

St. David's South Austin Medical Center

# Advanced Practice Professional Policy Manual

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# ADVANCED PRACTICE PROFESSIONAL POLICY MANUAL

## Table of Contents

ARTICLE 1 - DEFINITIONS.....	3
ARTICLE 2 - APP CATEGORIES AND PRIVILEGE DELINEATION .....	5
ARTICLE 3 - CONDITIONS OF PRACTICE .....	5
ARTICLE 4 - APP COMMITTEE.....	7
ARTICLE 5 - BASIC REQUIREMENTS AND RESPONSIBILITIES .....	7
ARTICLE 6 - PRESCRIPTIVE AUTHORITY AND MEDICATION DELEGATION PROTOCOLS .....	9
ARTICLE 7 - OVERSIGHT BY SUPERVISING/COLLABORATING PRACTITIONERS .....	11
ARTICLE 8 - DOCUMENTATION RESPONSIBILITIES .....	13
ARTICLE 9 - AUTHORITY OF AN ADVANCED PRACTICE PROFESSIONAL.....	13
ARTICLE 10 - APPLICATION FOR CLINICAL PRIVILEGES.....	14
ARTICLE 11 - TERMS, REAPPOINTMENT, AND RENEWAL OF PRIVILEGES .....	14
ARTICLE 12 - PROFESSIONAL PRACTICE EVALUATION .....	15
ARTICLE 13 - DISCIPLINARY ACTION .....	15
ARTICLE 14 - ADVERSE ACTION.....	17
ARTICLE 15 - PROCEDURAL RIGHTS FOR ADVANCED PRACTICE PROFESSIONALS .....	18
ARTICLE 16 - TEMPORARY PRIVILEGES .....	20
ARTICLE 17 - ADOPTION AND AMENDMENTS.....	21

## ARTICLE 1 - DEFINITIONS

- a. **“Levels of Supervision”** means the appropriate level and character of supervision by the Medical Staff Member required for performance of a task encompassed in the delineation of privileges, based on the following:
- Available**: The Sponsoring Practitioner must be available to the APP within fifteen (15) minutes by telephone and able to be physically present in the Hospital within thirty (30) minutes of request if needed.
  - Indirect Supervision/Guidance**: The Sponsoring Practitioner must be able to be physically present in the Hospital within fifteen (15) minutes of request if needed.
  - Immediately Available**: The Sponsoring Practitioner must be present in the Hospital and immediately available to assist the APP if needed.
  - Direct Supervision/Guidance**: The Sponsoring Practitioner must be present during the provision of the services by the APP.
  - TeleSupervision**: Sponsor must be available by phone, radio, or other telecommunication device within 15 minutes. Sponsor’s constant physical presence is not required.
- b. **“Manual”** means this Advanced Practice Professional Manual, as may be amended from time to time.
- c. **“Advanced Practice Professional” (“APP”)** – An individual, other than those defined as a Practitioner, who provide direct patient care services in the Hospital under a defined degree of supervision, exercising judgment within the areas of documented professional competence and consistent with applicable law. Categories/types of APPs eligible for clinical privileges shall be approved by the Board of Trustees and shall be credentialed through the same processes as a Medical Staff Member and shall be granted clinical privileges as either a dependent or independent healthcare professional as defined State laws and in these Bylaws and Manual.
- d. The term **“APP Committee”** is defined as a subcommittee of the Medical Executive Committee and is more specifically set out in the Organization Manual.
- e. **“Facility-Based PA/APRN”**: A PA or APRN with clinical privileges who only provides patient care services in the Hospital.
- f. **“Medication Delegation Protocol”** – A hospital protocol approved pursuant to this Manual that provides written authorization for a PA or APRN to prescribe or order a drug or device, as detailed below.
- g. **“Prescriptive Authority Agreement”** – A written agreement entered into by a PA or APRN and a Delegating Physician through which the physician delegates the act of prescribing or ordering a drug or device. Prescriptive Authority Agreements are subject to Texas Board of Nursing Regulations, 22

Texas Administrative Code Chapter 222 (APRNs) and Texas Medical Board Regulations, 22 Texas Administrative Code Chapter 193 (APRNs and PAs).

- h. “Supervising Medical Staff Member” or “Sponsor”** – The Medical Staff Member requesting that the APP be permitted to provide patient care services in the Hospital and/or providing any required direction, delegation and/or supervision of the APP.
- i. “Delegating Physician”** – The member of the Medical Staff delegating the authority to the PA/APRN who holds privileges as an APP to prescribe or order drugs or devices in the hospital.

