

**CRAIG HOSPITAL  
ENGLEWOOD, COLORADO**

**RULES AND REGULATIONS  
OF THE MEDICAL STAFF**

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# RULES AND REGULATIONS OF THE MEDICAL STAFF

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# **RULES AND REGULATIONS OF THE MEDICAL STAFF**

CRAIG HOSPITAL  
ENGLEWOOD, COLORADO

## **1. GENERAL CONDUCT OF CARE**

- 1.1 Every member of the medical staff shall conduct his or her practice in accordance with high ethical traditions and shall refrain from rebating a portion of a fee or receiving other inducements in exchange for a patient referral, deceiving a patient as to the identity of an operating surgeon or any other medical practitioner providing treatment or service, or delegating responsibility for diagnosis or care of patients to another medical practitioner who is not qualified to undertake this responsibility.
- 1.2 A doctor of medicine or osteopathy shall be on duty or on call at all times.
- 1.3 Practitioners who provide routine consultation and/or are expected to do in-hospital procedures on patients in Craig Hospital are responsible for making arrangements and ensuring that an alternate practitioner is available for continuing care for his/her patients when he/she is unavailable (i.e. out of town or otherwise unavailable). The covering practitioners for these consultants must be members of the Medical Staff of Craig Hospital.
- 1.4 Each member of the medical staff will be part of the Organized Health Care Arrangement with the Hospital, which is defined in USC 164.520(d)(1) (HIPAA Privacy Regulations) as a clinically-integrated care setting in which individuals typically receive healthcare from more than one healthcare provider. This arrangement allows the Hospital to share information with the provider and the provider's practice for purposes of the provider's payment and practice operations. The patient will receive one Notice of Privacy Practices in Admissions, which will include information about the Organized Health Care Arrangement with the Medical Staff.

## **2. CATEGORIES OF CLINICAL PRIVILEGES**

### **2.1 Category I – Physical Medicine and Rehabilitation Privileges**

Qualified practitioners may request and be granted approval to perform the diagnostic and therapeutic procedures that are designated for the Department of Rehabilitation Medicine. Only members of the Active Attending Medical Staff will admit inpatients to Craig Hospital and will serve as the primary attending physician. Other physical medicine and rehabilitation practitioners, not members of the Active Attending Medical Staff, may request and be granted approval for consultative privileges and other procedures for which they are qualified.

### **2.2 Category II - Privileges for Physicians in Subspecialty Training in Spinal Cord Injury and Traumatic Brain Injury Rehabilitation**

Physicians approved for Category II privileges shall be selected for training under the supervision of the Acting Attending Medical Staff. They may be granted admitting privileges and privileges for which they are qualified as defined in Category I.

2.3 **Clinical Privileges for Surgical and Invasive Procedures (Performed Outside of the Urodynamics Laboratory)**

These privileges qualify the physician to perform designated surgical and invasive procedures within Craig Hospital outside of the Urodynamics Laboratory.

2.4 **Clinical Privileges for the Urodynamics Laboratory**

These privileges qualify the physician to render specialty consultation and perform designated procedures and techniques within the Urodynamics Laboratory.

2.5 **Consultative Privileges, General**

Upon written order of a primary attending physician, practitioners in this category may assume a consultative role for the care of patients. Practitioners in this category may not admit patients to the Inpatient Service nor serve as primary attending physicians for inpatients. All orders for treatment and evaluation of inpatients shall be coordinated by the primary attending physician who will remain directly responsible for the total care and management of inpatients.

Privileges

- a) Obtain medical histories and perform physical examinations.
- b) Order diagnostic tests and studies.
- c) Make recommendations to the attending physician, as requested.
- d) Treat the medical or surgical problem if requested by the attending physician.
- e) Order medications (consistent with the schedules listed on current and valid DEA registration and other legal requirements).
- f) Serve as the admitting physician for patients seen in the Out-Patient Clinic.

