

# Advanced Practice Provider Manual

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Kettering Medical Center System

A Medical Staff Document

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## **ARTICLE 1 DEFINITIONS**

The following definitions shall apply to this Advanced Practice Provider Manual:

**“Advanced Practice Provider” or “APP”** means those physician assistants, advanced practice registered nurses, and other eligible APPs, as designated in Exhibit A, who have applied for or who have applied for and been granted Privileges to practice at the Hospital either independently, or in collaboration with or under the supervision of, as applicable, a Medical Staff appointed Physician, Dentist, or Podiatrist with Privileges at the Hospital.

**“Adverse”** means a recommendation or action of the Medical Executive Committee or Board that denies, limits (*e.g.*, suspension, restriction, *etc.*), or terminates Privileges based on clinical competency or professional conduct for a period in excess of fourteen (14) days.

**“Board”** means the Hospital’s governing body. A reference to the Board shall include any Board committee or individual authorized by the Board to act on its behalf in designated matters.

**“Bylaws” or “Medical Staff Bylaws”** means the articles and amendments set forth in the Medical Staff Bylaws that constitute the basic governing document of the Medical Staff.

**“Chief Executive Officer” or “CEO” or “Hospital President”** means the individual appointed by the Board to act on its behalf in the management of the Hospital.

**“Chief Medical Officer” or “CMO”** means the Practitioner appointed by the Board, in conjunction with the Medical Staff, to work with the Medical Staff leadership on matters of medical administration and quality oversight, and other duties as assigned.

**“Chief of Staff”** means the Practitioner selected, in accordance with the procedure set forth in the Medical Staff Bylaws, to be the spokesperson for the Medical Staff and who is the chair of the Medical Executive Committee and chief executive officer of the Medical Staff.

**“Dentist”** means an individual who has received a doctor of dental medicine or doctor of dental surgery degree, who is currently licensed to practice dentistry in Ohio, and whose practice is in the area of oral and maxillofacial surgery or the area of general dentistry or a specialty thereof.

**“Department”** means a group of Practitioners who share a specialized commonality or clinical perspective and who have been established and/or recognized by the Medical Executive Committee as a clinical organized division of the Medical Staff. APPs shall be assigned to the Department in which the APP’s supervising or collaborating Practitioner is a member or as otherwise consistent with the Privileges granted to such APP.

**“Department Chair” or “Clinical Department Chair”** means the Practitioner selected, in accordance with the procedure set forth in the Medical Staff Bylaws, to lead a Medical Staff Department.

**“Federal Health Program”** means Medicare, Medicaid, TriCare, Children’s Health Insurance Program (CHIP), or any other federal or state program providing health care benefits that is funded directly or indirectly by the United States government.

**“Hospital”** means Kettering Medical Center, Sycamore Medical Center and Troy Hospital and each such Hospital’s provider-based locations, if any (collectively referred to as Kettering Medical Center System or KMCS). Kettering Medical Center, Sycamore Medical Center and Troy Hospital have elected to have a unified Medical Staff.

**“Joint Conference Council”** or **“Joint Conference Committee”** or **“JCC”** means the Board Professional Practice Committee (PPC) that serves as an official liaison between the Medical Staff, the Board, and the Hospital President/CEO, with its composition and duties as described in the PPC charter.

**“Medical Executive Committee”** or **“MEC”** means the executive committee of the Medical Staff.

**“Medical Staff”** means those Physicians, Dentists, Podiatrists, and Psychologists who have been granted Medical Staff appointment at the Hospital (*i.e.*, to the KMCS Medical Staff) with such responsibilities and prerogatives as defined in the Medical Staff category to which each has been appointed.

**“Medical Staff Appointee”** or **“Appointee”** means any Practitioner who has been granted Medical Staff appointment (*i.e.*, Medical Staff membership) by the Board.

**“Medical Staff Manual(s)”** or **“Manual(s)”** means those Medical Staff manuals, adopted and amended as set forth in the Medical Staff Bylaws, that serve to implement the Medical Staff Bylaws including, but not limited to, this Advanced Practice Provider Manual.

**“Medical Staff Rules & Regulations”** or **“Rules & Regulations”** means the rules and regulations of the Medical Staff that address issues related to clinical care, treatment, and services provided by Practitioners and APPs at the Hospital.

**“Oral & Maxillofacial Surgeon”** means a Dentist who has successfully completed an accredited post-graduate/residency program in oral/maxillofacial surgery.

**“Physician”** means an individual who is licensed by the State Medical Board of Ohio to practice allopathic medicine and surgery (M.D.) or osteopathic medicine and surgery (D.O.).

**“Podiatrist”** means an individual who is licensed by the State Medical Board of Ohio to practice podiatric medicine and surgery (D.P.M.).

**“Practitioner”** means, unless otherwise provided and to the extent applicable in this APP Manual, any Physician, Dentist, Podiatrist, or Psychologist.

**“Privileges”** or **“Clinical Privileges”** means the authorization granted by the Board to a Practitioner or APP to provide specific patient care, treatment, and/or clinical services at/for the Hospital as specifically delineated for such Practitioner or APP in the applicable approved

Privilege set based upon the individual's professional license, education, training, experience, competency, ability, and judgment.

**“Professional Liability Insurance”** means professional liability insurance coverage acceptable to the Board as the Board may determine from time to time by an insurance company licensed in the United States or having coverage by a company who has an underwriting agreement with a licensed U.S. insurance company to assure adequate reserves for payment of claims.

**“Psychologist”** means an individual with a doctoral degree (PhD or PsyD) in psychology who has completed at least two years of clinical experience in an organized healthcare setting supervised by a licensed psychologist (one year of which must have been post-doctoral) and an internship endorsed by the American Psychological Association or an internship that meets the criteria established by the State Board of Psychology in Ohio who is currently licensed to practice as a psychologist in Ohio.

**“Special Notice”** means a written notification personally delivered or sent by a commercially reasonable means of receipted delivery including, but not limited to, United States certified or registered mail, return receipt requested, postage prepaid, to the address(es) of the intended recipient as reflected in the records of the Hospital (using reasonable efforts to identify a correct address, as necessary).

## ARTICLE 2

### 2.1 APPLICABILITY OF MANUAL

- 2.1.1 This Manual is only applicable to APPs who have requested and/or been granted Privileges through the Medical Staff process.
- 2.1.2 Eligible APPs who request Privileges at the Hospital must be credentialed through the Medical Staff consistent with this Manual and granted Privileges prior to providing care, treatment, and/or services to patients at the Hospital.
- 2.1.3 Attached hereto, and incorporated by reference herein, is Exhibit A which sets forth the APP occupations/professions that are credentialed, eligible for Privileges, and managed through the Medical Staff pursuant to this Manual.
- 2.1.4 The Medical Staff shall make recommendations to the Board, upon request, with respect to: (1) the APP occupations or professions that are eligible to request Privileges at the Hospital; (2) for each eligible APP occupation/profession, the mode of practice (*e.g.* independent or dependent), the scope of practice, and applicable Privilege set for each; (3) whether any changes should be made to existing APP requirements (*e.g.*, qualifications, duties, privilege sets, *etc.*).

### 2.2 LIMITATIONS

- 2.2.1 APPs are not granted appointment to/membership on the Medical Staff, may not hold Medical Staff office or serve as a Medical Staff officer or Clinical Department Chair, and are not entitled to the fair hearing and appeal rights afforded to Medical Staff Appointees in the Medical Staff Bylaws.
- 2.2.2 APPs granted Privileges shall have such procedural rights, to the extent applicable, as set forth in Article 7 of this Manual.
- 2.2.3 APPs may attend Medical Staff meetings but may not vote on Medical Staff matters. APPs may attend meetings of the Medical Staff Department/Section to which they are assigned but may not vote on Department/Section matters. APPs may serve on a Medical Staff committee, with or without the right to vote, if so specified in the committee composition set forth in the Medical Staff Organization Policy or other applicable Medical Staff governing document.
- 2.2.4 APPs must comply with all limitations and restrictions imposed by their respective licenses, certificates, certifications, or other credentials required by Ohio law to practice, the terms of their standard care arrangement or supervision agreement, as applicable, and may only provide care, treatment, and services in accordance with this Manual, other applicable Hospital/Medical Staff policies, the Privileges granted to them, and applicable laws, rules, and regulations.

## **2.3 DUTIES OF APPOINTEES WHO SUPERVISE OR COLLABORATE WITH AN APP**

2.3.1 Those Medical Staff Appointees with Privileges at the Hospital who supervise or collaborate with an APP shall agree to:

- (a) Acquaint the APP with the APP Manual and other applicable policies of the Medical Staff/Hospital as well as the Practitioners and Hospital personnel with whom the APP will have contact.
- (b) Adhere to the requirements of any supervision agreement or standard care arrangement and otherwise provide appropriate supervision/collaboration consistent with this Manual, the APP's Privilege set, and applicable laws, rules, and regulations.
  - (i) It shall be the responsibility of the supervising Physician or Podiatrist and his/her physician assistant to have and maintain a current, valid supervision agreement in accordance with applicable Ohio laws and State Medical Board of Ohio rules.
  - (ii) It shall be the responsibility of the advanced practice registered nurse and his/her collaborating Physician or Podiatrist to have and maintain, if required, a current, valid, standard care arrangement in accordance with applicable Ohio laws and Ohio Board of Nursing rules.
- (c) Provide immediate notice to Medical Staff Services when the collaborating/supervising Practitioner receives notice of (i) any grounds for summary suspension or automatic suspension/termination of the APP's Privileges; or (ii) the occurrence of any action that establishes grounds for corrective action against the APP.
- (d) Provide immediate notice to Medical Staff Services when, as applicable, the standard care arrangement or supervision agreement expires or is terminated.

2.3.2 Failure to properly supervise or collaborate with an APP shall be grounds for corrective action against a Medical Staff Appointee pursuant to the Medical Staff Bylaws.

## **2.4 NOT A CONTRACT**

2.4.1 This Advanced Practice Provider Manual is not intended to and shall not create any contractual rights between the Hospital and any APP and his/her supervising or collaborating Practitioner. Any and all contracts of association or employment shall control contractual and financial relationships between the Hospital and any APP and his/her supervising or collaborating Practitioner.

## **2.5 USE OF A DESIGNEE**

2.5.1 Whenever an individual is authorized to perform a duty by virtue of the individual's position (*e.g.*, the Hospital President/CEO, Chief Medical Officer (CMO), Chief of Staff, Clinical Department Chair, *etc.*) then the term shall also include the individual's authorized designee.

## ARTICLE 3

### QUALIFICATIONS FOR CLINICAL PRIVILEGES AND APP OBLIGATIONS

#### 3.1 NATURE OF CLINICAL PRIVILEGES

3.1.1 No APP shall provide clinical care, treatment, and/or services to patients in the Hospital unless that APP has been granted appropriate Privileges in accordance with the procedures set forth in this Manual.

#### 3.2 EFFECT OF OTHER AFFILIATIONS

3.2.1 No APP shall be entitled to Clinical Privileges merely because he/she: holds a certain degree; is licensed to practice in this or in any other state; is a member of any professional organization; has faculty status at a professional school; is certified by any clinical board; had, or presently has, privileges at this Hospital or at another health care facility or hospital; is, or is about to become, affiliated in practice with a Practitioner who has, or with a group of Practitioners one or more of who has/have, Medical Staff appointment and/or Privileges at this Hospital; or, has a contract or employment arrangement with this Hospital.