## ARTICLE 2 - APP CATEGORIES AND PRIVILEGE DELINEATION

- a. The Board, following recommendation from the Medical Executive Committee, shall determine what categories of health care professionals are eligible for clinical privileges as Advanced Practice Professionals. As a condition of being granted permission to practice at the Hospital, all Advanced Practice Professionals specifically agree to abide by the standards of practice set forth in the privilege delineation that they have been granted by the Board and the terms of the collaborative practice or prescriptive authority agreement with their Supervising/Collaborating Practitioner. In addition, as a condition of being permitted to utilize the services of Advanced Practice Professionals in the Hospital, all Practitioners who serve as Supervising/Collaborating Practitioners to such individuals also specifically agree to abide by the applicable standards set forth in this Article and the terms of their agreements.
- b. The categories of APPs currently eligible for APP status and clinical privileges are as follows:
  - Physician Assistants (PA)
  - Advanced Practice Registered Nurses (APRN) to include nurse practitioners (NP), clinical nurse specialists (CNS), and certified registered nurse anesthetists (CRNA)
  - Anesthesia Assistants (AA)
  - Clinical Psychologists (PhD)
- c. Applications shall only be accepted from individuals in an APP category approved by the Board. Without limitation, the Hospital may decline to accept or process applications from an individual on the basis of the following, which shall not constitute an Adverse Action:
  - (i) The Hospital's inability to provide adequate facilities, resources or support services for additional APPs in that category; or
  - (ii) Lack of need for services of additional APPs in that category or the existence of an exclusive contract or other arrangement for the provision of the services offered by that category of APP.

## ARTICLE 3 - CONDITIONS OF PRACTICE

- a. As permitted by state law, APPs shall be responsible and accountable at all times to a Member of the Medical Staff, and shall be under the supervision and direction of a Member of the Medical Staff. The terms of the accountability of the APP to the Medical Staff Member and the terms for supervision of the APP by a Medical Staff Member shall be documented in a sponsorship agreement between the APP and the sponsoring Medical Staff Member.
- b. In addition to a complete application, as defined in the Bylaws, a sponsorship agreement, prescriptive authority agreement, and any medication delegation protocols as required shall

be on file at the Hospital. Sponsorship agreements shall contain all of the following information:

- (i) Name of the sponsoring Medical Staff Member and name of any alternative sponsoring Medical Staff members;
  - (ii) Completed sponsoring Medical Staff Member's evaluation;
  - (iii) Signed agreement by the sponsoring Medical Staff Member(s) to provide required supervision and accept responsibility for the patient care services provided by the APP.
- c.** Clinical psychologists are approved by the Board of Trustees to work independently as defined by their license and privileges. They are not required to have a Supervising medical staff member.
- d.** Privilege descriptions outlining the criteria for obtaining privileges, the scope of services for each category of APP, and the required level of supervision (if any) will be developed by the Advanced Practice Professional (APP) committee following consultation with the MEC, and approved by the Board of Trustees. The APP committee may solicit assistance from Medical Staff Departments in developing the privilege descriptions. The process for application and approval of clinical privileges for APPs is outlined in the credentials policy. Each Sponsoring Practitioner is responsible to be aware of the APP's clinical privileges and any conditions on those privileges.
- e.** APPs shall be assigned to the appropriate clinical department and subject to quality improvement review by that clinical department in accord with the hospital's program.
- f.** As a condition of practice in the hospital, each APP shall agree to:
- (i) Familiarize and comply with this Manual and all other applicable Hospital and Staff bylaws, rules and regulations, and policies and procedures of the appropriate clinical department(s), as well as abide by the laws of the state and licensing boards (i.e. Texas Board of Nursing, Texas Medical Board, Texas Physician Assistant Board);
  - (ii) Practice in compliance with any conditions placed on the APP's practice and with accepted and customary standards applicable to the APP's profession or practice;
  - (iii) Provide patient care services in accord with any Hospital or clinical department requirements applicable to the APP's practice area, adequately document all patient encounters;
  - (iv) Provide services in a manner that promotes quality patient care and that supports the operations of the Hospital;
  - (v) Participate as requested in committee or department meetings and appear before any Staff or Hospital committee or any individual responsible for monitoring or evaluating the APP's practice in the Hospital;

- (vi) Work and communicate with Medical Staff Members, Hospital employees, other APP's, patients and visitors in a cooperative and professional manner that promotes quality patient care;
- (vii) Notify the clinical department immediately of any change in licensure, registration or certification, insurance or Sponsor, and within two (2) working days of any other change in the information in the initial or renewal application for Authority to Practice; and
- (viii) Must have appropriate mechanisms in place which provide authority for delegated medical acts (not applicable to clinical psychologists).
- (ix) Adequately document all patient encounters and educational activities for purposes of professional practice evaluation (OPPE and FPPE) and recredentialing by providing a case log of patients seen and/or treated during period of appointment that shall be submitted along with application for reappointment and renewal of privileges. The case log will be used in conducting quality review and evaluation.

#### ARTICLE 4 - APP COMMITTEE

- a. See Composition and Duties in 3.C. of the Organization Manual.

