

Allied Health Professional Policy

ROBINSON MEMORIAL HOSPITAL

A Medical Staff Document

DEFINITIONS

The following definitions shall apply to this AHP Policy:

"Adverse" means a recommendation or action of the Medical Executive Committee or Board that denies, limits, or otherwise restricts Privileges on the basis of quality of care or professional conduct or competence or as otherwise defined in this Policy.

"Allied Health Professional" or "AHP" means an individual other than a Practitioner who is qualified by academic and clinical training and by prior and continuing experience and current competence in a discipline which the Board has determined to allow to practice in the Hospital and who either:

- (a) Is licensed by the state and granted Privileges by the Hospital to provide services in the Hospital subject to a standard care arrangement, supervision agreement, or other supervisory or collaborative arrangement (*i.e.*, physician assistants and advance practice nurses); or,
- (b) Functions pursuant to a scope of service in a medical support role to and under the direction and supervision of a Practitioner.

"Appointee" means a Practitioner who has been granted appointment to the Medical Staff. An Appointee must also have applied for and been granted Privileges unless the appointment is to a Medical Staff category without Privileges.

"Board of Trustees" or "Board" means the Board of Trustees of the Hospital.

"Bylaws" or "Medical Staff Bylaws" means the articles therein, and amendments thereto, that constitute the basic governing document of the Medical Staff. A reference to the Bylaws may include Medical Staff Policies and Rules & Regulations as appropriate.

"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.

"Department" means a grouping or division of clinical services as provided for in the Medical Staff Bylaws. Departments may be further divided into clinical Sections led by a Section Chief.

"Department Chair" means the qualified Appointee who has been elected as the head of a Department.

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

"Hospital" means Robinson Memorial Hospital located in Ravenna, Ohio.

"Medical Executive Committee" or "MEC" means the executive committee of the Medical Staff.

"Medical Staff" means those Appointees with such responsibilities and Prerogatives as defined in the Medical Staff category to which each has been appointed.

"Medical Staff Policy" or "Policies" means those Medical Staff policies approved by the MEC and Board that serve to implement the Medical Staff Bylaws including, but not limited to, the Allied Health Professional Policy.

"Physician" means an individual who has received a Doctor of Medicine ("M.D.") or Doctor of Osteopathic Medicine ("D.O.") degree and who is currently licensed to practice medicine.

"Podiatrist" means an individual who has received a Doctor of Podiatric Medicine ("D.P.M.") degree and who is currently licensed to practice podiatry.

"Practitioner" means an appropriately licensed Physician, Dentist, Podiatrist, or Psychologist, to the extent applicable to this Policy.

"President of the Hospital" or "Hospital President" means the individual appointed by the Board to serve as the Board's representative in the overall administration of the Hospital. The Hospital President may, consistent with the authority granted to him/her by the Hospital's Code of Regulations, appoint a representative to perform certain administrative duties identified in the Bylaws.

"President of the Medical Staff" or "Medical Staff President" means the qualified Appointee who serves as chief administrative officer of the Medical Staff.

"Privileges" mean the permission granted to a Practitioner or Allied Health Professional to render specific diagnostic, therapeutic, medical, dental, podiatric, surgical, or psychological services within the Hospital as specifically delineated to him/her based upon the individual's professional license, experience, competence, ability and judgment.

“Professional Liability Insurance” means professional liability insurance coverage of such kind, in such amount and underwritten by such insurers as required 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 State Board of Psychology, who is currently licensed to practice psychology.

“Rules & Regulations” means the rules and regulations of the Medical Staff, approved by the MEC and Board, that govern the provision of care, treatment, and services to Hospital patients.

“Special Notice” means written notification sent by certified mail, return receipt requested, or by personal delivery service with signed acknowledgement of receipt.

OTHER

Not a Contract: This Policy is not intended to and shall not create any contractual rights between the Hospital and any AHP. Any and all contracts of association or employment shall control contractual and financial relationships between the Hospital and an AHP.

Time Computation: In computing any period of time set forth in this Policy, the date of the act from which the designated period of time begins to run shall not be included. The last day of the period shall be included unless it is a Saturday, Sunday, or legal holiday, in which event the period runs until the end of the next day which is not a Saturday, Sunday or legal holiday. When the period of time is less than seven (7) days, intermediate Saturdays, Sundays and legal holidays shall be excluded.

Designation: Whenever an individual is authorized to perform a duty by virtue of his/her position, then reference to such individual shall also include the individual's designee.

ARTICLE I OVERVIEW

1.1 Applicability of Policy.

- 1.1.1 The Medical Staff shall credential and manage all AHPs who practice pursuant to a Privilege set and those non-privileged AHPs who are not employed by the Hospital and who practice pursuant to a scope of service/position description. The Hospital Human Resources Department shall credential non-privileged employed AHPs.
- 1.1.2 Those portions of this Policy relating to the granting of Privileges and attendant procedural rights are only applicable to AHPs granted Privileges.
- 1.1.3 This Policy sets forth the Medical Staff's credentialing procedures and management provisions with respect to AHPs granted Privileges at the Hospital and non-privileged AHPs who are not employed by the Hospital and who practice pursuant to a scope of service/position description.
- 1.1.4 This Policy does not provide the process for credentialing and managing non-privileged employed AHPs through Human Resources. Rather, such AHPs shall be subject to the credentialing procedures and management provisions established by Human Resources.

1.2 AHP Practice Categories.

- 1.2.1 Attached to this Policy, and incorporated by reference herein, is Appendix A which sets forth the categories of AHPs that are credentialed and managed through the Medical Staff process.
- 1.2.2 The Medical Staff shall make recommendations to the Board, upon request, with respect to: (a) the AHP categories, based upon occupation or profession, that shall be eligible to be credentialed at the Hospital; (b) for each eligible AHP category, the mode and scope of practice in the Hospital setting, and an applicable Privilege set or position description/scope of service for each; and (c) whether any changes should be made to existing AHP categories.

1.3 Role of Nursing Leadership.

Nursing leadership shall process, manage, evaluate, and support professional licensed nurses pursuant to currently established Hospital policies and procedures. Nursing leadership will not manage advance practice nurses (e.g. certified registered nurse anesthetists, certified nurse practitioners, certified nurse midwives, or clinical nurse specialists) with respect to those Privileges that are granted through the Medical Staff.

1.4 Restrictions.

- 1.4.1 AHPs are not eligible for appointment to the Medical Staff, to hold Medical Staff office, or to vote on Medical Staff affairs.
- 1.4.2 AHPs with Privileges may serve on Medical Staff committees as specifically authorized by the Medical Executive Committee; and, if so appointed, are entitled to vote with respect to that committee's actions.
- 1.4.3 AHPs are not entitled to the hearing and appeal rights set forth in the Medical Staff Bylaws. AHPs granted Privileges shall only have such procedural rights, to the extent applicable, as set forth in this Policy.
- 1.4.4 AHPs may not admit or co-admit patients to the Hospital.
- 1.4.5 AHPs must comply with all limitations and restrictions imposed by their respective licenses, certifications, or other credentials required by Ohio law, the terms of their standard care arrangement or supervision agreement, as applicable, and may only perform services in accordance with Hospital/Medical Staff policy and the Privileges granted to them, or consistent with an approved position description/scope of service, as applicable.

1.5 Non-Privileged AHPs Not Employed by the Hospital

Non-privileged AHPs who are not employed by the Hospital and who practice pursuant to a scope of service/position description shall be subject to the following requirements:

- 1.5.1 General Qualifications and Responsibilities of AHPs without Privileges.

- (a) Non-privileged AHPs shall satisfy such qualifications and fulfill such responsibilities as set forth in the scope of practice/position description for the applicable AHP category. Non-privileged AHPs shall practice within the scope of their license, certification, or registration, as required by law and regulation, and in accordance with the applicable scope of practice/position description

1.5.2 Application for Permission to Provide Specified Services (Non-Privileged AHPs).

- (a) Non-privileged AHPs shall complete such application(s), authorization(s), release(s) and consent form(s) as recommended by the MEC and approved by the Board

1.5.3 Qualifications of Non-Privileged Allied Health Professionals.

- (a) When law or regulation requires the non-privileged AHP to be currently licensed, certified, or registered to practice their profession, or when the Hospital requires licensure, registration, or certification not required by law/regulation, Medical Staff Services shall verify the non-privileged AHP's credentials with the primary source and document this verification at the time the AHP's request to provide services is initially acted upon and when his/her credentials are renewed.
- (b) Medical Staff Services shall verify and document that the non-privileged AHP has the education and experience required by his/her job responsibilities, as set forth in the applicable scope of practice/position description.
- (c) Medical Staff Services shall obtain and document a criminal background check on the non-privileged AHP as required by law, regulation, and/or applicable policy.
- (d) Medical Staff Services shall ensure that non-privileged AHPs comply with applicable health screenings as required by law, regulation, and/or applicable policy.
- (e) The following information shall be used to make decisions about non-privileged AHP's job responsibilities:

- (i) Required licensure, certification, or registration verification
 - (ii) Required credentials verification
 - (iii) Education and experience verification
 - (iv) Criminal background check
 - (v) Applicable health screenings
- (f) Non-employed AHPs who are brought into the Hospital by Practitioners to provide care, treatment, or services shall satisfy the same qualifications and competencies required of employed AHPs performing the same or similar services at the Hospital before such non-employed AHPs provide care, treatment, and services at the Hospital.