#### 3.3 QUALIFICATIONS FOR CLINICAL PRIVILEGES

3.3.1 Baseline Qualifications: An APP may only exercise the Privileges granted to him/her by the Board or as otherwise provided in this Manual. Unless otherwise provided in this Manual, each APP who applies for Privileges at the Hospital must demonstrate to the satisfaction of the Hospital, at the time of application and initial privileging and continuously thereafter, that he/she meets all of the following qualifications for Privileges:

- (a) Have and maintain a current, valid license (to include, as applicable, prescriptive authority or a prescriber number) or other credentials required by Ohio law to practice his/her profession. APPs shall meet the continuing education requirements necessary to maintain his/her license (or other credentials required by Ohio law to practice his/her profession) as determined by the applicable state licensing entity and shall provide Hospital with an attestation confirming his/her satisfaction of such requirements.
- (b) Provide documentation of successful completion of his/her professional education and applicable training.
- (c) Have and maintain, if necessary for the Privileges requested, a current, valid Drug Enforcement Administration (“DEA”) registration.

- (d) Provide, if applicable, documentation of certification (*e.g.*, national nursing specialty certification for advanced practice registered nurses, *etc.*) and maintain certification in his/her area(s) of practice at the Hospital by the appropriate specialty/subspecialty board(s).
- (e) Have and maintain Professional Liability Insurance.
- (f) Ability to participate in Federal Health Programs.
- (g) Ability to read and understand the English language, to write and communicate verbally in the English language in an intelligible manner, and to prepare medical record entries and other required documentation in a legible and professional manner.
- (h) Designate, if necessary for the Privileges requested, an appropriate Practitioner with Medical Staff appointment and Privileges at the Hospital to supervise or collaborate with the APP.
- (i) Have and maintain, if necessary for the Privileges requested, a current, valid supervision agreement or standard care arrangement with a supervising or collaborating Physician or Podiatrist, in accordance with applicable Ohio laws/rules, and provide a current copy of such agreement/arrangement (and any amendments thereto) to the Hospital.

### 3.3.2 ADDITIONAL QUALIFICATIONS

- (a) Completion of a criminal background check.
- (b) Prior and current experience, clinical results, and utilization practice patterns documenting a continuing ability to provide patient care services at an acceptable level of quality and efficiency and consistent with available resources.
- (c) Ability to work cooperatively and harmoniously with other APPs, Practitioners, and Hospital personnel with respect to patient care, the orderly operation of the Hospital, and general attitude towards patients, the Hospital, and its personnel.
- (d) Abide by the code of ethics established by the APP's profession.
- (e) Document and demonstrate the current ability to safely and competently perform the Privileges requested or granted with or without a reasonable accommodation.
- (f) Agree to fulfill, and fulfill, the responsibilities, as applicable, set forth in this Manual.

- (g) Comply with the Hospital's conflict of interest policy, if any, as applicable.
- (h) Have and maintain, if necessary for the Privileges requested, a provider number for Medicare issued by the Centers for Medicare and Medicaid Services and a provider number for Medicaid issued by the Ohio Department of Medicaid.
- (i) Satisfy such other qualifications as are set forth in the applicable Privilege set and as may be otherwise recommended by the MEC and approved by the Board.

### **3.4 DURATION OF PRIVILEGES**

The granting/regranting of Clinical Privileges is for a period of up to two (2) years, except that a grant/regrant of Privileges for less than two (2) years shall not be deemed Adverse for purposes of Article 7 of this Manual.

### **3.5 NONDISCRIMINATION**

Neither the Hospital nor its Medical Staff will discriminate in granting Privileges on the basis of race; color; sex (including pregnancy); sexual orientation; gender identity; gender expression; transgender status; age (40 and older); religion; marital, familial, or health status; national origin; ancestry; disability (provided that the applicant can competently exercise the Privileges requested with or without a reasonable accommodation); genetic information; veteran or military status; or any other characteristic(s) or class protected by applicable laws, rules, and/or regulations.

### **3.6 APP RESPONSIBILITIES**

3.6.1 Unless otherwise provided in this Manual, each APP granted Privileges at the Hospital shall, as applicable to the Privileges granted to each such APP:

- (a) Agree to abide by this Manual, the Medical Staff Rules & Regulations, and other applicable manuals, policies, and procedures of the Medical Staff and Hospital including, but not limited to, patient privacy and corporate compliance policies.
- (b) Provide, or arrange for, continuous and timely care and supervision for all patients in the Hospital for whom the APP has responsibility.
- (c) Work cooperatively with others so as not to adversely affect the delivery of quality patient care.
- (d) Provide professional care in accordance with the applicable standard(s) of care.

- (e) Practice within the scope of his/her delineated Privileges and, as applicable, consistent with his/her supervision agreement or standard care arrangement.
- (f) Cooperate with activities designed to evaluate and monitor the APP's clinical competence (*i.e.*, FPPE/OPPE, *etc.*).
- (g) Serve on committees to which assigned.
- (h) Refrain from delegating responsibility for care of hospitalized patients to any individual who is not qualified or appropriately supervised.
- (i) Refrain from deceiving patients as to the identity of individuals providing care, treatment, or services.
- (j) Seek consultation whenever necessary or appropriate.
- (k) Abide by generally recognized ethical principles applicable to the APP's profession.
- (l) Complete medical and other required records in an accurate, timely, and legible manner as required by this Manual, the Medical Staff Rules & Regulations, and other applicable policies of the Hospital/Medical Staff.
- (m) Work cooperatively and professionally with other APPs, Practitioners, and Hospital personnel.
- (n) Participate in continuing education activities and certify that he/she has satisfied the continuing professional education requirements necessary to maintain his/her license. The CCO/Medical Staff Services reserves the right to request proof of completion of continuing professional education requirements.
- (o) Comply with Hospital health screening and immunization requirements (or be granted an exemption thereto) as set forth in applicable Hospital/Medical Staff policies.
- (p) Arrange for appropriate coverage of his/her patients when he/she is not available.
- (q) Comply with all applicable training and education protocols that may be adopted by the MEC including, but not limited to, those involving electronic medical records, patient safety, and infection control.
- (r) Satisfy such additional responsibilities as may be set forth in this Manual, the Medical Staff Rules and Regulations, the APP's Clinical Privilege set and/or as may be otherwise recommended by the MEC and approved by the Board.

3.6.2 Failure to satisfy any of these basic obligations is grounds, as warranted by the circumstances, for denial of a regrant of Privileges or for corrective action pursuant to the procedure set forth in this Manual.

## ARTICLE 4

### PROCESSING APPLICATIONS FOR INITIAL GRANT OF CLINICAL PRIVILEGES

#### 4.1 APPLICATION FOR CLINICAL PRIVILEGES

##### 4.1.1 Request for Application

An APP requesting an application for Privileges at the Hospital shall be sent an application form. The completed application form will be returned to the Centralized Credentialing Office.

##### 4.1.2 Application Content

- (a) All applications for Privileges shall be in writing (or electronic format as available), shall be signed (or otherwise authenticated) and dated by the APP, and shall be submitted on a form approved by the MEC.
- (b) The application shall include all of the following, as applicable to the Clinical Privileges requested:
  - (i) Documentation of satisfaction of the education and training qualifications set forth in this Manual and the applicable Privilege set including: the name of the institution(s) and the dates attended; any degrees attained; course of study or program(s) completed; and, for all post-graduate training, the names of individuals responsible for reviewing the APP's performance
  - (ii) Documentation of satisfaction of the licensure qualifications set forth in this Manual and the applicable Privilege set including: a copy of all current, valid professional licenses (as well as all previous licenses held) (or other credentials required by Ohio law to practice his/her profession); documentation with respect to current valid Ohio prescriptive authority and a copy of a current, valid Drug Enforcement Administration registration (if necessary for the Privileges requested); the date of issuance; and the license, certificate, or registration number(s).
  - (iii) Documentation of satisfaction of the board certification qualifications set forth in this Manual and the applicable Privilege set (if necessary for the Privileges requested) including records verifying such board certification, recertification, or eligibility to sit for such board's examination.
  - (iv) The names of at least two (2) Practitioners [or APPs in the applicant's same professional discipline (e.g., CRNA for CRNA;

CNM for CNM, Physician Assistant for Physician Assistant, *etc.*) (preferably with the same professional credentials/specialty certification – *e.g.*, neonatal CNP for neonatal CNP, *etc.*)] with personal knowledge of the applicant’s current clinical activity, competence, and ability to perform the Privileges requested. One reference should be from the APP’s supervising or collaborating Practitioner. Peer and/or faculty recommendations shall include information regarding the applicant’s medical/clinical knowledge, technical/clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism. Peer recommendations may be in the form of written documentation reflecting informed opinions on the applicant’s scope and level of performance or a written peer evaluation of applicant-specific data collected from various sources for the purpose of validating current competence. For applications for regrant of Privileges, professional references include: (a) references from peers familiar with the APP’s practice in the Medical Staff Department and clinical service area where Privileges are sought (if volume is low, this may require review of supplemental data such as additional peer references/quality information from other institutions where the APP is actively practicing to verify the APP’s current competency), (b) information regarding the APP from the Hospital’s peer review activities (*e.g.*, routine case reviews, focused and ongoing professional practice evaluation data, *etc.*), (c) information regarding the APP from the applicable Clinical Department Chair, Credentials Committee, and/or the MEC.

- (v) Written request stating the Privileges for which the APP wishes to be considered.
- (vi) Certification by the APP that he or she has completed the continuing education required for licensure as determined by the applicable state licensing board (or such other credentials required by Ohio law to practice his/her profession). The Hospital shall have the right, in its discretion, to audit any such educational activities.
- (vii) Information as to whether any of the following have ever been or are in the process of being (to the APP’s knowledge) investigated or voluntarily (while under investigation or to avoid investigation for conduct or clinical competency concerns) or involuntarily denied, suspended, reduced, modified, limited, not renewed, relinquished, or terminated/revoked:
  - a) Privileges at this or any other hospital, health care institution, state or federal government program, or managed care panel.

- b) Membership in local, state, or national professional organizations.
- c) Specialty board certification.
- d) License/certificate to practice any profession in any jurisdiction.
- e) Drug Enforcement Administration registration or other controlled substance number.
- f) Participation in any Federal Health Program.
- g) Faculty appointment at any professional school.
- h) Professional Liability Insurance.
- i) Request for return from any type of leave of absence.
- j) Termination of a contractual relationship based on issues of clinical competency, impairment, professional or personal judgment, disruptive behavior, and/or moral turpitude.

If any of such actions has occurred or is pending, the APP shall provide a summary of the facts, any requested documents, and the outcome or status of the action.

- (viii) Documentation verifying Professional Liability Insurance coverage meeting the qualifications set forth in the Medical Staff Bylaws and any relevant Hospital policies including the name(s) of present insurance carrier(s), proof of continuous Professional Liability Insurance coverage (*e.g.* tail), and detailed information regarding the APP's malpractice/negligence claims' history and experience during the past five (5) years from the insurance carrier.
- (ix) Each APP is expected to meet the criteria set forth on the applicable Privilege set related to the Privileges requested.
  - a) Documentation regarding the APP's clinical experience/activity.
  - b) Statement of the APP's ability to fully and competently exercise the Privileges requested, with or without a reasonable accommodation, with documentation confirming this statement. For initial applications, confirmation of an APP's current competence may be obtained through peer references attesting to the applicant's clinical experience/activity and current competence and supplemental professional practice evaluation data from the

organization at which the APP currently exercises the Privileges requested at the Hospital. Privileges are subject to a period of focused professional practice evaluation at the Hospital when initially granted. For applications requesting regrant of Privileges, confirmation of an APP's current competence is based upon the Hospital's focused and ongoing professional practice evaluation data in addition to any supplemental data requested, as needed.

