons do not relate to professional competence or conduct;

(8) Determination that an application is incomplete;

(9) Determination that an application will not be processed due to a misstatement or omission; or

(10) termination of appointment or privileges due to a determination of ineligibility based on a failure to meet eligibility criteria, a lack of need or resources, or because of a closed staff (employment arrangement or exclusive contract).

7.A.3. Notice of Recommendation:
The CCO, within 15 days, shall give special notice of a recommendation of the Medical Executive Committee or Board which entitles a practitioner to request a hearing. This notice will contain:

(1) A statement of the recommendation or action and the general reasons for it;

(2) A statement that the practitioner has the right to request a hearing on the recommendation within 30 days of receipt of this notice; and

(3) A copy of this Article.

7.A.4. Request for Hearing:
An practitioner has 30 days following receipt of the notice to request a hearing. The request must be made in writing to the CCO and include the name, address, and telephone number of the practitioner’s legal counsel, if any. Failure to request a hearing will constitute waiver of the right to a hearing, and the recommendation will be transmitted to the Board for final action.
7.A.5. Notice of Hearing and Statement of Reasons:

(1) If a practitioner entitled to request a hearing makes a timely request for same, the CCO will schedule the hearing and provide, by special notice, the following:
   (a) The time, place, and date of the hearing; and
   (b) A statement of the specific reasons for the recommendation, including a list of patient records (if applicable), and information supporting the recommendation. This statement may be revised or amended at any time, even during the hearing, so long as the additional material is relevant to the recommendation or the practitioner’s qualifications and the practitioner has had a sufficient opportunity, up to 30 days, to review and rebut the additional information.
   If any of the above information is not available at the time of the special notice, it shall be provided to the practitioner as soon as practicable thereafter.

(2) The hearing will begin as soon as practicable, but no sooner than 30 days after the notice of the hearing, unless an earlier hearing date has been specifically agreed to in writing by the parties.

7.A.6. Hearing Officer and Panel:

(1) The CCO, after consulting with the President of the Medical-Dental Staff, will appoint a Hearing Officer and a Hearing Panel.

(2) A Hearing Officer is the individual who is responsible for making decisions on all matters of procedure and the admissibility of evidence. The Hearing Officer may be an independently contracted attorney, retired judge or mediator;

(3) The Hearing Officer will:
   (a) Allow the participants in the hearing to have a reasonable opportunity to be heard and to present evidence, subject to reasonable limits on the number of witnesses and duration of direct and cross-examination;
   (b) Prohibit conduct or presentation of evidence that is cumulative, excessive, irrelevant or abusive or that causes undue delay;
   (c) Maintain decorum throughout the hearing;
   (d) Determine the order of procedure; and.
   (e) Rule on all matters of procedure and the admissibility of evidence. The Hearing Officer may also reconsider and amend rulings at his or her discretion.
The Hearing Panel shall consist of three members, the majority of whom must have similar credentials as the subject Medical-Dental Staff member (e.g., an M.D/D.O., D.D.S/D.M.D., PsychD., etc.). The Hearing Panel is responsible for considering the evidence, determining findings of fact, and making recommendations related to the substantive issues in the hearing.

The Hearing Panel may include: any member of the Medical-Dental Staff, other physician or other credentialed health care provider, provided that the individual has not actively participated in the matter at any previous level. A Medical-Dental Staff member shall not be excluded from serving as a member of a Hearing Panel merely because he or she has knowledge of the underlying peer review matter; and/or is employed by, or has a contractual arrangement with, Christiana Care or an affiliate.

The Hearing Officer or Hearing Panel may not be or include any individual who is in direct economic competition with the practitioner requesting the hearing; any individual who is professionally associated with, related to, or involved in a coverage relationship with, the practitioner requesting the hearing; or any individual who is demonstrated to have an actual bias, prejudice, or conflict of interest that would prevent the individual from fairly and impartially considering the matter.

Objections: The CCO shall provide the practitioner, as soon as practicable, with the names of the Hearing Officer and members of the Hearing Panel. The practitioner may challenge any member of the Hearing Panel or the Hearing Officer by providing his/her objection in writing, within ten (10) days of receipt of notice, to the CCO. Such written objection must include a reasonable basis for the objection. The CCO shall provide a copy of the written objection to the President of the Medical-Dental Staff who will be afforded a reasonable opportunity to comment. The CCO will rule grant or deny the objection. If the CCO grants the objection, he/she will excuse the pertinent individual from participating in the hearing and appoint another individual for the role. The CCO will promptly inform the parties of his/her decision.

