

NATIONWIDE CHILDREN'S HOSPITAL TOLEDO ADVANCED PRACTICE PROVIDER POLICY

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DEFINITIONS

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

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 and/or been granted Privileges to practice at the Hospital either independently (as applicable) or in collaboration with or under the supervision of 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 (*i.e.*, suspension, restriction, *etc.*) for a period in excess of fourteen (14) days, or terminates the Privileges of an APP on the basis of professional conduct or clinical competence, or as otherwise defined in this Policy.

Affiliate Hospital(s) means Nationwide Children's Hospital.

Board of Managers or Board means the governing body of the Hospital. A reference to the "Board of Managers" or "Board" shall include the Board's designee(s).

Chief Medical Officer or CMO means the individual appointed by the Hospital to be responsible for the clinical work, medical education, and overall quality of patient care delivered throughout the Hospital and its related companies.

Chief Nursing Officer or CNO means the individual appointed by the Hospital to be responsible for nursing services, nursing education, and the quality of patient care delivered by registered nurses, including advanced practice registered nurses, throughout the Hospital and its related companies.

Chief Operating Officer or COO means the individual appointed by the Board to act on its behalf in the overall operation and management of the Hospital.

Clinical Privileges or Privileges means the permission granted by the Board to a Practitioner or Advanced Practice Provider to render designated patient care, treatment, and/or clinical services, pursuant to an applicable Delineation of Privileges, at/for the Hospital based upon the individual's professional license, education, training, experience, competence, ability, character, and judgment. The terms "Delineation of Privileges" and "Privilege set" are used interchangeably in this Policy.

Dentist means an individual who has received a Doctor of Dental Surgery ("D.D.S.") or Doctor of Dental Medicine ("D.M.D.") degree and who is currently licensed to practice dentistry in Ohio, and whose practice is in the area of oral and maxillofacial surgery, general dentistry, or a specialty thereof.

Federal Health Program means Medicare, Medicaid, TriCare, or any other federal or state program providing health care benefits that is funded directly or indirectly by the United States government.

Hospital means Nationwide Children's Hospital Toledo including all its clinical departments, programs, services, and provider-based locations.

Medical Executive Committee or **MEC** means the executive committee of the Hospital's Medical Staff.

Medical Staff means those Practitioners who have been granted appointment to the Hospital's Medical Staff with such rights and responsibilities as defined in the Medical Staff category to which each has been appointed.

Medical Staff Bylaws or Bylaws means the articles, and amendments thereto, that constitute the basic governing document of the Medical Staff.

Medical Staff Department or Department means those clinical services designated as Medical Staff Departments as provided for in the Medical Staff Organization Policy. Departments may be further divided into Sections led by Section Chiefs.

Medical Staff Department Chair or Department Chair means a Member of the active Medical Staff category with Privileges in the Department who reports to the Medical Staff President and the CMO.

Medical Staff Member or Member means a Practitioner who has been granted appointment to the Hospital's Medical Staff. A Medical Staff Member must also have applied for and been granted Privileges unless the appointment is to a Medical Staff category without Privileges, or unless otherwise provided in the Bylaws. References to Medical Staff appointee or appointment shall mean the same thing as Medical Staff Member or membership for purposes of the Medical Staff Bylaws and Policies.

Medical Staff Policy or Policies means those Medical Staff policies, recommended by the Medical Executive Committee and approved by the Board, that serve to implement the Medical Staff Bylaws including this Advanced Practice Provider Policy and the Credentials Policy, Organization Policy, Fair Hearing Policy, Practitioner/Advanced Practice Provider Effectiveness Policy, and the Clinical Care Policy.

Medical Staff President means a Member of the active Medical Staff category with Privileges at the Hospital who is elected to serve as the administrative leader of the Medical Staff.

Medical Staff Section Chief or Section Chief means a Member of the active Medical Staff category with Privileges in the Section who reports to the Department Chair and the CMO.

Physician means an individual who holds a Doctor of Medicine (“M.D.”) or Doctor of Osteopathic Medicine (“D.O.”) degree and who is currently licensed to practice medicine in Ohio.

Podiatrist means an individual who holds the degree of Doctor of Podiatric Medicine (D.P.M.) and who is currently licensed to practice podiatry in Ohio.

Practitioner means, unless otherwise expressly provided, a Physician, Dentist, Podiatrist, or Psychologist.

Professional Liability Insurance means professional liability insurance coverage of such kind, in such amount, and underwritten by such insurers as recommended by the MEC and approved by the Board.

Psychologist means an individual with a doctoral degree in psychology or school psychology, or a doctoral degree deemed equivalent by the Ohio Board of Psychology, who is currently licensed to practice psychology in Ohio.

Special Notice means written notice sent by (a) certified mail, return receipt requested; or (b) by personal delivery service with signed acknowledgment of receipt.

RELATED INFORMATION

Use of an Authorized Designee. Whenever an individual is authorized to perform a duty by virtue of his/her position (e.g., the Chief Operating Officer, CMO, Medical Staff President, Department Chair, *etc.*), then reference to the individual shall also include the individual’s authorized designee.

Not a Contract. This APP Policy is not intended to and shall not create any contractual rights between the Hospital and any APP or collaborating/supervising Practitioner. Any and all contracts of association or employment shall control contractual and financial relationships between the Hospital and its APPs and collaborating/supervising Practitioners.

ARTICLE I OVERVIEW

1.1 Applicability of Policy

- 1.1-1 This Policy is only applicable to APPs who have requested (or who have requested and been granted) Privileges at the Hospital through the Medical Staff process.
- 1.1-2 All APPs who request Privileges at the Hospital must be credentialed through the Medical Staff consistent with this Policy and granted Privileges prior to providing care, treatment, and/or services to patients at the Hospital.
- 1.1-3 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 Policy.
- 1.1-4 The Medical Executive Committee 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, supervised, or collaborative), the scope of practice pursuant to state law and licensure board rules/regulations, and an applicable Privilege set; and (3) amendment of existing APP Privilege sets.
- 1.1-5 The Medical Staff will manage APPs with respect to the Clinical Privileges that are granted to such APPs through the Medical Staff.

1.2 Limitations

- 1.2-1 APPs are not granted appointment to the Medical Staff, may not hold Medical Staff office or serve as a Medical Staff officer, Department Chair, or Section Chief, and are not entitled to the fair hearing and appeal rights afforded to Medical Staff Members.
- 1.2-2 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 (and be removed from) Medical Staff committees as determined by the Medical Staff President with the right to vote on committee matters if so designated in the applicable committee composition.
- 1.2-3 APPs granted Privileges shall have such procedural due process rights, to the extent applicable, as set forth in Article VIII of this Policy.
- 1.2-4 APPs must comply with:

- A. All limitations and restrictions imposed by their respective licenses, certificates, certifications, or other credentials required by Ohio laws, rules, and/or regulations to practice;
- B. The terms of their standard care arrangement, supervision agreement, or other documentation required by state law to practice, as applicable; and,
- C. May only provide care, treatment, and services in accordance with this Policy, other applicable Hospital/Medical Staff policies, the Privileges granted to them, and applicable laws, rules, and regulations.

1.2-5 A Certified Nurse Practitioner (CNP), Clinical Nurse Specialist (CNS), or Physician Assistant (PA) may issue admission orders/admit patients to the Hospital, if granted Privileges to do so, in accordance with applicable laws, rules, and regulations.

1.3 Duties of Medical Staff Members who Supervise or Collaborate with an APP

1.3-1 Those Medical Staff Members with Privileges at the Hospital who supervise or collaborate with an APP shall agree to:

- A. Acquaint the APP with the APP Policy and other applicable policies of the Medical Staff/Hospital as well as the Practitioners, other APPs, and Hospital personnel with whom the APP will have contact.
- B. Adhere to the requirements of any supervision agreement or standard care arrangement, as applicable, and otherwise provide appropriate supervision/collaboration consistent with this Policy, the APP's Privilege set, and applicable laws, rules, and regulations.
 - (1) It shall be the responsibility of each supervising Physician or Podiatrist and his/her PA to have and maintain a current, valid supervision agreement in accordance with applicable Ohio laws and State Medical Board of Ohio rules/regulations.
 - (2) It shall be the responsibility of each CNP, CNS, and CNM and his/her collaborating Physician or Podiatrist to have and maintain a current, valid, standard care arrangement in accordance with applicable Ohio laws and Ohio Board of Nursing rules/regulations.
- C. Provide immediate notice to the Medical Staff Office when a collaborating/supervising Practitioner receives notice of (i) any grounds for summary suspension or automatic suspension/automatic 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 the Medical Staff Office when the standard care arrangement or supervision agreement, as applicable, expires or is terminated.
 - E. Provide immediate notice to the Medical Staff Office when the Practitioner ceases to serve as the APP's supervising or collaborating Practitioner.
- 1.3-2 Failure to properly supervise or collaborate with an APP, as applicable, shall be grounds for corrective action against a Medical Staff Member pursuant to the Medical Staff Bylaws.

ARTICLE II

QUALIFICATIONS FOR CLINICAL PRIVILEGES & APP RESPONSIBILITIES

2.1 Nature of Privileges

- 2.1-1 Granting of Clinical Privileges at the Hospital is a privilege which shall be extended only to professionally competent APPs who continuously meet the qualifications, standards, and requirements set forth in this APP Policy.
- 2.1-2 No APP shall provide clinical care, treatment, and/or services to patients at the Hospital unless the APP has been granted Clinical Privileges to do so in accordance with the applicable procedures set forth in this Policy.
- 2.1-3 An APP who is granted Clinical Privileges is entitled to exercise such Privileges and is responsible for fulfilling such obligations as set forth in this Policy and the applicable Delineation of Privileges.

2.2 Qualifications for Privileges

- 2.2-1 Unless otherwise provided in this APP Policy, in order for an APP to be eligible for Privileges at the Hospital an APP must meet the following qualifications:
 - A. Have and maintain a current, valid license to practice his/her respective profession in the State of Ohio and meet the continuing education requirements established by the applicable state licensure board.
 - B. Have and maintain Ohio prescriptive authority (as part of the APP's license) and a current, valid Drug Enforcement Administration registration number if required for the Privileges requested.
 - C. Provide documentation of completion of professional education and training as required by the applicable state licensing entity and such additional education and training as may be set forth in the applicable Delineation of Privileges.
 - D. Provide, if applicable, documentation of board 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 professional board(s).
 - E. Have and maintain current, valid Professional Liability Insurance in an amount no less than one million dollars (\$1,000,000,000) per incident and three million dollars (\$3,000,000,000) annual aggregate.
 - F. Be able to participate in Federal Health Programs.