- (x) A list of any lawsuits in which the applicant has been named as a party with an explanation of the claims asserted against the APP.
- (xi) The APP's chronological work history to include:
  - a) The location of the APP's office(s).
  - b) The name and address of any health care organization, facility, or practice setting at which the APP has previously provided or is presently providing clinical care, treatment, and/or services to patients or otherwise had or has clinical privileges, an employment relationship, or any other association to include the dates of each such affiliation, status, and general scope of clinical privileges or duties.
  - c) Names and addresses of other Practitioners/APPs with whom the applicant is or has been associated and the dates of the associations.
- (xii) Information as to whether the APP has been the subject of investigation by a Federal Health Program and, if so, the outcome of such investigation.
- (xiii) Documentation of compliance with any Board approved conflict of interest policy as such policy may change from time to time.
- (xiv) Information regarding any criminal history (other than minor traffic offenses) for the past seven (7) years to include the status and, if applicable, resolution of past or current criminal charges (other than minor traffic offenses) of which the applicant was found guilty or to which the applicant pled guilty or no contest.
- (xv) Documentation of compliance with the Hospital's criminal background investigation requirements and authorization for the Hospital to conduct a criminal background check.
- (xvi) A form of government-issued photo identification to verify that the APP is, in fact, the individual requesting Privileges.

- (xvii) Information bearing upon the APP's professional ethics, character, interpersonal skills, and conduct.
- (xviii) Request for primary hospital affiliation.
- (xix) The name of a Practitioner(s) with Medical Staff appointment and Privileges at the Hospital who will supervise or collaborate with the APP (if necessary for the Privileges requested).
- (xx) A current copy of the APP's supervision agreement(s) or standard care arrangement(s), and any amendments thereto, if required for the Privileges requested.
- (xxi) Such other information as the MEC may recommend and the Board may determine is required from time to time.

4.1.3 Specific Acknowledgments and Agreements of APP. Statements in the application for Privileges shall:

- (a) Notify the APP of the scope and extent of the authorization, confidentiality, immunity, and release provisions of this Manual.
- (b) Confirm the APP's agreement to fulfill the obligations set forth in this Manual and the applicable Privilege set.
- (c) Confirm the APP's agreement that if an Adverse ruling is made with respect to his or her Privileges, the APP will exhaust the administrative remedies afforded by this Manual, if applicable, before resorting to formal legal action.
- (d) Confirm that the APP has received or has been provided access to this Manual, has had an opportunity to read the Manual, and that he/she agrees to be bound by the terms thereof if the APP is granted Privileges and in all matters relating to consideration of the APP's application without regard to whether or not the APP is granted Privileges.

4.1.4 Effect of Application. By applying for Privileges, the APP:

- (a) Acknowledges and attests that the application is correct and complete, and that any material misstatement or omission is grounds for denial or termination of Privileges.
- (b) Agrees to appear for personal interviews, if required, in support of the application.
- (c) Agrees to be bound by the authorization, immunity, confidentiality, and release provisions of this Manual.

- (d) Understands and agrees that if Privileges are denied based upon the APP's clinical competence or conduct, the APP may be subject to reporting to the National Practitioner Data Bank and/or state authorities.
  - (e) Agrees to notify Medical Staff Services immediately if any information contained in the application changes. The foregoing obligation shall be a continuing obligation as long as the APP has Privileges at the Hospital.
  - (f) Agrees to be bound by the terms of and to comply in all respects with the this Manual, the Hospital's Code of Regulations, as applicable, corporate compliance plan, ethical practice guidelines, notice of privacy practices, and other applicable governing documents, policies, and procedures
  - (g) Agrees to fulfill the responsibilities set forth in this Manual.
- 4.1.5 Review of Qualification Requirements. The APP will be given the opportunity to go through the qualification requirements with a Hospital or Medical Staff representative either in person, by telephone, electronically, or in writing. Upon receipt of the completed application and required application fee, if any, a credentials file will be created and maintained for the applicant by the Hospital.
- 4.1.6 Burden of Producing Information. It is the burden of the APP requesting Privileges to provide all information necessary for the Hospital to make a reasonable and informed decision on the application. The APP shall have the burden of producing adequate information and documentation for a proper evaluation of the APP's qualifications and for resolving any doubts about these qualifications or any other concerns that the Hospital may have. An application is incomplete until deemed complete by the CCO and Medical Staff Services (in accordance with the procedures set forth in this Manual), and accepted as complete by the Credentials Committee and Medical Executive Committee, which may remand an application to the CCO to be considered incomplete until identified information is received or questions resolved.
- 4.1.7 Hospital and Community Need; Ability to Accommodate
- (a) In making recommendations to the Board regarding Privileges, the Medical Staff may consider any policies, plans, and objectives formulated by the Board concerning:
    - (i) The Hospital's current and projected patient care needs.
    - (ii) The Hospital's ability to provide the physical (*e.g.* facilities and equipment), personnel, and financial resources that will be required if the application is acted upon favorably.
    - (iii) The Hospital's strategic plan of development.

(iv) The Hospital's decision to contract exclusively for the provision of certain medical services with a Practitioner/APP or group of Practitioners/APPs other than the applicant.

(b) The following APPs are not eligible to request an application for Privileges at the Hospital: (i) APPs who provide services currently provided under an exclusive Hospital contract and who are not employed by or otherwise associated with the contracted group, (ii) APPs who provide services not currently available at the Hospital, and (iii) APPs not set forth in Exhibit A.

## **4.2 PROCEDURE FOR INITIAL GRANT OF CLINICAL PRIVILEGES**

4.2.1 The application shall be submitted to the CCO, which shall review the application for completeness.

4.2.2 The CCO shall be responsible for collecting all applicable materials, for verifying all qualification information received, and for promptly notifying the APP of any problems with obtaining required information.

4.2.3 Upon notification of such problems, the APP must obtain and furnish the required information. If the APP fails to furnish the requested information within ninety (90) days after written request therefore, the application shall be deemed to have been voluntarily withdrawn, without right to a hearing or appellate review, and the APP shall be so informed.

4.2.4 The CCO shall perform primary source verification and query data repositories as necessary.

4.2.5 The CCO shall check the OIG Cumulative Sanction report, the General Services Administration List of Parties Excluded from Federal Procurement and Non-Procurement Programs, and any other appropriate sources to determine whether the APP has been convicted of a healthcare related offense, or debarred, excluded or otherwise made ineligible for participation in a Federal Health Program.

4.2.6 Upon completion of the collection and verification process, the CCO shall transmit the completed application and all accompanying documents to Medical Staff Services.

4.2.7 Medical Staff Services will collate the application and verify case logs (as applicable), continuing education, and any other criteria required by the applicable Delineation of Privileges.

4.2.8 Medical Staff Services shall conduct a National Practitioner Data Bank (NPDB) query on APPs at the time of initial request for Privileges, upon regrant of Privileges, and when an APP requests additional Privileges during a current Privilege period. Medical Staff Services shall also conduct an NPDB query each

time an APP applies for temporary Privileges. Each query to the NPDB is facility specific.

- 4.2.9 Medical Staff Services shall monitor, on an ongoing basis, any new NPDB reports received as a result of participation in the NPDB's continuous query process.
- 4.2.10 When the application is complete, Medical Staff Services shall notify the chair of the Clinical Department in which the APP seeks Privileges that the application and accompanying materials are available for review.
- 4.2.11 A separate credentials file shall be maintained for each APP requesting Privileges.
- 4.2.12 Upon notification from Medical Staff Services that a completed application is available for review, the chair of the Clinical Department shall review the application and accompanying materials. The Clinical Department Chair and the APP/AHP Committee may meet with the APP to discuss any aspect of the application, the APP's qualifications, and/or the requested Privileges. Upon completion of this review, the Clinical Department Chair and APP/AHP Committee shall make a recommendation to the Credentials Committee regarding whether the APP should be (1) granted Privileges, with or without limitation, (2) denied Privileges (in whole or in part), or (3) deferred for further consideration.
- 4.2.13 Upon receipt of a recommendation from the Clinical Department Chair and AHP/APP Committee, the application shall be reviewed by the Credentials Committee. The Credentials Committee may meet with the APP to discuss any aspect of the application, his or her qualifications, and/or the requested Privileges. Upon completion of this review, the Credentials Committee shall make recommendations to the MEC regarding whether the APP should be (1) granted Privileges, with or without limitation, (2) denied Privileges (in whole or in part), or (3) deferred for further consideration. If the Credentials Committee does not receive a recommendation from the Clinical Department Chair and APP/AHP Committee within thirty (30) days after their receipt of, or access to, the completed application, the Credentials Committee may (after notifying the Clinical Department Chair and APP/AHP Committee of the Credential Committee's intent and allowing one week, or other less amount of time in order to ensure that the Credentials Committee's recommendation is received by the MEC within 60 days after Medical Staff Services deeming the application to be complete) make a recommendation to the MEC on the Credentials Committee's own initiative.
- 4.2.14 Upon receipt of a recommendation from the Credentials Committee, the MEC shall consider such recommendation (along with the recommendations of the APP/AHP Committee and Clinical Department Chair) and review the application/accompanying materials as necessary. The MEC may meet with the APP to discuss any aspect of the application, his or her qualifications, and/or the requested Privileges. The MEC may take any of the following actions (which may be set forth in the MEC's meeting minutes).

- (a) Defer Recommendation. When the recommendation of the MEC is to defer the application for further consideration, that recommendation must be followed within thirty (30) days, except for good cause, by a subsequent recommendation as to approval or denial of, and any conditions related to, Privileges. The Chief of Staff shall promptly send the APP Special Notice of a decision to defer action on his/her application.
- (b) Favorable MEC Recommendation. When the recommendation of the MEC is favorable to the APP, the Chief of Staff shall promptly forward the MEC's written recommendation, together with all supporting documentation, to the Board.
- (c) Adverse MEC Recommendation. When the recommendation of the MEC is deemed Adverse to the APP, the procedural due process rights set forth in Article 7 of this Manual, if applicable, shall apply. The Hospital President/CEO shall notify the APP of the recommendation, by Special Notice, and the APP's right, if any, to the procedural due process rights provided for in this Manual. No such Adverse recommendation shall be required to be forwarded to the Board until after the APP has exercised, or has been deemed to have waived, the right, if any, to the procedural due process rights as provided for in this Manual.

#### 4.2.15 Action by the Board:

- (a) Favorable MEC Recommendation. The Board may adopt or reject any portion of the MEC's recommendation that was favorable to an APP or refer the recommendation back to the MEC for additional consideration, but must state the reason(s) for the requested reconsideration and set a time limit within which a subsequent recommendation must be made. If the Board's decision is favorable, the action shall be effective as its final decision. If the Board's decision is Adverse to the APP, the Hospital President/CEO shall so notify the APP, by Special Notice, and the APP shall be entitled to the procedural due process rights, if any, provided for in Article 7 of this Manual.
- (b) Without Benefit of MEC Recommendation. If the Board does not receive a MEC recommendation within thirty (30) days after the MEC's receipt of, or access to, the completed application (or an additional thirty (30) days thereafter if the MEC defers the application as permitted in Section 4.2-8 (a) above), the Board may, after notifying the MEC of the Board's intent and allowing a reasonable period of time for response by the MEC, take action on the Board's own initiative using the same type of criteria considered by the MEC. If the Board's action is favorable, the action shall become effective as the final decision of the Board. If the Board's action is Adverse, the Hospital President/CEO shall promptly notify the APP of such Adverse decision, by Special Notice, and hold its decision in abeyance until the APP has exercised, or has been deemed to have waived,

his or her procedural due process rights, if any, under Article 7 of this Manual. The fact that the Adverse decision is held in abeyance shall not be deemed to confer Privileges when none existed before.