7.B. PRE-HEARING PROCEDURES

7.B.1. General Procedures:

The pre-hearing and hearing processes will be conducted in an informal manner. Formal rules of evidence or procedure will not apply.
(2) It is expected that the hearing will last no more than 15 hours, with each side being afforded approximately seven and a half hours to present its case, including both direct and cross-examination of witnesses. Both parties are required to prepare their case so that the hearing will be concluded after a maximum of 15 hours. The Hearing Officer may, after considering any objections, grant limited additional time upon a demonstration of good cause and for the purpose of fundamental fairness.

7.B.2. Pre-Hearing Conference:
The Hearing Officer will hold a pre-hearing conference. At the pre-hearing conference, the Hearing Officer will resolve any preliminary issues regarding the hearing, including any objections to exhibits or witnesses. The Hearing Officer will establish the time to be allotted to each witness’ testimony and cross-examination.

7.B.3. Witness List:
(1) At least 15 days before the pre-hearing conference, each party will provide a written list of the names of witnesses expected to offer testimony at the hearing
(2) The witness list will include a brief summary of the anticipated testimony. (Note: On direct examination, the witness will be limited to testifying within the scope of the pertinent summary).
(3) The witness list of either party may, in the discretion of the Hearing Officer, be amended at any time during the course of the hearing, provided that appropriate notice of the change is given to the other party.

7.B.4. Provision of Relevant Information:
(1) Prior to receiving any confidential documents, the practitioner requesting the hearing must agree that all documents and information will be maintained as confidential and will not be disclosed or used for any purpose outside of the hearing. The practitioner must also provide copies of a written business associate agreement before providing counsel or witnesses with any protected health information.
(2) Upon receipt of the above agreements, the practitioner will be provided upon request with a copy of the following:
   (a) Copies of, or reasonable access to, all patient medical records referred to in the statement of reasons;
(b) Reports of experts relied upon by the Medical Executive Committee;
(c) Copies of relevant minutes (with portions regarding other physicians and unrelated matters deleted); and
(d) Copies of any other documents relied upon by the Medical Executive Committee or during the peer review process.

The provision of this information is not intended to waive any privilege under the state peer review protection statute.

(3) The practitioner will provide to the counsel/representative for the Medical-Dental Staff any documents, reports or other materials related to the matters in the peer review proceeding.

(4) The parties will have no right to discovery beyond the above information. No information will be provided regarding other practitioners.

(5) Prior to the pre-hearing conference, on dates set by the Hearing Officer or agreed upon by both sides, each party will provide the other party with its proposed exhibits. All objections to documents or witnesses, to the extent then reasonably known, will be submitted in writing in advance of the pre-hearing conference.

(6) Evidence unrelated to the reasons for the recommendation or to the practitioner’s qualifications for appointment or the relevant clinical privileges will be excluded.

(7) Neither the practitioner, nor any other person acting on behalf of the practitioner, may contact Christiana Care employees whose names appear on the Medical Executive Committee's witness list or in documents provided pursuant to this section concerning the subject matter of the hearing, until Christiana Care has been notified and has contacted the employees about their willingness to be interviewed. Any employee may agree or decline to be interviewed.

7.B.5. Stipulations:
The parties and counsel, if applicable, will use their best efforts to develop and agree upon stipulations, so as to provide for a more orderly and efficient hearing by narrowing the issues on which live testimony is reasonably required.
7.B.6. **Provision of Information to the Hearing Panel or Hearing Officer**

The following documents will be provided to the Hearing Panel or Hearing Officer in advance of the hearing:

1. A pre-hearing statement that either party may choose to submit;
2. Exhibits offered by the parties following the pre-hearing conference, (without the need for authentication); and,
3. Stipulations agreed to by the parties.

7.C. **THE HEARING**

7.C.1. **Failure to Appear:**

The personal presence of the practitioner who requested the hearing shall be required. Failure of the practitioner, without good cause, to appear and proceed at the hearing will constitute a waiver of the right to a hearing and the matter will be transmitted to the Board for final action.

