

Advanced Practice Professionals (APP) Policy

Dayton Children's Hospital

A Professional Staff Document

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TABLE OF CONTENTS

	<u>Page</u>
ARTICLE I DEFINITIONS	1
ARTICLE II GENERAL INFORMATION.....	4
2.1 USE OF DESIGNEE	4
2.2 NOT A CONTRACT	4
2.3 TIME COMPUTATION.....	4
2.4 APPLICABILITY.....	4
2.5 LIMITATIONS.....	5
2.6 ADVANCED PRACTICE PROFESSIONALS COMMITTEE	5
QUALIFICATIONS AND RESPONSIBILITIES.....	7
3.1 OVERVIEW	7
3.2 QUALIFICATIONS FOR PRIVILEGES.....	7
3.3 NONDISCRIMINATION.....	9
3.4 EFFECT OF OTHER AFFILIATIONS	9
3.5 ADDITIONAL CONSIDERATIONS	9
3.6 RESPONSIBILITIES	9
3.7 DURATION OF PRIVILEGES.....	11
3.8 APPS PROVIDING PROFESSIONAL SERVICES BY CONTRACT OR EMPLOYMENT.....	11
DUTIES OF APPOINTEES WHO EMPLOY, SUPERVISE, AND/OR COLLABORATE WITH AN APP.....	13
4.1 COLLABORATING/SUPERVISING PRACTITIONERS	13
APPLICATION FOR CLINICAL PRIVILEGES	15
5.1 GENERAL INFORMATION.....	15
5.2 APPLICATION CONTENT.....	15
5.3 EFFECT OF APPLICATION.....	19
ROUTINE & EXPEDITED PRIVILEGING PROCEDURES	21
6.1 APP'S BURDEN.....	21
6.2 VERIFICATION OF INFORMATION	21
6.3 EXPEDITED PRIVILEGING PROCEDURE	22
6.4 ROUTINE PRIVILEGING PROCEDURE.....	24
6.5 REAPPLICATION WAITING PERIOD	28
6.6 RESIGNATION OF PRIVILEGES.....	29
PROCEDURE FOR REGRANT OF PRIVILEGES	30
7.1 REGRANT PROCESS	30

7.2	REGRANT APPLICATION AND INFORMATION COLLECTION AND VERIFICATION.....	30
7.3	REQUESTS FOR MODIFICATION OF CLINICAL PRIVILEGES	32
	TEMPORARY PRIVILEGES, EMERGENCY PRIVILEGES, DISASTER PRIVILEGES & TELEMEDICINE PRIVILEGES	33
8.1	PRIVILEGE SETS	33
8.2	RECOGNITION OF A NEW SERVICE OR PROCEDURE.....	33
8.3	PROFESSIONAL PRACTICE EVALUATION.....	34
8.4	TEMPORARY CLINICAL PRIVILEGES	35
8.5	EMERGENCY PRIVILEGES.....	37
8.6	DISASTER PRIVILEGES	37
8.7	TELEMEDICINE PRIVILEGES	38
8.8	DENIAL, TERMINATION, ETC. OF TEMPORARY, DISASTER, AND TELEMEDICINE PRIVILEGES	40
	ARTICLE IX LEAVE OF ABSENCE.....	41
9.1	LEAVE OF ABSENCE.....	41
	ARTICLE X COLLEGIAL INTERVENTION, INFORMAL REMEDIATION, FORMAL CORRECTIVE ACTION, SUMMARY SUSPENSION, AND AUTOMATIC SUSPENSION/TERMINATION	43
10.1	COLLEGIAL INTERVENTION AND INFORMAL REMEDIATION	43
10.2	FORMAL CORRECTIVE ACTION	43
10.3	SUMMARY SUSPENSION	47
10.4	AUTOMATIC SUSPENSION/LIMITATION	49
10.5	AUTOMATIC TERMINATION	51
10.6	CONTINUITY OF PATIENT CARE.....	52
10.7	REPORTS TO FEDERAL AND STATE AUTHORITIES.....	52
	PROCEDURAL RIGHTS.....	54
11.1	APPLICABILITY & DEFINITIONS	54
11.2	EFFECT OF ADVERSE RECOMMENDATIONS AND ACTIONS	54
11.3	ADVERSE RECOMMENDATION OR ACTIONS	54
11.4	ACTIONS THAT DO NOT GIVE RIGHT TO HEARING	55
11.5	NOTICE OF ADVERSE RECOMMENDATION OR ACTION.....	56
11.6	NOTICE OF HEARING	56
11.7	HEARING OFFICER OR HEARING PANEL	57
11.8	CONDUCT OF HEARING.....	58
11.9	HEARING RECOMMENDATION.....	62
11.10	REQUEST FOR APPELLATE REVIEW	64
11.11	WAIVER BY FAILURE TO REQUEST APPELLATE REVIEW	64
11.12	NOTICE OF TIME AND PLACE FOR APPELLATE REVIEW	64
11.13	APPELLATE REVIEW BODY.....	64
11.14	APPELLATE REVIEW PROCEDURE	64