2.6 **Petition for Increased Privileges**

A member of the staff desiring increased privileges shall petition the Executive Committee of the medical staff and shall submit evidence of additional training, experience and/or other required qualifications. The written recommendation of the Executive Committee shall be forwarded to the Medical Care Committee of the Board of Directors for evaluation and recommendation to the full Board. Increased privileges shall be effective when approved by the Board of Directors.

**3.- MEETINGS**

Attendance records for the Annual Meeting, Department Meetings and any special meetings shall be maintained on an annual basis for each member of the Active Attending and Primary Consulting Staff.

**4.- ADMISSIONS:DISCHARGES**

- 4.1 As a specialized medical facility established primarily for the treatment and rehabilitation of persons suffering from central nervous system disability, the hospital shall admit only those patients who fall within this category.
- 4.2 Admissions to the hospital shall be determined after a complete review and evaluation by a member of the Active Attending Staff, in keeping with the purpose of Craig Hospital. No one is accepted for custodial care. Admission is determined by many considerations, including, but not limited to:
- a) the expectation of benefiting the patient's disability;
  - b) the severity of disability and urgency of medical need;
  - c) the lack of needed services in the person's present situation;
  - d) the closeness of onset of injury.
- 4.3 Authority to admit any and all patients to the Inpatient Service is exclusively delegated to the regular and provisional members of the Active Attending Staff who shall serve as primary care physicians for all patients admitted to the hospital.
- 4.4 Except in emergency, no patient shall be admitted to the hospital until a provisional diagnosis has been stated. In case of emergency, the provisional diagnosis shall be stated as soon after admission as possible.
- 4.5 Patients shall be discharged only upon the written order of the attending physician or designee. At the time of discharge, the attending physician or designee shall be responsible for completing the medical record and stating the final diagnoses.
- 4.6 Patients shall receive temporary overnight passes only upon written order of the attending physician.
- 4.7 Every member of the medical staff is expected to be actively interested in securing autopsies in all deaths that occur in the hospital. No autopsy shall be performed without the written consent of a responsible relative or person legally authorized to give such consent. All autopsies shall be performed by a hospital pathologist or by a physician delegated this responsibility. If the attending physician is unsuccessful in obtaining permission, he or she shall set forth the reasons for failure in the closing note of the medical record.

## **5.- MEDICAL RECORDS:DOCUMENTATION**

### **5.1 History and Physical Examinations**

#### **5.1.1 Inpatient Admissions**

A complete history and physical examination shall be recorded by the attending physician or delegated to an advance practice registered nurse (APRN) or Physician Assistant (PA) no more than thirty (30) days before and within twenty-four (24) hours after a patient's admission for inpatient care or prior to surgery or a procedure requiring anesthesia services. No counter-signature is required on the history and physical completed by the APRN or PA. When recorded by a resident, the attending physician shall review such history and physical and shall countersign to indicate his/her approval of the contents.

The history and physical examination report will include the following:

- chief complaint/reason for admission
- details of the present illness
- relevant past history, social and family history and review of systems
- all pertinent findings resulting from a current assessment of all body systems, unless deferred in the practitioner's judgment
- diagnosis or diagnostic impression
- reason for admission and treatment plan

#### **5.1.2 Outpatient Admissions**

Patients being seen for outpatient services may have History and Physical Examinations, as outlined above, independently performed and documented by an APRN or PA granted clinical privileges by the Medical Staff, so long as these actions fall within the scope of a collaborative agreement between the APRN or PA and a member of the Medical Staff.

- 5.2 The attending physician shall be held responsible for the preparation of a complete medical record for each patient. This record shall include identification data, a history and physical examination report as described in 5.1.1, diagnostic and therapeutic orders, special reports such as consultations, clinical laboratory, x-ray and others, provisional and final diagnoses, evidence of appropriate informed consent, condition at discharge, discharge summary or note, follow-up recommendations and autopsy when available. No medical record shall be filed until it is complete except on order of the Medical Staff Executive Committee.
- 5.3 Pertinent progress notes shall be recorded at the time of observation, sufficient to permit continuity of care and transferability. Whenever possible, each of the patient's clinical problems should be clearly identified in the progress notes and correlated with specific orders as well as results of tests and treatment.
- 5.4 Records are considered delinquent when they remain incomplete thirty (30) days after the patient's discharge date. Failure to complete medical records after appropriate notification from the Health Information Management (HIM) Department will result in loss of admitting and/or consulting privileges. The HIM Department provides appropriate notice to practitioners by notifying them in writing at least two weeks in advance regarding any record becoming delinquent.