- (c) Adverse MEC Recommendation. If the Board is to receive an Adverse MEC recommendation, the Hospital President/CEO shall withhold the recommendation and not forward the application to the Board for action until after the Hospital President/CEO notifies the APP, by Special Notice, of the MEC's recommendation and the APP's right, if any, to the procedural due process rights provided for in Article 7 of the Manual and the APP either exercises or waives such rights.

4.2.16 Whenever the Board's proposed decision is contrary to the recommendation of the MEC, there shall be a further review of the recommendation by the Board Professional Practice Committee serving in the capacity of an advisory *ad hoc* Joint Conference Committee. This committee shall, after due consideration and within thirty (30) days after receipt of the MEC's recommendation and the Board's proposed decision, make its report to the Board. The Board may then render a final decision.

4.2.17 When the Board's decision is final, the Board shall send notice of such decision, through the Hospital President/CEO, to the MEC and, by Special Notice, to the APP.

### **4.3 PROCEDURE FOR REGRANT OF PRIVILEGES**

4.3.1 An APP shall be notified of the need for regrant of Privileges prior to the date of expiration of the APP's current Privilege period. The APP is responsible for providing the CCO with the following materials in writing and on a form approved by the MEC. Each assessment concerning regrant of Privileges shall be based upon:

- (a) Updates to the information provided in the APP's application, since the time of the APP's initial grant of Privileges or last regrant of Privileges, as necessary to bring the APP's file current.
- (b) Data regarding the APP from Medical Staff peer review activities and professional practice evaluation (*e.g.*, FPPE/OPPE). If volume is low, this may require review of supplemental data such as case logs and/or additional peer references/quality information from other healthcare facilities where the APP is actively practicing to verify the APP's current clinical competency.
- (c) When regranting Privileges, review of the APP's clinical performance within the Hospital.
- (d) Relevant APP specific data as compared to aggregate data, when available.

- (e) Morbidity and mortality data, when available.
- (f) Fulfillment/satisfaction of APP responsibilities.
- (g) Attestation of continuing medical and/or professional training and education completed outside the Hospital during the current Privilege period with supporting documentation as requested.
- (h) Any requests for additional or reduced Privileges including the basis therefore.
- (i) Such other information as the MEC and Board may deem necessary.

#### 4.3.2 Processing Applications for Regrant of Privileges

- (a) Applications for regrant of Privileges shall be processed in accordance with the procedure set forth in Sections 4.2 for initial applications for Privileges. For purposes of regrant of Privileges, the references to “applicant” and “Privileges” in Section 4.2 shall be read as “APP” and “regrant of Privileges” respectively.
- (b) An APP requesting regrant of Privileges must have provided sufficient care, treatment, and/or services at the Hospital during the prior Privilege period to enable the Clinical Department Chair, the APP/AHP Committee, the Credentials Committee, and the MEC to assess the APP’s current clinical competence for the Privileges requested. Any APP seeking regrant of Privileges who has had minimal activity at the Hospital must submit, as requested, such additional peer references and supplemental information (*e.g.*, professional practice evaluation/quality assessment information, *etc.*) from the hospital at which the APP primarily practices before the APP’s application for regrant of Privileges shall be considered complete and further processed.

#### 4.3.3 Failure to Submit or Process an Application for Regrant of Privileges by the End of a Privilege Period

- (a) Under no circumstances shall Privileges extend beyond the expiration date of the APP’s current Privilege period.
- (b) Failure, without good cause, to submit an application for regrant of Privileges shall be deemed a voluntary resignation and shall result in termination of Privileges at the expiration of the APP's current term. An APP whose Privileges are so terminated shall not be entitled to the procedural due process rights provided in Article 7 of this Manual. An APP seeking to reapply after a voluntary resignation shall be required to submit an application for initial Privileges; provided, however, that the APP may submit an application for regrant of Privileges for up to six (6) months after a voluntary resignation.

- (c) If an application for regrant of Privileges has not been fully processed by the expiration date of the APP's current Privilege period, the APP's Privileges shall terminate as of the last day of the APP's current Privilege period. An APP whose Privileges are so terminated shall not be entitled to the procedural due process rights set forth in Article 7 of this Manual. If the APP qualifies, temporary Privileges to meet an important patient care need pursuant to Section 5.3 of this Manual may be granted.

**4.4 REQUESTS FOR MODIFICATION OF PRIVILEGES**

- 4.4.1 Request. An APP may, either in connection with a regrant of Privileges, or at any other time during a Privilege period, request modification of the APP's Privileges by submitting a written request to Medical Staff Services on the prescribed form.
- 4.4.2 Procedure. Such request shall be processed in substantially the same manner as provided in Section 4.3 for regrant of Privileges. An APP whose request for modification has been denied may not submit a similar request for a period of not less than one (1) year from the date of the prior denial.
- 4.4.3 Request for Additional Privileges. If additional Privileges are requested, sufficient information shall be provided to establish the APP's eligibility, as specified in the privileging criteria set forth in the applicable Delineation of Privileges, for such Privileges. Requests for new Privileges during a current Privilege period will require evidence of appropriate education, training, and experience supportive of the request and will be subject to a period of focused professional practice evaluation, if such Privileges are granted.

**4.5 TIMEFRAME**

- 4.5.1 Guidelines. All individuals and groups required to act on an application for Privileges should do so in a timely and good faith manner. Unless the application is incomplete, requires additional information, or for other good cause, the following timeframe guidelines will be used as a goal in which to process the application:

INDIVIDUAL/GROUP

TIME

CCO Verification

Generally within thirty (30) days of submission of the application. However, if additional information is required from the APP, the APP will have ninety (90) days to respond to requests for such information. The time spent awaiting a response from the APP shall not count towards the CCO verification time.

Clinical Department Chair

Evaluation & APP/AHP Committee	Generally within thirty (30) days after receipt of a completed application from the CCO.
Credentials Committee Evaluation	At the next scheduled meeting after receipt of a recommendation from the Clinical Department Chair subject to Section 4.2.7.
MEC Recommendation	At the next scheduled meeting after receipt of a recommendation from the Credentials Committee subject to Section 4.2.8.
Board Decision	At the next scheduled meeting after receipt of a recommendation from the MEC subject to Section 4.2.9.

These time periods are only guidelines and are not directives. Nevertheless, a recommendation shall be made to the MEC within 60 days of receipt of an application once deemed complete. The timeframe guidelines in this section do not create any rights for an APP to have an application processed within these precise periods. The burden of providing all necessary information and providing such information in a timely manner remains at all times with the APP.

If, for any reason, the procedural due process provisions of Article 7 of this Manual are applicable to an APP, the time requirements provided in Article 7 supersede and control the processing of the application.

## 4.6 RESIGNATION AND TERMINATION

- 4.6.1 Resignation of Privileges. Resignation of Privileges shall be submitted, in writing, to Medical Staff Services. Notification of the resignation shall be forwarded to the Board, through the Hospital President/CEO, the Chief of Staff, and all appropriate Hospital personnel.
- 4.6.2 Termination of Privileges. In those cases when an APP moves away from the area (without submitting a forwarding address) or otherwise ceases to practice at the Hospital without indicating the APP's written intentions with regard to Privileges, the APP's Privileges shall be terminated after approval by the MEC and the Board. If a forwarding address is known, the APP will be asked the APP's intentions with regard to Privileges. If the APP does not respond within thirty (30) days, the APP's name will be submitted to the MEC and Board for approval of termination. Consideration may also be given to contacting the applicable state licensing board regarding the APP's actions. The President/CEO will inform the APP of the approved termination by Special Notice.

- 4.6.3 Completion of Medical Records. An APP who resigns Privileges is obligated to complete all medical records for which the APP is responsible prior to the effective date of the resignation. In the event an APP fails to do so, consideration may be given by the Hospital to contacting the applicable state licensing board regarding the APP's actions.

#### **4.7 REAPPLICATION WAITING PERIOD**

- 4.7.1 Except as otherwise provided in this Manual, or as otherwise determined by the Board upon recommendation of the Medical Executive Committee in light of exceptional circumstances:
- (a) An APP whose Privileges are automatically terminated pursuant to Section 6.5.1 (a), (b), (d), or (e) of this Policy shall not be eligible to reapply for Privileges for a period of at least two (2) years from the effective date of the automatic termination.
  - (b) An APP who has received a final Adverse decision regarding a grant/regrant of Privileges shall not be eligible to reapply for Privileges for a period of at least two (2) years from the latter of the date of the notice of the final Adverse decision or final court decision.
  - (c) An APP who has resigned Privileges or who fails to seek regrant of Privileges while under investigation or to avoid an investigation for conduct or clinical competency concerns shall not be eligible to reapply for Privileges for a period of at least two (2) years from the effective date of the resignation.
  - (d) An APP who has withdrawn an initial application for Privileges for conduct or clinical competency concerns shall not be eligible to reapply for Privileges for a period of at least two (2) years from the effective date of the application withdrawal.
- 4.7.2 Applications submitted after the required two (2) year waiting period will be processed as an initial application, and the APP must submit such additional information as required by the Medical Executive Committee or Board to show that any basis for the earlier automatic termination, Adverse decision, resignation, or withdrawal has been resolved or no longer exists. If such information is not provided, the new application will be considered incomplete and voluntarily withdrawn and will not be further processed.

## **ARTICLE 5**

### **TEMPORARY PRIVILEGES, DISASTER PRIVILEGES, EMERGENCY PRIVILEGES**

#### **5.1 ADOPTION AND AMENDMENT OF APP PRIVILEGE SETS**

5.1.1 Adoption, or amendment, of APP Delineation of Clinical Privileges requires: preparation of the Privilege set (or amendment thereto) by the applicable Medical Staff Department and APP/AHP Committee; review of the Privilege set (or amendment thereto) by the Credentials Committee; recommendation for adoption or amendment of the Privilege set by the MEC; and, approval of the Privilege set (or amendment thereto) by the Board.

#### **5.2 RECOGNITION OF NEW SERVICE OR PROCEDURE**

5.2.1 A new Privilege set must be approved by the Board for all new services and procedures except for those that are clinically or procedurally similar to an existing modality in which case amendment of an existing Privilege set may be appropriate.

5.2.2 The Board shall determine the Hospital's scope of patient care services based upon recommendations from the MEC. Overall considerations for establishing new services and procedures at the Hospital include, but are not limited to:

- (a) The Hospital's available resources and staff.
- (b) The Hospital's ability to appropriately monitor and review the competence of the performing Practitioners/APP(s).
- (c) The availability of other qualified Practitioners/APPs with Privileges at the Hospital to provide coverage for the procedure/service when needed.
- (d) The quality and availability of applicable training programs.
- (e) Whether such service or procedure currently, or in the future, would be more appropriately provided through a contractual arrangement with the Hospital.
- (f) Whether there is a community need for the service or procedure.