1.5.4 Processing the Non-Privileged AHP Application.

- (a) Completed applications for non-privileged AHPs shall be submitted to Medical Staff Services for verification and processing; and, shall be reviewed and acted upon in accordance with established procedures.

1.5.5 Competency Assessment.

- (a) Competency evaluations for non-privileged AHPs shall be conducted in accordance with applicable policy as such policy may change from time to time.
- (b) The competencies required of non-privileged AHPs who provide patient care, treatment, or services at the Hospital shall be defined..
- (c) Assessment methods shall be used to determine the non-privileged AHP's competence in the skills being assessed.
- (d) An individual with the educational background, experience, or knowledge related to the skills being reviewed shall assess competence of non-privileged AHPs.

- (e) The competence of non-privileged AHPs shall be initially assessed and documented as part of orientation.
 - (f) The competence of non-privileged AHPs shall be assessed and documented annually or as otherwise required by applicable policy or in accordance with law and regulation.
 - (g) Action shall be taken when a non-privileged AHP's competence does not meet expectations.
- 1.5.6 Orientation. Orientation shall be provided to non-privileged AHPs in accordance with applicable accreditation standards. Completion of this orientation shall be documented.
- 1.5.7 Ongoing Education and Training. Non-privileged AHPs shall participate in ongoing education and training as required by applicable accreditation standards. AHP participation shall be documented.
- 1.5.8 Performance Evaluation. Non-privileged AHPs shall be evaluated based on performance expectations that reflect their job responsibilities.
- (a) The competencies and performance of non-privileged AHPs shall be reviewed at the same frequency as non-privileged AHPs employed by the Hospital; provided that such evaluations shall occur at least annually or as otherwise required by Hospital policy or in accordance with law and regulation. Competency and performance evaluations shall be documented.

ARTICLE II
AHP QUALIFICATIONS, OBLIGATIONS, AND ROLE OF
SUPERVISING/COLLABORATING PRACTITIONER

2.1 Nature of Privileges. An AHP who is granted Privileges is entitled to exercise such Privileges as are granted by the Board, or as otherwise provided for herein, and is responsible for fulfilling such obligations as set forth in this Policy and the applicable Privilege set. No person, including those with a contract or employment with the Hospital, may provide any care, treatment, or services to patients in the Hospital unless he/she has been granted Privileges to do so in accordance with the procedures set forth in this Policy.

2.2 Non-Discrimination. No AHP shall be denied appointment and/or Privileges on the basis of race, sex, age, creed, religion, color, national origin, sexual preference, or disability/handicap unrelated to his/her ability to fulfill patient care needs and required Medical Staff obligations.

2.3 No Entitlement to Appointment and/or Privileges. No AHP shall be entitled to Privileges at the Hospital merely by virtue of the fact that he/she:

- (a) Holds a certain degree or a valid license in Ohio or any other state.
- (b) Is certified by any clinical board.
- (c) Is a member of any professional organization.
- (d) Has previously had Privileges in this Hospital, or holds or has held privileges in any other hospital or other health care facility.
- (e) Contracts with or is employed by the Hospital.

2.4 Qualifications for Privileges.

2.4.1 Every AHP who applies for Privileges must demonstrate to the satisfaction of the Medical Staff and the Board at the time of application and initial grant of Privileges, and continuously thereafter, that he/she meets all of the following qualifications for Privileges and any other qualifications and requirements as set forth in this Policy, the Hospital Code of Regulations, or as otherwise hereinafter established by the Board. Each AHP must:

- (a) Hold a current, valid certificate/license issued by the State of Ohio or other credentials required by Ohio law to practice his/her profession and meet the continuing education requirements as determined by the applicable State licensure board to maintain such certificate/license or other credentials.
- (b) Hold, if appropriate, a current, valid Drug Enforcement Agency (“DEA”) registration and Certificate to Prescribe and maintain such registration/certificate.
- (c) Satisfy the professional education requirements set forth in the applicable Privilege set.
- (d) Satisfy the training requirements set forth in the applicable Privilege set.
- (e) Have and maintain appropriate board certification, if applicable.
- (f) Have documentation evidencing an ongoing ability to provide continuous patient care, treatment, and services consistent with acceptable standards of practice and available resources including current experience, clinical results, and utilization practice patterns.
- (g) Have demonstrated an ability to work with and relate to others in a cooperative, professional manner that maintains and promotes an environment of quality and efficient patient care.
- (h) Agree to fulfill, and fulfill, the obligations set forth in this Policy and the applicable Privilege set.
- (i) Demonstrate an ability to exercise the Privileges requested safely and competently with or without reasonable accommodation.
- (j) Be able to read and understand the English language, to communicate effectively and intelligibly in English (written and verbal), and be able to prepare medical record entries and other required documentation in a legible and professional manner.

- (k) Have and maintain current, valid Professional Liability Insurance.
- (l) If required by Ohio law, have a current, valid supervision agreement or standard care arrangement with an Appointee with Privileges at the Hospital.

2.4.2 In the case of initial application for Privileges or application for new Privileges during the course of a Privilege period, the requested Privileges must be compatible with any policies, plans, or objectives formulated by the Board concerning:

- (a) The Hospital's patient care needs, including current and projected needs.
- (b) The Hospital's ability to provide the facilities, equipment, personnel and financial resources that will be necessary if the application is approved.
- (c) The Hospital's decision to contract exclusively for the provision of certain medical services with a Practitioner/AHP or a group of Practitioners/AHPs other than the affected AHP.

2.5 Responsibilities of AHPs Granted Privileges.

2.5.1 Each AHP granted Privileges under this Policy must, as applicable:

- (a) Provide his/her patients with professional services consistent with the recognized standards of practice in the same or similar communities and the resources locally available. The AHP may participate in the management and care of patients consistent with the Privileges granted, Hospital/Medical Staff policy, and his/her standard care arrangement/supervision agreement.
- (b) Comply with this Policy and, to the extent applicable, the Medical Staff Bylaws, Policies, and Rules & Regulations, the Hospital's Code of Regulations and other applicable standards, policies, and procedures, accreditation standards, and laws.

- (c) Perform any Medical Staff, Department, Section, committee, and/or Hospital functions for which he/she is responsible.
- (d) Complete medical records and other records in such manner and within the time period required by the Hospital for all patients he/she admits, or otherwise provides care for at the Hospital.
- (e) Abide by generally recognized standards of professional ethics.
- (f) Satisfy continuing education requirements, as applicable.
- (g) Abide by the terms of the Hospital's Notice of Privacy Practices prepared and distributed to Hospital patients as required by the federal patient privacy regulations.
- (h) Abide by the terms of the Hospital's Compliance Plan, Code of Conduct and Standards of Behavior.
- (i) Cooperate and participate, as requested by the Medical Staff, in quality assurance activities and utilization review activities, whether related to oneself or others.
- (j) Work in a cooperative, professional and civil manner and refrain from any behavior or activity that is disruptive to Hospital operations.
- (k) Cooperate in any relevant or required review of an AHP's (including his/her own) credentials, qualifications or compliance with this Policy; and refrain from directly or indirectly interfering, obstructing or hindering any such review, whether by threat of harm or liability, by withholding information, or by refusing to perform or participate in assigned responsibilities or otherwise.
- (l) Assist with any Medical Staff approved education programs, if applicable.
- (m) Comply with the Hospital's policy related to conflicts of interest, if applicable.

- (n) Not make any statement or take any action that might cause a patient to believe that the AHP is a Practitioner.
- (o) Issue, write, and or execute patient care orders consistent with Hospital/Medical Staff policy, the Privileges granted, his/her standard care arrangement/supervision agreement, and applicable law.
- (p) Promptly notify Medical Staff Services if/when any of the information set forth in his/her current application for Medical Staff appointment and/or Privileges changes.

2.5.2 Failure to satisfy any of the aforementioned obligations may be grounds for denial, restriction, or revocation of Privileges, or other corrective action pursuant to this Policy.

2.6 Duration of Appointment and/or Privileges.

Subject to §2.7 of this Article, an initial grant of Privileges, modifications of Privileges, and regrant of Privileges shall be for a period of not more than two (2) years; provided, however, that the duration of any such initial grant/regrant of Privileges shall be subject to the provisions of Article V and may be less than two (2) years if approved by the Board. A grant of Privileges of less than two (2) years shall not be deemed Adverse for purposes of this Policy.

