staff membership and for exercising the clinical privileges provisionally granted to them. Review shall include but not be limited to concurrent review, mandatory consultation and/or direct observation. Appropriate records shall be maintained. Results shall be communicated to the department chief and to the credentials committee.

c. Provisional appointees shall not be eligible to hold office or to vote in this medical staff organization.

Section 10. Special Conditions for Staff Members in Medico-Administrative Positions
A practitioner employed by the hospital in a purely administrative capacity and with no clinical duties or privileges is subject to the regular personnel policies of the hospital and to the terms of his/her contract or other conditions of employment, and need not be a member of the medical staff. A medico-administrative officer must be a member of the medical staff, achieving this status by the procedure provided in Article VI. His/her clinical privileges must be delineated in accordance with Article VII. Neither the medical staff membership nor clinical privileges of a medico-administrative officer shall be terminated without the same hearing and appellate review opportunities as are provided for other members of the medical staff, unless otherwise provided in the engagement agreement.

ARTICLE IV: ALLIED HEALTH PROFESSIONALS

Section 1. General
Allied Health Professionals shall be defined as those professionals who provide treatment and/or consultation to patients in the hospital, who hold professional skills utilized in the care of patients, but might not be employees of the hospital. Only qualified allied health professionals (AHPs) may apply for and be granted a scope of practice to perform specified patient care services within the hospital.

Section 2. Categories of Allied Health Professionals
There shall be two general classes of allied health professionals: dependent and independent. Additional categories may be added as discussed below.

a. Dependent AHPs are in the employment of a physician on staff at the health center and assist in patient care activities. Dependent allied health professionals shall include, but not necessarily be limited to, the following categories:

registered nurse practitioners, nurse anesthetists, orthopedic and other surgical technicians, physician's assistants, physicians' rounding nurses, social workers, speech therapists, audiologists, dietitians, respiratory therapists, and radiology technicians.

Dependent allied health professionals are permitted to practice in the health center only within the scope of privileges offered and only under the direction and supervision of a physician.

b. Independent AHPs are qualified by their training and/or experience to practice independently under the laws of the State of Arkansas. Independent AHPs may not admit patients to the hospital, but may request that their patients be admitted by a medical staff physician. Independent allied health professionals are permitted to perform the professional services for which they are licensed within the scope of licensure and within the scope of services and needs of the hospital, as approved by the board of directors.

Independent allied health professionals shall include, but not be limited to, podiatrists and clinical psychologists. Pursuant to state regulations, only licensed physicians and dentists are allowed to practice independently within the hospital.

c. Additional Classes of Professionals
Additional categories may be added to either class by the governing body following review and recommendation of the credentials committee, that:

1. the utilization of practitioners of such category is consistent with appropriate utilization of the hospital and its services;
2. the services to be performed by such category need to be performed in a hospital setting or that patients frequently require such services while hospitalized;
3. such category of allied health professionals would provide a needed patient care service that is not already adequately provided for by existing staff members, allied health professionals or hospital employees;
4. adequate supervision of practitioners could be achieved by the staff without undue burden; and
5. the presence of such category of practitioners would not unduly complicate patient care or expose the hospital or staff to liability.

Section 3. General Qualifications

Only AHPs of a category approved under Section 2 of this Article IV who hold a license, certificate or other such credentials as may be required by applicable state law and who:

a. document their experience, background, training, ability, physical health status and mental health status with sufficient adequacy to demonstrate that any patient treated by them will receive care of the generally recognized professional level of quality and efficiency and that they are qualified to provide a needed service within the hospital; and
b. are determined on the basis of documented references: to adhere strictly to the ethics of their respective professions as applicable and to work cooperatively with others

are eligible to provide specified services in the hospital. The credentials committee may, in consultation with the president, and subject to approval by the board, establish additional qualifications required of members of any particular category of AHPs.

Section 4. Appointment and Authority

a. Procedure:

The appointment and authority for specified services of allied health professionals shall be processed in the same manner as are requests for Appointment from Physicians, as set forth in Article VI, Section 5, and authorization for their functions shall be based upon their training, experience and demonstrated competency.