5.2.3 Requests for Privileges for a new service or procedure at the Hospital that has not yet been recognized by the Board shall be processed as follows:

- (a) The APP must submit a written request for the new service or procedure to Medical Staff Services. The request should include a description of the

new service or procedure for which Privileges are being requested, the reason why the APP believes the Hospital should recognize such Privileges, and any additional information that the APP believes may be of assistance to the MEC in evaluating the request for the new service or procedure.

- (b) Medical Staff Services will notify the applicable Clinical Department Chair and APP/AHP Committee of such request.
  - (i) If the Department Chair and APP/AHP Committee determine that the new service or procedure should not be recognized at the Hospital, the Department Chair and APP/AHP Committee will provide the basis for such recommendation to the Credentials Committee.
  - (ii) If the Department Chair and APP/AHP Committee determine that the service or procedure can or should be included in an existing Privilege set, the Department Chair and APP/AHP Committee will provide the basis for such recommendation to the Credentials Committee.
  - (iii) If the Department Chair and APP/AHP Committee recommend that the new service or procedure be recognized at the Hospital and determines that a new Privilege set is required, the applicable Department and APP/AHP Committee shall develop and submit to the Credentials Committee a new Privilege set based upon:
    - a) A determination as to what specialties are likely to request the Privileges.
    - b) The positions of specialty societies, certifying boards, *etc.*
    - c) The available training programs.
    - d) Recommended standards to be met with respect to the following: education; training; board certification; experience; current competency; focused professional practice evaluation requirements to assess current competency, *etc.*
    - e) Criteria required by other hospitals with similar resources and staffing.
- (c) Upon receipt of a recommendation from the Department Chair and APP/AHP Committee, the Credentials Committee shall review the matter and forward its recommendation to the MEC.

- (d) Upon receipt of a recommendation from the Credentials Committee, the MEC shall review the matter and forward its recommendation to the Board.
- (e) Upon receipt of a recommendation from the MEC, the Board will review the matter and make a final decision.
  - (i) If the Board approves the new service/procedure and corresponding new Privilege set (or amendment of an existing Privilege set), the requesting APP(s) may apply for such Privileges consistent with the procedure set forth in Section 4.2 of this Manual.
  - (ii) If the Board does not approve the new service/procedure, the requesting APP(s) will be so notified. A decision by the Board not to recognize a new service or procedure does not constitute an appealable event for purposes of Article 7 of this Manual.

### 5.3 PROCEDURE FOR TEMPORARY PRIVILEGES

5.3.1 Conditions. Temporary Clinical Privileges may be granted only in the circumstances and under the conditions set forth in this section. Special requirements of consultation and reporting may be imposed by the Chief of Staff. In all cases, the APP requesting temporary Privileges must agree in writing to abide by this Manual and applicable policies and procedures of the Hospital. The President/CEO (acting on behalf of the Board) may, upon recommendation of the applicable Clinical Department Chair and the Chief of Staff, grant temporary Privileges on a case by case basis in the following circumstances:

- (a) Pendency of a Completed Application. Temporary Privileges may be granted to an applicant for new Privileges with a complete application that raises no concerns who is awaiting review and approval by the MEC and the Board upon receipt of a written request therefore and:
  - (i) Verification of the qualifications set forth in Sections 3.3 and 4.1 of this Manual (*e.g.*, licensure, DEA registration if necessary for the Privileges requested, professional liability insurance, *etc.*)
  - (ii) Completion of a query and evaluation of the National Practitioner Data Bank information and such other queries as required by Section 4.2.5 of this Manual.
  - (iii) Verification that the APP has no current or previously successful challenges to licensure/registration.
  - (iv) Verification that the APP has not been subject to the involuntary limitation, reduction, denial or loss of clinical privileges.

- (v) One recent reference from a current or previous department chair at a hospital where the APP currently practices or practiced.

Temporary Privileges may be granted in this circumstance only when sufficient evidence exists that the granting of such Privileges is prudent and for a period not to exceed the pendency of the application (*i.e.*, completion of review and action on the application by the MEC and Board) or one hundred twenty (120) days, whichever is less. Under no circumstances may temporary Clinical Privileges be granted if the application is still pending because the APP has not responded in a satisfactory manner to a request for clarification of a matter or for additional information.

Applicants for “new Privileges” include an APP applying for Privileges at the Hospital for the first time, an APP with current Privileges who is requesting one or more additional Privileges during the current Privilege period, and an APP who is in the regrant process and is requesting one or more additional Privileges.

(b) Important Patient Care Need

- (i) Temporary Privileges may be granted to an APP to meet an important patient care need but only after:
  - a) The APP submits an application requesting temporary privileges to fulfill an important patient care need.
  - b) Verification of the APP’s: current licensure; DEA registration (if necessary for the Privileges requested); Professional Liability Insurance; and current competence relative to the Privileges being requested as evidenced by at least one recent reference from a current or previous department chair at a hospital where the APP currently practices or practiced.
  - c) Completion of a query and evaluation of the National Practitioner Data Bank information and such other queries as required by Section 4.2.5 of this Manual.
  - d) The name of the APP’s collaborating or supervising Practitioner(s) (who must hold Medical Staff appointment and Privileges at the Hospital) and receipt, as applicable, of a current, valid supervision agreement(s) or standard care arrangement(s) if necessary for the Privileges requested.
- (ii) Temporary Privileges may be granted in this circumstance for an initial period of thirty (30) days and may be renewed for additional thirty (30) day periods as necessary for the care of a particular patient.

- (iii) Examples of important patient care needs may include, but are not limited to:
  - a) The care of a patient who requires specialized skills that no currently privileged APP or Practitioner at the Hospital possesses.
  - b) A currently privileged APP will be absent from the Hospital and another APP or Practitioner (who does not currently possess Privileges at the Hospital) is needed to cover the APP's patients during the absence (*i.e., locum tenens* arrangements).
  - c) The patient care volume exceeds the level that can be handled by currently privileged APPs and Practitioners at the Hospital and additional APPs or Practitioners (*i.e., locum tenens, etc.*) are needed to temporarily handle the volume.

## 5.4 DISASTER PRIVILEGES

5.4.1 Disaster Privileges may be granted to licensed volunteer APPs (subject to applicable Ohio licensure laws, rules, and regulations) when the Hospital's emergency operations plan is activated in response to a disaster and the Hospital is unable to meet immediate patient needs. The President/CEO or Chief of Staff may grant such disaster Privileges on a case-by-case basis after verification of a current valid government-issued picture identification (*e.g., driver's license, passport*) in addition to at least one (1) of the following:

- (a) primary source verification of licensure.
- (b) a current license to practice.
- (c) a current picture identification card from a health care organization that identifies professional designation.
- (d) identification indicating the individual is a member of a Disaster Medical Assistance Team ("DMAT"), the Medical Reserve Corps. ("MRC"), the Emergency System for Advance Registration of Volunteer Health Professionals ("ESAR-VHP") or other recognized state or federal response organization or group.
- (e) identification indicating the individual has been granted authority to render patient care, treatment, or services in disaster circumstances by a government entity.
- (f) confirmation of the identity and qualifications of the volunteer APP by a Hospital employee or Practitioner or APP with Privileges at the Hospital.

- 5.4.2 When possible, primary source verification (a documented phone call is acceptable) of the volunteer APP's identity/qualifications from the hospital at which the APP currently holds Privileges should be obtained.
- 5.4.3 If necessary for the disaster Privileges requested, the volunteer APP must also provide the name of the APP's collaborating or supervising Practitioner(s) (who must either hold Medical Staff appointment and Privileges at the Hospital or request and be granted disaster Privileges at the Hospital) and receipt, as applicable, of a current, valid supervision agreement(s) or standard care arrangement(s).
- 5.4.4 It is anticipated that these disaster Privileges may be granted to state-wide and out-of-state volunteer APPs in response to such a disaster as necessary in accordance with, and subject to, applicable Ohio licensure laws, rules, and regulations.
- 5.4.5 If not initially verified pursuant to Section 5.4-1, primary source verification of licensure shall be conducted as soon as the immediate situation is under control or within seventy-two (72) hours from the time the volunteer APP presents to the Hospital, whichever comes first.
- 5.4.6 If verification cannot be completed within seventy-two (72) hours due to extraordinary circumstances (for example, no means of communication or lack of resources), verification shall be performed as soon as possible. In such event, the Hospital shall document all of the following: the reasons primary source verification could not be performed within seventy-two (72) hours after the volunteer APP's arrival at the Hospital; evidence of the volunteer APP's demonstrated ability to continue to provide adequate care, treatment and services; and, evidence of the Hospital's attempt to perform primary source verification as soon as possible.
- 5.4.7 A reassessment/decision must be made within seventy-two (72) hours after initial disaster Privileges have been granted to determine if there should be a continuation of disaster Privileges for that APP.
- 5.4.8 At such time as circumstances allow, the remainder of the verification process shall be done in the same manner as set forth with respect to temporary Privileges to meet an important patient care need.
- 5.4.9 All APPs who receive disaster Privileges must at all times while at the Hospital wear an identification badge, with photograph, from the facility at which they otherwise hold Privileges. If the APP does not have such identification, the APP will be issued a badge identifying and designating the APP as an emergency provider.
- 5.4.10 The activities of APPs who receive disaster Privileges shall be managed by and under the supervision of the Chief of Staff, the applicable Department Chair, or an appropriate designee.

5.4.11 Disaster Privileges shall cease upon alleviation of the circumstances of disaster as determined by the Hospital President/CEO.

## **5.5 EMERGENCY PRIVILEGES**

5.5.1 In the case of an emergency, any APP (to the degree permitted by the APP's license or other credentials required by Ohio law to practice his/her profession) shall be permitted and assisted to do everything possible to save the life of a patient using Hospital resources as necessary including the calling of consultations. When the extraordinary circumstances necessitating this action are no longer present, said APP must relinquish care of the patient to the Practitioner of record or arrange for appropriate post-emergency care.

5.5.2 For purposes of this section, "emergency" is defined as a situation where serious permanent harm is imminent or in which an individual's life is in immediate danger.

5.5.3 Emergency Privileges are not used to "cover" an APP who has failed to followed Medical Staff guidelines in applying for Privileges.

5.5.4 Emergency Privileges shall automatically terminate upon alleviation of the emergency situation. An APP who exercises emergency Privileges shall not be entitled to the procedural due process rights set forth in Article 7 of this Manual.

## **5.6 TERMINATION OF TEMPORARY AND DISASTER PRIVILEGES**

5.6.1 Termination. The Hospital President/CEO or the Chief of Staff may, at any time, terminate any or all of an APP's temporary or disaster Privileges. Where the life or well-being of a patient is determined to be endangered, the APP's Privileges may be terminated by any person entitled to impose a summary suspension pursuant to this Manual.

5.6.2 Procedural Due Process Rights. An APP who has been granted temporary or disaster Privileges is not a Medical Staff Appointee and is not entitled to the procedural due process rights afforded to Medical Staff Appointees. An APP shall not be entitled to the procedural due process rights set forth in Article 7 of this Manual because the APP's request for temporary or disaster Privileges are refused, in whole or in part, or because all or any portion of such Privileges are terminated, not renewed, restricted, suspended, or otherwise limited, modified, or monitored in any way.

5.6.3 Patient Care. In the event an APP's temporary or disaster Privileges are terminated, the APP's patients then in the Hospital shall be assigned to the APP's collaborating or supervising Practitioner or to another Practitioner or APP by the Chief of Staff. The wishes of the patient will be considered, where feasible, in choosing a substitute Practitioner/APP.