2.7 Contract AHPs.

- 2.7.1 An AHP who is or who will be providing specified professional services pursuant to a contract with the Hospital must meet the same qualifications, shall be processed in the same manner, and must fulfill the same obligations as any other AHP.
- 2.7.2 The effect of the expiration or termination of a contract upon an AHP's Privileges will be governed solely by the terms of the AHP's contract with the Hospital.
- 2.7.3 In the absence of language in the contract to the contrary, if an exclusive contract under which such AHP is engaged is terminated, or if the relationship of the AHP with the entity that has the exclusive contractual relationship with the Hospital is terminated or expires, then the AHP's Privileges covered by the exclusive contract shall also be terminated, and the procedural rights afforded by this Policy

shall not apply; provided, however, that the Board in its sole discretion may waive this automatic termination result.

- 2.7.4 If the Hospital adopts a policy involving a closed Department or an exclusive arrangement for a particular service(s), any AHP who previously held Privileges to provide such service(s), but who is not a party to the exclusive contract/arrangement, may not provide such services as of the effective date of the closure of the Department or exclusive arrangement, irrespective of any remaining time on his/her Privilege term.

2.8 Leave of Absence.

- 2.8.1 At the discretion of the MEC and subject to approval by the Board, an AHP may, for good cause shown such as, but not limited to, medical reasons, educational reasons, or military service, be granted a voluntary leave of absence by submitting a written request to the MEC and the Hospital President stating the approximate period of time of the leave, which may not exceed one (1) year or the last date of the current Privilege period, whichever occurs first.
- 2.8.2 During a leave of absence, the AHP is not entitled to exercise Privileges at the Hospital and has no responsibilities. Prior to a leave of absence being granted, the AHP shall have made arrangements, acceptable to the MEC and Board, for the care of his/her patients during the leave.
- 2.8.3 In order to qualify for reinstatement following a leave of absence, the AHP must maintain Professional Liability Insurance coverage during the leave or purchase tail coverage for all periods during which the AHP held Privileges. The AHP shall provide information to demonstrate satisfaction of continuing Professional Liability Insurance coverage or tail coverage as required by this provision upon request for reinstatement.
- 2.8.4 The AHP must submit to the MEC, at least ninety (90) days prior to termination of the leave of absence, or at any earlier time, a written request for reinstatement as well as such additional information as is reasonably necessary to reflect that the AHP is qualified for reinstatement, or as may otherwise be requested by the MEC, including but not limited to:

- (a) A Physician's report on the AHP's ability to resume practice if the AHP is returning from a medical leave of absence.
- (b) A statement summarizing the educational activities undertaken by the AHP if the leave of absence was for educational reasons.
- (c) Proof of military status if the leave of absence was for military reasons.

2.8.5 For good cause and upon notice received not less than thirty (30) days prior to expiration of a leave, an AHP's leave may be extended by the MEC, with approval of the Board, for an additional period not to exceed the final date of the AHP's current Privilege period.

2.8.6 Once the AHP's request for reinstatement is deemed complete, the MEC shall, at its next regular meeting, take action on the request in accordance with the procedure set forth in this Article III.

2.8.7 If an AHP fails to request reinstatement upon the termination of a leave of absence, the MEC shall make a recommendation to the Board as to how the failure to request reinstatement should be construed. If such failure is determined to be a voluntary resignation, it shall not give rise to any rights pursuant to Article V of this Policy.

2.9 Duties of Appointees who Employ, Supervise, or Collaborate with an AHP.

2.9.1 Medical Staff Appointees who employ, supervise, or collaborate with an AHP shall agree to abide by the following provisions:

- (a) Submit a written statement regarding the AHP's credentials to Medical Staff Services as part of the AHP's application for Privileges.
- (b) Acquaint the AHP with applicable Medical Staff/Hospital policies and procedures as well as those Practitioners and Hospital personnel with whom the AHP shall have contact at the Hospital.
- (c) Adhere to the requirements of Hospital/Medical Staff policies, the AHP's Privilege set, any supervision agreement or standard care arrangement, and otherwise provide

appropriate supervision/collaboration consistent with this Policy, accrediting agency requirements, and applicable law.

- (i) It shall be the responsibility of the supervising Physician to have a current, valid, supervision agreement with his/her physician assistant and to assure that the agreement is renewed in a timely manner in accordance with Ohio State Medical Board requirements.
 - (ii) It shall be the responsibility of the collaborating Practitioner to have a current, valid standard care arrangement, if applicable, with his/her advance practice nurse in accordance with applicable law.
- (d) Provide immediate notice to the Hospital President when the standard care arrangement or supervision agreement expires or is terminated.
 - (e) Provide immediate notice to the Hospital President when the Appointee receives notice of (i) any grounds for suspension or termination of the AHP as required by the terms of the standard care arrangement or supervision agreement; or (ii) the occurrence of any action that establishes grounds for corrective action against the AHP.
 - (f) Acknowledge and convey to the AHP that the Privileges of the AHP at the Hospital shall be automatically suspended if the AHP's supervision agreement or standard care arrangement expires or is terminated; or, if the Medical Staff appointment and/or Privileges of the supervising or collaborating Appointee are terminated, suspended, or otherwise limited for any reason. In such event, if the AHP does not submit a new executed standard care arrangement or supervision agreement with another Appointee with Privileges at the Hospital within thirty (30) days of the AHP's automatic suspension, the AHP's Privileges shall automatically terminate. Such automatic suspension/termination of Privileges shall not constitute an event that gives rise to any procedural rights pursuant to this Policy.

- 2.9.2 The employer of an AHP shall assume full responsibility for care delivered and be fully accountable for the conduct of the AHP within the Hospital.
- 2.9.3 Failure to properly supervise and/or collaborate with the AHP shall be grounds for corrective action against the Appointee under the Medical Staff Bylaws.

ARTICLE III
APPLICATION AND PRIVILEGING PROCEDURES

- 3.1 Application. A written, signed application for Privileges must be submitted to Medical Staff Services on the application form approved by the Board.
- 3.2 Application Contents. Unless otherwise provided in this Policy, every application for Privileges must include at least the following:
- 3.2.1 Education and Training. Documentation of the AHP's satisfaction of the required education and training including the name of the institutions and the dates attended, any degrees granted, course of study or program completed, and, for all post-graduate training, the names of persons responsible for reviewing the AHP's performance.
 - 3.2.2 Licensure. Documentation of the AHP's satisfaction of the required licensure including a copy of his/her current, valid professional license(s), certificate(s), or other credentials required by Ohio law, and DEA registration/Certificate to Prescribe, the date of issuance, and license/certificate/registration or provider numbers.
 - 3.2.3 Board Certification. Documentation of the AHP's satisfaction of the Hospital's board certification requirements, if applicable, including records verifying any board certification, recertification, or eligibility to sit for such board's examination.
 - 3.2.4 Ability to Perform. A statement and confirmation that the AHP is able to competently perform the Privileges requested, with or without reasonable accommodation, according to accepted standards of professional performance.
 - 3.2.5 Professional Liability Insurance. Documentation verifying the AHP's Professional Liability Insurance coverage including the names of present and past insurance carriers, coverage limits, type of insurance (e.g. claims made or occurrence), and the AHP's malpractice claims history and experience during the past five (5) years. The AHP shall consent to the release of information by his/her present and past Professional Liability Insurance carriers to the Hospital.
 - 3.2.6 Professional Sanctions. Information as to whether any of the following have ever been or are in the process of being denied,

revoked/terminated, suspended, reduced, not renewed, or voluntarily relinquished (by resignation or expiration):

- (a) Privileges at any other hospital or health care institution.
- (b) Membership in, or association with, any local, State, or national professional organizations.
- (c) Board certification(s) or eligibility.
- (d) License, certificate, or other credentials required to practice any health profession in any jurisdiction.
- (e) DEA number, Certificate to Prescribe, or any other controlled substances registration.
- (f) Faculty appointment at any professional school.
- (g) Professional Liability Insurance.
- (h) Participation in any Federal Healthcare Program.

3.2.7 Previous Affiliations. Information regarding the AHP's previous affiliations including the location of the AHP's office(s); names and addresses of other AHPs/Practitioners with whom the AHP is or has been associated and the dates of the associations; names and locations of all hospitals and other health care institutions or organizations (including third-party payers) with which the AHP had or has any association, employment, privileges or practice, and the dates of each affiliation, status, general scope of privileges, or duties.

3.2.8 Request. The Privileges requested.

3.2.9 Legal Actions. Information regarding any past or current criminal charges against the AHP (other than routine traffic tickets) and the status/resolution of such charges.

3.2.10 Peer Recommendations. The names of at least three (3) Practitioners/AHPs in the AHP's same professional discipline with personal knowledge of the AHP's ability to practice. Peer recommendations should be provided by professionals who have worked with the AHP within the past three (3) years; who have directly observed the AHP's professional performance over a

reasonable period of time; and, who can and will provide reliable information regarding the AHP's current clinical ability, ethical character, and ability to work with others. Peer recommendations may not be provided by the AHP's relatives and only one (1) of the three (3) references may be a current partner or associate of the AHP. Peer recommendations shall include information regarding the AHP's: medical/clinical knowledge; technical/clinical skills; clinical judgment; interpersonal skills; communication skills and professionalism. Peer recommendations may be in the form of written documentation reflecting informed opinions on the AHP's scope and level of performance or a written peer evaluation of AHP-specific data collected from various sources for the purpose of validating current competence.

