3.3. **PROVISIONAL STAFF**

3.3.1. **QUALIFICATIONS**

The provisional staff shall consist of members who:

3.3.1.1. meet the general medical staff membership qualifications set forth in Sections 3.2.1.1., 3.2.1.2. and 3.4.1.1-3.4.1.4.

3.3.2. **PREROGATIVES**

The provisional staff member shall be entitled to:

3.3.2.1. admit patients and exercise such clinical privileges as are granted pursuant to Article V; and

3.3.2.2. attend meetings of the medical staff and the department of which that person is a member, including open committee meetings and educational programs, but shall have no right to vote at such meetings, except within committees when the right to vote is specified at the time of appointment.

3.3.2.3. If an initial appointee fails to complete initial proctoring within the first twelve (12) months, the physician will be reminded that they have an additional six (6) months to complete the initial proctoring. If the physician fails to meet this requirement the physician. It will be considered a voluntary resignation from staff of medical staff membership and privileges.

3.3.2.4. Provisional staff members shall not be eligible to hold office in the medical staff organization, but may serve on committees.

3.3.3. **OBSERVATION OF PROVISIONAL STAFF MEMBER**

Each provisional staff member shall undergo a period of observation by designated monitors as described in Section 5.3. The purpose of observation shall be to evaluate the member’s (1) proficiency in the exercise of clinical privileges initially granted and (2) overall eligibility for continued staff membership and advancement within staff categories. Observation of provisional staff members shall follow whatever frequency and format each department deems appropriate in order to adequately evaluate the provisional staff member including, but not limited to, concurrent or retrospective chart review, mandatory consultation, and/or direct observation. Appropriate records shall be maintained. The results of the observation shall be communicated by the department chair to the credentials committee.

3.3.4. **TERM OF PROVISIONAL STAFF STATUS**

A member shall remain in the provisional staff for a period of 2 years, unless that status is extended by the medical executive committee for an additional period of up to 6 months upon a determination of good cause, which determination shall not be subject to review pursuant to Articles VI or VII.

3.4. **EMERITUS**

3.4.1. **QUALIFICATIONS**

The emeritus staff shall consist of members who have retired from active practice and, at the time of their retirement, were members in good standing of the active medical staff for a period of at least 10 continuous years, and who continue to adhere to appropriate professional and ethical standards.

3.4.2. **PREROGATIVES**

Emeritus staff members are not eligible to admit patients to the hospital or to exercise clinical privileges in the hospital, or to vote or hold office in this medical staff organization, but they may serve on committees with or without vote at the discretion of the medical executive committee. They may attend staff and department meetings, including open committee meetings and educational programs.

3.5. **ADMINISTRATIVE STAFF**

3.5.1. **QUALIFICATIONS**

Administrative staff category membership shall be held by any physician, who is not otherwise eligible for another staff category and who is retained by the hospital, medical staff or health care organization solely to perform ongoing medical administrative activities.
ARTICLE V - CLINICAL PRIVILEGES

5.1. EXERCISE OF PRIVILEGES

Except as otherwise provided in these bylaws, a member providing clinical services at this hospital shall be entitled to exercise only those clinical privileges specifically granted. Said privileges and services must be hospital specific, within the scope of any license, certificate or other legal credential authorizing practice in this state and consistent with any restrictions thereon, and shall be subject to the rules and regulations of the clinical department and the authority of the department chair and the medical staff. Medical staff privileges may be granted, continued, modified or terminated by the governing body of this hospital only upon recommendation of the medical staff, only for reasons directly related to quality of patient care and other provisions of the medical staff bylaws, and only following the procedures outlined in these bylaws.

5.2. DELINEATION OF PRIVILEGES IN GENERAL

5.2.1. REQUESTS

Each application for appointment and reappointment to the medical staff must contain a request for the specific clinical privileges desired by the applicant. A request by a member for a modification of clinical privileges may be made at any time, but such requests must be supported by documentation of training and/or experience supportive of the request.

5.2.2. BASIS FOR PRIVILEGES DETERMINATION

Requests for clinical privileges shall be evaluated on the basis of the member’s education, training, experience, current demonstrated professional competence and judgment, clinical performance, current health status, and the documented results of patient care and other quality review and monitoring which the medical staff deems appropriate. Privilege determinations may also be based on pertinent information concerning clinical performance obtained from other sources, especially other institutions and health care settings where a member exercises clinical privileges.