- G. Have and maintain a provider number for Medicare issued by the United States Department of Health & Human Services and a provider number for Medicaid issued by the Ohio Department of Medicaid and be a Medicare and Medicaid participating provider, as necessary for the Privileges requested or granted.
- H. Have not been convicted of or pled guilty to any of the violations described in division (A)(4) of section 109.572 of the Ohio Revised Code (O.R.C.) which disqualify the applicant from employment or being granted Privileges at a children's hospital pursuant to section 2151.86 of the O.R.C. In the event an applicant seeks to request a waiver of this qualification on the grounds that the applicant meets the rehabilitation standards as provided for in O.R.C. 109.572(A)(4), the applicant shall follow the waiver procedure set forth in Section 2.2-2 below.
- I. As applicable, designate an appropriate Practitioner with Medical Staff appointment and Privileges at the Hospital to supervise or collaborate with the APP.
- J. Have and maintain a current, valid supervision agreement (for PAs) or standard care arrangement (for CNPs, CNSs, and CNMs) with his/her supervising or collaborating Physician or Podiatrist, as required by Ohio law, and provide a copy of such agreement/arrangement, and any amendments thereto, to the Hospital. Designated representative legal authorizations shall also be provided, as applicable, if any.
- K. Provide evidence of the APP's ability to work with others in a positive, professional, cooperative, and collegial manner.
- L. Document and demonstrate current ability to competently perform the Privileges requested or granted with or without a reasonable accommodation.
- M. Document prior and current experience demonstrating a continuing ability to provide patient care, treatment, and/or services at an acceptable level of quality and efficiency and consistent with available resources and applicable standards of care.
- N. Document and demonstrate adherence to the applicable code of professional ethics and good character/judgment.
- O. Comply with the Board and/or Hospital conflict of interest policies, if any, as applicable.
- P. Satisfy such other qualifications as set forth in the applicable Privilege set.

- Q. Agree to fulfill, and fulfill, the responsibilities, as applicable, set forth in this Policy.
- R. Provide such other information as set forth in this Policy and as required by the APP application.

2.2-2 Waiver of Qualifications for Privileges

- A. A written request for a waiver of a qualification for Privileges may be submitted by the APP for consideration by the MEC and Board. Qualifications for Privileges may be waived, at the sole discretion of the Board, based upon exceptional circumstances and a Board determination that such waiver will serve the best interests of patient care. The MEC will make a recommendation to the Board regarding whether to grant or deny the request for a waiver. Upon receipt of the MEC's recommendation, the Board shall either grant or deny the waiver request. Once a waiver is granted, it shall remain in effect from the time it is granted until the APP's resignation or termination of Privileges unless a shorter time period is recommended by the MEC and approved by the Board. The APP must thereafter reapply for the waiver.
- B. No APP is entitled to a waiver. A determination by the Board not to grant an APP's request for a waiver; or, the Hospital's inability to process an application; or, termination of an APP's Privileges based upon failure to satisfy the qualifications for Privileges does not give rise to any procedural due process rights nor does it create a reportable event for purposes of federal or state law.

2.3 No Entitlement to Privileges

- 2.3-1 No APP shall be entitled to the performance of Clinical Privileges at the Hospital merely by virtue of the fact that he or she holds a certain degree; is duly licensed to practice in this or any other state; is certified by any clinical board; is a member of any professional organization; had in the past, or presently has, similar privileges at another hospital or healthcare entity; or is employed by or contracts with the Hospital.

2.4 Nondiscrimination

- 2.4-1 No APP shall be denied 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 law.

2.5 Duration of Privileges

2.5-1 Initial granting of Privileges, modification of Privileges, and regrant of Privileges shall be for a period of not more than two (2) years.

2.5-2 A grant of Privileges for less than two (2) years shall not be deemed Adverse for purposes of this APP Policy.

2.6 Resources

2.6-1 Requests for Privileges must be compatible with the policies, plans, and objectives formulated by the Board concerning: the Hospital's patient care needs (including current and projected needs) and the care, treatment, and/or services provided by the Hospital; the Hospital's ability to provide the facilities, equipment, personnel, and financial resources necessary if the application is approved; and the Hospital's decision to contract exclusively for the provision of certain medical/professional services with a Practitioner/APP or group of Practitioners/APPs other than the applicant.

2.7 Basic Responsibilities of APPs Granted Privileges

2.7-1 Unless otherwise provided in this APP Policy, the responsibilities of APPs with Privileges at the Hospital shall include:

- A. Providing patients with quality of care meeting the professional standards of the Hospital's Medical Staff.
- B. Abiding by this APP Policy and other applicable Medical Staff and Hospital policies (including, but not limited to, the Hospital's corporate compliance program, conflict of interest policies, if applicable, and Notice of Privacy Practices distributed to patients as required by federal patient privacy regulations), and applicable accreditation standards, laws, rules, and regulations.
- C. Discharging such APP functions for which he/she is responsible.
- D. Preparing and completing in a timely fashion the medical and other required records for all patients he/she provides care, treatment, or services for in the Hospital.
- E. Successfully completing required education/training on use of the Hospital's electronic health record prior to exercise of Privileges at the Hospital; and, thereafter, timely completing such other technology related education/training as may be directed by the MEC.
- F. Appropriately utilizing the Hospital's electronic health record system for order entry and for all other appropriate functionalities.

- G. Providing care, treatment, and services consistent with the Hospital's mission.
- H. Assisting with Medical Staff approved clinical education training programs for APP students.
- I. Providing continuous care and supervision of his/her patients or otherwise arranging a suitable alternate to provide such care and supervision.
- J. Calling for consultation and/or assistance, as needed, in the care of patients; and, providing consultation and assistance in his/her respective area of expertise and for which he/she has Clinical Privileges when requested.
- K. Satisfying any continuing professional education requirements necessary to maintain his/her licensure or that may otherwise be established by the Medical Staff.
- L. Complying with such notification requirements as set forth in this APP Policy.
- M. Working in a cooperative, professional manner and refraining from any conduct or activity that is disruptive to Hospital operations.
- N. Participating in, and cooperating with, peer review, quality assurance, and utilization review activities, whether related to the APP or others, as requested by the Medical Staff.
- O. Cooperating in any relevant or required review of the APP's or others' credentials, qualifications, clinical performance, or as otherwise required by this APP Policy and refraining from directly or indirectly interfering, obstructing, or hindering any such review, whether by threat of harm or liability, by withholding information, by refusing to perform or participate in assigned responsibilities, or otherwise.
- P. Conducting himself/herself consistent with Hospital and Medical Staff policies regarding conflicts of interest and otherwise acting in such a manner that potential conflicts of interest are specifically stated prior to discussions and/or voting on issues where such a conflict may exist.
- Q. Adhering to applicable professional ethical practice guidelines.
- R. Participating in and completing the applicable Department orientation for new APPs.

- S. Complying with Hospital health screening and immunization requirements (or be granted an exemption thereto) as set forth in the applicable Hospital policies and/or Medical Staff Policies.
 - T. Timely completing required Hospital education and training (e.g., fire safety, *etc.*).
 - U. Discharging such other APP obligations as may be recommended by the Medical Executive Committee and approved by the Board.
- 2.7-2 Failure to satisfy any of the aforementioned responsibilities may be grounds for denial of regrant of Privileges or corrective action pursuant to this APP Policy.

ARTICLE III
PROCESSING APPLICATIONS FOR INITIAL GRANT OF CLINICAL PRIVILEGES

3.1 Application Content

3.1-1 Unless otherwise provided in this APP Policy, an application for Privileges shall include the following, as applicable:

- A. Professional education and training, with specification as to pediatric training.
- B. Current and prior affiliations with hospitals, surgery centers, ambulatory care centers, faculty/teaching appointments, *etc.*
- C. Other affiliations such as private practice, partnerships, corporations, military assignments, government agencies, *etc.*
- D. Current valid license (to include prescriptive authority/prescriber number, as applicable) to practice his/her respective profession in Ohio.
- E. Out-of-state licenses.
- F. Current, valid, Drug Enforcement Administration registration number as necessary for the Privileges requested.
- G. National Provider Identifier (NPI) number.
- H. Board certification status, as applicable (*e.g.*, national nursing specialty certification for advanced practice registered nurses, certification by the National Commission on Certification of Physician Assistants, *etc.*).
- I. Affiliation with all local, state, and national professional societies.
- J. Documentation of Professional Liability Insurance coverage in an amount not less than \$1 million per incident and \$3 million annual aggregate.
- K. Designation of alternative coverage arrangements.
- L. Completion of the immunization status questionnaire form.
- M. Information as required by the Hospital's Tuberculosis Exposure Control Plan. Failure by the APP to comply shall, as applicable, be deemed a voluntary withdrawal of a pending application or result in an automatic suspension of Privileges in accordance with Section 7.4-1 (E).

- N. The Privileges requested and completion of the applicable Delineation of Privileges form(s).
- O. Evidence of having met the continuing professional education requirements established by the applicable state licensure board as necessary to maintain current licensure.
- P. A statement of the APP's ability to safely and competently exercise the Privileges requested, with or without a reasonable accommodation, according to accepted standards of professional performance as supported by evidence of current competence verifying the APP's ability to perform the Privileges requested and pediatric experience.
- Q. Peer references from three (3) Practitioners or APPs in the applicant's same professional discipline who are personally knowledgeable about the applicant's ability to practice (e.g., training, professional competence, and character) and who have known the applicant for at least one (1) year (additional letters may be requested at the discretion of the Section Chief and/or Department Chair). Peer recommendations include information regarding the applicant's clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism.
- (1) Peer recommendations are to be in the form of written documentation reflecting informed opinions on each applicant's scope and level of performance or a written peer evaluation of APP-specific data collected from various sources for the purpose of validating current competence.
 - (2) Sources for peer recommendations may include the following: an organization's performance improvement committee, the majority of whose members are the applicant's peers; reference letter(s)/form(s) or other written documentation; documented follow-up telephone conversation(s) about the applicant's written peer reference(s); a department chair/section chief; or an organization's medical executive committee.
- R. Information regarding previously successful or currently pending challenges to the applicant's licensure, board certification/eligibility, or DEA registration or the voluntary (while under investigation or to avoid investigation for a conduct or clinical competence matter) or involuntary relinquishment of such licensure, board certification/eligibility, or DEA registration.