No Allied Health Professional who is not an employee of the hospital shall provide any services at or within the hospital unless he/she has been approved through the Appointment Process as delineated in Article VI, Section 5.

As evidence of having read and understood the Medical Staff Bylaws, Rules and Regulations, each allied health professional shall sign upon application for appointment and privileges an agreement to abide by the current bylaws, rules and regulations.

b. Eligibility:

Their eligibility for appointment shall be determined on the basis that they meet the following criteria:

1. They are capable of effectively communicating with patients, the medical and hospital personnel;
2. They exercise judgment within their areas of competence, provided that a physician member of the medical staff shall have the ultimate responsibility for patient care;
3. They participate directly in the management of patients at the request of and/or under the supervision of a member of the medical staff;
4. They record reports and progress notes on patients' records and write orders or recommendations to the extent established for them by the executive committee and the board of directors; and
5. They perform services in conformity with the applicable provisions of the Medical Staff Bylaws, Rules and Regulations.

c. Insurance

To be eligible for appointment, an allied health professional applicant must have and maintain professional liability insurance coverage, insuring him/her against all medical incidents or occurrences within the hospital for which he/she may be held legally responsible, with such coverage limits as may be established by the governing body, with input from the executive committee.

Section 5. Specific Patient Care Services

Requests to perform specified patient care services from allied health professionals shall be processed in the manner specified in Section 4 of this Article IV.

a. Dependent AHPs (as defined in Section 2 of this Article IV) may, subject to any licensure requirements or other legal limitation, and subject to their specific scope of privileges, exercise independent judgment within the areas of his/her professional competence, and may participate directly in the medical management of patients under the supervision of a physician who has been accorded privileges to provide such care and who has ultimate responsibility for the patient's care.
b. Independent AHPs (as defined in Section 2 of this Article IV) may provide patient care services commensurate with the appointment and privileges extended him/her and subject to coordinating such services with the physician staff member who admitted the patient to the hospital.

Section 6. Assignment to Department

Allied health professional personnel shall be individually assigned to an appropriate clinical department as staff affiliates, and shall carry out their activities subject to the departmental policies and procedures that foster optimal achievable patient care. AHPs may be subject to an observation period and formal periodic review, as determined for his or her category.

In those cases involving use by physicians of established Allied Health Professional Personnel in an expanded medical support role, the organized medical staff shall work closely with members of the appropriate discipline in delineating such functions, e.g., the head of the pertinent clinical department, the executive committee, administration, nursing service, etc. The scope of available privileges is that recommended by the medical executive committee and approved by the board of directors.

Section 7. Supervision

All procedures performed in the hospital by dependent AHPs must be under the direct supervision of a licensed physician who is a member of the medical staff and within the scope of privileges permitted by the medical staff and the board.

Section 8. Indemnification for Medical Staff Review

The Hospital shall defend, or assume the costs incurred for the defense and pay any settlements, judgments and damages on behalf of any member of the medical staff arising out of service on any hospital or medical staff committee or assisting in professional review or quality management activities involving care provided at the hospital, so long as the member of the medical staff acted in good faith.

Section 9. Automatic Termination of Appointment

An AHP's appointment automatically terminates upon the occurrence of any of the following events:

a. The appointment of the physician employer of the Dependent AHP terminates, whether such termination is voluntary or involuntary.
b. The Dependent AHP ceases to be the employee of the Physician or Dentist practitioner.
c. The Independent or Dependent AHP's license or certification expires, is revoked or is suspended.

The automatic termination of appointment pursuant to this section shall not entitle the AHP to the Procedural Rights afforded AHPs in this Article IV, Sections 10 and 11.