7.C.2. **Record of Hearing:**

A stenographic reporter will be present to make a record of the hearing. The cost of the reporter will be borne by Christiana Care. Copies of the transcript will be available at the practitioner’s expense. Oral evidence will be taken only on oath or affirmation administered by any person entitled to notarize documents in this state.

7.C.3. **Rights of Both Sides and the Hearing Officer/Panel at the Hearing:**

1. At a hearing, both sides will have the following rights, subject to reasonable limits determined by the Hearing Officer:
   (a) To call and examine witnesses, to the extent they are available and willing to testify;
   (b) To introduce exhibits;
   (c) To cross-examine any witness on any matter relevant to the issues;
   (d) To have representation by counsel who may call, examine, and cross-examine witnesses and present the case;
   (e) To submit a written statement at the close of the hearing; and
   (f) To submit proposed findings, conclusions and recommendations to the Hearing Panel or Hearing Officer.
(2) If the practitioner who requested the hearing does not testify on his/her own behalf, he or she may be called by the counsel representative of the Medical-Dental Staff and questioned.

(3) The Hearing Panel or Hearing Officer may question witnesses, request the presence of additional witnesses, and/or request documentary evidence.

7.C.4. Persons to be Present:
The hearing will be restricted to those individuals involved in the proceeding, plus Christiana Care employees providing administrative support. This may include, but shall not be limited to the practitioner, a representative of the Medical-Dental Staff, hearing panel, hearing officer, and attorneys for the parties.

7.C.5. Postponements and Extensions:
Postponements and extensions of time may be requested by anyone, but will be permitted only by the Hearing Officer or the CCO on a showing of good cause.

7.C.6. Presence of Hearing Panel Members:
A majority of the Hearing Panel will be present throughout the hearing. In unusual circumstances when a Hearing Panel member must be absent from any part of the hearing, he or she will read the entire transcript of the portion of the hearing from which he or she was absent. The Hearing Officer shall be present throughout the hearing.

7.D. HEARING CONCLUSION, DELIBERATIONS, AND RECOMMENDATIONS
7.D.1. Burden of Proof:
The body whose adverse recommendation or action occasioned the hearing shall have the initial obligation to present evidence in support of its recommendation or action. Thereafter, the practitioner will be responsible for supporting his/her challenge to the adverse recommendation or action. The practitioner must show by preponderance of the evidence that the recommendation/action lacks any factual basis or was unreasonable or capricious.

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1 Proof by a preponderance of the evidence means that it is more likely than not that the evidence presented establishes that the recommendations lacks any factual basis or was arbitrary.
It shall not be a defense to any action proposed by the Medical Executive Committee or the Board of Directors that different actions may have been taken in the past with regard to the practitioner or any other staff member.

7.D.2. Deliberations and Recommendation of the Hearing Panel:
Within 10 days after final adjournment of the hearing (which may be designated as the time the Hearing Panel or Hearing Officer receives the hearing transcript or any post-hearing statements, whichever is later), the Hearing Panel will conduct its deliberations outside the presence of any other person (except that the Hearing Officer and an administrative support person may be present). The Hearing Panel will prepare a written report of its findings and recommendations in the matter and shall forward the same, to the CCO, President of the Medical Staff or their designees who will then forward it to the Medical Executive Committee or Board, whichever body is the one whose adverse recommendation or action occasioned the hearing.

7.D.3. Action on Hearing Committee Report:
Within thirty (30) days after receipt of the report of the hearing committee, the Medical Executive Committee or the Board, as the case may be, shall consider the same and affirm, modify or reverse its recommendation or action in the matter. It shall transmit this result to the CCO.

7.D.4 Notice and Effect of Result:

(1) Notice: The CCO shall promptly send a copy of the Hearing Panel report and hearing record and the final decision of the Medical Executive Committee or Board, as the case may be, to the practitioner by special notice, to the President of the Medical-Dental Staff and to the Board.

(2) Effect of Favorable Result to the Practitioner

(a) **Adopted by the Board** – If the Board’s decision is favorable to the practitioner the result shall become the final decision of the Board and the matter shall be considered closed.