- a) Notices of incomplete records will be sent to the practitioner's offices informing them as to which records are incomplete and which records will become delinquent in the next two weeks.
  - b) When a practitioner has a delinquent record, the HIM Director will send the individual a letter notifying him/her that his/her admitting and/or consultative privileges will be suspended if the record is not completed within 15 days of the date of the letter.
  - c) A practitioner's admitting and/or consultative privileges will be suspended (except in emergencies which are subject to review by the Medical Director) when he/she fails to complete a delinquent record within fifteen (15) days of the date of the delinquency notification letter.
  - d) The practitioner shall be notified of the actual loss of admitting and/or consulting privileges by certified mail, return receipt requested.
  - e) Practitioners should notify the Director of Health Information Management, or designee, to relay any justifiable reason for failure to complete medical records according to the established time frames. Justifiable reasons include, without limitations, if the practitioner is ill or otherwise unavailable prior to the suspension date.
  - f) The practitioner may continue to treat patients still in the hospital at the time of such suspension. Upon subsequent completion of such records, the privileges shall be automatically reinstated.
- 5.5 All clinical entries in the patient's medical record shall be accurately dated and authenticated. The acceptable methods for authentication include the following:
- a) Practitioner's written signature or identifiable initials.
  - b) Rubber stamp signature may be used only if the practitioner signs a document stating he/she will be the only person who uses the rubber signature stamp.
  - c) Electronic authentication is acceptable only if the practitioner uses a unique password; the practitioner whose signature the electronic signature represents is the only individual who has possession of or knows the password; and the practitioner has provided the Information Systems Department with a signed statement to the effect that he/she is the only one who has possession of, knows of, or will use this password.
- 5.6 Symbols and abbreviations may be used only when they have been approved by the Executive Committee. An official record of approved abbreviations and a DO NOT USE list of abbreviations shall be maintained on the Hospital Intranet.
- 5.7 In the case of readmission of a patient, all previous records shall be available for the use of the attending physician. This shall apply whether the patient be attended by the same physician or by another.

- 5.8 Access to medical records of patients shall be afforded to staff physicians in good standing for bona fide study and research, consistent with preserving the confidentiality of protected health information concerning the individual patient. Protected health information will not be used for research purposes without specific authorization unless an Institutional Review Board or Privacy Board grants a waiver of authorization. Subject to the discretion of hospital administration, former members of the medical staff shall be permitted access to information from the medical records of their patients covering all periods during which they attended such patients in the hospital.
- 5.9 All records are the property of the hospital and shall not be removed from the hospital except by court order, subpoena or statute.