## 5.7 PROFESSIONAL PRACTICE EVALUATION

### 5.7.1 Focused Professional Practice Evaluation

The Medical Staff's focused professional practice evaluation ("FPPE") process is set forth in detail in the Medical Staff Peer Review/Professional Practice Evaluation Policy. FPPE shall be implemented for all: (a) APPs requesting initial Privileges; (b) existing APPs requesting new Privileges during the course of a Privilege period; and, (c) in response to concerns regarding an APP's ability to provide safe, high quality patient care. The FPPE period shall be used to determine the APP's current clinical competence and ability to perform the requested Privileges.

### 5.7.2 Ongoing Professional Practice Evaluation

Upon conclusion of the FPPE period, ongoing professional practice evaluation ("OPPE") shall be conducted on all APPs with Privileges at the Hospital. The Medical Staff's OPPE process is set forth, in detail, in the Medical Staff Peer Review/Professional Practice Evaluation Policy and requires the Hospital/Medical Staff to gather, maintain, and review data on the performance of all APPs with Privileges on an ongoing basis.

**ARTICLE 6 COLLEGIAL INTERVENTION/INFORMAL  
REMEDiation/VOLUNTARY AGREEMENT, CORRECTIVE ACTION, SUMMARY  
SUSPENSION, AUTOMATIC SUSPENSION/TERMINATION**

**6.1 COLLEGIAL INTERVENTION/INFORMAL REMEDIATION/VOLUNTARY AGREEMENT**

6.1.1 Collegial Intervention

- (a) Prior to initiating corrective action against an APP for professional conduct or clinical competency concerns, the Medical Staff leadership or Board (through the Chief Executive Officer as its administrative agent) may elect to attempt to resolve the concerns informally in a manner that it determines.

6.1.2 Informal Remediation

- (a) An appropriately designated Medical Staff peer review committee may enter into a voluntary remedial agreement with an APP, consistent with the Medical Staff's professional practice policies, to resolve potential clinical competency or conduct issues.
- (b) If the affected APP fails to abide by the terms of an agreed-to remedial agreement, the APP may be subject to the formal corrective action procedure set forth in Section 6.2.

6.1.3 Any such informal collegial/remediation attempts shall be documented and retained in the APP's quality peer review file.

6.1.4 Nothing in this Section shall be construed as obligating the Hospital or Medical Staff to engage in collegial intervention or informal remediation prior to implementing formal corrective action on the basis of a single incident.

**6.2 CORRECTIVE ACTION**

6.2.1 Grounds. Corrective action against an APP may be taken whenever the APP acts in a manner (either within or outside the Hospital) that is, or is reasonably likely to be:

- (a) Contrary to this Manual, the Medical Staff Rules & Regulations, or applicable Hospital or Medical Staff policies or procedures.
- (b) Detrimental to patient safety or to the quality or efficiency of patient care in the Hospital.
- (c) Disruptive to Hospital operations.
- (d) Unethical or below the applicable standard of care.

### 6.2.2 Request for Corrective Action

- (a) Any of the following may request that corrective action be initiated against an APP:
  - (i) An officer of the Medical Staff
  - (ii) The chair of any Department in which the APP exercises Privileges
  - (iii) Any standing committee or subcommittee of the Medical Staff (including the MEC) or chair thereof
  - (iv) The Chief Executive Officer
  - (v) The Chief Medical Officer
  - (vi) The Board or Board chair
- (b) All requests for corrective action shall be submitted to the MEC in writing, which writing may be reflected in minutes. The request must be supported by reference to the specific action(s) that constitute(s) the grounds for the request. In the event the request for corrective action is initiated by the MEC, it shall reflect the basis in its minutes.
- (c) The chair of the MEC shall promptly notify the Chief Executive Officer, in writing, of all requests for corrective action and shall continue to keep him/her fully informed of all action taken in conjunction therewith.

### 6.2.3 MEC Options

- (a) Upon receipt of a request for corrective action, the MEC shall act on the request.
- (b) The MEC may:
  - (i) Determine that no corrective action is warranted and close the matter.
  - (ii) Determine that no corrective action is warranted but remand the matter for collegial intervention or informal remediation/resolution consistent with the applicable Medical Staff governing documents.
  - (iii) Initiate a formal corrective action investigation.

### 6.2.4 Commencement of Formal Corrective Action Investigation

- (a) A matter shall be deemed to be under formal investigation upon the start of an MEC meeting at which a request for corrective action is being presented.

- (b) For the sole purpose of determining whether there is a potential reportable event, the matter will be deemed to be under formal corrective action until the end of the MEC meeting at which the issue is presented; provided, however, that if the MEC determines to proceed with a formal corrective action investigation, the matter shall remain under such formal corrective action investigation until such time as the MEC rejects the request for corrective action, closes the investigation, or a final decision is rendered by the Board.
- (c) The affected APP shall be provided with written notice of a determination by the MEC to initiate a corrective action investigation.

#### 6.2.5 Formal Corrective Action Investigation

- (a) The MEC may conduct such investigation itself; assign this task to a Medical Staff officer, Department Chair, the Chief Medical Officer, or a standing or *ad hoc* Medical Staff committee; or may refer the matter to the Board for investigation and resolution.
- (b) This investigation process does not entitle the APP to the procedural rights provided in Article 7.
- (c) The investigating individual/group will proceed with its investigation in a prompt manner. The investigative process may include, without limitation, a meeting with the APP involved, who may be given an opportunity to provide information in a manner and upon such terms as the investigating individual/group deems appropriate; with the individual or group who made the request; and/or with other individuals who may have knowledge of or information relevant to the events involved.
- (d) If the investigation is conducted by a group or individual other than the MEC or the Board, that group or individual shall submit a written report of its investigation, which may be reflected by minutes, to the MEC as soon as is practicable after its receipt of the assignment to investigate. The report should contain such detail as is necessary for the MEC to rely upon it including recommendations for appropriate corrective action or no action at all (and the basis for such recommendations).
- (e) The MEC may at any time in its discretion, and shall at the request of the Board, terminate the investigative process and proceed with action as provided below.

#### 6.2.6 MEC Action

- (a) As soon as is practicable following completion of its report (which may be reflected by minutes), or receipt of a report from the investigating individual or group, the MEC shall act upon the request for corrective action.

- (b) The MEC actions may include, without limitation, the following:
  - (i) A determination that no corrective action be taken.
  - (ii) Issuance of a verbal or written warning or a letter of reprimand.
  - (iii) Imposition of a focused professional practice evaluation period with retrospective review of cases and/or other review of professional practices or conduct but without requirement of prior or concurrent consultation or direct supervision.
  - (iv) Imposition of prior or concurrent consultation or direct supervision or other form of focused professional practice evaluation that limits the APP's ability to continue to exercise previously exercised Privileges for a period of up to fourteen (14) days.
  - (v) Imposition of a suspension of all, or any part, of the APP's Privileges for a period up to fourteen (14) days.
  - (vi) Other actions deemed appropriate under the circumstances that will result in a limitation or reduction of the APP's Privileges for a period up to fourteen (14) days.
  - (vii) Recommendation of imposition of prior or concurrent consultation or direct supervision or other form of focused professional practice evaluation that limits the APP's ability to continue to exercise previously exercised Privileges for a period in excess of fourteen (14) days.
  - (viii) Recommendation of a suspension of all or any part of an APP's Privileges for a period in excess of fourteen (14) days.
  - (ix) Recommendation of other actions deemed appropriate under the circumstances that will result in a limitation or reduction of the APP's Privileges for a period in excess of fourteen (14) days.
  - (x) Recommendation of revocation of all, or any part, of the APP's Privileges.

#### 6.2.7 Effect of MEC Action

- (a) Adverse. When the MEC's recommendation is Adverse (as defined in this Manual) to the APP, the Chief of Staff shall inform the APP, by Special Notice, and the APP shall be entitled, upon timely and proper request, to the procedural due process rights contained in Article 7. The Chief of Staff shall then hold the Adverse recommendation in abeyance until the APP has exercised or waived the procedural due process rights set forth in

Article 7 after which the final MEC recommendation, together with all accompanying information, shall be forwarded to the Board.

- (b) Referral/Failure to Act. If the MEC (1) refers the matter to the Board; or (2) fails to act on a request for corrective action within an appropriate time as determined by the Board, the Board may proceed with its own investigation or determination as applicable to the circumstances. In the case of (2), the Board shall make such determination after notifying the MEC of the Board's intent and allowing a reasonable period of time for response by the MEC.
  - (i) If the Board's decision is not Adverse to the APP, the action shall be effective as its final decision and the Chief Executive Officer shall inform the APP of the Board's decision by Special Notice.
  - (ii) If the Board's action is Adverse to the APP, the Chief Executive Officer shall inform the APP, by Special Notice, and the APP shall be entitled, upon timely and proper request, to the procedural due process rights in Article 7 of this Manual.

#### 6.2.8 Other Action

The commencement of corrective action procedures against an APP shall not preclude the summary suspension or automatic suspension or automatic termination of all, or any portion, of the APP's Privileges in accordance with the applicable procedures set forth in this Article.

### 6.3 SUMMARY SUSPENSION

- 6.3.1 Whenever an APP's conduct is of such a nature as to require immediate action to protect the life of any patient(s) or to reduce the substantial likelihood of imminent danger to the health or safety of any patient, employee, or other person present in the Hospital, any of the following have the authority to summarily suspend the Clinical Privileges of such APP:
  - (a) Chief of Staff
  - (b) MEC
  - (c) Chief Executive Officer
  - (d) Chief Medical Officer
  - (e) Board or its chair
- 6.3.2 A summary suspension is effective immediately. The person or group imposing the summary suspension shall immediately inform the Chief Executive Officer of

such suspension and the Chief Executive Officer, or the Chief of Staff, shall promptly give Special Notice thereof to the APP.

- 6.3.3 As soon as possible, but in no event later than five (5) days after a summary suspension is imposed, the MEC, if it did not impose the summary suspension, shall convene to review the matter and consider the need, if any, for a professional review action pursuant to Section 6.2. The MEC may modify, continue, or terminate a summary suspension provided that the summary suspension was not imposed by the Board or the Chief Executive Officer/Chief Medical Officer.
- 6.3.4 In the case of a summary suspension imposed by the Board or Chief Executive Officer/Chief Medical Officer, the MEC shall give its recommendation to the Board as to whether such summary suspension should be modified, continued, or terminated. The Board may accept, modify, or reject the MEC's recommendation.
- 6.3.5 Not later than fourteen (14) days following the original imposition of the summary suspension, the Chief Executive Officer or the Chief of Staff shall notify the APP, by Special Notice, of the MEC's determination; or, in the case of a summary suspension imposed by the Board or the Chief Executive Officer/Chief Medical Officer, of the MEC's recommendation as to whether such suspension should be terminated, modified, or continued, and of the APP's procedural due process rights, if any, pursuant to Article 7.
- 6.3.6 A summary suspension that is lifted within fourteen (14) days of its original imposition on the grounds that such suspension was not required shall not be deemed an Adverse action for purposes of Article 7.