(b) **Adopted by the Medical Executive Committee**. If the Medical Executive Committee’s result is favorable to the practitioner, the CCO shall promptly
forward it, together with all supporting documentation, to the Board for its final action. The Board shall take action thereon by adopting or rejecting the Medical Executive Committee’s result in whole or in part or by referring the matter back to the Medical Executive Committee for further reconsideration or correction of any identified procedural deficiencies; provided, that any such referral must set a time limit and a directive regarding the additional issues that need to be decided or clarified. After receipt of the Medical Executive Committee’s subsequent recommendation, the Board shall take final action. The CCO shall promptly send the practitioner special notice informing him/her of the action taken. If the action is favorable to the practitioner, it shall become the final action of the Board, and the matter shall be considered finally closed. If the Board’s action is adverse to the practitioner, a special notice shall inform the practitioner of his/her right to request appellate review by the Board.

(3) Effect of Adverse Result to the Practitioner: If the result of the Medical Executive Committee or of the Board continues to be adverse to the practitioner in any of the respects listed in 7.A.1, the special notice shall inform the practitioner of his/her right to request an appellate review by the Board.

7.E. APPEAL PROCEDURE

7.E.1. Time for Appeal:
A practitioner shall have ten (10) days following his/her receipt of the special notice of an adverse decision to submit a written request for appellate review to the CCO. The request will include a statement of the reasons for appeal and the specific facts or circumstances which justify further review. If an appeal is not requested within ten (10) days, an appeal is deemed to be waived and the recommendation will be forwarded to the Board for final action.

7.E.2. Grounds for Appeal:
The grounds for appeal will be limited to the following:
(1) There was substantial failure by the Hearing Panel or Hearing Officer to comply with this Manual and/or the Medical-Dental Staff Bylaws during the hearing, which resulted in denial of a fair hearing; and/or
The recommendations of the Hearing Panel or Hearing Officer were not supported by any credible evidence.

7.E.3. Time, Place and Notice:
Upon receipt of a timely request for appellate review, the CCO will deliver such request to the Chair of the Board. The Chair of the Board of Directors will schedule and arrange for an appeal. The practitioner will be given special notice of the time, place, and date of the appeal. The appeal will be held as soon as arrangements can reasonably be made, taking into account the schedules of all the individuals involved.

7.E.4. Appellate Review:
(1) The Chair of the Board will decide whether to consider the appeal as a whole body or to appoint a Review Panel composed of not less than three persons, either members of the Board or others, including but not limited to individuals not affiliated with Christiana Care, to consider the grounds for appeal and recommend final action to the Board. One of the members of the panel shall be designated as chair and determine the order of procedure, make required procedural rulings, and maintain decorum.
(2) Each party will have the right to present a written statement in support of its position on appeal. The party requesting the appeal will submit a statement first and the other party will then have ten days to respond.
(3) The Review Panel shall have the right to impose reasonable limits on the length of written statements and any supporting documents.
(4) The Board (or Review Panel) shall allow each party or its representative to appear personally and make oral argument not to exceed 30 minutes for each side.
(5) New or additional matters or evidence not raised or presented during the original hearing or in the hearing report and not otherwise reflected in the record may be introduced at the appellate review only under unusual circumstances. The Board or Review Panel, in its sole discretion, shall determine whether such matters or evidence shall be considered or accepted. If such matters or evidence are accepted, they must be presented in documentary form. No witnesses may be presented during the appeal.
If the matter is heard by a Review Panel, the Review Panel shall prepare a report and recommendation for the Board and shall submit the recommendation to the CCO or designee, who shall inform the subject practitioner of the recommendation.

7.E.5. Final Decision of the Board:
At the next regularly scheduled meeting of the Board after the Board considers the appeal, or receives the Review Panel's recommendation, the Board will render a final decision and will send special notice thereof to the practitioner. The Board may affirm, modify, or reverse the recommendation of the Hearing Panel, Hearing Officer or Review Panel or, in its discretion, make its own decision based upon the Board's ultimate legal responsibility to grant appointment and clinical privileges. The decision will be effective immediately and not subject to further review.

The Board may also in its discretion refer the matter back to the Medical Executive Committee for further review and recommendation. If it does so, such action will be carried out promptly in accordance with the instructions given by the Board. Once accomplished, the Board will render its final decision which will be effective immediately and not subject to further review.