## **6.- CONSULTATION SECTION**

- 6.1 Since the essence of a specialized rehabilitation program is the close cooperation and coordination of all medical specialties, a team of appropriate consultants shall be mobilized by the active attending physician at the beginning of each patient's admission, as indicated. When the proper order of medical events is established during the different phases of the patient's program, each consultant will assume a major role and accept the responsibility for patient care within his or her specialty. However, all orders for treatment and evaluation will be coordinated by the active attending physician to insure maximum benefit and rehabilitation for the patient.
- 6.2 Except in an emergency, satisfactory consultation with a member of the Active Attending, Primary Consulting or Consulting Medical Staff shall be required as follows:
- a) all major cases in which the patient is not a good risk;
  - b) all cases in which the diagnosis is obscure;
  - c) all cases in which there may be doubt as to the best therapeutic measures to be utilized.
- 6.3 Psychiatric consultation and treatment, or equivalent counseling services, shall be offered to all patients who have attempted suicide or have taken a chemical overdose. The attending physicians shall be responsible for assuring the care and/or appropriate referral of patients who are emotionally ill, who become emotionally ill while in the hospital, or who suffer the results of alcoholism or drug abuse.
- 6.4 Unless the need for more timely consultation is specified by the ordering physician, consultations shall be completed within seven (7) days of the request by the ordering physician. A satisfactory consultation shall be in writing and shall contain a written opinion of the consultant that reflects, where appropriate, examination of the patient and the patient's medical record. Any practitioner who fails to provide a written consultation note within fifteen (15) days of issuance of a written notice of delinquency may have suspension of the practitioner's consultation privileges, effective until medical records are completed. The written notice of delinquency will be issued by the Health Information Management Department within fifteen (15) days after a patient's discharge. Upon subsequent completion of the delinquent consultation note, the practitioner's consultation privileges shall be automatically reinstated.

- 6.5 When an operative procedure is involved, the consultation note must be recorded prior to the operation except in an emergency.
- 6.6 The patient's attending physician is responsible for requesting consultations whenever indicated. A hospital employed registered advanced practice nurse working under a collaborative agreement with the attending physician may request consultations when indicated. It is the duty of the medical staff through its Executive Committee and the medical director to make certain that members of the Active Attending Staff do not fail to call for consultations when needed.

## **7.- ORDERS:TREATMENT:MEDICATIONS**

- 7.1 Standing orders shall be formulated by conference between the medical staff, Administration through the Medical Director, and the Vice President of Patient Care Services. The latter shall notify all personnel concerned. All standing orders must be authenticated by a responsible practitioner as soon as possible and no later than forty eight (48) hours after the order is written.
- 7.2 All orders for treatment, diagnostic tests, admission or discharge shall be in writing and must be dated and signed by members of the medical staff, or advance practice registered nurses (APRN) or physician assistants (PA), approved for such privileges by the Board of Directors.
- 7.3 All orders for treatment shall be in writing and orders shall be considered to be in writing if verbally conveyed to an authorized person and signed by the attending responsible physician, APRN or PA. Personnel authorized to accept and transcribe the physician, APRN or PA verbal orders shall be the following:
- a) Registered Nurses
  - b) Licensed Practical Nurses
  - c) Occupational Therapists, Physical Therapists, Speech Pathologists, Respiratory Therapists, Psychologists, Therapeutic Recreation Therapists, Pharmacists and Registered Dietitians may accept and transcribe physician, APRN or PA verbal orders for services and treatments which are limited to their respective disciplines.
  - e) Board of Directors approved Allied Health Professionals under supervision of a member of the Consulting Medical Staff.
- 7.4 All telephone and verbal orders shall include the date, time, name of the responsible practitioner, and name of the individual receiving the order. Indications for medication orders must be included. Read back verification of the verbal telephone order is required. All verbal orders must be authenticated by a responsible practitioner as soon as possible and no later than forty eight (48) hours after the order is written.
- 7.5 Protocol order sets, which have been approved by the Medical Staff Executive Committee as within the scope of practice of a respective discipline, do not require

authentication by the physician, APRN or PA.

- 7.6 Fellows and residents shall be permitted to write patient care orders. Such orders written by residents do not need to be countersigned by the attending physician.
- 7.7 With the exception of procedures done in the Urodynamics Laboratory, all orders are automatically discontinued when the patient goes to surgery.
- 7.8 Stop Orders: All drugs not specifically prescribed as to time or number of doses will be reviewed after thirty (30) days and automatically stopped unless reordered.
- 7.9 Drugs used shall meet the standards of the United States Pharmacopoeia, National Formulary or New and Non-Official Drugs, with the exception of drugs for bona fide clinical investigation. Exceptions to this rule shall be well justified.
- 7.10 The Executive Committee of the Medical Staff shall be responsible for establishing standards on the use and control of Investigational drugs and research in the use of recognized drugs, evaluating new drugs for use in the hospital, and recommending those drugs to be stocked and used in the hospital.
- 7.11 All prn medication orders must include the indication for use.