- 3.2.11 Conflict of Interest. Information required pursuant to the Hospital's conflict of interest policy, if any.
- 3.2.12 Regulatory Actions. Information as to whether the AHP is, or has been, the subject of investigation by a Federal Healthcare Program and, if so, the status/outcome of such investigation.
- 3.2.13 Proof of Identity. AHPs must provide a form of government-issued photo identification to verify that he/she is, in fact, the individual requesting Privileges.
- 3.2.14 Supervising/Collaborating Practitioner. If applicable, the application shall contain the name of the Appointee(s) who hold(s) Privileges at the Hospital and who has/have agreed to supervise or collaborate with the AHP.
- 3.2.15 Standard Care Arrangement/Supervision Agreement. If applicable, the AHP shall provide a copy of his/her current, valid supervision agreement or standard care arrangement, and any amendments thereto, to Medical Staff Services.
- 3.2.16 Other. Such other information as the Medical Executive Committee may recommend and the Board may require from time to time.
- 3.2.17 Signature. The AHP's signature.

3.3 Effect of Application. An AHP will be given the opportunity to go through the qualifications and other requirements for Privileges with a Hospital/Medical Staff representative in person, by telephone, or in writing. Upon receipt of the

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application and required application fee, a credentials file will be created and maintained by the Hospital. By signing and submitting an application for Privileges, the AHP:

- 3.3.1 Acknowledges and attests that the application is correct and complete, and that any material misstatement or omission is grounds for a denial or revocation of Privileges.
- 3.3.2 Agrees to appear for personal interviews, if required, in support of his/her application.
- 3.3.3 Agrees to the provisions set forth in Article VI regarding authorization to obtain and release information, confidentiality of information, immunity for reviews and actions taken, and the right to secure releases for obtaining and sharing information.
- 3.3.4 Understands and agrees that if requested Privileges are denied based upon the AHP's competence or conduct, the AHP may be subject to reporting to the National Practitioner Data Bank and/or state authorities.
- 3.3.5 Acknowledges his/her obligation to satisfy the applicable responsibilities set forth in this Policy and the designated Privilege set including, but not limited to, practicing in an ethical manner and providing continuous care to patients.
- 3.3.6 Agrees to notify Medical Staff Services immediately if any information contained in the application changes. The foregoing obligation shall be a continuing obligation of the AHP so long as he/she has Privileges at the Hospital.
- 3.3.7 Acknowledges that he/she has been provided, or given access to, a copy of the this Policy, the Medical Staff Bylaws, Rules & Regulations and other applicable Hospital/Medical Staff policies and procedures.
- 3.3.8 Agrees to be bound by, and comply with, this Policy and, to the extent applicable, the Medical Staff Bylaws, Rules and Regulations, the Hospital's governing documents, and other applicable Hospital/Medical Staff policies and procedures.
- 3.3.9 Agrees that when an Adverse action or recommendation is made with respect to his/her Privileges, the AHP will exhaust the administrative

remedies afforded by this Policy before resorting to formal legal action.

3.4 Burden of Producing Information. The AHP is responsible for producing information to properly evaluate his/her experience, background, training, demonstrated competence, utilization patterns, work habits (which include the ability to work cooperatively with others), and ability to exercise the Privileges requested, to resolve any doubts or conflicts and to clarify information as requested by appropriate Medical Staff or Board authorities.

3.5 Processing an Initial Application for Privileges. Unless otherwise provided in this Policy, the procedure for acting upon applications for Privileges shall be as set forth below.

3.5.1 The completed application shall be submitted to Medical Staff Services for processing. Medical Staff Services shall be responsible for collecting and verifying all qualification information received, and for promptly notifying the AHP of any problems with obtaining required information. Upon notification of any problems or concerns, the AHP must obtain and furnish the required information. If the AHP fails to furnish the requested information within thirty (30) days of a request therefore, the application shall be deemed to have been voluntarily withdrawn without right to the procedural rights set forth in this Policy, and the AHP shall be so informed.

3.5.2 Medical Staff Services shall perform primary source verification and query the National Practitioner Data Bank and any other data bank(s) as permitted or required by law. Medical Staff Services shall also check the OIG Cumulative Sanction report, the General Services Administration List of Parties Excluded from Federal Procurement and Non-Procurement Programs, and any other appropriate sources to determine whether the AHP has been convicted of a health care related offense, or debarred, excluded, or otherwise made ineligible for participation in a Federal Healthcare Program. When the collection and verification process is accomplished, Medical Staff Services shall transmit the application and accompanying documentation to the chair of each Department in which the AHP seeks Privileges.

3.5.3 The Department Chair(s) shall review the application and accompanying documentation and forward a written report stating the Department Chair's opinion as to approval or denial of, and any

special limitations on, Department/Section assignment and Privileges. Before submitting his/her report to the Credentials Committee, the Department Chair may, at his/her discretion, conduct an interview with the AHP.

3.5.4 After receipt of the Department Chair's report, the Credentials Committee is responsible for reviewing the report, the application, and accompanying documentation. The Credentials Committee is then responsible for preparing and submitting a written report with its opinion(s) as to approval or denial of, and any special limitations on, Department/Section assignment and Privileges to the MEC.

3.5.5 After receipt of the Credentials Committee report, the MEC, at its next regularly scheduled meeting, shall review the application and accompanying documentation in addition to the reports and opinions from the Department Chair(s) and Credentials Committee. The MEC shall vote on the application and, on the basis thereof, may take any of the following actions:

- (a) Defer Action: A decision by the MEC to defer any action on the application must be revisited, except for good cause, within thirty (30) days with subsequent recommendations as to approval or denial of, or any special limitations on Department/Section assignment and Privileges. The Hospital President shall promptly send the AHP written notice of a decision to defer action on his/her application.
- (b) Favorable Recommendation: If the MEC makes a favorable recommendation regarding all aspects of the application, the MEC shall promptly forward its recommendation, together with all accompanying documentation, to the Board.
- (c) Adverse Recommendation: If the MEC's recommendation is Adverse to the AHP, the Hospital President shall inform the AHP of the recommendation, by Special Notice, and the AHP shall then be entitled, if applicable, to the procedural rights set forth in Article V of this Policy. No such Adverse recommendation shall be required to be forwarded to the Board until after the AHP has exercised, or has been deemed to have waived, his/her procedural rights, if any, as provided for herein.

3.5.6 The Board may take any of the following actions with regard to an application for Privileges:

(a) Favorable MEC recommendation:

- (i) The Board may adopt or reject any portion of the MEC's recommendation that was favorable to an AHP or refer the recommendation back to the MEC for additional consideration, but must state the reason(s) for the requested reconsideration and set a time limit within which a subsequent recommendation must be made.
- (ii) If the Board's action is favorable, the action shall be effective as its final decision.
- (iii) If the Board's decision is Adverse to the AHP, the Board shall so notify the AHP by Special Notice and the AHP shall be entitled, if applicable, to the procedural rights provided for in Article V of this Policy.

(b) Without benefit of MEC recommendation: If the MEC fails to make a recommendation within the time required, 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. If the Board's decision is Adverse to the AHP, the Board shall notify the AHP by Special Notice and the AHP shall be entitled, if applicable, to the procedural rights provided for in Article V of this Policy.

(c) Adverse MEC recommendation: If the Board is to receive an Adverse MEC recommendation, the Hospital President shall withhold the recommendation and not forward it to the Board until after the AHP is notified, by Special Notice, of the Adverse recommendation and the AHP's right, if any, to the procedural rights provided for in this Policy, and the AHP either exercises or waives such rights.

3.5.7 Joint Conference Committee Review. Whenever the Board's proposed decision is contrary to the recommendation of the MEC, there shall be further review of the recommendation by the Joint

Conference Committee. This committee shall, after due consideration, make its written recommendation to the Board within ten (10) 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 part, the recommendation of the Joint Conference Committee.

3.5.8 Notice of Final Decision. The Board, through the Hospital President, shall give notice of its final decision to the AHP by Special Notice and to the Medical Staff President. The Medical Staff President shall, in turn, communicate the decision to the appropriate Medical Staff leaders and committees. A decision and notice to grant Privileges shall include: the Department/Section to which he/she is assigned; the Privileges he/she may exercise; and any special conditions attached to the Privileges.

3.5.9 Time Guidelines. The following time periods are considered guidelines and do not create any rights for an AHP to have his/her application processed within these precise periods; provided; however, that this provision shall not apply to the time periods contained in the provisions of Article V. When Article V is activated by an Adverse recommendation or action as provided herein, the time requirements set forth therein shall govern the continued processing of the application.