#### ARTICLE 5 - BASIC REQUIREMENTS AND RESPONSIBILITIES

- a. APPs shall be eligible to provide specified services in the Hospital only if they:
  - (i) Document satisfactory completion of any minimum or threshold criteria required for that particular APP category, including competencies required for hospital employment, should the hospital employ an APP in the same category;
  - (ii) Document their experience, background, training, ability and health status with sufficient adequacy to demonstrate that they have the necessary skills to perform the requested tasks as delineated and that any patient treated by them will receive quality patient care;
  - (iii) Adhere to generally recognized standards of professional ethics and work cooperatively with others; and
  - (iv) Document professional liability insurance coverage in the minimum amount as required by the Hospital, applicable to services provided in the Hospital.

Applications shall not be accepted for processing unless the applicant has documented satisfactory completion of the minimum criteria, and the required professional liability insurance

coverage and all requested information, whether from the applicant or third parties, has been received. Failure of an application to be accepted for processing shall not constitute an Adverse Action under Section 13 of this manual.

- b.** It is the APP's responsibility, on initial application, and at any renewal or interim request for a change in services provided, to provide adequate information that documents his/her completion of all requirements and his/her qualifications, and to resolve any doubts about his/her qualifications. Upon request, the APP shall provide any requested information necessary to determine eligibility for practice in the Hospital (or ensure that a third-party provides that information on the APP's behalf) and shall appear for interviews. Failure of an APP (or third-party) to provide requested information, appear for an interview, or failure to satisfy any of the conditions of practice in Section 5.d shall result in non-consideration of the application, renewal, or change request, which shall not constitute an Adverse Action.
- c.** Additional sponsoring Medical Staff members can be added to the Advanced Practice Professional's privileges via written request from the Advanced Practice Professional. The additional sponsor(s) is/are required to sign the Sponsor Agreement form, accepting responsibility for the privileges requested. The Medical Staff Services department will confirm the Medical Staff membership status of the requesting practitioner.
- d.** APPs who are authorized to practice in the Hospital shall wear the nametag issued by the Security office at all times while in the Hospital.
- e.** APPs may not take the place of a physician covering Emergency Department Call at this hospital at any time for any reason.
- f.** All verbal or telephone orders by the PA/APRN must be dated, timed, and authenticated within 96 hours by the prescriber or another practitioner who is responsible for the care of the patient and granted privileges consistent with the orders, as provided in the Bylaws and Rules and Regulations of the Medical Staff. (per DSHS 25 TAC Sec. 133.41(j)(7))
- g.** Orders for drugs, biologicals, or devices issued by a PA/APRN must originate from either a Prescriptive Authority Agreement or a Medication Delegation Protocol in accordance with Section 4.4.6 or be issued as verbal or telephone orders directly to the APP and signed by the sponsoring practitioner or another practitioner responsible for the care of the patient in accordance with Section 4.4.7.
- h.** Orders for outpatient non-invasive diagnostic tests (that do not require a procedural permit) may originate from a non-privileged APP without Sponsoring Practitioner co-signature.
- i.** CRNAs: An Anesthesiologist may delegate to a CRNA the ordering of drugs and devices necessary for the CRNA to administer an anesthetic or an anesthesia-related service ordered by the physician. The Anesthesiologist's order for anesthesia need not specify the type of anesthesia drug(s) to be used, the dosage or the administration technique, such being reserved to the discretion of the CRNA. The CRNA may select, obtain, and administer those drugs and apply the appropriate medical devices necessary to accomplish the order and maintain the patient within

a normal physiological state. The Sponsoring Anesthesiologist shall provide supervision of the CRNA to the extent required by law and the grant of clinical privileges and be immediately available while the CRNA is performing anesthesia services, but is not required to review or approve the actions of the CRNA.

- j. Psychologists: Psychologists granted APP status may provide services to a patient in the Hospital only at the request of a Medical Staff member who is the patient's attending Practitioner, as reflected by physician order in the hospital record. All services shall be provided in accordance with the rules and regulations of the state licensing boards and with the clinical privileges delineation. Services shall not include the privilege to admit or prescriptive authority. Any treatment recommendations by the psychologist as documented in the progress notes or consultation must be reflected in physician orders by the attending Practitioner prior to implementation. Psychologists shall not be required to have a sponsoring/supervising physician and will be limited to providing care and services as delineated on their privilege forms.
- k. APPS WITH PRIMARY CARE POPULATION CERTIFICATIONS: APPs with certification only in a primary care population focus (i.e. Family Nurse Practitioners, Pediatrics Nurse Practitioners, Gerontology Nurse Practitioners) are limited by their scope of practice from providing **critical care** in inpatient units including the ICU, CVRU, and Trauma. Participation in an Emergency Medicine Fellowship program for Advanced Practice Professionals is not considered provision of critical care.