7.E.6. Right to One Hearing and One Appeal Only:
No applicant to or member of the Medical-Dental Staff will be entitled to more than one hearing and one appellate review on any matter or application. If the Board denies initial appointment to the Medical-Dental Staff or reappointment or revokes the appointment and/or clinical privileges of a current member of the Medical-Dental Staff, that practitioner may not apply for staff appointment or for those clinical privileges unless the physician is granted a waiver.

ARTICLE 8
PEER REVIEW PROCEDURES FOR ISSUES INVOLVING APCs

8.A. INVESTIGATIONS
8.A.1. Procedure for Investigations:
(1) Whenever there is a concern regarding the clinical practice or professional conduct of an APC, the department chair, department peer review committee, the President of the
Medical-Dental Staff or CCO may require the individual to attend a special conference with the Department Chair, Medical-Dental Staff leaders and/or with a standing or ad hoc committee of the Medical-Dental Staff.

(2) In addition, the Department may initiate an investigation. The Department Chair may personally investigate the matter, delegate the investigation to the department peer review or credentials committee or appoint an individual to conduct the investigation. The investigating committee (or individual) shall be composed of individuals who have no relation to the matter, the involved individuals or any other conflict of interest.

(3) The investigating individual or committee will have the authority to review relevant documents and interview individuals considered appropriate to the investigation.

(4) The department chair may use outside consultants, if needed.

(5) If there is a health-related concern, the department chair may require a fitness for duty examination of the individual by a health care professional(s) acceptable to the individual and the Department Chair.

(6) The APC will be offered an opportunity to meet with the investigating individual or committee before it makes its report. Prior to this meeting, the APC will be informed of the general issues being investigated. At the meeting, the APC will be invited to acknowledge, refute, discuss, or explain the concerns that gave rise to the investigation. This meeting is not a hearing or appeal, and none of the procedural rules for hearings will apply.

(7) At the conclusion of the investigation, the investigating individual or committee will prepare a report with its findings, conclusions, and recommendations. The APC will have an opportunity to review this report and respond in writing.

8.A.2. Recommendation and Follow-Up Review:

(1) The Department Chair may accept, modify, or reject any recommendation it receives from an investigating individual or committee. Specifically, the Department Chair may:
   (a) Determine that no action is warranted;
   (b) Issue a letter of guidance, counsel, warning, or reprimand;
   (c) Impose a requirement for monitoring or consultation;
   (d) Recommend additional training or education;
   (e) Recommend reduction of clinical privileges;
(f) Recommend suspension of clinical privileges for a specified term;
(g) Recommend revocation of clinical privileges; or
(h) Make any other recommendation considered to be necessary or appropriate.

(2) If the recommendation is to impose a professional review action (such as (e) through (h) above), the recommendation will be forwarded to the Staff Credentials Committee. If the recommendation is for reduction or revocation of clinical privileges, the APC shall be invited to attend a meeting with the Staff Credentials Committee to discuss the facts of the matter and respond to the recommendation.

(3) The Staff Credentials Committee will prepare a recommendation, which it will forward to the Medical Executive Committee.

(4) A recommendation by the Medical Executive Committee or Board that would entitle the individual to request procedural rights will be forwarded to the CCO, who will promptly inform the individual by Special Notice. The CCO will hold the recommendation until after the individual has completed or waived a hearing and appeal.

(5) If the Medical Executive Committee makes a recommendation that does not entitle the individual to request procedural rights, it will take effect immediately and will remain in effect unless modified by the Board at its next regular meeting.

8.B. ADMINISTRATIVE SUSPENSION/TERMINATION

(1) The CCO, the Chair of the Medical Executive Committee, and the appropriate department chair will each have the authority to impose an administrative suspension of all or any portion of the scope of practice or clinical privileges of any APC whenever a concern has been raised about such individual's clinical care or professional conduct.

(2) An administrative suspension will become effective immediately upon imposition, will immediately be reported in writing to the Department Chair, CCO and the Chair of the Medical Executive Committee, and will remain in effect unless or until the investigation is completed or until modified by the CCO or Medical Executive Committee. The imposition of an administrative suspension does not entitle an APC to the procedural rights set forth in Article 9 of this Manual.
(3) The CCO or Medical Executive Committee may place conditions (including but not limited to the requirement of a fitness for duty evaluation) on the APC’s return to providing clinical care.