- S. Information regarding voluntary (while under investigation or to avoid investigation for a conduct or clinical competence matter) or involuntary limitation, reduction, suspension, or termination of the applicant's clinical privileges at another hospital/healthcare facility or involuntary suspension or removal from a managed care organization's panel as a result of patient harm.
- T. Information regarding the applicant's involvement in professional liability actions (pending claims, judgements, or settlements); list all carriers used for the last ten (10) years.
- U. Information as to whether the applicant has been the subject of investigation by a Federal Health Program and, if so, the status or outcome of the investigation.
- V. A recent photograph of the applicant.
- W. Information as to whether the applicant has ever been named as a defendant in a criminal action and/or convicted of, or pled no contest to, or pled guilty to a crime (other than minor motor vehicle violations).
- X. Information necessary to complete a criminal background check pursuant to Section 9.3 including, but not limited to, a driver's license.
- Y. A valid email address.
- Z. A copy of the current, valid standard care arrangement (for CNPs, CNS, and CNMs) or supervision agreement (for PAs) and any amendments thereto. Designated representative legal authorizations shall also be provided, as applicable, if any.
- AA. As applicable, the name of the Practitioner(s) with Medical Staff appointment and Privileges at the Hospital who will supervise or collaborate with the APP.
- BB. Such additional information as may be required by the application.
- CC. The applicant's dated signature on the completed application.

3.2 Effect of Application

3.2-1 By signing and submitting an application for Privileges, the applicant:

- A. Attests that the application is correct and complete and acknowledges that any material misrepresentation, misstatement, or omission is grounds to cease processing an application or for termination of Privileges.

- B. Agrees to appear for interviews in support of his/her application.
- C. Agrees to the applicable provisions set forth in the Medical Staff Bylaws regarding confidentiality, immunity, and release of liability.
 - (1) Authorizes the Board, the Hospital, its Medical Staff, and their authorized representatives to consult with others who have been associated with the applicant and who may have information bearing on his/her qualifications for Privileges and releases the Board, the Hospital, its Medical Staff, and their representatives from liability for so doing.
 - (2) Authorizes the Board, the Hospital, its Medical Staff, and their authorized representatives to review all records and documents that may be material to an evaluation of the applicant's qualifications for Privileges and releases the Board, the Hospital, its Medical Staff, and their representatives from liability for so doing.
 - (3) Authorizes the Board, the Hospital, its Medical Staff, and their authorized representatives to provide to other hospitals, licensing boards, and other organizations concerned with provider performance and the quality and safety of patient care with information relevant to such matters that the Hospital may have concerning the applicant and releases the Board, the Hospital, its Medical Staff, and their representatives from liability for so doing.
- D. Agrees to fulfill APP responsibilities if Privileges are granted.
- E. Acknowledges receiving access to the Medical Staff governing documents.
 - (1) Agrees to be bound by the terms of and to comply in all respects with this Policy in all matters related to consideration of the applicant's application whether or not Privileges are granted.
 - (2) Agrees to be bound by the terms of and to comply in all respects with this Policy, other applicable, Medical Staff Policies, as well as applicable Hospital policies (e.g., corporate compliance plan, notice of privacy practices, conflict of interest policies, etc.) if granted Privileges at the Hospital
- F. Agrees that if an Adverse recommendation or action is made/taken with respect to Privileges, the applicant will exhaust the administrative remedies afforded by this Policy before resorting to formal legal action.

- G. Understands and agrees that if Privileges are denied based upon the applicant's competence or conduct, the applicant may be subject to reporting to the National Practitioner Data Bank and/or state authorities.
- H. Agrees to promptly notify the Medical Staff Office, in writing, within ten (10) days following any changes to the information set forth in the applicant's APP application. The foregoing obligation shall be a continuing obligation of the applicant so long as he/she has an application pending for Privileges or holds Privileges at the Hospital.
- I. Acknowledges that the Hospital and Affiliate Hospital(s) are part of a healthcare system and that information is shared among the Hospital and Affiliate Hospital(s). The applicant recognizes and understands that any and all information (including peer review information) relative to Privileges that is maintained, received, and/or generated by the Hospital or Affiliate Hospital(s) may be shared between/among the Hospital and Affiliate Hospital(s). The applicant further understands that this information may be used as part of the respective Hospital's/Affiliate Hospital's quality assessment and performance improvement activities and can form the basis for corrective action.

3.3 Privileging Process

3.3-1 Applicant's Burden

- A. An application and appropriate documents will be sent to interested applicants upon request.
- B. A completed application for Privileges must be submitted to the Medical Staff Office by the applicant electronically on the Hospital-approved form, signed by the applicant.
- C. Upon receipt of the application, a credentials file will be created and maintained for each applicant by the Hospital.
- D. The applicant shall have the burden of producing adequate information for a proper evaluation of his/her qualifications for Privileges and for resolving any doubts about such qualifications.
- E. The applicant shall be responsible for providing a complete application. An application shall be considered incomplete if the need arises at any time for new, additional, or clarifying information.
- F. Until the applicant has provided all information requested, the application for Privileges will be deemed incomplete and will not be processed.

- G. Failure, without good cause, by an applicant to respond to a request for additional information regarding his/her pending application within thirty (30) days after written request for such additional information may be deemed a voluntary withdrawal of the application and the applicant's file will be closed.
- H. For any future consideration for Privileges, the applicant must request and submit a new initial application.

3.3-2 Credentialing Collection and Verification Process

- A. The Medical Staff Office is responsible for collection and verification of applications, and accompanying materials, for Privileges. The Medical Staff Office shall:
 - (1) Query and review reports from the National Practitioner Data Bank regarding the applicant.
 - (2) Review results of the applicant's criminal background check.
 - (3) Query the appropriate sources (e.g., Office of Inspector General's Cumulative Sanction report, General Services Administration List of Parties Excluded from Federal Procurement and Non-Procurement Programs, etc.) to determine whether the applicant has been convicted of a health care related offense, or debarred, precluded, excluded, or otherwise made ineligible for participation in a Federal Health Program.
- B. Applications will not be forwarded for review and action until the Medical Staff Office has deemed the application to be properly completed and all verifications have been obtained.
- C. When the application is complete and the collection and verification process is finished, the Medical Staff Office shall notify the Department Chair (and Section Chief, as applicable) and/or CNO that the application and all accompanying materials are available for review.

3.3-3 Review By Department Chair/Section Chief and Chief Medical Officer/Chief Nursing Officer

- A. The chair of the Medical Staff Department (and, as applicable, the chief of the Section) in which the applicant seeks Clinical Privileges, and/or the CNO, will review the application and accompanying materials to assess the applicant's qualifications for Privileges.

- B. The Department Chair, Section Chief, and/or the Chief Nursing Officer may, at their discretion, interview the applicant.
- C. Following such review and interview, if any, the Department Chair (and Section Chief, as applicable) and/or CNO will provide a written recommendation(s) as to approval or denial of the applicant's request for Privileges to the Chief Medical Officer for review and submission to the Medical Executive Committee.

3.3-4 Recommendation by Medical Executive Committee

- A. At its next regular meeting after receipt of a recommendation from the Department Chair (Section Chief, as applicable) and/or CNO, and the Chief Medical Officer, the MEC shall consider any such recommendations, review the application and accompanying materials, and may take any of the following actions (which may be set forth in the MEC's meeting minutes):
 - (1) Deferral: The MEC may table a recommendation on the application and note in the MEC minutes the deferral and the reason(s) therefore. A decision by the MEC to defer the application for further consideration must be revisited at the next regularly scheduled MEC meeting, except for good cause, at which point the MEC shall issue its recommendation as to approval or denial of Privileges.
 - (2) Favorable Recommendation: If the recommendation of the MEC is favorable to the applicant, the MEC shall forward its recommendation to the Board for action.
 - (3) Adverse Recommendation: If the recommendation of the MEC is Adverse to the applicant, the Medical Staff President shall notify the applicant of the Adverse recommendation, by Special Notice, and of the applicant's right, as applicable, to request the procedural due process rights set forth in Article VIII of this Policy. No such Adverse recommendation shall be forwarded to the Board until after the applicant has exercised or has been deemed to have waived his or her right, as applicable, to the procedural due process rights, set forth in Article VIII of this Policy.

3.3-5 Board Action

At its next regular meeting after receipt of a recommendation from the MEC, the Board may take any of the following actions:

- A. Deferral: The Board may table a decision on the application and note in the Board minutes the deferral and the reason(s) therefore.

B. Favorable MEC Recommendation: If the Board receives a favorable MEC recommendation, the Board may:

- (1) Refer the matter back to the MEC for additional consideration. The Board must state the reason(s) for the requested reconsideration and set a time limit within which a subsequent MEC recommendation to the Board must be made.
- (2) Grant Privileges as recommended by the MEC. If the Board's decision is favorable to the applicant, the action shall be effective as the Board's final decision.
- (3) Reject or modify the MEC's favorable recommendation in whole or in part. If the Board's proposed decision is contrary to the MEC's favorable recommendation, the matter shall be referred to the Joint Conference Committee pursuant to subsection 3.3-6 below.
 - (a) If the Board's determination is Adverse to the applicant following such referral (and provided the applicant has not previously been granted a hearing on the application by the MEC) the Chief Operating Officer shall notify the applicant, by Special Notice, and the applicant shall be entitled, if applicable, to the procedural due process rights provided for in Article VIII of this Policy upon proper and timely request therefore.
 - (b) Such Adverse decision shall be held in abeyance until the applicant has exercised or been deemed to have waived his/her procedural due process rights, if any, under Article VIII of this Policy.
 - (c) The fact that the Adverse decision is held in abeyance shall not be deemed to confer Privileges where none existed before.

C. Without Recommendation from MEC

- (1) If the Board, in its determination, does not receive a recommendation from the MEC within an appropriate time frame, the Board may, after informing the MEC of the Board's intent and allowing a reasonable period of time for response by the MEC, make its own determination using the same type of criteria considered by the MEC.
- (2) If the Board's decision is favorable to the applicant, the Board action shall be effective as its final decision

- (3) If the Board's decision is Adverse to the applicant, the Chief Operating Officer shall inform the applicant, by Special Notice, and the applicant shall be entitled, if applicable, to the procedural due process rights provided for in Article VIII.
 - (a) Such Adverse decision shall be held in abeyance until the applicant has exercised or been deemed to have waived his/her procedural due process rights, if any, under Article VIII of this Policy.
 - (b) The fact that the Adverse decision is held in abeyance shall not be deemed to confer Privileges where none existed before

D. Adverse MEC Recommendation

- (1) If the Board is to receive an Adverse MEC recommendation, the Medical Staff President shall withhold the recommendation and not forward it to the Board until after the applicant either exercises or waives his/her right, if any, to the procedural due process rights set forth in Article VIII of this Policy.
- (2) The Board shall thereafter take final action in the matter.

3.3-6 Referral to Joint Conference Committee

- A. Whenever the Board's proposed decision is contrary to the recommendation of the MEC, there shall be a review of the matter by the Joint Conference Committee.
- B. The Joint Conference Committee shall, after due consideration, make its written recommendation to the Board within seven (7) days after referral to the committee. Thereafter, the Board may act. Such action by the Board may include accepting, rejecting, or modifying, in whole or in part, the recommendation of the Joint Conference Committee.