#### ARTICLE 6 - PRESCRIPTIVE AUTHORITY AND MEDICATION DELEGATION PROTOCOLS

- a. A PA/APRN with delegated prescriptive authority may prescribe or order nonprescription drugs, dangerous drugs and controlled substances Schedules II-V, and devices in the Hospital setting as detailed below in accordance with the Texas Medical Board Regulations, Chapter 193. Prescribing or ordering by APRNs shall also comply with the Texas Board of Nursing Regulations, Chapter 222.
- b. Facility-Based PA/APRNs may exercise prescriptive authority for drugs or devices pursuant to Medical Delegation Protocols approved by the Medical Executive Committee and are not required to have a Prescriptive Authority Agreement. Each Delegating Physician under a Medication Delegation Protocol must be one of the following:
  - i. The Medical Director or Chief of Staff;
  - ii. The Chair of the Credentials Committee or the Chair of the Department in which the PA/APRN practices; or
  - iii. A physician member of the Medical Staff who consents to the request of the Medical Director or the Chief of Staff to the delegation.

- c. Each Delegating Physician and each Facility-Based PA/APRN subject to the protocol must sign the protocol, which are thereafter reviewed and signed at least annually. Orders by the PA/APRN pursuant to the Medication Delegation Protocol may not be used for the care and treatment of the patients of any physician other than the Delegating Physician(s) without the physician's prior consent.
- d. Protocols are intended to promote the exercise of professional judgment by the PA/APRN and are not required to describe the exact steps that the PA/APRN must take with respect to a condition, disease or symptoms. The protocol may state the types or categories of drugs and devices that may be prescribed or ordered, limitations on the dosage units and refills permitted, instructions to be given to the patient for follow-up monitoring, or the types or categories that may not be prescribed or ordered. There is no limit on the number of PA/APRNs to which a Delegating Physician may delegate pursuant to a Medication Delegation Protocol in the Hospital, but a Delegating Physician may only use Medication Delegation Protocols at one Hospital. The Medication Delegation Protocol may not be used for delegation in a freestanding center, clinic or practice of the Hospital.
- e. Non-facility based PA/APRNs requesting to exercise delegated prescriptive authority for drugs and devices in the Hospital setting who are not Facility-Based PA/APRNs must have a Prescriptive Authority Agreement with the Delegating Physician authorizing such delegation. The PA/APRN and Delegating Physician must submit an attestation, to be renewed and signed at least annually, that they have a Prescriptive Authority Agreement which complies with legal requirements and which authorizes the prescribing and ordering of drugs and devices to Hospital patients. The exercise of clinical privileges involving prescriptive authority shall be in accordance with the agreement, the Rules and Regulations and this Manual.
- f. The delegation of prescribing or ordering Schedule II controlled substances by any PA/APRN in the Hospital setting shall be pursuant to a Medication Delegation Protocol and the individual PA/APRN's grant of clinical privileges. These protocols must be signed by either the Medical Director or the Chief of Staff. All other Delegating Physicians and the PA/APRNs also must sign the appropriate Medication Delegation Protocol. Medication Delegation Protocols and clinical privileges for prescribing or ordering Schedule II controlled substances by a PA/APRN are limited to patients who:
  - i. Have been admitted to the hospital for a intended length of stay of 24 hours or greater;  
or
  - ii. Are receiving services in the hospital's emergency department.

PA/APRNs are not authorized to issue prescriptions for Schedule II controlled substances for patients on discharge from the Hospital or emergency department. Schedule II controlled substances may also be delegated as part of the plan of care for treatment of a person who has executed a written certification of a terminal illness, has elected to receive hospice care, and is receiving hospice treatment for a qualified hospice provider.

- g. Qualifications include:
  - i. APRNs must have a Prescription Authorization number granted by the Texas Board of Nursing and their orders are limited to the patient populations in the APRN's specialty area.
  - ii. A PA/APRN who is requesting clinical privileges to prescribe controlled substances must have a valid DEA.
  - iii. Each Delegating Physician and PA/APRN exercising delegated prescriptive authority must attest that they have complied with any legal requirements applicable to the delegated prescriptive authority.
  - iv. Additional qualifications for the PA/APRN may be set out on the Delineation of Privileges forms.
- h. The above does NOT apply to CRNAs or Anesthesia Assistants.

#### ARTICLE 7 - OVERSIGHT BY SUPERVISING/COLLABORATING PRACTITIONERS

- a. Practitioners who wish to utilize the services of an Advanced Practice Professional in their clinical practice at the Hospital must notify the Medical Staff Office of this fact in advance and must ensure that the individual has been appropriately credentialed in accordance with this Policy before the Advanced Practice Professional performs services or engages in any kind of activity in the Hospital.
- b. The number of Advanced Practice Professionals acting under the Supervision of one Practitioner, as well as the care they may provide, will be consistent with applicable state statutes and regulations and any other policies adopted by the Hospital. The Supervising/Collaborating Practitioner will make all appropriate filings with the applicable state agencies regarding the Supervision and responsibilities of the Advanced Practice Professional, to the extent that such filings are required.
- c. Unless otherwise provided by law, Hospital policy or the authority for a particular APP or APP category, the Supervising Medical Staff Member(s) by virtue of his/her status as such, agrees to:
  - i. Accept full legal and ethical responsibility for directing or supervising the APPs performance;
  - ii. Accept full responsibility for the proper conduct of the APP within the Hospital, for the APPs observance of all Bylaws, policies, procedures, rules and regulations of the Hospital and Medical Staff, and for the correction and resolution of any problems that may arise;
  - iii. Provide the level of supervision as set forth in the Privilege Delineation;