<u>Individual/Group</u>	<u>Time</u>
Medical Staff Services	90 days
Department Chair	30 days
Credentials Committee	30 days
MEC	Next
regular meeting	
Board of Directors	Next
regular meeting	

3.5.10 If an AHP's file remains incomplete sixty (60) days after initial submission of the application for Privileges, or more than thirty (30) days after any request that the AHP provide additional information, the AHP will be deemed to have withdrawn his/her application for Privileges. The Hospital President shall notify the AHP that the application is deemed to have been withdrawn, and that the AHP shall not be entitled to any procedural rights with respect to such

application. Thereafter, the AHP will need to submit a new application for Privileges.

3.6 Process for Regrant of Privileges. Unless otherwise provided in this Policy, the procedure for acting upon applications for regrant of Privileges shall be as set forth below

3.6.1 An AHP shall be notified at least one hundred and twenty (120) days prior to the date of expiration of his/her Privileges and provided with an interval information form for regrant of Privileges. Each AHP who desires to apply for regrant of Privileges shall, at least ninety (90) days prior to such expiration date, return the completed interval information form to Medical Staff Services.

3.6.2 The interval information form shall request data necessary to update information in the AHP's file. The form shall include, but not be limited to, information about the following:

- (a) Continuing training, education, and experience that qualifies the AHP for the regrant of Privileges sought.
- (b) The AHP's ability to competently perform the Privileges requested with or without a reasonable accommodation.
- (c) Sanctions of any kind imposed or pending by any other health care institution; local, State, or national professional organization; specialty board; or licensing authority.
- (d) Malpractice insurance coverage information, including current carrier, limits of coverage, cancellations, nonrenewals, and limits, claims, suits, and settlements.
- (e) Such other information, as applicable, required by §3.2 necessary to bring his/her file current including, but not limited to, specifics about the AHP's professional ethics, qualifications, and performance that may bear on the AHP's ability to provide good patient care in the Hospital.
- (f) Any requests for additional or reduced Privileges, with the basis for any requested changes.
- (g) Any requests for changes to assigned Department/Section, with the basis for the requested changes.

3.6.3 Each recommendation concerning regrant of Privileges shall be based upon an AHP's:

- (a) Ongoing professional practice evaluation data including, but not limited to, morbidity and mortality data, if available.
- (b) Ethical behavior, clinical competence, and clinical judgment in the treatment of patients.
- (c) Attendance at Medical Staff, Department/Section, and committee meetings, and participation in AHP duties.
- (d) Compliance with the this Policy and, to the extent applicable, the Medical Staff Bylaws, Rules and Regulations and other applicable Hospital/Medical Staff policies and procedures.
- (e) Behavior at the Hospital including cooperation with Medical Staff and Hospital personnel as such relates to patient care and/or the orderly operation of the Hospital, and general attitude toward patients, the Hospital, and its personnel.
- (f) Ability of the AHP to competently perform the Privileges requested with or without a reasonable accommodation. Any questions concerning an AHP's physical or mental health may be referred to the Practitioner Wellness Committee.
- (g) Capacity to satisfactorily treat patients as demonstrated by the Hospital's quality assessment and improvement activities or other reasonable quality indicators.
- (h) Satisfactory completion of continuing education requirements.
- (i) Other relevant findings from the Hospitals' quality assessment and improvement activities including, but not limited to, any risk management issues.

3.6.4 Upon receipt of an application for regrant of Privileges, Medical Staff Services shall verify the information provided on the application, query the same data banks and programs as with an initial application for Privileges, and notify the AHP of any deficiencies, inadequacies, or verification problems. The AHP then has the burden of producing adequate information and resolving any

doubts about the data. Upon completion of the necessary corrections, if any, and verification, Medical Staff Services shall cause the reapplication form and accompanying documentation to be forwarded to the chair(s) of the Department(s) in which the AHP requests Privileges.

- 3.6.5 Each applicable Department Chair must evaluate the application for regrant of Privileges, the accompanying documentation, and the information contained in the AHP's credentials file to assess the AHP's continuing satisfaction of the qualifications contained in this Policy and whether the requested Department/Section and Privileges are appropriate and shall issue a written report to the Credentials Committee regarding the same.
- 3.6.6 Upon receipt of the Department Chair(s) report, the Credentials Committee shall examine the application for regrant of Privileges, the accompanying documentation, and the AHP's credentials file and shall forward a written report to the MEC that contains the Credentials Committee's opinion as to Department/Section assignment and Privileges, including any limitations or restrictions thereon.
- 3.6.7 The MEC shall review the application for regrant of Privileges, the accompanying documentation, the AHP's credentials file, and the Department Chair(s)' and Credentials Committee reports, and shall either defer action on the regrant of Privileges or prepare a written report with recommendations for, and any special limitations on the Department/Section assignment and Privileges consistent with the process set forth in §3.5.5.
- 3.6.8 The final Board determination regarding applications for regrant of Privileges shall follow the process set forth in §3.5.6 through §3.5.8.
- 3.6.9 Failure of an AHP to complete and timely file an application for regrant of Privileges, or to timely provide additional requested information related thereto, shall result in the automatic termination of the AHP's Privileges at the end of the current Privilege period. In such event, the procedural rights set forth in Article V shall not apply.
- 3.6.10 For purposes of regrant of Privileges, the term "Privileges" as used in §3.5.5 – §3.5.8 shall be read, as "regrant of Privileges."

3.7 Requests for Modification of Privileges.

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The AHP may, either in connection with regrant of Privileges or at any other time, request modification of his/her Department/Section assignment and Privileges by submitting a written application to Medical Staff Services on the prescribed form. A modification application is processed in substantially the same manner as an application for regrant of Privileges.

3.8 Resignations and Terminations.

3.8.1 Resignation of Privileges. Resignation of Privileges, and the reason for such resignation, shall be submitted in writing to the Board through the Hospital President. Notification of the resignation shall be forwarded to the Medical Staff President and all appropriate Hospital personnel. The Hospital President will notify the AHP of the Board's receipt of his/her resignation.

3.8.2 Termination of Privileges. In those cases when an AHP moves away from the area without submitting a forwarding address or the AHP's written intentions with regard to his/her Privileges, the AHP's Privileges shall be terminated after approval by the MEC and the Board. If a forwarding address is known, the AHP will be asked his/her intentions with regard to Privileges; and, if the AHP does not respond within thirty (30) days, the AHP's name will be submitted to the MEC and Board for approval of termination. The Hospital President will inform the AHP of the approved termination by Special Notice.

3.8.3 No Right to Fair Hearing. Provided a resignation or termination pursuant to this §3.8 is determined by the Board to be voluntary, such resignation or termination shall not give rise to any procedural rights set forth in Article V of this Policy.

3.9 Impact of Final Adverse Decision, Resignation, Withdrawal, or Automatic Termination.

An AHP whose Privileges are automatically terminated pursuant to §5.6; who has received a final Adverse decision regarding Privileges/regrant of Privileges; or who has resigned or withdrawn an application for Privileges/regrant of Privileges while under investigation or to avoid an investigation may not reapply for Privileges for a period of at least one (1) year from the later of: (i) the effective date of the automatic termination; (ii) the date of the notice of the final Adverse decision; (iii) the effective date of the resignation or application withdrawal; or, (iv) the final court decision, as applicable. Any re-application after the one (1) year period will be processed as an initial application, and the

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AHP must submit such additional information as required by the Credentials Committee, MEC, or the Board to show that any basis for the earlier termination, resignation, withdrawal, or Adverse decision has been resolved.

**ARTICLE IV
DELINEATION OF CLINICAL PRIVILEGES**

4.1 Exercise of Privileges. An AHP may only exercise the Privileges specifically granted to him/her by the Board or as otherwise provided in this Policy.

4.2 Basis for Privileges Determination. Requests for Privileges shall be evaluated on the basis of the AHP's education, training, experience, demonstrated ability and judgment, and proof of general competency in the areas of patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice consistent with the requirements set forth in this Policy and the Professional Practice Evaluation Policy.

4.3 Requests for and Granting of Privileges. An application for Privileges or for Privilege modifications must contain a written request for the Privileges sought by the AHP. Unless otherwise provided in this Article IV, requests for Privileges shall be processed in accordance with the procedures outlined in Article III of this Policy, as applicable.

4.4 Recognition of a New Service or Procedure.

4.4.1 Need for Privilege Criteria. A Privilege set must be approved by the Board for all new services and procedures except for those that are clinically or procedurally similar to an existing modality.

4.4.2 Considerations. The Board shall determine the Hospital's scope of patient care services based upon recommendation 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 AHP(s).
- (c) The availability of another qualified AHP(s)/Practitioner(s) with Privileges at the Hospital to provide coverage for the 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.