3.3-7 Final Decision

- A. The Board, through the Chief Operating Officer, shall give notice of the Board's final decision to the applicant and to the Medical Staff President. The Medical Staff and Hospital personnel shall be notified, as appropriate.
- B. A notice regarding a grant of Privileges shall include, as applicable: the Department/Section to which the APP is assigned; the Privileges he/she may exercise; and any special conditions attached to the Privileges.

3.4 Time Period Guidelines for Processing

- 3.4-1 All individuals and groups required to act on an application for Privileges must do so in a timely and good faith manner
- 3.4-2 The following time periods will be used as a guideline:
- A. Department Chair/Section Chief/Chief Nursing Officer/Chief Medical Officer: Within 30 days following notification from the Medical Staff Office that the complete application is available for review.
 - B. Medical Executive Committee: Next regular meeting after receipt of a recommendation from the Department Chair (Section Chief, as applicable) and/or Chief Nursing Officer and Chief Medical Officer.
 - C. Board: Next regular meeting after receipt of a recommendation from the MEC.
- 3.4-3 This timeline is a guideline and shall not create any rights for the applicant to have an application processed within these time periods.
- 3.4-4 If additional information is needed from the applicant, the time awaiting a response from the applicant shall not count towards the applicable time period guideline.
- 3.4-5 If the provisions of Article VIII of this Policy are activated, the time requirements provided therein govern the continued processing of the application.

3.5 Resignations

- 3.5-1 An APP who desires to voluntarily resign his/her Privileges shall submit a written resignation to the Medical Staff Office.
- 3.5-2 Notification of the resignation will be communicated by the Medical Staff Office as appropriate.
- 3.5-3 A resignation should be submitted at least 30 days in advance to assure that there is continuity of patient care and no disruption in services. An APP who resigns his/her Privileges is obligated to complete all medical records for which he/she 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.

3.6 Reapplication

3.6-1 Except as otherwise provided in this Policy, 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 7.5-1 (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 following 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 following the latter of the date of the notice of the final Adverse decision or final court decision.
- C. An APP who has resigned his/her Privileges or who fails to seek regrant of Privileges while under investigation or to avoid an investigation for professional conduct or clinical competency concerns shall not be eligible to reapply for Privileges for a period of at least two (2) years following the effective date of the resignation.
- D. A Practitioner who has withdrawn an initial application for Privileges for professional conduct or clinical competency concerns shall not be eligible to reapply for Privileges for a period of at least two (2) years following the date of the withdrawal.

3.6-2 Any such reapplication shall be processed as an initial application, in accordance with the applicable procedures set forth in this Article and the APP must submit such additional information as may be reasonably required to demonstrate that the basis for the automatic termination, Adverse decision, resignation, or withdrawal has been resolved or no longer exists. If such information is not provided, the reapplication will be considered incomplete and voluntarily withdrawn and will not be further processed.

ARTICLE IV REGRANT OF PRIVILEGES

4.1 Application for Regrant of Privileges

- 4.1-1 Unless otherwise provided herein, APPs desiring to maintain Clinical Privileges are expected to complete an application packet for regrant of Privileges and submit it to the Medical Staff Office by the date set forth on the APP's regrant application. The Practitioner must sign the application for regrant of Privileges and in so doing accepts the same conditions as set forth in Section 3.2.
- 4.1-2 The APP has the burden of producing adequate information for a proper evaluation of his/her qualifications for regrant of Privileges, of resolving any doubts about such qualifications, and of satisfying requests for additional information or clarification made by authorized Medical Staff or Hospital representatives as set forth in Section 3.3-1.
- 4.1-3 Failure to return an application for regrant of Privileges by the expiration date of the APP's current Privilege period is deemed a voluntary resignation and results in automatic termination of the APP's Privileges at the expiration of his/her current Privilege term. For any future consideration for Privileges, the APP will need to submit a new initial application.
- 4.1-4 Review of requests for regrant of Privileges shall include, but not be limited to, consideration of the following information with respect to each APP since the time of the last Privilege period:
 - A. Continued satisfaction of the qualifications for Privileges as set forth in Section 2.2 and the applicable Privilege set.
 - B. Updated information provided by the APP with respect to Section 3.1 as necessary to bring the APP's credentials file current.
 - C. Satisfaction of the APP responsibilities set forth in the Section 2.7.
 - D. Completion of the applicable Delineation of Privileges form(s).
 - E. Results of the Medical Staff's peer review and focused and ongoing professional practice evaluations (FPPE and OPPE) and relevant findings from other quality assessment/performance improvement activities.
 - F. Request for changes, if any, in Clinical Privileges and the reason for any changes thereto.
 - G. Timely return of completed information forms when required.

- H. Any other criteria which, in the opinion of the Department Chair and/or Section Chief(s) and/or Chief Nursing Officer is information necessary for the MEC or Board to be able to evaluate the request for regrant of Privileges.

4.1-5 An APP seeking regrant of Privileges who has had minimal activity at the Hospital must submit such professional practice evaluation data/quality assessment information from the APP's primary hospital, if applicable, and/or such other supplemental information (e.g., additional peer references, *etc.*) as may be requested, before the APP's application for regrant of Privileges shall be considered complete and processed further.

4.2 Processing Applications for Regrant of Privileges

4.2-1 An application for regrant of Privileges shall be processed as follows:

- A. The Medical Staff Office verifies the information provided on the application for regrant of Privileges working with the same authorities and generally in the same manner, to the extent applicable, as provided for in the initial application process set forth in Section 3.3-2.
- B. Applications for regrant of Privileges shall be reviewed and acted upon in accordance with the procedure set forth in Section 3.3-3 through Section 3.3-7.
- C. For purposes of regrant of Privileges, the terms "applicant" and "Privileges" as used in Article III of this Policy shall be read, as "APP" and "regrant of Privileges," respectively.
- D. All individuals and groups required to act on an application for regrant of Privileges must do so in a timely and good faith manner.
- E. 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 date of his/her current Privilege period. An APP whose Privileges are so terminated shall not be entitled to the procedural due process rights provided in Article VIII of this APP Policy. If the APP qualifies, he/she may be granted temporary Privileges pursuant to Section 6.1-4.

4.3 Modification of Privileges

4.3-1 An APP may, either in connection with regrant of Privileges or at any other time, request modification of his/her Clinical Privileges by submitting a written request to the Medical Staff Office.

- 4.3-2 A modification request shall be processed in substantially the same manner as an application for regrant of Privileges.
- 4.3-3 A request for new Privileges during a current Privilege period requires documentation of appropriate education, training, and experience supportive of the request and will be subject to focused professional practice evaluation if granted.

ARTICLE V LEAVE OF ABSENCE PROCEDURE

5.1 Notice of Leave

- 5.1-1 In the event that an APP will be absent from practice and unable to exercise his/her Privileges for a period in excess of sixty (60) days, he/she shall notify the Medical Staff Office in the manner set forth in Section 5.1-2.
- 5.1-2 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 the Medical Staff Office 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 of the leave which may not exceed two (2) years except for military service.
- 5.1-3 In the event that a leave of absence extends beyond the final date of the APP's current Privilege period, the APP may either resign his/her Privileges at the end of the current Privilege period and subsequently reapply if/when able to do so; or, the APP may request a regrant of Clinical Privileges while on leave which, if granted, will be subject to an FPPE to assess current clinical competency upon return from leave.
- 5.1-4 A Practitioner on a leave of absence shall not be entitled to exercise his/her Clinical Privileges at the Hospital.
- 5.1-5 Prior to taking a leave of absence, the APP shall have made arrangements for the care of his/her patients during the leave of absence.

5.2 Termination of Leave of Absence & Reinstatement/New Grant of Privileges

- 5.2-1 In order to qualify for reinstatement or a new grant 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 or a new grant of Privileges upon termination of the leave.
- 5.2-2 An APP may request reinstatement or a new grant of Privileges by sending a written notice to the Medical Staff Office.
- 5.2-3 The APP must submit a written summary of relevant activities during the leave as well as such additional information as is reasonably necessary to reflect that the APP is qualified for reinstatement or a new grant of Privileges.

- A. If an APP is returning from a medical leave of absence, the APP may also be asked to obtain a physical examination and/or mental evaluation addressing the APP's capability to resume clinical practice.
- B. The MEC may recommend reinstatement of Privileges subject to a Focused Professional Practice Evaluation period to assess current clinical competency upon return from a leave of absence; provided, however, that a regrant of Clinical Privileges while on leave (pursuant to Section 5.1-3 above) shall be subject to FPPE upon the APP's return. A new grant of Privileges is subject to initial FPPE.

5.2-4 When the APP's request for reinstatement or a new grant of Privileges is deemed complete, the applicable procedure set forth in Article III or Article IV will be followed in evaluating and acting on such request.

5.3 Failure to Return from Leave

- 5.3-1 If an APP fails to request reinstatement or a new grant of Privileges upon termination of the leave of absence, the MEC shall make a recommendation to the Board as to how such failure should be construed.
- 5.3-2 If such failure is deemed by the Board to be a voluntary resignation, it shall not give rise to any procedural due process rights pursuant Article VIII of this Policy.

ARTICLE VI
TEMPORARY, EMERGENCY, AND DISASTER PRIVILEGES & OTHER PRIVILEGE
RELATED MATTERS

6.1 Temporary Privileges

6.1-1 Conditions

- A. Temporary Privileges may be granted only in the circumstances and under the conditions described in this Section 6.1. Special requirements of consultation and reporting may be imposed by the applicable Department Chair or Section Chief. Under all circumstances, the APP requesting temporary Privileges shall agree to abide by this Policy, other Medical Staff Policies, and applicable Hospital policies in all matters relating to his/her activities at the Hospital.

6.1-2 Grounds for Temporary Privileges

- A. The Chief Operating Officer or CMO may grant temporary Clinical Privileges on a case-by-case basis, upon the grounds (and satisfaction of the corresponding requirements) set forth in Section 6.1-3 or Section 6.1-4 following receipt of a written recommendation from the:
 - (1) Applicable Department Chair (or Section Chief) or CNO; and
 - (2) Medical Staff President (or authorized designee).