Section 10. Procedural Rights

a. In the event that a recommendation is made by the credentials committee that an AHP not be granted appointment to the hospital, or that the scope of practice requested or that a scope of practice previously granted be restricted or terminated, the individual shall be notified of the recommendation. The notice shall include a general statement of the reasons for the recommendation and shall advise the individual that he or she may request a meeting with the credentials committee before its recommendation is forwarded to the board for final action.

b. If the AHP desires to request a meeting, he or she must make such request in writing and direct it to the president within thirty (30) days after receipt of the written notice of the adverse recommendation. If a meeting is requested in the above stated time frame, it shall be scheduled to take place within a reasonable amount of time. The meeting shall be informal and shall not be considered a hearing. The AHP and his or her employing or supervising physician shall both be permitted to attend and participate in the meeting; however, neither party shall be represented by counsel at the meeting.

c. Following this meeting, the credentials committee shall make its final report and recommendation to the medical executive committee and board.

Section 11. Appeals Process

a. The grounds for appeal shall be limited to the following assertions: (i) there was substantial failure to comply with this policy and/or applicable bylaws or policies of the hospital or the medical staff, and/or (ii) the recommendation was arbitrary and capricious.

b. The credentials committee will consider the request for appeal and the report upon which the adverse recommendation was made. This review shall be conducted within thirty (30) days after receiving the request for appeal.

c. The AHP and the credentials committee shall each have the right to present a written statement in support of its position on appeal to the medical executive committee.

d. At the sole discretion of the chief of staff, the AHP and a representative of the credentials committee may be invited to appear personally to discuss their position before the medical executive committee. In that event, however, neither party shall be represented by counsel at the appeal.

Upon completion of the review, the medical executive committee shall then make its final recommendation to the full medical staff and ultimately to the governing body.

3. An application shall be complete when all questions on the application form have been answered, all supporting documentation has been supplied and all information has been verified from primary sources. The medical executive committee shall make the final determination as to whether an application is incomplete. Any application that continues to be incomplete 30 days after the individual has been notified of the additional information required shall be deemed to be withdrawn.
4. The individual seeking appointment or reappointment is responsible for providing a complete application, including responses from references deemed adequate by the medical executive committee. An incomplete application will not be processed.

c. The completed application shall be submitted to the president. A completed application shall include the appropriate application and clinical privileges delineation form, completed in their entirety, along with the following documentation: 1) copy of applicant's current license to practice in the State of Arkansas; 2) copy of applicant's current DEA licensure, valid in the State of Arkansas; 3) current certificate of insurance; and 4) any other documentation as required by the application form. After collecting references and other materials deemed pertinent he/she shall transmit the application and all supporting materials to the credentials committee for evaluation.

d. The application form shall include a statement that the applicant has received and read the bylaws, rules and regulations of the medical staff and that he/she agrees to be bound by the terms thereof without regard to whether or not he/she is granted membership and/or clinical privileges in all matters relating to consideration of his/her application.

e. At the time of a request for appointment to the medical staff or for clinical privileges, the hospital shall query the National Practitioner Data Bank for physicians, dentists, and other healthcare practitioners who make application to the medical staff or to have clinical privileges at the hospital.

Section 5. Appointment Process

a. Department Chair Procedure: The appropriate department chairperson(s) will initially evaluate each application for medical staff membership/privileges within his/her department. The department chairperson will complete a report with an appraisal of qualifications for the privileges requested and submit that report to the credentials committee. Part of the information gathering process may include interviews of the applicant by the department chairperson(s).

b. Credentials Committee Procedure:
1. The credentials committee shall review and consider the report prepared by the relevant department chair and shall make a recommendation to the medical executive committee.

2. The credentials committee may use the expertise of the department chair, or any member of the department, or an outside consultant, if additional information is required regarding and applicant's qualifications.
3. After determining that an applicant is otherwise qualified for appointment and privileges, the credentials committee shall review the applicant's confirmation of ability to perform privileges requested to determine if there is any question about the applicant's ability to perform the privileges requested and the responsibility of appointment competently and safely. If a question arises, the credentials committee may require the applicant to undergo a physical and/or mental examination by a physician(s) satisfactory to the credentials committee. The results of this examination shall be made available to the committee for its consideration. Failure of an applicant to undergo an examination within a reasonable time after being requested to do so in writing by the credentials committee shall be considered a voluntary withdrawal of the application and all processing of the application shall cease.
4. The credentials committee may recommend the imposition of specific conditions. These conditions may relate to behavior (e.g., code of conduct) or to clinical issues (e.g., general consultation requirements, proctoring). The credentials committee may also recommend that appointment be granted for a period of less than two years in order to permit closer monitoring of an individual's compliance with any conditions.
5. If the recommendation of the credentials committee is delayed longer than sixty days, the chairperson of the credentials committee shall send a letter to the applicant, with a copy to the president, explaining the reasons for the delay.