4.4.3 Privilege Requests for a New Service or Procedure. Requests for Privileges for a service or procedure that has not yet been recognized by the Board shall be processed as follows:

- (a) The AHP must submit a written request for Privileges to the Credentials Committee. The request should include a description of the Privileges being requested, the reason why the AHP believes the Hospital should recognize such Privileges, and any additional information that the AHP believes may be of assistance to the Credentials Committee in evaluating the request.
- (b) The Credentials Committee will develop criteria based upon a determination as to what specialties are likely to request the Privilege; the positions of specialty societies, certifying boards, etc.; the available training programs; and criteria required by other hospitals with similar resources and staffing. If the Credentials Committee decides to recommend that the Privilege be recognized at the Hospital, the committee must provide in its report the recommended standards to be met with respect to the following: education, training; fellowship/board certification status; experience; and type of professional practice evaluation required (*e.g.* whether proctoring/monitoring should be required and, if so, the number of cases/procedures to be included; and, if possible, the number of cases/procedures that should be performed during a Privilege period to establish current competency). If the Credentials Committee determines that the service or procedure can or should be included in an existing Privilege set, the committee will provide the basis for its determination.
- (c) The opinion of the Credentials Committee, whether favorable or not favorable, will be forwarded to the Medical Executive Committee for review and action.

- (d) The Medical Executive Committee shall, in turn, forward its recommendation regarding the new service or procedure, whether favorable or not favorable, to the Board for action.
 - (i) If the Board approves the Privileges, the requesting AHP(s) may apply for such Privileges consistent with the process set forth in this Policy.
 - (ii) If the Board does not approve the Privileges, the requesting AHP(s) will be so notified. A decision by the Board not to recognize a new service or procedure does not constitute an appealable event for purposes of this Policy.

4.4.4 Amendment of Existing Privilege Sets. Recommendations for amendment of existing Privilege sets shall be made by the Credentials Committee to the MEC who shall, in turn, forward its recommendation to the Board for action.

4.5 Types of Privileges.

4.5.1 Temporary Privileges. Temporary Privileges may be granted only under the circumstances and conditions set forth in this Section. Special consultation and reporting requirements may be imposed by the Medical Staff President. In all cases, the AHP requesting temporary Privileges must agree in writing to abide by the this Policy and, to the extent applicable, the Medical Staff Bylaws, Rules & Regulations, and other applicable Hospital/Medical Staff policies and procedures.

The Hospital President may, upon recommendation of the Medical Staff President, grant temporary Privileges on a case by case basis in the following circumstances:

- (a) Pendency of a Completed Application: Temporary Privileges may be granted to AHP applicants for new Privileges upon verification of the following information:
 - (i) The AHP's current licensure or other credentials required by Ohio law.
 - (ii) The AHP's relevant training or experience.

- (iii) The AHP's current competence.
- (iv) The AHP's ability to perform the Privileges requested.
- (v) Satisfaction of other criteria required by the this Policy.
- (vi) Completion of a query and evaluation of the National Practitioner Data Bank information.
- (vii) Receipt of a complete application.
- (viii) That the AHP has no current or previously successful challenge to his/her licensure or registration.
- (ix) That the AHP has not been subject to the involuntary limitation, reduction, denial or loss of his/her clinical Privileges.

Temporary Privileges may be granted in this circumstance for a period not to exceed the pendency of the application or one hundred twenty (120) days, whichever is less. Under no circumstances may temporary Privileges be initially granted or renewed if the application is still pending because the AHP has not responded in a satisfactory manner to a request for clarification of a matter or for additional information.

- (b) Important Patient Care Need: Temporary Privileges may be granted to an AHP to meet an important patient care, treatment, or service need upon verification of the AHP's current licensure and current competence relative to the Privileges being requested. Temporary Privileges may be granted in this circumstance for an initial period of thirty (30) days and may be renewed for additional thirty (30) day periods as necessary.

4.5.2 Locum Tenens. AHPs seeking *locum tenens* Privileges shall submit an application for such Privileges and shall have such application processed in accordance with Article III of this Policy. An approved application for Privileges as a *locum tenens* shall be valid for a period of two (2) years. In the event an AHP seeks to act in the capacity of a *locum tenens* more than once during this two (2) year period, the

AHP will not be required to submit a new application; rather, the AHP will only be required to update the information given in the prior approved application and such other information as is deemed necessary by the Medical Staff President similar to the process for regrant of Privileges. In exceptional circumstances, a *locum tenens* AHP may initially qualify for temporary Privileges pursuant to Section 4.5.1 (b) above.

4.5.3 Emergency Privileges. In case of an emergency, any AHP is authorized and shall be assisted to render treatment to attempt to save the patient's life, or to save the patient from serious harm, as permitted by the AHP's license and within his/her scope of practice, notwithstanding the AHP's Department/Section affiliation or Privileges. An AHP exercising emergency Privileges must obtain all consultative assistance deemed necessary and arrange for appropriate post-emergency care. For purposes of this section, "emergency" is defined as a situation where serious permanent harm is imminent or in which the life of a patient is in immediate danger and delay in administering treatment could increase the danger to the patient.

4.5.4 Disaster Privileges. Disaster Privileges may be granted to licensed volunteer AHPs when the Hospital's emergency operations plan is activated in response to a disaster and the Hospital is unable to meet immediate patient needs.

(a) The Hospital President or Medical Staff President may grant such disaster Privileges on a case-by-case basis after verification of a valid government-issued picture identification in addition to at least one (1) of the following: (i) primary source verification of licensure, certification, or registration; (ii) a current license, certificate, or registration to practice; (iii) a current picture identification card from a health care organization that identifies professional designation; (iv) identification indicating the individual is a member of a Disaster Medical Assistance Team ("DMAT"), The Medical Reserve Corps. ("MRC"), the Emergency System for Advance Registration of Volunteer Health Professionals ("ESAR-VHP") or other recognized state or federal response organization or group; (v) identification indicating the individual has been granted authority to render patient care, treatment or services in disaster circumstances by a government entity; or, (vi) confirmation of the identity

of the volunteer AHP and his/her qualifications by a Hospital employee or Practitioner/AHP with Hospital Privileges.

- (b) The granting of disaster Privileges shall be done in the same manner as for temporary Privileges, except that:
 - (i) A primary source verification of licensure shall be conducted as soon as the immediate situation is under control, or within seventy-two (72) hours from the time the volunteer AHP presents to the organization, whichever comes first.
 - (ii) If verification cannot be completed within seventy-two (72) hours (due to, for example, no means of communication or a lack of resources), verification shall be performed as soon as possible. In such event, the Hospital shall document all of the following: the reasons primary source verification could not be performed within seventy-two (72) hours of the volunteer AHP's arrival at the Hospital; evidence of the volunteer AHP's demonstrated ability to continue to provide adequate care, treatment, and services; and evidence of the Hospital's attempt to perform primary source verification as soon as possible.
 - (iii) A reassessment/decision must be made within seventy-two (72) hours after initial disaster Privileges have been granted to determine if there should be a continuation of disaster Privileges for that AHP.
- (c) It is anticipated that disaster Privileges may be granted to state-wide and out-of-state AHPs as necessary.
- (d) All AHPs who receive disaster Privileges must at all times while at the Hospital wear an identification badge, with photograph, from the facility at which they otherwise hold privileges. If the AHP does not have such identification, he/she will be issued a badge identifying him/her and designating the AHP as an emergency provider.
- (e) The activities of AHPs who receive disaster Privileges shall be managed by and under the supervision of the Medical Staff

President or an appropriate designee (e.g., the chair of the department of emergency services).

- (f) The disaster Privileges shall cease upon alleviation of the circumstances of disaster as determined by the Hospital President.

4.6 Termination of Temporary, *Locum Tenens*, Emergency, or Disaster Privileges.

- 4.6.1 Termination. The Hospital President or the Medical Staff President, may, at any time, terminate any or all of an AHP's temporary, *locum tenens*, emergency, or disaster Privileges. Where the life or well-being of a patient is determined to be endangered, the AHP's Privileges may be terminated by any person entitled to impose summary suspensions pursuant to this Policy.
- 4.6.2 Procedural Rights. An AHP who has been granted *locum tenens*, temporary, emergency, or disaster Privileges is not an Appointee to the Medical Staff and is not entitled to the procedural due process rights afforded to Appointees. An AHP shall not be entitled to the procedural due process rights set forth herein because the AHP's request for *locum tenens*, temporary, emergency, or disaster Privileges are refused, in whole or in part, or because all or any portion of such Privileges are terminated, not renewed, restricted, suspended or otherwise limited, modified or monitored in any way.
- 4.6.3 Patient Care. In the event an AHP's Privileges are revoked, the AHP's patients then in the Hospital shall be assigned to another AHP by the Medical Staff President. The wishes of the patient will be considered, where feasible, in choosing a substitute AHP or Practitioner.

4.7 Professional Practice Evaluation.

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

4.7.2 Ongoing Professional Practice Evaluation. Upon conclusion of the FPPE period, ongoing professional practice evaluation (“OPPE”) shall be conducted on all AHPs with Privileges. The Hospital’s OPPE process is set forth, in detail, in the Professional Practice Evaluation Policy and requires the Hospital to gather, maintain and review data on the performance of all AHPs with Privileges on an ongoing basis.