## **8.- SURGERY SECTION**

- 8.1 The admitting physician (or designated APRN or PA) is responsible for recording the history and physical examination before the time stated for operation. When such history and physical examination are not recorded before the time stated for operation, the Operating Room Supervisor shall cancel the operation, unless the attending physician states in writing that such delay would constitute a hazard to the patient.
- 8.2 When an operative procedure is involved, the consultation note must be recorded prior to the operation except in emergency. When required consultation and preoperative diagnoses are incomplete prior to operation, the Operating Room Supervisor shall cancel the operation, unless the surgeon states in writing that such cancellation would constitute a hazard to the patient.
- 8.3 Except in emergency, no patient shall be given a general or spinal anesthetic in the operating suite unless a history and physical examination, required consultation note and indicated laboratory work are completed and pertinent findings recorded in the medical record.
- 8.4 A surgical operation shall be permitted only after an informed consent, signed by the patient or the legal representative, is on the medical record, except in extreme emergency when signatures are unobtainable. Signed consents shall be obtained prior to the administration of preoperative medications.
- 8.5 Patients transferred to Swedish Medical Center for surgery shall be accompanied by their medical records which shall include a history and physical examination and necessary consultation note. Surgical and anesthetic consents will be obtained or verified by Swedish Medical Center staff during the patient's pre-op admission.

- 8.6 The preoperative diagnosis shall be recorded by the surgeon before the operation and the postoperative diagnosis shall be recorded by the surgeon immediately following the operation.
- 8.7 Operative reports shall be dictated or written in the medical record immediately after surgery and shall contain a description of the findings, the technical procedures used, the specimens removed, the postoperative diagnosis, and the name of the primary surgeon and any assistants.
- 8.8 All tissues, prosthetic devices and/or specimens removed during a surgical procedure will be sent to the hospital pathologist who shall make such examination as considered necessary to establish identification and/or pathological diagnosis; exceptions will be identified by the surgeon and documented by the circulating Nurse.
- 8.9 Preoperative and postoperative notes shall be written by the anesthesiologist and the Anesthetic Record must be completed and accompany the patient to the recovery room or the patient's room.
- 8.10 With the exception of procedures done in the Urodynamics Laboratory, all medication orders are automatically discontinued when the patient goes to surgery.
- 8.11 Immediate postoperative recovery orders shall be written on the Recovery Room Record. Other orders shall be written on the Doctors' Order Sheet.

**9.- PROCEDURES PERFORMED WITHIN CRAIG HOSPITAL**

- 9.1 The Urodynamics Laboratory may be used only for urological procedures normally conducted in hospital treatment and examination rooms, including:
  - a) Cystoscopies
  - b) Cystolitholapaxies
  - c) Suprapubic cystotomies
  - d) Urodynamic evaluations
  - e) Other urological procedures and treatments approved by the Executive Committee of the Medical Staff.
- 9.1.1 The Medical Director of the Hospital shall appoint the Medical Director of the Urodynamics Laboratory who shall be a member in good standing of the medical staff. The Medical Director of the Urodynamics Laboratory shall be responsible for participating on a continuous basis in management of the Laboratory. The Medical Executive Committee is responsible for reviewing the quality of patient care and the professional performance of practitioners with clinical privileges, as well as evaluating the competency and making recommendations concerning practitioners who may request such clinical privileges.

- 9.2 Requirements for procedures performed at Craig Hospital, including but not limited to urology procedures and bronchoscopies:
- a) A history and physical examination, results of pertinent diagnostic tests, and a provisional diagnosis are recorded prior to the procedure.
  - b) The procedure shall be permitted only after informed consent, signed by the patient or the legal representative and the practitioner performing the procedure, except in cases of emergency.
  - c) Active verification of right patient/right procedure/right site is conducted immediately prior to the procedure.
  - d) A procedure note is entered in the medical record immediately after the procedure, with the name of the practitioner, procedure performed, findings, and post operative diagnosis.
  - e) Any procedure that requires the use of a general anesthetic shall be scheduled in the operating room of a general hospital.