## **6.4 AUTOMATIC SUSPENSION OF PRIVILEGES**

- 6.4.1 The following events shall result in an automatic suspension of the APP's Privileges without recourse to the procedural due process rights set forth in Article 7 of this Manual.
  - (a) Licensure. Action by any federal or state authority suspending or limiting an APP's professional license (or other credentials required by Ohio law to practice his/her profession) shall result in an automatic comparable suspension or limitation on the APP's Privileges. Whenever an APP's licensure (or other credentials required by Ohio law to practice his/her profession) is made subject to probation, the APP's Privileges shall automatically become subject to the same terms of the probation.
  - (b) Controlled Substance Authorization. Whenever an APP's federal DEA registration or state controlled substance authorization is suspended, his/her Privileges shall be automatically suspended. Whenever an APP's federal DEA registration or state controlled substance authorization is limited, the APP's right to prescribe medications covered by the registration/authorization shall automatically become subject to the same

limitation. Whenever an APP's federal DEA registration or state controlled substance authorization is made subject to probation, the APP's right to prescribe medications covered by the registration/authorization shall automatically become subject to the same terms of the probation.

- (c) Professional Liability Insurance. If an APP's Professional Liability Insurance coverage lapses, falls below the required minimum, is terminated, or otherwise ceases to be in effect, in whole or in part, the APP's Privileges shall be automatically suspended until Professional Liability Insurance coverage is restored or the matter is otherwise resolved pursuant to §6.5.1 (c) below. The CCO/Medical Staff Services must be provided with a certified copy of the insurance certificate from the insurance company and a written statement explaining the circumstances of the APP's non-compliance with the Hospital's Professional Liability Insurance requirements, any limitations on the new policy, and a summary of relevant activities during the period of non-compliance. For purposes of this section, the failure of a APP to provide proof of Professional Liability Insurance shall constitute failure to meet the requirements of this provision.
- (d) Federal Health Program. Whenever an APP is suspended from participating in a Federal Health Program, the APP's Privileges shall be immediately and automatically suspended.
- (e) Suspension/Termination of Supervising or Collaborating Practitioner's Appointment/Privileges. Lapse, suspension, or termination of the APP's supervising or collaborating Practitioner's Medical Staff appointment and/or Privileges, for any reason, shall result in an automatic suspension of the APP's Privileges unless the APP has more than one (1) supervising or collaborating Practitioners with Medical Staff appointment and Privileges at the Hospital.
- (f) Termination of Standard Care Arrangement/Supervision Agreement. Termination or expiration of the APP's standard care arrangement or supervision agreement shall result in an automatic suspension of the APP's Privileges unless the APP has more than one (1) current, valid standard care arrangement or supervision agreement with an appropriate Physician or Podiatrist with Medical Staff appointment and Privileges at the Hospital on file in Medical Staff Services.
- (g) Immunizations/Health Screenings. Failure to provide documentation of required immunizations and/or health screenings (or an approved exemption therefrom) in accordance with the requirements set forth in the applicable Hospital/Medical Staff policies will result in an automatic suspension of the APP's Privileges subject to §6.5-1 (h) below.

- (h) Failure to Complete Medical Records. Failure to timely complete medical records, as required pursuant to the Medical Record Completion Policy, shall result in an automatic suspension of the APP's Privileges consistent with such policy.

6.4.2 Impact of Automatic Suspension. During such period of time when an APP's Privileges are automatically suspended pursuant to §6.4.1 (a)-(g), he/she may not exercise any Privileges at the Hospital. An APP whose Privileges are automatically suspended pursuant to §6.4-1 (h) (for delinquent medical records), is subject to the same limitations except that such APP may, as applicable:

- (a) Conclude the management of any patient under his/her care in the Hospital at the time of the effective date of the automatic suspension.
- (b) Attend an obstetrical patient who has been under his/her active care and management and who comes to term and is admitted to the Hospital in labor.
- (c) Attend to the management of any patient requiring emergency care and intervention.

6.4.3 Action Following Imposition of Automatic Suspension. As soon as practicable after the imposition of an automatic suspension, the MEC shall convene to determine if corrective action is necessary in accordance with §6.2 of this Manual. The lifting of the action or inaction on the part of the APP that gave rise to an automatic suspension of Privileges shall result in the automatic reinstatement of the APP's Privileges. The APP shall be obligated to provide such information as Medical Staff Services shall reasonably request to assure that all information in the APP's credentials file is current.

## **6.5 AUTOMATIC TERMINATION OF CLINICAL PRIVILEGES.**

6.5.1 The following events shall result in an automatic termination of the APP's Privileges without recourse to the procedural due process rights set forth in Article 7 of this Manual.

- (a) Licensure. Whenever an APP's professional license (or other credentials required by Ohio law to practice his/her profession) is revoked, his/her Clinical Privileges shall be immediately and automatically terminated.
- (b) Controlled Substance Authorization. Whenever an APP's federal DEA registration or state controlled substance authorization is revoked, the APP's Privileges shall automatically terminate.
- (c) Insurance Coverage. If an APP's Professional Liability Insurance coverage lapses, falls below the required minimum, is terminated, or otherwise ceases to be in effect for a period greater than sixty (60) days,

the APP's Privileges shall automatically terminate as of the sixty-first (61<sup>st</sup>) day. For purposes of this provision, the failure of an APP to provide proof of Professional Liability Insurance shall constitute a failure to meet the requirements of this provision.

- (d) Federal Health Program. Whenever an APP is excluded from participating in a Federal Health Program, the APP's Privileges shall be immediately and automatically terminated.
- (e) Serious Offenses. If an APP pleads guilty to, is found guilty of, or pleads no contest to a felony or other serious offense that involves (i) violence or abuse upon a person, conversion, embezzlement, or misappropriation of property; (ii) fraud, bribery, evidence tampering, or perjury; or, (iii) a drug offense, the APP's Privileges shall be immediately and automatically terminated.
- (f) Supervising/Collaborating Practitioner. If the APP's Privileges are suspended pursuant to §6.4.1 (e) and the APP does not make arrangements for supervision by/collaboration with an appropriate Practitioner with Medical Staff appointment and Privileges at the Hospital within thirty (30) days of the automatic suspension, the APP's Privileges at the Hospital shall automatically terminate as of the thirty-first (31<sup>st</sup>) day.
- (g) Failure to Submit a New Standard Care Arrangement/Supervision Agreement. If the APP's Privileges are suspended pursuant to §6.4.1 (f) and the APP does not submit a new, executed standard care arrangement or supervision agreement with an appropriate Physician or Podiatrist with Medical Staff appointment and Privileges at the Hospital within thirty (30) days of the automatic suspension, the APP's Privileges shall automatically terminate as of the thirty-first (31<sup>st</sup>) day.
- (h) Immunizations/Health Screenings. In the event that documentation of required immunizations and/or health screenings (or an approved exemption therefrom) is not provided within ninety (90) days following the date of an automatic suspension of Privileges pursuant to §6.4-1 (g), the APP's Privileges shall automatically terminate as of the ninety-first (91<sup>st</sup>) day.

## **6.6 PATIENT CARE**

- 6.6.1 In the event an APP's Privileges are limited, suspended, or terminated, the APP's patients then in the Hospital shall be assigned to the APP's supervising or collaborating Practitioner or to another Practitioner or APP by the Chief of Staff or applicable Department Chair. The wishes of the patient will be considered, where feasible, in choosing a substitute Practitioner or APP.

## **ARTICLE 7 APP PROCEDURAL DUE PROCESS RIGHTS**

### **7.1 APPLICABILITY**

- 7.1.1 The procedural due process rights set forth in this Manual are only applicable to APPs requesting or granted Privileges through the Medical Staff process.
- 7.1.2 The provisions in the Medical Staff Bylaws setting forth the hearing and appeal rights of Medical Staff applicants and Medical Staff Appointees do not apply to APPs.

### **7.2 PROCEDURAL DUE PROCESS RIGHTS FOLLOWING RECOMMENDATION OF DENIAL OF APPLICATION FOR PRIVILEGES**

- 7.2.1 When the MEC proposes to make a recommendation to deny an APP's application for Privileges based upon professional conduct or clinical competence concerns, the APP shall be provided written notice, by Special Notice, of the MEC's proposed recommendation.
- 7.2.2 The APP shall then have five (5) days in which to submit a written response to the MEC as to why such Adverse recommendation should be withdrawn and a favorable recommendation made. The APP may meet with the MEC (or a subcommittee of the MEC) upon request. After reviewing the APP's written response and meeting with the APP (if applicable), the MEC shall make its final recommendation to the Board. The APP will be advised, by Special Notice, of the MEC's final recommendation; and, if applicable, the APP's right to appeal.
- 7.2.3 If the MEC's recommendation continues to be Adverse to the APP, the APP shall have five (5) days in which to submit a written appeal to the Board. At the Board's discretion, it may meet (or have a committee of the Board meet) with the APP. During this meeting, the basis of the Adverse recommendation that gave rise to the appeal will be reviewed with the APP. After reviewing the recommendation of the MEC, the APP's written response/appeal, and the results of meetings with the APP, if any, the Board shall take action.
- 7.2.4 Whenever the Board determines that it will decide a matter contrary to the recommendation of the MEC, and the matter has not previously been submitted to the Joint Conference Committee, the matter will be submitted to such committee for review and recommendation before the Board makes its final decision.
- 7.2.5 The APP will receive written notice, by Special Notice, of the Board's final decision.

### **7.3 PROCEDURAL DUE PROCESS RIGHTS FOLLOWING CORRECTIVE ACTION OR SUMMARY SUSPENSION**

- 7.3.1 The APP shall have five (5) days in which to submit a written response to the MEC as to why such limitation, suspension, or termination of the APP's

Privileges should, as applicable, be lifted, rescinded, or not take place. The APP may meet with the MEC (or a subcommittee of the MEC) upon request. After reviewing the APP's written response and meeting with the APP (as applicable), the MEC shall make a recommendation regarding the limitation, suspension, or termination of the APP's Privileges to the Board. The APP shall be advised, by Special Notice, of the MEC's recommendation, the basis for such recommendation; and, if applicable, the APP's right to appeal.

- 7.3.2 If the MEC's recommendation continues to be Adverse to the APP, the APP shall have five (5) days in which to submit a written appeal to the Board. At the Board's discretion, it may meet (or have a committee of the Board meet) with the affected APP. During this meeting, the basis of the Adverse recommendation/action that gave rise to the appeal will be reviewed with the APP. After reviewing, as applicable, the recommendation of the person/group that imposed a summary suspension, the recommendation of the MEC, the APP's written response/appeal, and the results of meetings with the APP, if any, the Board shall take action.
- 7.3.3 Whenever the Board determines that it will decide a matter contrary to the recommendation of the MEC, and the matter has not previously been submitted to the Joint Conference Committee, the matter will be submitted to such committee for review and recommendation before the Board makes its final decision.
- 7.3.4 The APP will receive written notice, by Special Notice, of the Board's final decision.

## **ARTICLE 8 LEAVE OF ABSENCE**

### **8.1 REQUEST FOR LEAVE**

- 8.1.1 In the event that an APP will be absent from practice and unable to exercise his/her Privileges for a period in excess of ninety (90) days, he/she shall notify Medical Staff Services in the manner set forth in Section 8.1-2.
- 8.1.2 An APP may, for good cause (which may include, but is not limited to, illness, injury, military duty, or educational sabbatical), take a voluntary leave of absence by giving written notice to Medical Staff Services who shall communicate receipt of such notification to others as appropriate. The notice must state the reason for the leave and the approximate period of time for the leave which may not exceed one (1) year or the last date of the APP's current Privilege period, whichever occurs first, except for military service. The MEC may decline a leave of absence in the event that such leave does not satisfy the criteria set forth in Section 8.1.1 and this Section 8.1.2. The decision of the MEC is final without right to appeal.
- 8.1.3 During a leave of absence, the APP is not entitled to exercise Privileges at the Hospital and has no responsibilities.
- 8.1.4 Prior to a leave of absence, the APP shall have made arrangements for the care of the APP's patients during the leave and shall have completed all medical records for which the APP is responsible, except in emergency circumstances.