6.1-3 Pendency of Review of a Complete Application

- A. Temporary Privileges are not to be automatically granted to all applicants. Temporary Privileges may be granted to applicants for new Privileges awaiting application review and action by the Medical Executive Committee and Board upon written request by the applicant for such temporary Privileges and satisfaction of the following:
 - (1) Receipt of a complete application that raises no concerns.
 - (2) Review and verification of:
 - (a) Current licensure;
 - (b) Relevant training /experience;
 - (c) Current competence;

- (d) Ability to perform the Privileges requested with or without a reasonable accommodation; and
 - (e) Such other information as set forth in Section 2.2 and Section 3.1 of this Policy.
 - (3) Completion of a query and evaluation of the National Practitioner Data Bank information and such other queries as required by Section 3.3-2.
 - (4) Confirmation that the applicant has no current or previously successful challenges to his/her licensure or registration.
 - (5) Confirmation that the applicant has not been subject to the involuntary termination of his/her medical staff appointment at another organization.
 - (6) Confirmation that the applicant has not been subject to the involuntary limitation, reduction, denial, or loss of his/her clinical privileges.
- B. Applicants for new Privileges include an APP applying for Privileges at the Hospital for the first time; an APP currently holding Privileges who is requesting one or more additional Privileges during his/her current Privilege period; and an APP who is in the regrant process and is requesting one or more additional Privileges.
- C. Temporary Privileges may be granted in this circumstance for a period not to exceed the pendency of the application (*i.e.*, completion of review and action on the application by the Medical Executive Committee and Board) or one hundred twenty (120) days, whichever is less. Under no circumstances may temporary Privileges be granted if the application is pending because the applicant has not responded in a satisfactory manner to a request for clarification of a matter or for additional information.

6.1-4 Important/Urgent Patient Care, Treatment, or Service Need

- A. Temporary Privileges for an important/urgent patient care, treatment, or service need may be granted upon:
- (1) Receipt of a written request by the applicant for the specific temporary Clinical Privileges desired and verification of the APP's
 - (a) Current licensure;

- (b) Current competence relative to the temporary Privileges being requested (confirmed by a current letter of reference from an appropriate medical staff leader at the hospital and/or other healthcare location(s) at which the APP currently practices);
 - (c) DEA registration, if required for the Privileges requested;
 - (d) Professional Liability Insurance; and
 - (e) Board certification status.
 - (2) Query of the National Practitioner Data Bank and such other queries as required by Section 3.3-2.
 - (3) Receipt of information as required by the Hospital's Tuberculosis Exposure Control Plan.
 - (4) Completion of the Hospital's immunization documentation form.
 - (5) Completion of a criminal background check pursuant to Section 9.3.
 - (6) Receipt of a copy of a current curriculum vitae.
 - (7) As applicable, the name of the APP's supervising or collaborating Practitioner with Medical Staff appointment and Privileges at the Hospital.
 - (8) A copy of the current valid standard care arrangement(s) for a CNP/CNM/CNM or supervision agreement(s) for a PA, amendments thereto, and designated representative legal authorizations, as applicable, if any.
- B. The important/urgent patient care, treatment, or service need that supports the request for temporary Privileges pursuant to this ground shall be documented at the time temporary Privileges are requested and retained in the APP's credentials file.
- C. Temporary Clinical Privileges may be granted for an important/urgent patient care, treatment, or service need for an initial period of up to 120 days and may be extended for an additional period of up to 60 days if extenuating circumstances arise and there remains an important/urgent patient care, treatment, or service need which requires the APP to maintain temporary Clinical Privileges. After such

time period(s), the APP must apply for Privileges through the routine privileging process in order to continue to practice at the Hospital.

6.2 Emergency Privileges

- 6.2-1 For purposes of this section, “emergency” is defined as a situation in which the life of a patient is in immediate danger or serious permanent harm is imminent.
- 6.2-2 In the case of an emergency, any APP is authorized and shall be assisted to render care, treatment, and/or services to attempt to save a patient’s life, or to save a patient from serious harm, as permitted within the APP’s scope of practice and notwithstanding the APP’s Privileges.
- 6.2-3 An APP exercising emergency Privileges must obtain all consultative assistance deemed necessary and arrange for appropriate post-emergency care.
- 6.2-4 Emergency Privileges 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 Article VIII of this Policy.
- 6.2-5 Any use of emergency Privileges must be reported to the CMO as soon as practicable and to the Medical Staff Office within three (3) business days by the responsible APP and will be subject to automatic review by the Medical Staff officers.

6.3 Disaster Privileges

- 6.3-1 In circumstances of disaster when the Hospital’s emergency management plan has been activated and the Hospital is unable to meet immediate patient needs, the Hospital may choose to rely on volunteer APPs to help meet these needs subject to applicable state licensure laws, rules, and regulations.
- 6.3-2 Under such circumstances, if the usual credentialing and privileging process cannot be followed, the Chief Operating Officer, CMO, or Medical Staff President may grant such disaster Privileges on a case-by-case basis after the Hospital obtains from the volunteer APP a valid government-issued photo identification (e.g., a driver’s license or passport) and at least one of the following:
 - A. Primary source verification of licensure.
 - B. A current license to practice.

- C. Identification indicating the individual is a member of a Disaster Medical Assistance Team ("DMAT"), the Medical Reserve Corp ("MRC"), the Emergency System for Advance Registration of Volunteer Health Professionals ("ESAR-VHP"), or other recognized state or federal response organization or group.
 - D. Identification indicating the individual has been granted authority to render patient care, treatment, or services in disaster circumstances by a government entity.
 - E. A current picture identification card from a health care organization that clearly identifies the volunteer APP's professional designation.
 - F. Confirmation by a current Medical Staff Member(s) with Privileges at the Hospital who has/have personal knowledge regarding the volunteer APP's current clinical competence/professional ability.
- 6.3-3 In order to be granted disaster Privileges, a volunteer APP must also, upon request, satisfy such other qualifications as required by Section 6.1-4 (a)(1)-(6) for a grant of temporary Privileges for an important patient care need.
- 6.3-4 Unless otherwise provided by applicable Ohio licensure laws, rules, and/or regulations, a volunteer APP requesting disaster Privileges shall also provide:
- A. As applicable, the name of his/her collaborating or supervising Practitioner(s) who must also apply for and be granted disaster Privileges at the Hospital in order for the volunteer APP to be granted disaster Privileges.
 - B. A copy of a current valid supervision agreement (for PAs) or standard care arrangement (for CNPs/CNSs/CNMs) with each such supervising or collaborating Practitioner.
- 6.3-5 If not initially verified pursuant to Section 6.3-2, primary source verification of licensure occurs as soon as the disaster is under control or within seventy-two (72) hours from the time the volunteer APP presents to the Hospital, whichever comes first. In extraordinary circumstances where primary source verification of a volunteer APP's licensure cannot be completed within 72 hours after the APP's arrival, and provided the individual has been exercising disaster Privileges, the Medical Staff Office must document:
- A. The reason(s) primary source verification could not be performed in the required time frame.

- B. Evidence of a demonstrated ability by each volunteer APP granted disaster Privileges to continue to provide adequate care, treatment, and services.
 - C. Evidence of the Hospital's attempt to perform primary source verification as soon as possible.
- 6.3-6 Primary source verification of licensure is not required if the volunteer APP has not provided care, treatment, or services at the Hospital under the disaster Privileges.
- 6.3-7 The activities of volunteer APPs who receive disaster Privileges shall be managed by and under the supervision of the CMO, the Department Chair, a Section Chief, or an appropriate designee.
- 6.3-8 Within seventy-two (72) hours after a volunteer APP's arrival at the Hospital, the Chief Operating Officer, CMO, or Medical Staff President must make a decision, based upon the information obtained during that time, related to the continuation of the disaster Privileges initially granted.
- 6.3-9 All volunteer APPs who receive disaster Privileges must, at all times while at the Hospital, wear a photo identification badge from the facility at which they otherwise hold Privileges. If an APP does not have such identification, he/she will be issued a badge at the Hospital (with photo, if possible under the circumstances) identifying him/her and designating the APP as a volunteer disaster privileged provider.
- 6.3-10 Disaster Privileges shall cease upon alleviation of the circumstances of disaster as determined by the Chief Operating Officer.

6.4 Termination of Temporary or Disaster Privileges

- 6.4-1 The Chief Operating Officer, CMO, or Medical Staff President may terminate an APP's temporary or disaster Privileges at any time.
- 6.4-2 Where the life or well-being of a patient is determined to be endangered, the APP's temporary or disaster Privileges may be terminated by any person entitled to impose a summary suspension pursuant to this Policy.
- 6.4-3 In the event an APP's temporary or disaster Privileges are revoked, the APP's patients shall be assigned to another Practitioner or APP by the Medical Staff President or Department Chair/applicable Section Chief. The wishes of the patient will be considered, where feasible, in choosing a substitute Practitioner or APP.
- 6.4-4 An APP who has been granted temporary or disaster Privileges is not entitled to the procedural due process rights set forth in Article VIII of this Policy because the APP's request for temporary or disaster Privileges is

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.

6.5 RECOGNITION OF A NEW SERVICE OR PROCEDURE; ADOPTION & AMENDMENT OF PRIVILEGE SETS

6.5-1 The Board shall determine the Hospital's scope of patient care services based upon recommendations from the Medical Executive Committee. Overall considerations for establishing new services and procedures 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 APP(s).
- C. The availability of other qualified APPs with Privileges at the Hospital to provide coverage for the new service or procedure when needed.
- D. The quality and availability of 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.

6.5-2 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 Privilege request for a new service or procedure to the Medical Staff Office. The request should include a description of the Privileges 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 in evaluating the request.
- B. The Department Chair (with involvement of the applicable Section Chief, as appropriate) and the Chief Medical Officer will review requests for a new service or procedure taking into account the considerations set forth in 6.5-1.
 - (1) If the Department Chair (with involvement of the applicable Section Chief, as appropriate) and the Chief Medical Officer determine that the new service or procedure should not be recognized at the Hospital, the Department Chair will provide

a written recommendation to the Medical Executive Committee.

- (2) If the Department Chair (with involvement of the applicable Section Chief, as appropriate) and the Chief Medical Officer determine that the new service or procedure should be included in an existing Privilege set, then the Department Chair will prepare and submit a written recommendation to the Medical Executive Committee.
- (3) If the Department Chair (with involvement of the applicable Section Chief, as appropriate) and the Chief Medical Officer determine that the new service or procedure should be recognized at the Hospital and that a new Privilege set is required, the Department Chair (who may consult with the applicable Section Chief, as necessary) after consultation with the Chief Medical Officer, shall develop and submit to the Medical Executive 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; focused professional practice evaluation requirements to establish current competency, *etc.*
 - (e) Criteria required by other hospitals with similar resources and staffing.

C. Upon receipt of a recommendation from the Department Chair, the Medical Executive Committee shall review the matter and forward its recommendation to the Board:

- (1) If the Board approves the new service or procedure (and new or amended Privilege set), the requesting APP(s) may apply for such Privilege(s) consistent with the credentialing and privileging process set forth in Article III.
- (2) If the Board does not approve the new service or procedure, the requesting APP(s) shall be so notified. A decision by the Board not to recognize a new service or procedure does not

give rise to the procedural due process rights set forth in Article VIII.

- 6.5-3 Adoption and amendment of Delineation of Privileges (*i.e.*, Privilege sets) for care, treatment, and/or services provided at the Hospital requires review by the Department Chair, the applicable Section Chief, and the Chief Medical Officer, a recommendation from the MEC, and approval of the Board.