## **10.- OUT-PATIENT DEPARTMENT SECTION**

- 10.1 Authority to admit patients to the Out-Patient Department is delegated to regular and provisional members of the Active Attending Medical Staff, the Consulting Medical Staff and hospital employed APRNs.
- 10.2 The medical director shall be responsible for the medical direction of the Out-Patient Department.
- 10.3 Out-patients requiring emergency care will be transferred to the Emergency Department of Swedish Medical Center. Medical information will be provided to the Emergency Department.

## **11.- HOUSE STAFF**

### **11.1 Definitions**

The term "House Staff" means all Physicians in Subspecialty Training in Spinal Cord Injury and Traumatic Brain Injury Rehabilitation and Resident Physicians who are duly licensed physicians participating in professional graduate education programs and who provide direct patient care services under the supervision of members of the Active Attending Medical Staff.

### **11.2 Physicians in Subspecialty Training in Spinal Cord Injury and Traumatic Brain Injury Rehabilitation - (e.g. Physician Fellows in Neurotrauma Rehabilitation)**

#### **11.21 Qualifications**

To qualify for appointment to the position of Physician in Subspecialty Training in Spinal Cord Injury and Traumatic Brain Injury Rehabilitation (e.g. Fellowship), an individual must have completed an approved residency training program in

rehabilitation medicine, orthopedic surgery, neurology or neurosurgery and must meet the other qualifications delineated in the Clinical Privileges for the Department of Rehabilitation Medicine.

#### 11.22 Prerogatives

Physicians in Subspecialty Training in Spinal Cord Injury and Traumatic Brain Injury Rehabilitation:

- a) shall be granted clinical privileges for which they are qualified as defined in Category I of the Physical Medicine and Rehabilitation Privileges. They shall carry out their activities subject to and in conformity with the applicable provisions of the Medical Staff Bylaws and Rules and Regulations and hospital policies.
- b) are expected to attend general medical staff meetings and service meetings. They may serve on committees when so appointed and may vote at committee meetings if so specified by the appointing authority.
- c) shall be assigned to and supervised by a designated member of the Active Attending Medical Staff in carrying out their patient care responsibilities.
- d) may write patient care orders and progress notes and record history and physical examinations, conference reports and discharge summaries.

### 11.3 Residents

#### 11.31 Qualifications

A resident must be a graduate of an approved medical school and must be, and remain in good standing in an approved residency program based at the hospital or with which the hospital is affiliated.

#### 11.32 Prerogatives

- a) Residents privileges shall be restricted to activities which are required by the training program. They shall carry out their activities subject to and in conformity with the applicable provisions of the Medical Staff Bylaws and Rules and Regulations and hospital policies. They shall in no way be considered members of the medical staff.
- b) If invited, a resident may attend meetings of the medical staff and serve on committees when so appointed. Residents shall have no voting rights in the medical staff.
- c) Residents shall be assigned to and supervised by a designated member of the Active Attending Medical Staff in carrying out their patient care responsibilities.

- d) Residents may write patient care orders and progress notes and document in the medical records as described in the MS 28 Resident Supervision Policy/ Procedure.

## **12.- ALLIED HEALTH PROFESSIONALS**

### **12.1 Definition**

12.10 The term "Allied Health Professional" shall refer to non-physician health care providers who:

- a) do not hold a Doctor of Medicine or Doctor of Osteopathy, Doctor of Dental Surgery or Doctor of Podiatric Medicine degree;
- b) meet all applicable state and federal requirements for practice of their profession;
- c) although not qualified for appointment to the medical staff, do function within one or more health-related professions or occupations which may require physician referral.

12.11 The term "Allied Health Professional" shall include persons who are licensed, certified, unlicensed and/or uncertified.