c. Executive Committee Procedure: At its next regular meeting after receipt of the application and the report and recommendations of the credentials committee, the executive committee shall determine whether to recommend to the governing body that the practitioner be accepted or rejected for medical staff membership, or that his/her application be deferred for further consideration. All recommendations to appoint must also specifically recommend the clinical privileges to be granted, which may be qualified by probationary conditions relating to such clinical privileges.

When the recommendation of the executive committee is favorable to the practitioner, the president shall promptly forward it, together with all supporting documentation, to the governing body.

When the recommendation of the executive committee is to defer the application for further consideration, it must be followed up within sixty days with a subsequent recommendation for provisional membership appointment with specified clinical privileges, or for rejection for staff membership. The reasons for the recommendation shall be stated.

When the recommendation of the executive committee is adverse to the practitioner, either in respect to appointment or clinical privileges, the president shall promptly notify the practitioner by certified mail, return receipt requested. No such adverse recommendation need to be forwarded to the governing body until after the practitioner has exercised or has been deemed to have waived his /her right to a hearing as provided in Article IX of these bylaws.

d. Board Action: At its next regular meeting after receipt of a favorable recommendation by the medical executive committee, the governing body or its executive committee shall act in the matter. If the governing body's decision is favorable to the practitioner, he/she shall be informed in writing.

Whenever the governing body's decision will be contrary to the recommendation of the medical executive committee, the governing body shall submit the matter to the executive/joint conference committee for review and recommendation and shall consider such recommendation before making its decision final. Members of this committee shall consist of three members of the board, appointed by its chairperson, designating one of these members to serve as chairperson of the committee, and three members of the executive committee of the medical staff appointed by the chief of staff.

The governing body's decision will be considered final when it makes the decision after considering the recommendation of the executive/joint conference committee. If the governing body's decision is adverse to the practitioner either in respect to appointment or to clinical privileges, the president shall promptly notify him/her of such adverse decision by certified mail, return receipt requested, and such adverse decision shall be held in abeyance until the practitioner has exercised or has been deemed to have waived his/her rights under Article IX (Hearing and Appeal Procedures) of these bylaws.

When the governing body's decision is final, it shall send notice of such decision through the president to the secretary of the medical staff, to the chairperson of the executive committee and of the chairperson of the department concerned and by certified mail, return receipt requested, to the practitioner.

Section 6. Reappointment Process

a. All applications for reappointment to the medical staff shall be in writing, shall be signed by the applicant and shall be submitted on a form prescribed by the governing body after consultation with the executive committee. The application shall require the staff member to supplement and correct information contained in former applications. Such supplemental information to be contained in a reappointment application shall include statements concerning whether, subsequent to the practitioner's last application to the staff, 1) the applicant's professional licensure has been denied, reduced, suspended, revoked, otherwise diminished or surrendered, either voluntarily or involuntarily, or if any challenges to professional licensure are currently pending; 2) the applicant's privileges or membership at any other healthcare institution have been revoked, suspended,

limited, reduced or not renewed, either voluntarily or involuntarily; 3) the applicant has had professional liability action initiated; and 4) health status has changed.

b. At the time of a request for reappointment to the medical staff or for clinical privileges, but in no event less than every two years, the hospital shall query the National Practitioner Data Bank for physicians, dentists and other healthcare practitioners who seek reappointment to the medical staff or to have clinical privileges at the hospital.