8.C. AUTOMATIC RELINQUISHMENT OF CLINICAL PRIVILEGES
The clinical privileges of an APC will be automatically relinquished, without entitlement to the procedural rights outlined in this Manual, in the following circumstances:

(1) the APC no longer satisfies any of the threshold eligibility criteria set forth in Section 2.A.1(2) or any additional threshold credentialing qualifications set forth in the specific CCHS policy relating to his or her discipline (of which the APC must inform his/her Supervising or Collaborating Provider(s), Department Chair, and CCO within seven days);

(2) the APC is convicted for any felony, or any misdemeanor that is job-related or involves
   (i) alcohol or controlled substances; (ii) illegal drugs; (iii) Medicare, Medicaid, or insurance or health care fraud or abuse; or (iv) violence against another;

(3) The APC fails to provide accurate information pertaining to his or her qualifications for the scope of practice or clinical privileges, on any Christiana Care credentialing form or in response to a written request from the Department Chair or designee, Chief Clinical Officer, or Medical-Dental Staff President or Committee.

ARTICLE 9
PROCEDURAL RIGHTS OF APCs

9.A. PROCEDURAL RIGHTS, GENERALLY
APCs shall not be entitled to the hearing and appeals procedures set forth in Article 8 of the Medical-Dental Staff Credentials Manual. Any and all rights to which APCs are entitled are set forth in this Article.

9.B. PROCEDURAL RIGHTS

(1) In the event the Medical Executive Committee recommends a professional review action that will suspend, revoke or restrict an APC’s clinical privileges for a period of more than 30 days, the individual will receive special notice of the recommendation. The notice
will include a general statement of the reasons for the recommendation and will advise
the individual that he or she may request a meeting with the department chair and the
Chief Clinical Officer.

(2) If a meeting is requested, the meeting will take place within thirty (30) days. The
meeting will be informal and will not be considered a hearing. The Supervising Provider
(if applicable) and the APC will both be permitted to attend this meeting. However, no
legal counsel will be allowed.

(3) Following this meeting, the CCO will make a final decision, or, if the decision affects the
APC’s clinical privileges or scope of practice, a recommendation to the Board. The CCO
will inform the APC of his or her determination.

(4) If the CCO makes a recommendation to the Board, the Board will make a final decision
at its next regular meeting.

ARTICLE 10
CHRISTIANA CARE EMPLOYEES

(1) The employment of a physician or credentialed healthcare provider by CCHS will be
governed by CCHS's employment policies and manuals and the terms of the individual's
employment relationship and/or written contract. To the extent that CCHS's employment
policies or manuals, or the terms of any applicable employment contract, conflict with
this Manual, the employment policies, manuals and descriptions, and terms of the
individual's employment relationship and/or written contract will apply.

(2) If employment is terminated for cause, the individual's Medical-Dental Staff
membership, clinical privileges and/or scope of practice will automatically expire without

ARTICLE 11
CONFLICTS OF INTEREST

(1) When performing a function outlined in this Manual, the Bylaws, the Organization
Manual, or the Rules and Regulations, if any Medical-Dental Staff member has or
reasonably could be perceived as having a conflict of interest or a bias in any
credentialing or peer review matter regarding the involved individual, the individual with
a conflict will not participate in the final discussion or voting on the matter, and will be excused from any meeting during that time. However, the individual may provide relevant information and may answer any questions concerning the matter before leaving.

(2) Any member with knowledge of the existence of a potential conflict of interest or bias on the part of any other member shall call the conflict of interest to the attention of President of the Medical-Dental Staff (or to the President-Elect if the President of the Medical-Dental Staff is the person with the potential conflict), or the applicable department or committee chair. The President of the Medical-Dental Staff or the applicable department or committee chair will make a final determination as to whether the provisions in this Article should be triggered.

(3) The fact that a department chair or staff member is in the same specialty as a member whose performance is being reviewed does not automatically create a conflict. In addition, the evaluation of whether a conflict of interest exists will be interpreted reasonably by the persons involved, taking into consideration common sense and objective principles of fairness. Only Medical-Dental Staff leadership and/or the CCO -- and not any other member of the Medical-Dental Staff -- has a right to compel disqualification of another staff member based on an allegation of conflict of interest.

(4) The fact that a committee member or Medical-Dental Staff leader chooses to refrain from participation, or is excused from participation, will not be interpreted as a finding of actual conflict.