### **8.2 TERMINATION OF LEAVE; REQUEST FOR REINSTATEMENT**

- 8.2.1 APPs whose leave of absence and Privileges terminate as of the last date of the APP's current Privilege period may thereafter reapply for initial Privileges at such time as the APP is able to return to practice.
- 8.2.2 An APP's whose leave of absence occurs within the APP's existing Privilege period must submit to Medical Staff Services, at least thirty (30) days prior to termination of the leave of absence, a written request for reinstatement of Privileges as well as such additional information as is necessary to reflect that the APP is qualified for reinstatement. Such information may include, but is not limited to:
- (a) A physician's report on the APP's ability to resume practice if the APP is returning from a medical leave of absence.
  - (b) A statement summarizing any educational activities undertaken by the APP if the leave of absence was for educational reasons.
  - (c) Proof of military discharge or status if the leave of absence was for military reasons.

- (d) A written summary of relevant clinical activities engaged in during the leave of absence.
- 8.2.3 Reinstatement or regrant of Privileges following a leave of absence may be subject to a focused professional practice evaluation period to assess the APP's current clinical competency.
- 8.2.4 In order to qualify for reinstatement of Privileges following a leave of absence, the APP must maintain Professional Liability Insurance coverage during the leave or purchase tail coverage for all periods during which the APP held Privileges at the Hospital. The APP shall provide information to demonstrate satisfaction of continuing Professional Liability Insurance coverage or tail coverage as required by this provision upon request for reinstatement of Privileges.
- 8.2.5 Once the APP's request for reinstatement/regrant is deemed complete the procedure set forth in Section 4.3 of this Manual shall be followed.

### **8.3 FAILURE TO REQUEST REINSTATEMENT**

- 8.3.1 If an APP fails to request reinstatement of Privileges at the termination of the leave of absence, the MEC shall make a recommendation to the Board as to how the failure to request reinstatement should be construed.
- 8.3.2 If the failure is deemed by the Board to be a voluntary resignation, it shall not give rise to any procedural due process rights pursuant to Article 7 of this Manual.
- 8.3.3 A request for Privileges subsequently received from such APP shall be treated and processed as an application for initial Privileges.

## ARTICLE 9 MISCELLANEOUS

### 9.1 CONTRACTED APPS

- 9.1.1 Qualifications. An APP who is or will be providing specified professional services pursuant to a contract with the Hospital is subject to the same qualifications, credentialing and privileging process, and requirements/obligations as any other APP.
- 9.1.2 Effect of Termination of Privileges. An APP's right to provide care, treatment, and/or services at the Hospital is automatically terminated when the APP's Privileges terminate. How such actions affect a contract entered into by the Hospital shall be controlled by the contract, but no APP may engage in providing clinical care, treatment or services to patients at the Hospital without appropriate Clinical Privileges. The effect of an Adverse change in an APP's Clinical Privileges on continuation of a contract is governed by the terms of the contract.
- 9.1.3 Effect of Contract Expiration or Termination. Expiration or termination of an exclusive contract for professional services shall automatically terminate the Privileges of an APP who is part of the exclusive arrangement with the Hospital without recourse to the procedural due process rights set forth in Article 7. If an APP who is practicing under the terms of an exclusive contract is no longer employed by or contracted with the group contractor; or, is reassigned on a permanent basis to a different facility by the group contractor, such APP's Privileges shall automatically terminate at Hospital without recourse to the procedural due process rights set forth in Article 7. The expiration or termination of a non-exclusive contract will not affect an APP's Privileges at the Hospital unless otherwise addressed by the terms of the contract (*e.g.*, resignation, *etc.*).
- 9.1.4 Exclusivity Policy. If the Hospital adopts a policy involving a closed Department or an exclusive arrangement for a particular service(s), any APP who holds Privileges to provide such service(s), but who is not a party to the exclusive contract/arrangement (or otherwise employed by or contracted with the exclusive contracting entity) may not provide such service(s) as of the effective date of the closure of the Department or start of the exclusive arrangement, irrespective of any remaining time on the APP's Privilege term.

### 9.2 INTERNAL CONFLICTS

- 9.2.1 When performing a function outlined in this Manual, if an APP has or reasonably could be perceived as having a conflict of interest or bias in any matter that comes before the Medical Staff, a Department, or Medical Staff committee, the APP shall declare the conflict to the individual in charge of the meeting.
- 9.2.2 The APP may be asked, and may answer, any questions concerning the matter. The committee (or, in the absence of a committee, the individual in charge of the

meeting) is responsible for determining whether a conflict exists and, if so, whether the conflict rises to the level of precluding the APP from participating in the pending matter.

- 9.2.3 The existence of a potential conflict of interest or bias on the part of any APP may be called to the attention of the Chief of Staff, the Department Chair, or applicable committee chair by any Practitioner or APP with knowledge of it.
- 9.2.4 For purposes of this Section 9.2, the fact that APPs are competitors, partners, or employed by the same group does not, in and of itself, automatically disqualify such APP from participating in the review of applications or other Medical Staff matters with respect to their colleagues. The evaluation of whether a conflict of interest exists shall be interpreted reasonably by the persons involved, taking into consideration common sense and objective principles of fairness.
- 9.2.5 A Department Chair shall have the duty to delegate review of applications for Privileges/regrant of Privileges to another member of the Department if the Department Chair has a conflict of interest with the APP under review that could be reasonably perceived to create bias.

### **9.3 ADOPTION & AMENDMENT OF APP MANUAL**

- 9.3.1 This APP Manual shall be adopted and amended, in whole or in part, pursuant to the procedure for adoption and amendment of Medical Staff Manuals/Policies as set forth in the Medical Staff Bylaws.

## ARTICLE 10 CONFIDENTIALITY, IMMUNITY, AND RELEASE

### 10.1 SPECIAL DEFINITIONS

10.1.1 For purposes of this Article, the following definitions shall apply:

- (a) Information: Any record of proceedings, minutes, records, reports, memoranda, statements, recommendations, data, and other disclosures whether in written or oral form relating to any of the subject matter specified in §10.6.
- (b) Representative: The Board, Hospital, Medical Staff, and any agent (including, but not limited to, Practitioners, APCs, Hospital employees, Board members, *etc.*) authorized to perform specific Information gathering, analysis, use, or disseminating functions.
- (c) Third Parties: Any and all individuals and organizations providing information to any Representative.

### 10.2 AUTHORIZATIONS AND CONDITIONS

10.2.1 By applying for or exercising Clinical Privileges at the Hospital, an APP:

- (a) Authorizes Representatives to solicit, provide, and act in accordance with this Manual upon Information bearing upon the APP's professional ability and qualifications.
- (b) Agrees to be bound by the provisions of this Article and to waive all legal claims against any Representative who acts in accordance with the provisions of this Article.
- (c) Acknowledges that the provisions of this Article are express conditions to his/her application for, and acceptance of, grant/regrant of Clinical Privileges at this Hospital.

### 10.3 CONFIDENTIALITY OF INFORMATION

Information with respect to any APP submitted, collected, or prepared by any Representative of this Hospital or representative of any other health care facility or organization or medical staff for the purpose of: achieving and maintaining quality patient care; evaluating, monitoring, and improving patient care; reducing morbidity and mortality; evaluating the qualifications and clinical competence/performance of an APP or acting upon matters relating to corrective action; contributing to teaching or clinical research activities; or determining that healthcare services were professionally indicated and performed in accordance with the applicable standards of care shall, to the fullest extent permitted by law, be confidential. Such information shall not be disclosed or disseminated to anyone other than a Representative nor be used in any way except as provided herein or except as otherwise required/permitted by law. Such confidentiality

shall also extend to Information of like kind that may be provided by/to any Third Parties engaged in an official, authorized activity for which the Information is needed. The Information so provided shall not become part of any particular patient's medical record or general Hospital records, but will remain in the APP's peer review file.

#### **10.4 BREACH OF CONFIDENTIALITY**

It is expressly acknowledged by each APP that violation of the confidentiality provisions provided herein is grounds for corrective action pursuant to the procedure set forth in §6.2 of this Manual.

#### **10.5 IMMUNITY FROM LIABILITY**

##### **10.5.1 For Action Taken**

Each Representative shall be exempt, to the fullest extent permitted by law, from liability to any APP for damages or other relief for any action taken or statements or recommendations made within the scope of his/her duties as a Representative provided that such Representative does not act on the basis of false information knowing such information to be false.

##### **10.5.2 For Providing Information**

Each Representative and Third Parties shall be exempt, to the fullest extent permitted by law, from liability to any APP for damages or other relief for providing Information (including otherwise privileged or confidential information) to a Representative concerning an APP who did, or does, exercise Clinical Privileges at this Hospital provided that such Representative or Third Party does not act on the basis of false information knowing such Information to be false.

#### **10.6 ACTIVITIES AND INFORMATION COVERED**

##### **10.6.1 Activities**

- (a) The confidentiality and immunity provided by this Article shall apply to all Information in connection with this Hospital's or any Third Party activities concerning, but not limited to:
  - (i) Applications for Clinical Privileges
  - (ii) Appraisals for regrant of Clinical Privileges
  - (iii) Any corrective action
  - (iv) Procedural due process rights
  - (v) Quality assurance/performance improvement activities

- (vi) Utilization review activities.
- (vii) Peer review organizations.
- (viii) Any other Hospital, Department, committee, or Medical Staff activities related to monitoring and maintaining quality patient care.

#### 10.6.2 Information

The Information referred to in this Article may relate to an APP's professional qualifications including, but not limited to, judgment, character, the clinical ability to safely and competently exercise the Privileges requested, professional ethics, or any other matter that might directly or indirectly affect patient care and Medical Staff or Hospital operations.

### **10.7 AUTHORIZATIONS & RELEASES**

Each APP shall, upon request of the Hospital, execute general and specific authorizations and releases in accordance with the expressed provisions and general intent of this Article, subject to applicable laws. Execution of such authorizations and releases shall not be deemed a prerequisite to the effectiveness and/or application of this Article.

### **10.8 CUMULATIVE EFFECT**

Provisions in this Manual and in application forms relating to authorizations, confidentiality of Information, and releases/immunity from liability shall be in addition to any other protections provided by law and not in limitation thereof. In the event of conflict, the superior applicable law shall be controlling.

**CERTIFICATION OF ADOPTION AND APPROVAL**

MEC adoption date: November 16, 2021

Board approval date: February 3, 2022

## **EXHIBIT A**

Advanced Practice Providers credentialed by the Medical Staff and eligible to be granted Clinical Privileges at the Hospital:

Certified Registered Nurse Anesthetists (CRNA)  
Certified Nurse-Midwives (CNM)  
Certified Nurse Practitioners (CNP)  
Clinical Nurse Specialists (CNS)  
Dietitians (limited to diet ordering Privileges)  
Licensed Genetic Counselors  
Licensed Professional Clinical Counselors (Behavioral Health)  
Licensed Independent Social Workers (Behavioral Health)  
Registered Nurse First Assistants  
Surgical Technologist First Assistants (Must be certified)