6.6 PROFESSIONAL PRACTICE EVALUATION

- 6.6-1 APPs granted Privileges at the Hospital shall exercise such Privileges consistent with acceptable and prevailing standards of care.
- 6.6-2 The Hospital's focused professional practice evaluation (FPPE) process is set forth, in detail, in the Medical Staff Practitioner/APP Effectiveness Policy and shall be implemented for all: (i) APPs granted initial Privileges; (ii) existing APPs granted new Privileges during the course of a Privilege period; and (iii) in response to concerns regarding an APP's ability to competently exercise the Privileges granted. The FPPE period shall be used to assess the APP's current clinical competence.
- 6.6-3 Upon conclusion of the initial FPPE period, ongoing professional practice evaluation ("OPPE") shall be conducted on all APPs with Privileges. The Hospital's OPPE process is set forth, in detail, in the Medical Staff Practitioner/APP Effectiveness Policy and requires the Hospital to gather, maintain, and review data on the performance of all APPs with Privileges on an ongoing basis.

ARTICLE VII
COLLEGIAL INTERVENTION/INFORMAL REMEDIATION, FORMAL CORRECTIVE ACTION, SUMMARY SUSPENSION & AUTOMATIC SUSPENSION/AUTOMATIC TERMINATION

7.1 Collegial Intervention & Informal Remediation

7.1-1 Collegial Intervention

- A. Prior to initiating formal corrective action against an APP for professional conduct or clinical competency concerns, the Medical Staff leadership or Board (through the Chief Operating Officer or CMO as its administrative agent) may elect to attempt to resolve the concerns informally in a manner that it determines appropriate.
- B. An appropriately designated Medical Staff peer review committee may enter into a voluntary remedial agreement with an APP to resolve potential clinical competency or conduct issues.
- C. If the affected APP fails to abide by the terms of an agreed-to remedial agreement, the Member may be subject to the formal corrective action procedure set forth in Section 7.2.
- D. Nothing in this Section shall be construed as obligating the Hospital or Medical Staff leadership to engage in collegial intervention or informal remediation prior to implementing formal corrective action on the basis of a single incident.
- E. A written record of any collegial intervention and/or informal remediation efforts will be prepared and maintained in the APP's confidential peer review file.

7.2 Formal Corrective Action

7.2-1 Grounds for Formal Corrective Action

- A. Corrective action may be taken whenever an APP engages in activities or exhibits actions, statements, demeanor, or conduct within or outside of the Hospital that is/are, or is/are reasonably likely to be:
 - (1) Contrary to the Medical Staff Bylaws or applicable Hospital or Medical Staff policies or procedures.
 - (2) Detrimental to patient safety or to the quality or efficiency of patient care in the Hospital.
 - (3) Disruptive to Hospital operations.

- (4) Damaging to the Medical Staff's or the Hospital's reputation.
- (5) Below the applicable standard of care.
- (6) In violation of any laws, rules, or regulations relating to federal or state healthcare reimbursement programs.

7.2-2 Request for Initiation of a Formal Corrective Action

- A. Any of the following may request that corrective action be initiated:
 - (1) An officer of the Medical Staff
 - (2) The chair of any Department in which the APP exercises Privileges
 - (3) Any standing committee or subcommittee of the Medical Staff (including the MEC) or chair thereof
 - (4) The Chief Medical Officer
 - (5) The Chief Nursing Officer
 - (6) The Chief Operating Officer
 - (7) 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. Such request must be supported by reference to the specific activities or conduct 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 therefore in its minutes.
- C. The chair of the MEC shall promptly notify the Chief Operating 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.

7.2-3 MEC Action Upon Receipt of Request for Initiation of Formal Corrective Action

- A. Upon receipt of a request for formal corrective action, the MEC shall act on the request.
- B. The MEC may:
 - (1) Determine that no corrective action is warranted and close the matter.

- (2) Determine that no corrective action is warranted but remand the matter for collegial intervention or informal remediation consistent with the applicable Medical Staff Policy.
- (3) Initiate a formal corrective action investigation.

7.2-4 Commencement of Formal Corrective Action

- A. A matter shall be deemed to be under formal investigation upon determination by the MEC to initiate a corrective action investigation.
- B. The affected APP shall be provided with written notice of a determination by the MEC to initiate a formal corrective action investigation.

7.2-5 Conducting a Formal Corrective Action Investigation

- A. The MEC may conduct such investigation itself; assign this task to a Medical Staff officer, Section Chief or 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. The MEC may reasonably rely upon the findings of all prior Hospital or Medical Staff committees without conducting further inquiry.
- C. This investigation process does not entitle the APP to the procedural due process rights provided in this Policy.
- D. 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.
- E. 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.

- F. 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.

7.2-6 MEC Action Following Completion/Receipt of Report

- 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's actions may include, without limitation, the following:
 - (1) A determination that no corrective action be taken.
 - (2) Issuance of a verbal or written warning or a letter of reprimand.
 - (3) Imposition of a focused professional practice evaluation period with retrospective review of cases and/or other review of professional practice or conduct but without requirement of prior or concurrent consultation or direct supervision.
 - (4) 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.
 - (5) Imposition of a suspension of all, or any part, of the APP's Privileges for a period up to fourteen (14) days.
 - (6) 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.
 - (7) 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.
 - (8) Recommendation of a suspension of all, or any part, of an APP's Privileges for a period in excess of fourteen (14) days.
 - (9) 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.

- (10) Recommendation of termination/revocation of all, or any part, of the APP's Privileges.

7.2-7 Adverse Recommendation. When the MEC's recommendation is Adverse (as defined in this Policy) to the APP, the Medical Staff President shall inform the Member, by Special Notice, and the Member shall be entitled, upon timely and proper request, to the procedural due process rights contained in Article VIII of this Policy. The Medical Staff President shall then hold the Adverse recommendation in abeyance until the APP has exercised or waived the procedural due process rights set forth in this Policy after which the final MEC recommendation, together with all accompanying information, shall be forwarded to the Board.

7.2-8 Failure by MEC to Act. If the MEC (a) refers the matter to the Board; or (b) 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 (b), 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.

- A. If the Board's decision is not Adverse to the APP the action shall be effective as its final decision and the Chief Operating Officer shall inform the APP of the Board's decision by Special Notice.
- B. If the Board's action is Adverse to the APP, the Chief Operating Officer shall inform the Member, by Special Notice, and the APP shall be entitled, upon timely and proper request, to the procedural due process rights set forth in Article VIII of this Policy.

7.2-9 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.

7.3 Summary Suspension

7.3-1 Grounds and Authority to Impose

- A. 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 all, or any portion, of the Clinical Privileges of such APP:

- (1) Medical Staff President
- (2) Department Chair with approval of the Medical Staff President and CMO
- (3) Medical Executive Committee
- (4) Chief Operating Officer or CMO after conferring with the Medical Staff President or Vice-President
- (5) Board or its chair

- 7.3-2 A summary suspension is effective immediately. The person(s) or group imposing the summary suspension (if other than the Chief Operating Officer) shall immediately inform the Chief Operating Officer of the summary suspension and the Chief Operating Officer or the Medical Staff President shall promptly give Special Notice thereof to the APP.
- 7.3-3 The Medical Staff President or applicable Department Chair or Section Chief shall assign a suspended APP's patients then in the Hospital to another APP or Practitioner with appropriate Privileges considering the wishes of the patient, where feasible.
- 7.3-4 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 and consider the need, if any, for a professional review action (*i.e.*, formal corrective action) pursuant to Section 7.2.
- 7.3-5 The MEC may modify, continue, or terminate a summary suspension provided that the summary suspension was not imposed by the Board.
- 7.3-6 In the case of a summary suspension imposed by the Board, 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.
- 7.3-7 Not later than fourteen (14) days following the original imposition of the summary suspension, the Chief Operating Officer or the Medical Staff President shall notify the APP, by Special Notice, of the MEC's determination; or, in the case of a summary suspension imposed by the Board, of the MEC's recommendation as to whether such summary suspension should be terminated, modified, or continued.
- 7.3-8 If a summary suspension remains in place for more than fourteen (14) days, the APP shall be advised, by Special Notice, of the APP's procedural due process rights, if any, pursuant to Article VIII of this Policy.

7.3-9 A summary suspension that is lifted within fourteen (14) days of its original imposition shall not be deemed an Adverse action for purposes of the procedural due process rights set forth in Article VIII of this Policy.

7.4 Grounds for Automatic Suspension of Privileges

7.4-1 The following events shall, upon occurrence, result in an automatic suspension or limitation of an APP's Privileges, as applicable, without recourse to the procedural due process rights set forth in Article VIII of this APP Policy.

A. License

- (1) Whenever an APP's license is suspended, the APP's Clinical Privileges shall be likewise automatically suspended.
- (2) Whenever an APP's license is limited or restricted by the applicable licensing authority, the APP's Clinical Privileges shall be automatically limited or restricted in a similar manner.
- (3) Whenever an APP is placed on probation by the applicable licensing authority, his/her Clinical Privileges shall automatically become subject to the same terms and conditions of the probation.
- (4) Whenever an APP's license expires solely as a result of the APP's inadvertent failure to renew such license on a timely basis, the APP's Privileges shall be automatically suspended subject to Section 7.5-1 (A)(2).

B. DEA Registration

If a Drug Enforcement Administration (DEA) registration number (or other authorization to prescribe controlled substances) is required for the Privileges granted:

- (1) In the event of action by the DEA or other controlled substances authority suspending an APP's DEA registration number (or other authorization to prescribe controlled substances) the APP's Privileges shall be automatically suspended.
- (2) In the event of action by the DEA or other controlled substances authority restricting or imposing probation on an APP's DEA registration number (or other authorization to prescribe controlled substances) the APP's right to prescribe medications covered by the registration shall automatically

and correspondingly be limited or made subject to the terms of the probation.

- (3) Whenever an APP's DEA registration number (or other authorization to prescribe controlled substances) expires solely as a result of the APP's inadvertent failure to renew such registration on a timely basis, the APP's Privileges shall be automatically suspended subject to Section 7.5-1 (B)(2).
- 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 shall be automatically suspended subject to Section 7.5-1 (C). The Medical Staff Office shall be provided with a 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 limitation on the new policy, and a summary of relevant activities during the period of non-compliance. For purposes of this section, the failure of an APP to provide proof of Professional Liability Insurance shall constitute a failure to meet the requirements of this provision.
- D. Failure to Complete Electronic Health Record Training. An APP's Privileges shall be automatically suspended for failure to successfully complete the Hospital's training with respect to use of the electronic health record.
- E. Documentation of TB Test. Failure to adhere to tuberculosis screening requirements as set forth in the Hospital's Tuberculosis Exposure Control Plan shall result in automatic suspension of the APP's Privileges.
- F. Delinquent Medical Records. Whenever an APP fails to complete medical records as provided for in applicable Hospital/Medical Staff policies, the APP's Privileges shall be automatically suspended or limited to the extent and in the manner provided for in such Hospital/Medical Staff policies.
- G. Federal Health Program. Whenever an APP is suspended from participating in a Federal Health Program, the APP's Privileges shall be automatically suspended.
- H. Charges/Indictment. If an APP is charged or indicted for: (i) a felony criminal offense; or (ii) a violent crime; or (iii) improper prescribing of a controlled substance or other serious offense that involves drugs; or (iv) a crime against a child; or (v) a crime that prohibits practice at

a children's hospital, the APP's Privileges will be automatically suspended.