5.3. PROCTORING

5.3.1. GENERAL PROVISIONS

Except as otherwise determined by the medical executive committee, all initial appointees to the medical staff and all members granted new clinical privileges shall be subject to a period of proctoring. Each appointee or recipient of new clinical privileges shall be assigned to a department where performance on an appropriate number of cases as established by the medical executive committee, or the department as designee of the medical executive committee, shall be observed by the chair of the department, or the chair’s designee, during the period of proctoring specified in the department’s rules and regulations, to determine suitability to continue to exercise the clinical privileges granted in that department. The exercise of clinical privileges in any other department shall also be subject to direct observation by that department’s chair or the chair’s designee. The member shall remain subject to such proctoring until the medical executive committee has been furnished with:

5.3.1.1. a report signed by the chair of the department(s) to which the member is assigned describing the types and numbers of cases observed and the evaluation of the applicant’s performance, a statement that the applicant appears to meet all of the qualifications for unsupervised practice in that department, has discharged all of the responsibilities of staff membership, and has not exceeded or abused the prerogatives of the category to which the appointment was made; and

5.3.1.2. a report signed by the chair of the other department(s) in which the appointee may exercise clinical privileges, describing the types and number of cases observed and the evaluation of the applicant’s performance and a statement that the member has satisfactorily demonstrated the ability to exercise the clinical privileges initially granted in those departments.

5.3.2. FAILURE TO MEET PROCTORING REQUIREMENTS

If an initial appointee fails within the time of provisional membership to meet the requirements of Section 3.5.2.3, the physician may be granted an additional 6 months to complete the initial proctoring at the discretion of the Credentials Committee with approval from the Medical Executive Committee. If the physician fails to meet this requirement within six (6) months, the physician will be considered a voluntary resignation from staff.
If a member exercising new clinical privileges fails to meet requirements of Section 5.3.1 within the time allowed by the department, those specific clinical privileges shall automatically terminate. The timeframe is not to exceed twelve (12) months. will be considered a voluntary resignation of medical staff membership and privileges.

5.4. CONDITIONS FOR PRIVILEGES OF LIMITED LICENSE PRACTITIONERS

5.4.1. ADMISSIONS

5.4.1.1. Except as provided by section 5.4.2, when dentists, oral surgeons and podiatrists who are members of the medical staff, co-admit patients, a physician member of the medical staff must conduct or directly supervise the admitting history and physical examination (except the portion related to dentistry and podiatry), and assume responsibility for the care of the patient’s medical problems present at the time of admission or which may arise during hospitalization which are outside of the limited license practitioner’s lawful scope of practice.

5.4.1.2. Podiatrists who have successfully completed a postgraduate program in Podiatry accredited by a nationally recognized accrediting body after 1984, may perform history and physical examination and determine the ability their patients to undergo podiatric surgical procedures.

5.4.2. Oral and maxillofacial surgeons who have successfully completed a postgraduate program in oral and maxillofacial surgery accredited by a nationally recognized accrediting body approved by the U.S. Office of Education and have been determined by the medical staff to be competent to do so, may perform a history and physical examination and determine the ability of their patient to undergo surgical procedures the oral and maxillofacial surgeon proposes to perform. Completion of a history and physical by a qualified oral and maxillofacial surgeon under this section shall satisfy the appraisal portion of the requirements of section 5.4.2, below. For patients with existing medical conditions or abnormal findings beyond the surgical indications, a physician member of the medical staff must conduct or directly supervise the admitting history and physical examination, except the portion related to oral and maxillofacial surgery, and assume responsibility for the care of the patient’s medical problems present at the time of admission or which may arise during hospitalization which are outside of the oral and maxillofacial surgeon’s lawful scope of practice.

5.4.3. MEDICAL APPRAISAL

All patients admitted for care in a hospital by a dentist, oral and maxillofacial surgeon or podiatrist shall receive the same basic medical appraisal as patients admitted to other services, and the dentist, oral and maxillofacial surgeon or podiatrist shall seek consultation with a physician member to determine the patient’s medical status and need for medical evaluation whenever the patient’s clinical status indicates the presence of a medical problem. Where a dispute exists regarding proposed treatment between a physician member and a limited license practitioner based upon medical or surgical factors outside of the scope of licensure of the limited license practitioner, the treatment will be suspended insofar as possible while the dispute is resolved by the appropriate department(s).

5.5. TEMPORARY PRIVILEGES

Temporary privileges are allowed under two circumstances only: to address a patient care need and to finalize a pending application.

5.5.1. PATIENT CARE NEEDS

Temporary clinical privileges may be granted where good cause exists to allow a physician, dentist, podiatrist, clinical psychologist to provide care to a specific patient (but not more than 5 patients during a calendar year) or to provide patient care services for a specialty whose lack of coverage would negatively impact patient care.

5.5.2. PENDING APPLICATION FOR PERMANENT MEDICAL STAFF MEMBERSHIP

Temporary clinical privileges may be granted while the application for permanent medical staff membership and privileges are pending, the application is complete, been reviewed and signed-off by the department chair, has been reviewed and recommended for approval by the Credentials Committee and that the applicant has no current or previously successful challenge to professional licensure or registration, no involuntary termination of medical staff membership at any other organization, and no involuntary limitation, reduction, denial or loss of clinical privileges. Such persons may only attend patients for a period not to exceed 120 days.

5.5.3. GENERAL CONDITIONS

5.5.3.1. If granted temporary privileges, the applicant shall act under the supervision of the department chair to