- a) Independent Allied Health Professionals have a recognized but limited scope of practice within medicine and are licensed or registered in a recognized jurisdiction, or certified by a recognized national professional organization and are permitted to provide services independently in the hospital, i.e., without the direction or immediate supervision of a physician.
- b) Physician-Directed (or Dependent) Allied Health Professionals function in a medical support role to a member of the medical staff or an Independent Allied Health Professional who is responsible and accountable for supervision of the individual.

12.12 Hospital employees whose duties normally entail access to patients and/or their medical records shall not be required to seek Allied Health Professional status.

### **12.2- Qualifications**

12.20 Only an Allied Health professional holding a current, active license, certificate or other credentials as may be required by applicable state law and who satisfies the basic qualifications required and delineated through specific privileges is eligible to apply for privileges to provide services in the hospital. Only those Allied Health Professionals who have completed the application process and who have been granted specific privileges may practice in the hospital.

12.21 A minimum limit of \$1 million (\$1,000,000) for single occurrences and \$1 million, five hundred thousand (\$1,500,000) total professional liability insurance, for which evidence of such coverage must be demonstrated by Certificate of

Insurance or similar proof, must be owned by the Allied Health Professional or by his/her sponsor.

12.22 Each Allied Health Professional will be part of the Organized Health Care Arrangement (OHCA) with the Hospital, which is defined in USC 164.520(d)(1) (HIPAA Privacy Regulations) as a clinically-integrated care setting in which individuals typically receive healthcare from more than one healthcare provider. This arrangement allows the Hospital to share information with the provider and the provider's practice for purposes of the provider's payment and practice operations. The patient will receive one Notice of Privacy Practices in Admissions, which will include information about the Organized Health Care Arrangement.

### **12.3- Procedures**

12.30 Prior to the performance of services to patients and/or access to their medical records, all Allied Health Professionals must be authorized to perform such duties within the hospital. Evidence of said authorization shall be the granting of clinical privileges for Allied Health Professionals by the Board of Directors, based on the recommendations of the Executive Committee of the Medical Staff.

12.31 Each Allied Health Professional and the employing physician(s) or institution (when applicable) shall submit an application to the Executive Committee. The completed application shall state specifically the proposed functions and limitations of the applicant and shall state the applicant's qualifications to do these functions, including educational background, training, experience, any licensure or certification, physical and mental health status, at least one peer recommendation and other qualifications as deemed necessary by the committee. All Allied Health Professionals will be approved to do only those procedures which are specifically listed with their applications.

12.32 At its next regular meeting after receipt of the completed application and all required supportive documentation, the Executive Committee shall conduct investigation into the character, qualifications, professional competence and ethical standing of the applicant as directly related to the quality of healthcare, treatment and services, and shall impose such limitations of requirements as deemed appropriate.

12.33 At its next regular meeting after receipt of the Executive Committee's recommendation, the Medical Care Committee of the Board of Directors shall review, evaluate and make recommendation to the Board relative to the granting of Allied Health privileges.

12.34 At its next regular meeting after receipt of a favorable recommendation from the Medical Care Committee, the Board of Directors will act on the application.

12.35 Allied Health Professionals are not members of the Craig Hospital Medical Staff. However, in common with members of the staff, they shall be reappraised every two years for renewal of privileges.

**12.4- Responsibilities**

12.40 Provide patients with quality care that meets generally recognized professional standards.

12.41 Carry out the approved privileges subject to and in conformity with the applicable Medical Staff Bylaws and Rules and Regulations and hospital policies.

12.42 Adhere to the ethical standards applicable to his or her licensure.

**12.5- Suspension, Modification or Termination of Privileges and the Fair Hearing and Appeal Process**

12.50 Allied Health Professionals are subject to discipline and corrective action, suspension, modification or termination of privileges, and a fair hearing and appeal process as outlined for practitioners in Articles XI, XII, and XIII of the Medical Staff Bylaws.

Revisions Approved by the Medical Staff Executive Committee March 16, 2004; Board of Directors March 25, 2004

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