**ARTICLE V CORRECTIVE ACTION, SUMMARY SUSPENSION,
PROCEDURAL DUE PROCESS, AND AUTOMATIC
SUSPENSION/TERMINATION**

5.1 Applicability.

The procedural rights set forth in Section 5.2 and Section 5.3 are only applicable to AHPs requesting or granted Privileges through the Medical Staff process. The provisions in the Medical Staff Bylaws setting forth the procedural rights of Medical Staff Applicants and Appointees do not apply to AHPs.

5.2 Action on Application for Privileges (Recommendation of Denial of Privileges).

5.2.1 When the MEC proposes to make a recommendation to deny an AHP's application for Privileges based upon quality of care or professional conduct or competence concerns, the AHP shall be provided written notice, by Special Notice, of the MEC's proposed recommendation.

5.2.2 The AHP 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. At the MEC's discretion, it may meet (or have a subcommittee of the MEC meet) with the affected AHP. After reviewing the AHP's written response and results of the meeting, if any, the MEC shall make its final recommendation to the Board. The AHP shall be advised, by Special Notice, of the MEC's final recommendation and, if applicable, the AHP's right to appeal.

5.2.3 If the MEC's recommendation continues to be Adverse to the AHP, the AHP 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 subcommittee of the Board meet) with the affected AHP. During this meeting, the basis of the Adverse action that gave rise to the appeal will be reviewed with the AHP, and the AHP will have the opportunity to present any additional information the AHP deems relevant to the review and appeal of the MEC's Adverse recommendation. After reviewing the Adverse recommendation of the MEC, the AHP's written response/appeal, and the results of meetings with the AHP, if any, the Board shall take action.

- 5.2.4 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 an *ad hoc* Joint Conference Committee, the matter will be submitted to such committee for review and recommendation before the Board makes its final decision.
- 5.2.5 The AHP will receive written notice, by Special Notice, of the Board's final decision.

5.3 Action Following Corrective Action; Summary Suspension.

- 5.3.1 Either the Hospital President (on behalf of the Board), or the Medical Staff President (on behalf of the MEC) has the right to limit an AHP's Privileges, up to and including suspension or termination, at any time when, in the judgment of the Hospital President or the Medical Staff President such action is in the best interest of patient care. The AHP shall be provided written notice, by Special Notice, of the Adverse recommendation or action and the basis therefore.
- 5.3.2 In the event a person/group entitled to impose a summary suspension pursuant to the Medical Staff Bylaws believes that grounds for summary suspension exist with respect to the Privileges of an AHP, then such person/group may impose the suspension and shall immediately inform the Hospital President and the Medical Staff President of such action. The summary suspension shall become effective immediately but shall be followed by written notice from the Hospital President of such action and the basis therefore, given to the AHP by Special Notice.
- 5.3.3 The AHP shall have five (5) days in which to submit a written response to the MEC as to why such limitation, suspension or termination should, as applicable, be lifted, rescinded, or not take place. At the MEC's discretion, it may meet (or have a subcommittee of the MEC meet) with the affected AHP. After reviewing the written response and results of the meeting, if any, the MEC shall make a recommendation regarding the limitation, suspension or termination to the Board. The AHP shall be advised, by Special Notice, of the MEC's recommendation, the basis for such recommendation; and, if applicable, the AHP's right to appeal.
- 5.3.4 If the MEC's recommendation is Adverse to the AHP, the AHP shall have five (5) days in which to submit a written appeal to the Board.

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At the Board's discretion, it may meet (or have a subcommittee of the Board meet) with the affected AHP. During this meeting, the basis of the Adverse action that gave rise to the appeal will be reviewed with the AHP, and the AHP will have the opportunity to present any additional information the AHP deems relevant to the review and appeal of the MEC's recommendation. After reviewing the recommendation of the Hospital President, Medical Staff President, or the person/group that imposed a summary suspension, the recommendation of the MEC, the AHP's written response/appeal, and the results of meetings with the AHP, if any, the Board shall take action.

5.3.5 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 an *ad hoc* Joint Conference Committee, the matter will be submitted to such committee for review and recommendation before the Board makes its final decision.

5.3.6 The AHP will receive written notice, by Special Notice, of the Board's final decision.

5.4 Notice to AHP's Employer.

When an AHP's request for Privileges is denied, or the AHP's Privileges are limited, suspended, and/or terminated, the employing Practitioner (if applicable) shall be notified as to the reasons for such action.

5.5 Automatic Suspension.

5.5.1 Imposition of Automatic Suspension: The following events shall result in an automatic suspension or limitation of an AHP's Privileges without recourse to the procedural rights set forth in §5.3.

- (a) Licensure. Action by any federal or state authority suspending or limiting an AHP's professional license, certificate, or other credentials required to practice shall result in an automatic comparable suspension/limitation on the AHP's Privileges. Whenever an AHP's licensure, certification, or other credentials required to practice are made subject to probation, the AHP's right to practice shall automatically become subject to the same terms of the probation.

- (b) Controlled Substance Authorization. Whenever an AHP's federal or state controlled substance registration or Certificate to Prescribe is suspended, limited or not renewed/revoked, the AHP shall automatically and correspondingly be divested and/or limited of the right to prescribe medications covered by the certificate as of the time such action becomes effective and through its term. Whenever an AHP's state or federal controlled substance registration or Certificate to Prescribe is made subject to probation, the AHP's right to prescribe such medications shall automatically become subject to the same terms of the probation.
- (c) Federal Healthcare Program. Whenever an AHP is suspended from participating in a Federal Healthcare Program, the AHP's Privileges shall be immediately and automatically suspended.
- (d) Professional Liability Insurance Coverage. If an AHP'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 AHP's Privileges that would be affected shall be automatically suspended or restricted, as applicable, until the matter is resolved and adequate Professional Liability Insurance coverage is restored. Medical Staff Services shall be provided with a certified copy of the insurance certificate from the insurance company and a written statement explaining the circumstances of the previous insurance cancellation or non-renewal, any limitation on the new policy, and a summary of relevant activities during the period of no coverage. For purposes of this section, the failure of an AHP to provide proof of Professional Liability Insurance shall constitute a failure to meet the requirements of this paragraph.
- (e) Standard Care Arrangement/Supervision Agreement. Termination or expiration of the AHP's standard care arrangement or supervision agreement shall result in an automatic suspension of the AHP's Privileges.
- (f) Supervising/Collaborating Practitioner. Lapse, suspension, or termination of the supervising or collaborating

Practitioner's Medical Staff appointment and/or Privileges, for any reason, shall result in an automatic suspension of the AHP's Privileges.

- (g) Failure to Complete Medical Records. Whenever an AHP fails to complete medical records as provided for in applicable Medical Staff or Hospital policies, the AHP's Privileges shall be automatically suspended consistent with such policies.

5.5.2 Impact of Automatic Suspension/Limitation.

- (a) During such period of time when an AHP's Privileges are suspended or limited pursuant to §5.5.1 (a) – (g) above, he/she may not exercise any Privileges at the Hospital.

5.5.3 Action Following Imposition. At its next regular meeting after imposition of an automatic suspension, or sooner if the MEC deems it appropriate, the MEC shall convene to determine if corrective action is necessary in accordance with this Policy. The lifting of the action or inaction that gave rise to an automatic suspension or limitation of the AHP's Privileges shall result in the automatic reinstatement of such Privileges; provided, however, that to the extent the suspension or limitation remained in effect for a period of more than thirty (30) days, the AHP shall be obligated to provide such information as Medical Staff Services shall reasonably request to assure that all information in the AHP's credentials file is current.

5.6 Automatic Termination.

5.6.1 Imposition of Automatic Termination. The following events shall result in an automatic termination of an AHP's Privileges without recourse to the procedural rights contained in §5.3.

- (a) Licensure. Action by any federal or state authority terminating an AHP's professional license, certificate or other credentials required to practice shall result in an automatic termination of the AHP's Privileges.
- (b) Professional Liability Insurance. If an AHP'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, the AHP's Privileges

shall automatically terminate as of the thirty-first (31st) day. For purposes of this section, the failure of an AHP to provide proof of Professional Liability Insurance shall constitute a failure to meet the requirements of this paragraph.