- iv. Attest that there are appropriate mechanisms which provide authority for APPs to provide delegated medical acts and maintain ultimate responsibility for directing the course of the patient's medical treatment and provide active and continuous overview of the APP's activities in the Hospital to ensure that directions and advice are being implemented;
- v. Assure that the APP maintains the necessary qualifications and competency to provide services in accordance with accepted medical standards;
- vi. Delegate the performance of any medical acts in accord with applicable law and Hospital policy;
- vii. Abide by all Bylaws, policies and rules governing the use of APPs in this Hospital and utilize the APP in accord with the APPs authorized scope of practice in the Hospital;
- viii. Assure that the APP has valid and current professional liability coverage as required by the Board of Trustees;
- ix. Visit the supervising physician's patients at least once each day or every 24 hours, regardless of the APP's visit, when also serving as the attending physician.
- x. If the Medical Staff Membership or Clinical Privileges of a Supervising/Collaborating Practitioner are resigned, revoked or terminated, or the Advanced Practice Professional fails, for any reason, to maintain an appropriate Supervision relationship with a Supervising/Collaborating Practitioner as defined in this Policy, the Advanced Practice Professional's Clinical Privileges will be automatically relinquished, unless he or she has another Supervising/ Collaborating Practitioner who has been approved as part of the credentialing process.
- xi. If the Medical Staff Membership or Clinical Privileges of a Supervising/Collaborating Practitioner are resigned, revoked or terminated, or the Advanced Practice Professional fails, for any reason, to maintain an appropriate Supervision relationship with a Supervising/Collaborating Practitioner as defined in this Policy, the Advanced Practice Professional's Clinical Privileges will be automatically relinquished, unless he or she has another Supervising/ Collaborating Practitioner who has been approved as part of the credentialing process.
- xii. As a condition of Clinical Privileges, an Advanced Practice Professional and the Supervising/Collaborating Practitioner must provide the Hospital with Notice of any revisions or modifications that are made to the agreement between them, as well as any changes in the Supervising/Collaborating Practitioner. This Notice must be provided to the Medical Staff Office within three Days of any such change.
- xiii. A Supervising Medical Staff Member who fails to provide the required level of supervision or who utilizes an APP in violation of this policy or the APP's scope of practice may be

subject to corrective action under the provisions of Disciplinary Action, Section 12, of this manual and the Medical Staff Bylaws.

- xiv. Continuous supervision by the Delegating Physician is required, but the constant physical presence is not required. Physician supervision shall conform to what a reasonable, prudent physician would find consistent with sound medical judgment, and may vary with the education and experience of the particular PA or APRN. The Delegating Physician shall also comply with any additional supervision requirements set out on the Delineation of Privileges.

#### ARTICLE 8 - DOCUMENTATION RESPONSIBILITIES

- a. Histories and Physicals may be performed as delegated by the sponsoring/treating practitioner if the PA/APRN has been granted the clinical privileges to do so. They may not be performed by a HCA/hospital employed APP. Employed APPs may perform focused or comprehensive initial assessments that may be used in completing the History and Physical.
- b. Discharge Summaries must be authenticated, dated, and timed by the PA or APRN who has been granted clinical privileges to perform them, must be co-signed and dated by the sponsoring/treating practitioner responsible for the care of the patient. Authentication must occur within 30 days post discharge.
- c. If an APP is performing the discharge of a patient and the supervising of a patient and the supervising physician will not see the patient on the day of the discharge, the APP must document in the medical record that the patient's status and discharge plan has been discussed with the supervising physician and that the supervising physician concurs with the discharge plan. Discharge summaries prepared by the APP must be reviewed and authenticated.
- d. Verbal and telephone orders issued to the APP must be reviewed and co-signed within 96 hours.
- e. Diagnostic studies and other evaluations ordered by the APP must be reviewed within 24 hours.
- f. Operative reports may not be performed or dictated by the APP on behalf of the sponsoring/treating practitioner. This does not apply to minor procedures done outside of the operative suite.

#### ARTICLE 9 - AUTHORITY OF AN ADVANCED PRACTICE PROFESSIONAL

- a. Should any Member of the Medical Staff, or any employee of the Hospital who is licensed or certified by the state, have a reasonable question regarding the clinical competence or authority

of an Advanced Practice Professional to act or issue instructions outside the presence of the Supervising/Collaborating Practitioner, such individual will have the right to request that the Supervising/Collaborating Practitioner validate, either at the time or later, the instructions of the Advanced Practice Professional. Any act or instruction of the Advanced Practice Professional will be delayed until such time as the individual with the question has ascertained that the act is clearly within the Clinical Privileges granted to the individual and the agreement with the Supervising/Collaborating Practitioner, if any.