- I. Suspension/Termination of Supervising or Collaborating Practitioner's Appointment/Privileges. For those APPs who are required to have a supervising/collaborating Practitioner: Lapse, suspension, or termination of an 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 Practitioner with Medical Staff appointment and Privileges at the Hospital.
- J. Termination/Expiration of Standard Care Arrangement/Supervision Agreement. Termination or expiration of the standard care arrangement (for CNPs, CNSs, and CNMs) or supervision agreement (for PAs) 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 the Medical Staff Office.
- K. Immunizations/Health Screenings. Failure to provide documentation of required immunizations and/or health screenings (or an approved exemption) in accordance with the requirements set forth in applicable Hospital and/or Medical Staff policies will result in an automatic suspension of the APP's Privileges subject to Section 7.5-1(H) below.

7.4-2 Impact of Automatic Suspension or Limitation of Privileges

- A. With the exception of Section 7.4-1 (F) regarding delinquent medical records, during such period of time when an APP's Privileges are automatically suspended or limited, he/she may not, as applicable, exercise his/her Privileges at the Hospital.
- B. An APP whose Privileges are automatically suspended or limited pursuant to Section 7.4-1 (F) for delinquent medical records is subject to the same limitations except that such APP may:
 - (1) Conclude the management of any patient under his or her care in the Hospital at the time of the effective date of the automatic suspension/limitation of Privileges.
 - (2) Attend to the management of patients under his or her care requiring emergency care and intervention.

- (3) Attend to the management of any patient under his/her care whose admission or outpatient procedure was scheduled prior to the effective date of the automatic suspension and which occurs within forty-eight (48) hours after the automatic suspension.

7.4-3 Action Following Imposition of Automatic Suspension

- A. At its next regular meeting (or sooner if the Medical Executive Committee deems it appropriate) after the imposition of an automatic suspension, the Medical Executive Committee shall convene to determine if corrective action is necessary in accordance with the procedure set forth in Section 7.2.
- B. The lifting of the action or inaction that gave rise to an automatic suspension of Privileges shall result in the automatic reinstatement of the APP's Privileges, as applicable; provided, however, that the APP shall be obligated to provide such information/documentation as the Medical Staff Office may reasonably request to assure that the situation that gave rise to the automatic suspension/limitation has been appropriately resolved and that all information in the APP's credentials file is current.
- C. The Medical Staff Office will notify, as applicable, the Medical Staff President, Chief Medical Officer, and the APP's Department Chair/Section Chief of an automatic suspension of the APP's Clinical Privileges and the automatic reinstatement thereof
- D. Written notification of an automatic suspension and of reinstatement of Privileges following an automatic suspension shall be given to the affected APP (and his/her collaborating/supervising Practitioner, as applicable) by the Medical Staff President or Chief Medical Officer.

7.5 Grounds for Automatic Termination of Privileges

7.5-1 Imposition of Automatic Termination. The following events shall, upon occurrence, result in an automatic termination of Privileges without recourse to the procedural due process rights set forth in Article VIII of this APP Policy.

A. Licensure

- (1) Action by any applicable licensing authority terminating an APP's professional license shall result in the automatic termination of the APP's Privileges.
- (2) Whenever an APP (whose Privileges were automatically suspended pursuant to Section 7.4-1 (A)(4) for an expired

license) fails to renew his/her license within ninety (90) days after its expiration, the APP's Privileges shall be automatically terminated as of the ninety-first (91st) day

B. DEA Registration

If a DEA registration number (or other authorization to prescribe controlled substances) is required for the Privileges granted:

- (1) In the event of action by the DEA or other controlled substances authority revoking an APP's DEA registration number (or other authorization to prescribe controlled substances), the APP's Privileges shall automatically terminate.
- (2) Whenever an APP (whose Privileges were automatically suspended pursuant to Section 7.4-1 (B)(3) for an expired DEA registration number or other authorization to prescribe controlled substances) fails to renew his/her registration within ninety (90) days after its expiration, his/her Medical Privileges shall be automatically terminated as of the ninety-first (91st) day.

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 for a period greater than thirty (30) days, during which time the APP is automatically suspended pursuant to Section 7.4-1 (C), the APP's Privileges shall automatically terminate as of the thirty-first (31st) day. For purposes of this section, the failure of an APP to provide proof of Professional Liability Insurance shall constitute a failure to meet the requirements of this paragraph.

D. Federal Health Program. Whenever an APP is excluded from participating in a Federal Health Program, the APP's Privileges shall be automatically terminated.

E. Plea of Guilty to Certain Offenses. If an APP pleads guilty to, is found guilty of, or pleads no contest to: (i) a felony criminal offense; or (ii) a violent crime; or (iii) improper prescribing of a controlled substance or other serious offense that involves drugs; or (iv) a crime against a child; or (v) a crime that prohibits practice at a children's hospital, the APP's Privileges shall be automatically terminated.

F. Supervising/Collaborating Practitioner. If the APP's Privileges are suspended pursuant to §7.4-1 (I) 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 after the automatic suspension, the APP's Privileges at the Hospital shall automatically terminate as of the thirty-first (31st) day.

- G. Failure to Submit New Standard Care Arrangement/Supervision Agreement. If the APP's Privileges are suspended pursuant to §7.4-1 (J) and the APP does not submit a new, executed standard care arrangement (for CNPs, CNSs, and CNMs) or supervision agreement (for PAs) with an appropriate Physician or Podiatrist with Medical Staff appointment and Privileges at the Hospital within thirty (30) days after the automatic suspension, the APP's Privileges shall automatically terminate as of the thirty-first (31st) day.
- H. Immunizations/Health Screenings. In the event that documentation of required immunizations and/or health screenings (or an approved exemption) is not provided within ninety (90) days following the date of an automatic suspension of Privileges pursuant to Section 7.4-1 (L), then the APP's Privileges shall automatically terminate as of the ninety-first (91st) day.
- I. Board Certification. Failure to maintain current board certification if required for licensure (e.g., national nursing specialty certification for advanced practice registered nurses or certification by the National Commission on Certification of Physician Assistants) will result in automatic termination of the APP's Privileges

7.5-2 The Medical Staff Office will notify, as applicable, the Medical Staff President, Chief Medical Officer, and the APP's Department Chair/Section Chief of an automatic termination of the APP's Clinical Privileges.

7.6 Alternate Coverage

Immediately upon the imposition of a summary suspension, automatic suspension, or automatic termination, the Chief Medical Officer, after consultation with the applicable Department Chair, shall have authority to provide for alternative coverage for the patients of the APP who remain in the Hospital at the time of such summary suspension or automatic suspension/termination. The wishes of the patients shall be considered, when feasible, in the selection of such alternative Practitioner or APP. The affected APP shall confer with the covering Practitioner/APP to the extent necessary to safeguard the patient(s).

7.7 Consistency of Action Between Hospital and Affiliate Hospital(s)

7.7-1 So that there is consistency between the Hospital and Affiliate Hospital(s) regarding corrective action and the status of privileges considering that the Hospital and the Affiliate Hospital(s) are part of the same healthcare system

and that the Hospital and the Affiliate Hospital(s) have agreed to share information regarding appointment and privileges, the following automatic actions shall occur:

- A. With the exception of an automatic suspension for delinquent medical records, if an APP's privileges are automatically suspended or automatically terminated, in whole or in part, at Affiliate Hospital(s), the APP's Privileges at Hospital shall automatically become subject to the same action without recourse to the procedural due process rights set forth in Article VIII of this APP Policy.
 - B. If an APP's privileges are summarily suspended or if an APP voluntarily agrees not to exercise privileges while undergoing an investigation at Affiliate Hospital(s), such summary suspension or voluntary agreement not to exercise privileges shall automatically and equally apply to the APP's Privileges at Hospital and shall remain in effect until such time as Affiliate Hospital(s) render(s) a final decision or otherwise terminate(s) the process.
 - C. If an APP's privileges are limited, suspended, or terminated at Affiliate Hospital(s), in whole or in part, based on professional conduct or clinical competency concerns, the APP's Privileges at Hospital shall automatically and immediately become subject to the same decision without recourse to the procedural due process rights set forth in Article VIII of this Policy unless otherwise provided in the final decision at Affiliate Hospital(s).
 - D. If an APP resigns his/her privileges or fails to seek regrant of privileges at Affiliate Hospital(s) while under investigation or to avoid investigation for professional conduct or clinical competency concerns, such resignation shall automatically and equally apply to the APP's Privileges at Hospital without recourse to the procedural due process rights set forth in Article VIII of this Policy.
- 7.7-2 If a Practitioner withdraws an initial application for privileges at Affiliate Hospital(s) for professional conduct or clinical competency concerns, such application withdrawal shall automatically and equally apply to applications for Privileges at Hospital without recourse to the procedural due process rights set forth in Article VIII of this Policy.

ARTICLE VIII

APP PROCEDURAL DUE PROCESS RIGHTS

8.1 Applicability

- 8.1-1 The procedural due process rights set forth in this Policy are only applicable to APPs requesting or granted Privileges through the Medical Staff process.
- 8.1-2 The provisions in the Medical Staff Bylaws and Fair Hearing Policy setting forth the procedural rights of Medical Staff applicants and Medical Staff Members do not apply to APPs.

8.2 Procedural Due Process Rights Following Recommendation of Denial of Application for Privileges

- 8.2-1 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.
- 8.2-2 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, within a reasonable timeframe, 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.
- 8.2-3 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 and the APP will have the opportunity to present any additional information the APP deems relevant to the review and appeal of the MEC's Adverse recommendation. After reviewing the Adverse 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 within a reasonable timeframe.
- 8.2-4 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.
- 8.2-5 The APP will receive written notice, by Special Notice, of the Board's final decision.