- (c) Federal Healthcare Program. Whenever an AHP is excluded from participating in a Federal Healthcare Program, the AHP's Privileges shall be automatically terminated.
- (d) Plea of Guilty to Certain Offenses. If an AHP pleads guilty to or is found guilty of a felony or other serious offense that involves (i) violence or abuse upon a person, conversion, embezzlement or misappropriation of property; (ii) fraud, bribery, evidence tampering or perjury; or, (iii) a drug offense, the AHP's Privileges shall be immediately and automatically terminated; provided, that if the behavior which triggered the conviction is based upon the AHP's impairment, then the matter shall be referred to the Practitioner Wellness Committee for consideration and recommendation to the MEC as to what action should be taken.
- (e) Standard Care Arrangement/Supervision Agreement. If the AHP's Privileges are suspended pursuant to §5.5.1 (e) above and the AHP does not submit a new, executed standard care arrangement or supervision agreement with an Appointee with Privileges at the Hospital within thirty (30) days of the automatic suspension, the AHP's Privileges shall automatically terminate.
- (f) Supervising/Collaborating Practitioner. If the AHP's Privileges are suspended pursuant to §5.5.1 (f) above and the AHP does not submit a new, executed standard care arrangement or supervision agreement with an Appointee with Privileges at the Hospital within thirty (30) days of the automatic suspension, the AHP's Privileges shall automatically terminate.
- (g) Failure to Complete Medical Records. Whenever an AHP fails to complete medical records as provided for in applicable Medical Staff or Hospital policies, the AHP's

Privileges shall be automatically terminated consistent with such policies

5.7 Continuity of Patient Care. Upon the imposition of summary suspension, automatic suspension or automatic termination, the Medical Staff President or the applicable Department Chair shall provide for alternative coverage for the affected AHP's Hospital patients. The wishes of the patient shall be considered, where feasible, in choosing a substitute AHP or Practitioner. The affected AHP shall confer with the substitute AHP(s)/Practitioner(s) to the extent necessary to safeguard the patient.

ARTICLE VI
CONFIDENTIALITY, REPORTING IMMUNITY AND RELEASES

6.1 Special Definitions.

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

- 6.1.1 "Information" means records of proceedings, minutes, interviews, records, reports, forms, memoranda, statements, investigations, examinations, hearings, meetings, recommendations, findings, evaluations, opinions, conclusions, actions, data and other disclosures or communications, whether in written or oral form, relating to any of the subject matter specified in §6.5.
- 6.1.2 "Representative" means the Hospital, the Board and any director or committee thereof, the Hospital President and other Hospital employees; the Medical Staff organization and any Practitioner with a Medical Staff appointment and/or Privileges, Medical Staff officer or committee thereof; and any individual authorized by any of the foregoing to perform specific information gathering, analysis, use or disseminating functions.
- 6.1.3 "Third Parties" means any individual or organization providing Information to any Representative.

6.2 Authorizations and Conditions. By applying for or exercising Privileges at the Hospital, an AHP:

- 6.2.1 Authorizes Representatives and Third Parties, as applicable, to solicit, provide, and act upon Information bearing on his/her professional ability and qualifications.
- 6.2.2 Agrees to be bound by the provisions of this Article and to waive all legal claims against any Representatives and Third Parties who act in accordance with the provisions of this Article.
- 6.2.3 Acknowledges that the provisions of this Article are express conditions to his/her application for, acceptance of, and continuation of his/her exercise of Privileges at the Hospital.

6.3 Confidentiality of Information. Information with respect to any AHP submitted, collected, or prepared by any Representative of this Hospital or any other health care facility, organization, or medical staff for the purpose of: evaluating,

monitoring or improving the quality, appropriateness and efficiency of patient care; evaluating the qualifications, competence, and performance of an AHP or 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 compliance 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 of health professionals engaged in an official, authorized activity for which the Information is needed, nor be used in any way except as provided in this Policy or as otherwise required by law. Such confidentiality shall also extend to Information of like kind that may be provided to Third Parties. This Information shall not become part of any particular patient's record. It is expressly acknowledged by each AHP that violation of the confidentiality provisions provided herein is grounds for termination of Privileges.

6.4 Immunity from Liability. Submission of an application for the exercise of Privileges at the Hospital constitutes an AHP's express release of liability of the following:

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

6.4.2 For Gathering/Providing Information: No Representative or Third Party shall be liable to an AHP for damages or other relief by reason of gathering or providing Information, including otherwise confidential or privileged Information, for purposes of completing or updating an application for Privileges/regrant of Privileges, provided that such Representative or Third Party does not act on the basis of false Information knowing it to be false.

6.5 Activities and Information Covered. The confidentiality and immunity provided by this Article applies to all Information in connection with this Hospital's or any other health care facility's or organization's activities including, but not limited to:

(a) Applications for Privileges.

(b) Applications for addition or regrant of Privileges.

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- (c) Corrective action.
- (d) Procedural due process rights.
- (e) Performance improvement/quality assessment activities.
- (f) Utilization review/management activities.
- (g) Claims reviews.
- (h) Profiles and profile analysis.
- (i) Risk management activities.
- (j) Any other Hospital, committee, Department/Section, or Medical Staff activities related to evaluating, monitoring, and maintaining quality and efficient patient care and professional conduct.

6.6 Releases. Upon request of the Hospital, each AHP shall execute general and specific releases in accordance with this Article, subject to applicable law. Such releases will operate in addition to the provisions of this Article. Execution of such releases shall not be a prerequisite to the effectiveness of this Article. Failure to execute such releases in connection with a corrective action shall be grounds for suspension of Privileges and such failure shall be construed as a failure to participate in the peer review process.

6.7 Cumulative Effect. Provisions in this Policy and in the AHP application(s) or other Hospital or Medical Staff forms relating to authorizations, confidentiality of Information, and immunity from liability are in addition to, and not in limitation of, other protections provided by applicable law. 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.

**ARTICLE VII
GENERAL PROVISIONS**

7.1 Internal Conflicts of Interest.

- 7.1.1 In any instance where an AHP has or reasonably could be perceived to be biased or to have a conflict of interest in any matter that comes before the Medical Staff, a Department/Section, or committee, the AHP shall not participate in the discussion or vote on the matter and shall absent himself/herself from the meeting during that time. The AHP may be asked and may answer any questions concerning the conflict before leaving. The Medical Staff officers, Department Chair, Section Chief, or committee chair may routinely inquire, prior to initiating discussion, as to whether any AHP has any bias or conflict of interest regarding the matter(s) to be addressed. The existence of a bias or potential conflict of interest on the part of any AHP shall be called to the attention of the Medical Staff officers, Department Chair, Section Chief, or committee chair by any Practitioner or AHP with knowledge of the conflict.
- 7.1.2 A Department Chair shall have the duty to delegate review of applications for Privileges to another member of the Department if the Department Chair has a conflict of interest with the AHP under review which could be reasonably perceived to create bias. The fact that a Department Chair and member(s) of the Department are competitors shall not, in and of itself, constitute a conflict of interest requiring delegation.

7.2 Professional Liability Insurance.

- 7.2.1 Each AHP shall have and maintain a Professional Liability Insurance policy issued by an insurance company registered to do business in the State of Ohio with minimum limits of coverage of \$1 million each occurrence and \$1 million annual aggregate. Such policy or policies shall be provided by an insurance company maintaining a Best Rating of B+ or better. Each AHP shall provide to the President of the Hospital a certificate of insurance issued by the insurance carrier stating that the required liability insurance is in effect and further stating that should any of the policies described therein be cancelled, then the issuing insurance company shall forthwith give notice of such cancellation to the President of the Hospital. Each AHP whose liability coverage is provided through a program of self-insurance

shall furnish adequate evidence demonstrating to the satisfaction of the President of the Hospital that such self-insurance program is funded and maintained in accordance with the annual recommendation of a recognized independent actuarial consultant.

7.2.2 The requirement that an AHP maintain Professional Liability Insurance may, in the sole discretion of the Board, be waived or modified if the Board determines, consistent with policies of insurance maintained by the Hospital, community need, and the Hospital's mission, that such waiver/modification is in the best interests of patient care.

7.3 Dues.

The Medical Executive Committee shall have the power to set the amount of annual dues for AHPs.

7.4 Application Fee.

An application fee for initial applicants will be required to be submitted with the final application. The amount of the initial application fee will be determined by the Medical Executive Committee.

**ARTICLE VIII
ADOPTION AND AMENDMENT**

This Policy may be adopted and amended consistent with the applicable procedure set forth in the Medical Staff Bylaws.

CERTIFICATION OF ADOPTION & APPROVAL

ADOPTED by the Medical Executive Committee on September 21, 2012.

Medical Staff President

APPROVED by the Board of Trustees on November 28, 2012.

Chair, Board of Directors

APPENDIX A

Allied Health Professionals credentialed through the Medical Staff

Certified Registered Nurse Anesthetist (CRNA)
Certified Nurse Practitioner (CNP)
Certified Nurse Practitioner (CNP) (Emergency Room)
Clinical Nurse Specialist (CNS)
Certified Nurse Midwife (CNM)
**Emergency Medicine Physician Extender
Nurse Extender**
Ophthalmology Anesthesia Assistant
Optometrist
Orthopaedic Technical Assistant
Physician Assistant – Certified (PA-C)
Physician Assistant – Certified (PA-C) (Emergency Room)
RHA Nurse Midwife (CNM)
RHA Nurse Practitioner (CNP)
RHA Orthopedic Physician Assistant (PA-C)
Surgical Technologist