- b. Any question regarding the conduct of an Advanced Practice Professional will be reported to the Chief of Staff, the Chairperson of the Credentials Committee, the relevant department chair, the Chief Medical Officer, or the Chief Executive Officer for appropriate action. The individual to whom the concern has been reported will also discuss the matter with the Supervising/Collaborating Practitioner, if any.

#### ARTICLE 10 - APPLICATION FOR CLINICAL PRIVILEGES

- a. All initial and renewal applications for clinical privileges by an APP will be processed according to procedures outlined in the medical staff bylaws and credentials policy.
- b. In addition to the information required above, applications for a APP shall include the names and addresses of all Sponsors who will be supervising the APP an original "Supervising Medical Staff Member Agreement to Supervise Advanced Practice Professional (APP)" Form signed by each Sponsor.
- c. With each application, the applicant shall verify the accuracy of the privilege delineation (services to be provided).
- d. In the event of an Adverse Action as set forth in Section 13 of this manual, the APP shall be entitled to the procedures set out in Section 14 of this manual.

#### ARTICLE 11 - TERMS, REAPPOINTMENT, AND RENEWAL OF PRIVILEGES

- a. All initial appointments shall be for a period not to exceed two years (24 months). Reappointments shall be for a period not to exceed two years (24 months). Reappointments shall follow the process outlined in the Credentials Policy. Expiration of APP status and clinical privileges shall not constitute an Adverse Action or entitle the individual to any procedural rights or review under this appendix, the Bylaws or otherwise.
- b. If no evidence of clinical activity or competency evaluation by the physician sponsor is provided with the application for reappointment, the application shall be deemed incomplete and

ineligible to proceed in the approval process (applications which remain incomplete as of the appointment expiration date will result in the automatic expiration of all clinical privileges effective that date).

#### ARTICLE 12 - PROFESSIONAL PRACTICE EVALUATION

- a. Utilizing the processes delineated in the Medical Staff Bylaws, Credentials Policy, and Professional Practice Evaluation manual, an evaluation of the practice of APPs, and compliance with any conditions on such practice, shall be included as an element of the Hospital's quality improvement program and performed by the clinical department to which the APP is assigned. Practices will be reviewed against the following quality review indicators:
  - Complaints- staff, patient, physician, family
  - Reported working outside granted privileges
  - Core measure compliance (where applicable)
  - Narcotic discrepancies (CRNA)
- b. Cases identified involving an APP will be reviewed under the name of the attending and/or Sponsoring Practitioner for the APP. If needed, a subcommittee to include a member of the Practitioner's specialty and a peer of the APP may be appointed to review the case and make recommendations to the APP Committee.
- c. Persons notified of the findings shall include:
  - APP
  - Attending physician
  - Medical Staff member supervising or delegating to the APP at the time of the event, and/or Sponsoring Practitioner and any Alternate Sponsoring Practitioners
  - In addition, other Medical Staff members utilizing the APP may be notified if requested by the APP Committee or Credentials Committee.
- d. Cases involving the APP will be placed in the APP's quality review file. This information will be utilized at the time of reappointment or renewal of privileges and may be the basis for further action as provided below.
- e. The clinical department may recommend changes in practice or procedure based on the results of the review which the Sponsor and/or APP may agree to on a voluntary basis.

#### ARTICLE 13 - DISCIPLINARY ACTION

- a. An APP's clinical privileges may be terminated if the APP fails to continue to satisfy the basic requirements for authority to practice, fails to comply with the conditions placed on his/her

practice, violates the provisions of the Manual or any Staff, hospital or department requirements, fails to provide services in accord with accepted professional standards, or takes any action that jeopardizes patient care or Hospital operation.

- b. The clinical department to which an APP is assigned shall be responsible to receive, investigate and review any complaint from any source or any inquiry regarding an APP or his/her practice in the Hospital within thirty (30) days of receipt of the complaint or inquiry.
  - (i) The clinical department shall advise the APP and the Sponsor in writing if a written complaint is received and may require the APP and/or Sponsor to answer any questions by appearing before the committee in person or through submission of a written statement (at the clinical department's sole discretion). Failure of the APP or Sponsor to appear and/or provide requested information shall automatically terminate the APP's Authority to Practice in the Hospital without any rights under Section 12 of this Manual.
  - (ii) In investigating any complaint or inquiry, the clinical department shall have the authority to interview any persons with knowledge, review any Hospital records or other documents, consult with any third parties, and take such other steps as may be necessary to obtain the needed information. The clinical department may also authorize a subcommittee to conduct the investigation.
  - (iii) The clinical department shall recommend if any action is indicated as to the Sponsor and shall implement that action in accord with department policy and the Medical Staff Bylaws. The clinical department shall forward its findings to the APP Committee and may recommend to the APP Committee a limitation or termination of the APP's Authority to Practice or other action.
  - (iv) The APP Committee shall make a decision regarding the complaint or inquiry within thirty (30) days of receipt of the clinical department's recommendation, and forward their recommendation to the Medical Executive Committee for their consideration. Final action will be made by the Board of Trustees, based on consideration of a Medical Executive Committee recommendation.
  - (v) The Board shall notify the APP and Sponsor in writing within ten (10) days of the final decision as to any actions taken for or against the APP. If the decision is an Adverse Action, the APP shall be entitled to the procedures set forth in Section 12 of this Manual.
- c. The APP's clinical privileges are automatically terminated, effective immediately, if:
  - (i) The APP's licensure, registration or certification (if any) is terminated, revoked or suspended;
  - (ii) The APP has not maintained the required professional liability insurance coverage; or