8.3 Procedural Due Process Rights Following Formal Corrective Action or Summary Suspension

- 8.3-1 When an Adverse recommendation or action is made/taken against an APP's Privileges as a result of summary suspension or formal corrective action, the APP shall be provided written notice, by Special Notice, of the Adverse recommendation or action and the APP's procedural due process rights pursuant to this Section.
- 8.3-2 The APP shall have five (5) days in which to submit a written response to the MEC as to why such Adverse recommendation or action should be reconsidered. 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 final recommendation to the Board. The APP shall be advised, by Special Notice, of the MEC's final recommendation, the basis for such recommendation; and, if applicable, the APP's right to appeal.
- 8.3-3 If the MEC recommendation is 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.
- 8.3-4 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.
- 8.3-5 The APP will receive written notice, by Special Notice, of the Board's final decision.

**ARTICLE IX
CONFLICT OF INTERESTS; CONTRACTED APPS; & CRIMINAL BACKGROUND
CHECKS**

9.1 Conflicts of Interest

- 9.1-1 In any instance where an APP has or reasonably could be perceived to have a conflict of interest in any matter that comes before the Medical Staff, a Department/Section, or a Medical Staff committee, the APP is expected to disclose the conflict to, as applicable, the Medical Staff President, the Department Chair/Section Chief, or committee chair. The APP may be asked and is expected to answer any questions concerning the conflict. The Medical Staff President, Department Chair/Section Chief, or committee chair 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.
- 9.1-2 For purposes of this Section 9.1, the fact that APPs are competitors, partners, or employed in the same group shall not, in and of itself, automatically disqualify such APPs from participating in the review of applications or other Medical Staff matters with respect to their colleagues.

9.2 Contracted APPs

- 9.2-1 An APP who is or who will be providing specified professional services pursuant to a contract with the Hospital (or for a group holding a contract with the Hospital) is subject to all qualifications for Privileges/regrant of Privileges and must meet all of the responsibilities set forth in this Policy for any other APP.
- 9.2-2 The effect of the expiration or termination of an APP's contract with the Hospital (or the expiration or termination of an APP's association with the group holding the contract with the Hospital) upon a APP's Privileges at the Hospital will be governed solely by the terms of the APP's contract with the Hospital (or with the group holding the contract with the Hospital). If the contract is silent on the matter, then contract expiration or termination alone (or the expiration or termination of the APP's association with the group holding the contract with the Hospital) will not affect the APP's Clinical Privileges at the Hospital with the exception set forth in subsections 9.2-3 and 9.2-4 below.
- 9.2-3 In the absence of language in the contract to the contrary, if an exclusive contract under which such APP is engaged is terminated or expires (or if the relationship of the APP with the group that has the exclusive contractual relationship with the Hospital is terminated or expires) then the APP's Privileges covered by the exclusive contract shall also be terminated and

the procedural due process rights afforded by Article VIII of this Policy shall not apply; provided, however, that the Board in its sole discretion may waive this automatic termination result.

- 9.2-4 If the Hospital enters into an exclusive contract for a particular service(s), any APP who previously held Privileges to provide such service(s), but who is not a party to the exclusive contract (or otherwise employed by or contracted with the group that holds the exclusive contract with the Hospital), may not provide such service(s) as of the effective date of the exclusive contract irrespective of any remaining time on his/her Privilege term.

9.3 Criminal Background Checks

9.3-1 Purpose

- A. To promote a safe environment for patients, employees, visitors and the general public by conducting criminal background checks (hereafter “background check”) as part of the credentialing process for all APPs.

9.3-2 Procedure

- A. A criminal background check shall be performed on APPs applying for Privileges and at the time of each regrant of Privileges. No APP may provide care, treatment, and/or services for patients at the Hospital until all credentialing requirements have been met, including results of a criminal background check, and the APP has been granted Privileges to provide such care, treatment, and/or services.
- B. APPs will be required to sign a waiver/consent/release for a background check. Refusal to provide adequate information on the initial application or regrant form, or to provide consent/waiver/release for the background check, will result in the Hospital’s inability to process the APP’s application or termination of Privileges for failure to meet baseline qualifications.
- C. The background check process will be initiated by Medical Staff Services Office and will not be performed until the signed consent/waiver is received by the Medical Staff Office.
- D. Background checks will be conducted by a third-party vendor who will be instructed to provide results to the Medical Staff Office.
- E. If the background check identifies any criminal activity not disclosed on the initial application for Privileges or on the application for regrant of Privileges, the APP will be notified and additional information from the APP will be requested. Failure to disclose all previous convictions

(with the exception of minor traffic/motor vehicle violations) is considered falsification of records. Pursuant to Section 3.2-1 (A), a material misrepresentation, misstatement, or omission with respect to an application for Privileges or regrant of Privileges is grounds to cease processing the application or for termination of Privileges.

- F. Background check results will be evaluated and processed in accordance with the Medical Staff procedure for credentialing and will be used for initial credentialing and recredentialing purposes. The following information will be evaluated to determine what action should be taken:
 - (1) Whether the criminal activity occurred recently.
 - (2) Number of offenses.
 - (3) Nature of each offense.
 - (4) Rehabilitation efforts.
 - (5) Seriousness of the matter.
 - (6) Relevance of the matter to the applicable profession.
- G. The APP may be asked to provide a written response regarding the report, meet with the Department Chair and/or applicable Section Chief and/or may be required to have a fingerprint check. Failure to cooperate may result in the Hospital's inability to process (or continue to process) the APP's application or termination of Privileges for failure to meet baseline criteria.
- H. Reasonable efforts will be made to ensure that results of criminal background checks are kept as confidential as possible with a limited number of individuals authorized to review the results.
- I. A copy of the background report may be provided to the APP upon his/her written request directed to the Medical Staff Office.

9.4 Adoption & Amendment of APP Policy

Adoption and amendment of this APP Policy shall be in accordance with the applicable procedure set forth in the Medical Staff Bylaws.

ARTICLE X

CONFIDENTIALITY, AUTHORIZATIONS & IMMUNITY/RELEASE OF LIABILITY

10.1 Special Definitions

10.1-1 For purposes of this Article, the following definitions shall apply:

- A. Information means documentation of proceedings, minutes, interviews, records, reports, forms, memoranda, statements, investigations, examinations, hearings, meetings, recommendations, findings, evaluations, opinions, conclusions, actions, data, and other disclosures or communication, whether in written or oral form, relating to any of the subject matter specified in Section 10.5 of this Article.
- B. Representative means the Board, Hospital, Medical Staff, and any agent (e.g., Board members, Practitioners, APPs, Hospital employees, peer review committee member, etc.) authorized to perform specific Information gathering, analysis, use, or disseminating functions.
- C. Third Parties means both individuals and organizations providing Information to any Representative.

10.2 Authorizations and Conditions

10.2-1 By submitting an application for grant/regrant of Clinical Privileges and at all times during which an APP holds Privileges at the Hospital, such APP:

- A. Authorizes Representatives to solicit, provide and act upon Information regarding the APP's qualifications for Clinical Privileges and his/her professional practice.
- B. Authorizes Third Parties to provide Information to Representatives regarding the APP's qualifications for Clinical Privileges and his/her professional practice.
- C. Agrees to be bound by the provisions of this Article and to waive all legal claims against any Representative or Third Party who acts in accordance with provisions of this Article.
- D. Acknowledges that the provisions of this Article are express conditions to his/her application for and exercise of Privileges at the Hospital.

10.3 Confidentiality of Information

10.3-1 Information with respect to any APP submitted, collected, or prepared by any Representative of this Hospital or by any other health care facility or

organization of health professionals or medical staff for the purpose of: evaluating, monitoring or improving the quality, appropriateness, and efficiency of patient care; evaluating the qualifications and performance (e.g., conduct, clinical competence, etc.) of an APP; acting upon matters relating to corrective action; reducing morbidity and mortality; contributing to teaching or clinical research; determining that health care services are professionally indicated and performed in accordance with the applicable standards of care; or establishing and enforcing guidelines to help keep health care costs within reasonable bounds shall, to the fullest extent permitted by law, be confidential. Such Information shall not be disclosed or disseminated to anyone other than a Representative or other health care facility or organization or medical staff engaged in an official, authorized activity for which the Information is needed, nor be used in any way except as authorized by this Policy, applicable Hospital/Medical Staff policies, or as otherwise required by law. Such confidentiality shall also extend to Information of like kind that may be provided by Third Parties. This Information shall not become part of any particular patient's record. It is expressly acknowledged by each APP that violation of the confidentiality provisions provided herein is grounds for formal corrective action pursuant to this Policy.

10.4 Immunity from Liability

10.4-1 For Action Taken. No Representative or Third Party shall be liable to an APP for damages or other relief for any action taken or decision, opinion, statement, or recommendation made within the scope of his/her duties as a Representative or Third Party provided that such Representative or Third Party does not act on the basis of false Information knowing such Information to be false.

10.4-2 For Gathering/Providing Information. No Representative or Third Party shall be liable to an APP for damages or other relief by reason of gathering or providing Information, including otherwise privileged or confidential Information, concerning an APP who is or has been an applicant for Privileges, or who did or does exercise Clinical Privileges at the Hospital provided that such Representative or Third Party acts within the scope of his/her duties as a Representative or Third Party and does not act on the basis of false Information knowing it to be false.

10.5 Activities and Information Covered

10.5-1 Activities. The confidentiality and immunity provided by this Article shall apply to all Information in connection with the activities of this Hospital or any other health care facility or organization of health professionals or medical staff concerning, but not limited to:

A. Applications for Privileges

- B. Applications for regrant of Privileges
- C. Corrective action
- D. Hearings and appellate reviews
- E. Performance improvement/quality assessment/peer review activities
- F. Utilization review/management activities

10.5-2 Any other Hospital, Department/Section, committee, or Medical Staff activities related to evaluating, monitoring, and maintaining quality and efficient patient care, clinical competency, and professional conduct.

10.6 Releases

10.6-1 Each APP shall, upon request of the Hospital, execute general and specific releases in accordance with this Article, subject to such requirements as may be applicable under state and federal laws. Such releases will operate in addition to the provisions of this Article. Execution of such releases shall not be deemed a prerequisite to the effectiveness of this Article.

10.7 Cumulative Effect

10.7-1 Provisions in this APP Policy and in the application or other Hospital or Medical Staff forms relating to authorizations, confidentiality of Information, and releases/immunity from liability shall be in addition to other protections provided by law and not in limitation thereof.

10.7-2 A finding by a court of law or administrative agency with proper jurisdiction that all or any portion of any such provision is not enforceable shall not affect the legality or enforceability of the remainder of such provision or any other provision

ADOPTION AND APPROVAL

ADOPTED BY THE MEDICAL EXECUTIVE COMMITTEE: October 30, 2024

APPROVED BY THE BOARD OF MANAGERS: October 31, 2024

EXHIBIT A

Advanced Practice Providers Eligible for Clinical Privileges

Advanced Practice Registered Nurses

- Certified Nurse Practitioners
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists

Physician Assistants