ARTICLE 12
CONFIDENTIALITY AND PEER REVIEW PROTECTION

12.A. CONFIDENTIALITY

Actions taken and recommendations made pursuant to this Manual will be strictly confidential. Individuals participating in, or subject to, credentialing and peer review activities will make no disclosures of any such information (discussions or documentation) outside of peer review committee meetings, except:

(1) When the disclosures are to another authorized member of the Medical-Dental Staff or authorized Christiana Care employee and are for the purpose of conducting legitimate credentialing and peer review activities;
(2) When the disclosures are authorized by a Medical-Dental Staff or Christiana Care policy;
(3) When the disclosures are authorized, in writing, by the CCO or by legal counsel to Christiana Care; or
(4) When required by court order as long as the CCO has been notified and Christiana Care has been afforded an opportunity to object or seek a protective order.

The CCO or President of the Medical-Dental Staff may take action against any individual who is determined to have breached the confidentiality of peer review, including but not limited to: corrective action for unprofessional conduct, exclusion from further participation in peer review activities, and/or legal action.

12.B. PROTECTION OF PROFESSIONAL REVIEW COMMITTEES

(1) All credentialing and peer review activities pursuant to this Manual and related Medical-Dental Staff documents will be performed by professional review committees, which may be comprised of physicians or have multi-disciplinary members, and shall be entitled to the immunities and privileges in accordance with law. Christiana Care peer review committees shall include those committees set forth in the Peer Review Policy.

(2) All reports, proceedings, and minutes made of professional review committees shall be confidential and privileged.

ARTICLE 13
ADOPTION

This Credentials Manual is adopted and made effective upon approval of the Board, superseding and replacing any other Christiana Care policies pertaining to the subject matter thereof.

ARTICLE 14
DEFINITIONS

The following definitions apply to terms used in this Manual:

(1) “ADVANCED PRACTICE NURSE” includes nurse practitioners, certified nurse anesthetists, certified nurse midwives, and clinical nurse specialists.
ADVANCED PRACTICE CLINICIANS” shall include but not be limited to APNs, PAs, Optometrists, and registered dieticians. Advanced Practice Clinicians may also include individuals who perform an administrative role (do not provide patient care). These individuals are excluded from FPPE and OPPE requirements.

“AT RISK BEHAVIOR” – behavioral choice that increases risk where risk is not recognized or is mistakenly believed to be justified.

"BOARD" means the Board of Directors of Christiana Care, which has the overall responsibility for Christiana Care.

"BOARD CERTIFICATION" is the designation conferred by one of the affiliated specialties of the American Board of Medical Specialties ("ABMS"), the American Osteopathic Association ("AOA"), the American Board of Oral and Maxillofacial Surgery, the American Board of Podiatric Surgery, or the American Board of Professional Psychology upon a practitioner, as applicable, who has successfully completed an approved educational training program and an evaluation process, including passing an examination, in the applicant's area of clinical practice.

"CHRISTIANA CARE" means Christiana Care Health Services, Inc.

"CHIEF EXECUTIVE OFFICER" or "CEO" means the individual appointed by the Board to act on its behalf in the overall management of Christiana Care.

"CHIEF CLINICAL OFFICER” or “CCO” means the individual appointed by the Board to act as the chief medical officer of Christiana Care, in cooperation with the President of the Medical-Dental Staff. The Chief Clinical Officer shall be responsible for overseeing the credentialing process.

"CLINICAL PRIVILEGES" means the authorization granted by the Board to render specific patient care services.

“COLLABORATIVE or CONSULTATIVE AGREEMENT” means written verification of health care facility approved clinical privileges; or a health care facility approved job description; or a written document that outlines the process for consultation and referral between an advanced practice nurse and a licensed physician, dentist, podiatrist, or licensed Delaware health care delivery system.

"CORE PRIVILEGES" means clinical privileges for those procedures or treatments in a medical specialty or subspecialty that are routinely covered in residency, that a majority
of applicants in the specialty or subspecialty can be expected to be competent to provide, and for which the relevant departments have adopted credentialing and peer review criteria based on practitioners' demonstration of current clinical competence in the interrelated skill sets of the core.

(12) "CREDENTIALS MANUAL" means Christiana Care's Medical-Dental Staff Credentials Manual.