- (iii) The Sponsor notifies the CEO of termination of the APP's employment or his/her agreement to supervise the APP or the Sponsor ceases to be a member of the Medical Staff or hold the necessary clinical privileges to supervise the APP.

The APP and the Sponsor shall be notified in writing of this termination. An automatic action in accord with this Section is not an Adverse Action and shall not entitle the APP to the rights in Section 12 of this Manual.

- d. An APP's Authority to Practice will be suspended upon his/her failure to provide requested current licensure. This suspension will end upon the APP providing current licensure documentation.
- e. In addition to the provisions above, the Chief of Staff, Chief of the clinical department, or the Chief Executive Officer shall have the authority to limit or terminate a APP's authority to practice, effective immediately, if the Chairperson or Chief Executive Officer believes that such actions are necessary to protect the health and safety of patients or Hospital staff or to maintain Hospital operation. The clinical department shall investigate and review any such action within fifteen (15) days as set forth in Section 10.b of this Manual.
- f. If a Sponsor fails to comply with any limitation of privileges imposed on the APP, or utilizes an APP in a manner not authorized by the Board or not consistent with accepted professional standards, the matter shall be referred to the appropriate clinical department and may be grounds for corrective action as provided in the Medical Staff Bylaws.

#### ARTICLE 14 - ADVERSE ACTION

- a. The APP shall not be entitled to any procedural rights, including the right to a hearing, provided to applicants for Medical Staff appointments, as set forth in the Medical Staff Bylaws, or to those rights afforded to employees pursuant to Hospital policy. The right of the APP to review or appeal of any decision is specifically limited to an Adverse Action and to the rights set forth in this Manual.
- b. An "Adverse Action" is a decision by the Board of Trustees to:
  - (i) Deny the APP's application, whether initial or renewal, for Authority to Practice in the Hospital, except as authorized in Section 4 of this Manual; or
  - (ii) Impose a limitation on an individual APP's scope of practice which was approved for the APP category as a whole. A limitation imposed at initial application is not considered an adverse action.
- c. An APP notified of an Adverse Action must deliver a request, in writing, to the Chief of Staff within ten (10) days of receipt, that the MEC afford him/her an opportunity to address the committee and request reconsideration. If requested in a timely manner, such appearance shall not constitute a hearing and the APP shall not be entitled to be accompanied by an attorney or other representative at the appearance. Within thirty (30) days of the appearance, the MEC shall notify

the APP and the Sponsor of confirmation of the decision or of any recommended change as a result of the appearance. A report of the MEC findings and recommendations will be made and presented to Board of Trustees. The Board of Trustees decision will be the final action.

#### ARTICLE 15 - PROCEDURAL RIGHTS FOR ADVANCED PRACTICE PROFESSIONALS

a. Notice of Recommendation and Hearing Rights:

- i. In the event a recommendation is made by the Medical Executive Committee that an Advanced Practice Professional not be granted Clinical Privileges or that the Clinical Privileges previously granted be restricted for a period of more than 30 Days, terminated, or not renewed, the individual will receive Special Notice of the recommendation. The special Notice will include a general statement of the reasons for the recommendation and will advise the individual that he or she may request a hearing.
- ii. The rights and procedures in this Section will also apply if the Board, without a prior adverse recommendation from the Medical Executive Committee, makes a recommendation not to grant Clinical Privileges or that the Clinical Privileges previously granted be restricted, terminated, or not renewed. In this instance, all references in this Article to the Medical Executive Committee will be interpreted as a reference to the Board.
- iii. If the Advanced Practice Professional wants to request a hearing, the request must be in writing, directed to the Chief Executive Officer, within 30 Days after receipt of written Notice of the adverse recommendation.
- iv. The hearing will be convened as soon as is practical, but no sooner than 30 Days after the Notice of the hearing, unless an earlier hearing date has been specifically agreed to by the parties.

b. Hearing Panel:

- i. If a request for a hearing is made timely, the Chief Executive Officer, in consultation with the Chief of Staff, will appoint a Hearing Panel composed of up to three individuals (including, but not limited to, Members of the Medical Staff, Hospital management, individuals not connected with the Hospital, or any combination of these individuals). A peer of the APP requesting the hearing shall be included if feasible. The Hearing Panel will not include anyone who previously participated in the recommendation, any relatives or practice partners, including the Supervising/Collaborating Practitioner of the Advanced Practice Professional, or any competitors of the affected individual. As an alternative to a Hearing Panel, a Hearing Officer may be used.
- ii. The Chief Executive Officer, in consultation with the Chief of Staff, will appoint a Presiding Officer ("Presiding Officer"), who may be an attorney.