c. Prior to the last scheduled governing body meeting of each year, the credentials committee shall review all pertinent information available on each practitioner scheduled for periodic appraisal, for the purpose of determining its recommendations for reappointments to the medical staff and for the granting of clinical privileges for the ensuing period, and shall transmit its recommendations to the executive committee. Where non-reappointment or a change in clinical privileges is recommended, the reason for such recommendation shall be stated and documented.

d. Each recommendation concerning the reappointment of a medical staff member and the clinical privileges to be granted upon reappointment shall be based upon information necessary to update and evaluate qualifications, including, but not limited to, such member's current clinical competence and his/her professional performance and judgment in the treatment of patients, his/her current health status, his/her ethics and conduct, his/her attendance at medical staff meetings and participation in staff affairs, his/her compliance with the hospital bylaws and Medical Staff Bylaws, Rules and Regulations, his/her use of the hospital's facilities for patients, his/her relations with other practitioners, and his/her general attitude toward patients, the hospital and the public, his/her capacity to satisfactorily treat patients as evidenced by results of hospital quality/risk management activities and other reasonable indicators, and continuing medical education, as well as all information contained in the reappointment application. Input from the appropriate department chairperson is sought in this process.

e. Prior to the last scheduled meeting of the governing body in the medical staff year, the executive committee shall make written recommendations to the governing body through the president concerning the reappointment, non-reappointment and/or clinical privileges of each practitioner then scheduled for periodic appraisal. When non-reappointment or a change in clinical privileges is recommended, the reasons for such recommendation shall be stated and documented.

f. Thereafter, the procedure provided in Section 5 of this Article VI relating to recommendations on applications for initial appointment shall be followed.

Section 7. Failure to File Application for Reappointment

If a staff member fails to file an application for reappointment as outlined in Section 6 of this Article VI, such failure shall constitute a resignation from the medical staff and voluntary relinquishment of clinical privileges. A staff member who has resigned pursuant

Section 3. Credentials Committee

a. Composition: The credentials committee shall consist of members of the executive committee selected on a basis that will ensure representation of the major clinical departments, the hospital based specialties and the medical staff at large. At its discretion, the executive committee may assume the responsibilities of the credentials committee.

b. Duties: The duties of the credentials committee shall be:
   1. to review the credentials of all applicants for appointment, reappointment or modification of appointment, and to make recommendations for membership and delineation of clinical privileges in compliance with Articles IV, V, and VI of these bylaws;
   2. to make a report to the board or to the executive committee on each applicant for medical staff membership or clinical privileges, including specific consideration of the recommendations from the departments in which such applicant requests privileges;
   3. to review at least every two years all information available regarding the competence of staff members and, as a result of such reviews, to make recommendations for the granting of privileges, reappointments, and the assignment of practitioners to the various departments or services as provided in Articles IV, V and VI of these bylaws.

c. Meetings: The credentials committee shall meet as needed.

d. Confidentiality: The credentials committee shall be organized in whole or in part for the purpose of and shall be charged with the responsibility for reviewing and evaluating the quality of medical and/or hospital care. The proceedings, minutes, records, and/or reports of this committee of the hospital and/or its medical staff having the responsibility for reviewing and evaluating the quality of medical or hospital care, and any records compiled or accumulated by the administrative staff of the hospital in connection with such review or evaluation, together with all communications or reports originating in such committee shall be absolutely privileged communications as provided by Arkansas law. In accordance therewith, neither shall any person with knowledge of any events occurring during the activities of such committee provide any testimony regarding said events. All such information shall be considered confidential to the extent required and permitted by law and shall not be voluntarily disclosed.

Section 4. Emergency Care Committee

a. Composition: This committee shall consist of a minimum of ten (10) physicians including representation from the medicine and surgery departments, as well as from patient care services and ambulance service as necessary.
b. Purpose: This committee shall be responsible for the formulation, monitoring, evaluation and improvement of patient care in the hospital emergency department.
c. Meetings: This committee shall meet every month as needed.
d. Confidentiality: The emergency care committee shall be organized in whole or in part for the purpose of and shall be charged with the responsibility for reviewing