(13) "DAYS" means calendar days.

(14) "DENTIST" means a doctor of dental surgery ("D.D.S.") or doctor of dental medicine ("D.M.D.").

(15) “ELECTRONIC HEALTH RECORD (EHR) is a comprehensive electronic system utilized for patient management that may include but not be limited to electronic order entry, electronic progress notes, electronic discharge process, patient education, brief operative notes and applicable integrated procedure documentation modules.

(16) “EXECUTIVE SESSION” means that the only members of the Medical Executive Committee who will meet to consider a credentialing or peer review matter will consist of the following: Medical-Dental Staff officers, department chairs, at-large and alternate members of the Medical Executive Committee, service line leaders, administrative clinical leaders (Chief Clinical Officer, Chief Medical Officers, and the Vice President of Medical Affairs). All others shall be excused. The President of the Medical-Dental Staff may invite other persons he or she deems appropriate to attend the Executive Session without vote.

(17) “HUMAN ERROR” means inadvertently doing other than what should have been done; a slip, lapse or mistake.

(18) "MEDICAL-DENTAL STAFF" means all physicians, dentists, oral surgeons, podiatric surgeons and psychologists who have been appointed to the Medical-Dental Staff by the Board. The Medical-Dental Staff does not include locum tenens, residents, advanced practice clinicians (APCs), physician assistants, optometrists, and other licensed health care providers not specified in the bylaws.

(19) "MEDICAL-DENTAL STAFF LEADER" means any Medical-Dental Staff officer, the Chief Clinical Officer, Vice President of Medical Affairs, Department Chair, Section Chief, or Medical-Dental Staff committee chair.
(20) "MEDICAL EXECUTIVE COMMITTEE" means the Executive Committee of the Medical-Dental Staff.
(21) "MEMBER" means any physician, dentist, oral surgeon, podiatric surgeon, or psychologist who has been granted Medical-Dental Staff appointment and clinical privileges by the Board to practice at Christiana Care.
(22) “PEER” is an appropriately trained and licensed practitioner in a practice similar to that of the pertinent practitioner. A peer is not limited to a practitioner in the same field or with identical specialty training.
(23) "PERMISSION TO PRACTICE" means the authorization granted by the Board, to exercise a scope of practice and/or clinical privileges.
(24) "PHYSICIAN" includes both doctors of medicine ("M.D.s") and doctors of osteopathy ("D.O.s").
(25) "PHYSICIAN ASSISTANT" ("PA") means an individual who has obtained the education, maintains PA certification, is licensed as a PA and provides medical services under the supervision of a physician.
(26) "PODIATRIC SURGEON" means a doctor of podiatric medicine ("D.P.M.").
(27) “PRACTITIONER” means an individual who is a physician or an APC.
(28) “PROVIDER” means an individual who is an APC.
(29) "PSYCHOLOGIST" means individuals with a Ph.D. or Psy.D. in clinical psychology.
(30) “RECKLESS BEHAVIOR” means behavioral choice to consciously disregard a substantial and unjustifiable risk.
(31) "SCOPE OF PRACTICE" means the nature and extent of practice authorized under a health care provider’s license and authorized by the Board or CEO, as applicable under the supervision of or in collaboration with, a designated Provider.
(32) "SPECIAL NOTICE" means written communication by regular U.S. mail, certified mail, e-mail, facsimile, internal mail, overnight or hand delivery.
(33) "SUPERVISING PHYSICIAN” means a member of the Medical-Dental Staff with clinical privileges, who has agreed to supervise a Physician Assistant.
(34) “SUPERVISING PROVIDER” means a credentialed advance practice nurse who has agreed to supervise a temporarily credentialed advanced practice nurse.
(35) "SUPERVISION OF PHYSICIAN ASSISTANT" means the ability of the supervising Medical-Dental Staff member to provide or exercise control and direction over the services, activities, and duties of a physician assistant.

(36) "TELEMEDICINE" means the use of medical information exchanged from one site to another via electronic communications to improve a patient’s health status.

(37) "UNASSIGNED PATIENT" means any individual who comes to Christiana Care for care and treatment who does not have an attending physician; who has an attending physician or designated alternate but that provider is unavailable to attend the patient; or who does not want his/her prior attending physician to provide care at Christiana Care.