c. Hearing Process:

- i. A record of the hearing will be maintained by a stenographic reporter or by a recording of the proceedings at the selection of the Hospital. Copies of the transcript will be available at the individual's expense.
  - ii. The hearing will last no more than six hours, with each side being afforded approximately three hours to present its case, in terms of both direct and cross-examination of witnesses.
  - iii. At the hearing, a representative of the Medical Executive Committee will first present the reasons for the recommendation. The Advanced Practice Professional will be invited to present information to refute the reasons for the recommendation.
  - iv. Both parties will have the right to present witnesses. The Presiding Officer will permit reasonable questioning of such witnesses.
  - v. The Advanced Practice Professional and the Medical Executive Committee may be represented at the hearing by legal counsel. However, while counsel may be present at the hearing, counsel will not call, examine, or cross-examine witnesses or present the case.
  - vi. The Advanced Practice Professional will have the burden of demonstrating, by clear and convincing evidence, that the recommendation that prompted the hearing was arbitrary, capricious, or not supported by substantial evidence.
  - vii. The Advanced Practice Professional and the Medical Executive Committee will have the right to submit proposed findings, conclusions, and recommendations, as well as a post-hearing statement, for consideration by the Hearing Panel. The Presiding Officer will establish a reasonable schedule for the submission of these items. The hearing will be considered to have concluded on the date that any post-hearing statements are required by the Hearing Officer to be submitted.
  - viii. The personal presence of the Advanced Practice Professional who requested the hearing is mandatory. Failure to appear shall constitute a waiver of the right to a hearing and any other rights of review. If such individual does not testify, he or she may be called and questioned.
  - ix. The Hearing Panel may question witnesses, request the presence of additional witnesses, or request documentary evidence.
- d. Hearing Panel Report:
- i. Within 20 Days after the conclusion of the hearing, the Hearing Panel will prepare a written report and recommendation. The Hearing Panel will forward the report and recommendation, along with all supporting information, to the Chief Executive Officer. The Chief Executive Officer will send a copy of the written report and recommendation by special Notice to the Advanced Practice Professional and to the Medical Executive Committee.

- ii. Within ten Days after receipt of the Special Notice of such recommendation, the Advanced Practice Professional and/or the Medical Executive Committee may make a written request for an appeal. The request must include a statement of the reasons, including specific facts, which justify an appeal.
  - iii. The grounds for appeal will be limited to an assertion that there was substantial failure to comply with this Policy during the hearing, so as to deny a fair hearing, and/or that the recommendation of the Hearing Panel was arbitrary, capricious, or not supported by substantial evidence.
  - iv. The request for an appeal will be delivered to the Chief Executive Officer by Special Notice.
  - v. If a written request for appeal is not submitted timely, the appeal is deemed to be waived and the recommendation and supporting information of the Hearing Panel will be forwarded to the Board for final action. If a timely request for appeal is submitted, the Chief Executive Officer will forward the report and recommendation, the supporting information and the request for appeal to the Board. The Chairperson of the Board will arrange for an appeal.
- e. Appellate Review:
- i. An Appellate Review Committee appointed by the Chairperson of the Board will consider the record upon which the adverse recommendation was made. New or additional written information that is relevant and could not have been made available to the Hearing Panel may be considered at the discretion of the Appellate Review Committee. This review will be conducted within 30 Days after receiving the request for appeal.
  - ii. The Advanced Practice Professional and the Medical Executive Committee will each have the right to present a written statement on appeal.
  - iii. At the sole discretion of the Appellate Review Committee, the Advanced Practice Professional and a representative of the Medical Executive Committee may also appear personally to discuss their position. They may be accompanied by counsel, but counsel may not address the Appellate Review Committee or the other party.
  - iv. Upon completion of the review, the Appellate Review Committee will provide a report and recommendation to the full Board for action. The Board will then make its final decision based upon the Board's ultimate legal responsibility to grant Clinical Privileges and to authorize the performance of clinical activities at the Hospital.
  - v. The Advanced Practice Professional will receive Special Notice of the Board's action within 20 days of the final action. A copy of the Board's final action will also be sent to the Medical Executive Committee for information.

#### ARTICLE 16 - TEMPORARY PRIVILEGES

Temporary privileges may only be granted as outlined in the Credentialing Policy of the Bylaws.

ARTICLE 17 - ADOPTION AND AMENDMENTS

- a. This Manual is adopted and made effective upon approval of the Board, superseding and replacing any and all other conflicting policies and rules and regulations of the Medical Staff or Hospital pertaining to the subject matter thereof.
- b. The amendment process for this Manual is set forth in the Bylaws.

Approved by the Medical Executive Committee: November 9, 2018

Adopted by the Medical Staff: As of December 19, 2018

Approved by the Board of Trustees: December 20, 2018