11.15 ACTION FOLLOWING CONCLUSION OF APPELLATE REVIEW	66
11.16 FINAL DECISION OF BOARD.....	67
11.17 REPORTING.....	67
11.18 GENERAL PROVISIONS.....	67

CONFIDENTIALITY, IMMUNITY, RELEASES..... 69

12.1 SPECIAL DEFINITIONS	69
12.2 AUTHORIZATIONS AND CONDITIONS	69
12.3 CONFIDENTIALITY OF INFORMATION	69
12.4 IMMUNITY FROM LIABILITY	70
12.5 ACTIVITIES AND INFORMATION COVERED.....	70
12.6 RELEASES	71
12.7 CUMULATIVE EFFECT	71

ADOPTION AND AMENDMENT OF APP POLICY 72

DEFINITIONS

The following definitions shall apply to this Advanced Practice Professionals Policy unless otherwise provided herein:

ADVANCED PRACTICE PROFESSIONALS or **APP** means those physician assistants, advanced practice registered nurses, and other designated advanced practice professionals, as set forth in Appendix A, who have applied for and/or been granted Privileges to practice at the Hospital independently, in collaboration with, or under the supervision of, a Physician, Dentist, or Podiatrist, as applicable, with Professional Staff appointment and Privileges at the Hospital.

ADVERSE means a recommendation or action of the Professional Staff Executive Committee or Board that denies, limits (*e.g.*, suspension, restriction, *etc.*), or terminates an APP's Privileges on the basis of professional conduct or clinical competence, or as otherwise defined in this Policy.

APPOINTEE or **PROFESSIONAL STAFF APPOINTEE** means a Physician, Dentist, Podiatrist, or Psychologist who has been granted appointment to the Professional Staff.

BOARD OF DIRECTORS or **BOARD** means the governing body of the Hospital; or, as appropriate to the context, any Board committee or individual authorized by the Board to act on its behalf in certain matters.

CLINICAL PRIVILEGES or **PRIVILEGES** means the authorization granted by the Board to a Practitioner or APP to provide specific patient care, treatment, and/or services at/for the Hospital within defined limits based upon the individual's professional license, education, training, experience, character, competence, and judgment.

DENTIST means an individual with a Doctor of Dental Surgery ("D.D.S.") or Doctor of Dental Medicine ("D.M.D.") degree who is currently licensed to practice dentistry in Ohio unless otherwise provided in the Bylaws or Policies.

DEPARTMENT means the Professional Staff Department of Medicine or the Professional Staff Department of Surgery. Departments may be further divided into Divisions led by a Division Chief.

DEPARTMENT CHAIR means the qualified Appointee who has been selected as the leader of the Professional Staff Department of Medicine or the Professional Staff Department of Surgery.

DIVISION means those clinical specialty services under the Department of Medicine or Department of Surgery.

DIVISION CHIEF means the qualified Appointee who has been selected as the leader of a Professional Staff Division.

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 Dayton Children’s Hospital and its provider-based locations, if any.

HOSPITAL CEO or CEO means the individual appointed by the Board as the chief executive officer to act on the Board's behalf in the overall executive and administrative management of the Hospital. The Hospital CEO may, consistent with his or her responsibilities under the Hospital’s Code of Regulations, designate a representative(s) to perform his or her responsibilities under this Policy.

PATIENT ENCOUNTER means a professional contact between an APP and a patient at the Hospital.

PROFESSIONAL STAFF means all Physicians, Dentists, Podiatrists, and Psychologists who hold an appointment to the Professional Staff of the Hospital.

PROFESSIONAL STAFF BYLAWS or BYLAWS means the Professional Staff Bylaws, the governing document of the Hospital Professional Staff, and any amendments thereto.

PROFESSIONAL STAFF CHAIR means the qualified individual selected to act on the Professional Staff’s behalf in the overall management of the Professional Staff in accordance with the duties provided in the Professional Staff Bylaws and Policies.

PROFESSIONAL STAFF POLICY/POLICIES or POLICY/POLICIES means any of the following Professional Staff documents, as appropriate to the context, approved by the PSEC and Board: Credentials Policy; Organization Policy; Fair Hearing Policy, Advanced Practice Professionals Policy; Professional Staff Patient Care Policies; and such other Professional Staff Policies as may be required.

PROFESSIONAL STAFF EXECUTIVE COMMITTEE or PSEC means the executive committee of the Professional Staff.

PHYSICIAN means a Doctor of Medicine (“M.D.”) or Doctor of Osteopathic Medicine (“D.O.”) or an individual with an MBBS who is currently licensed to practice medicine in Ohio unless otherwise provided in the Bylaws or Policies.

PODIATRIST means a Doctor of Podiatric Medicine (“D.P.M”) who is currently licensed to practice podiatry in Ohio unless otherwise provided in the Bylaws or Policies.

PRACTITIONER means a Physician, Dentist, Podiatrist, or Psychologist.

PROFESSIONAL LIABILITY INSURANCE means professional liability insurance coverage of such kind, in such form and amount, and underwritten by such insurers as required and approved by the Board.

PSYCHOLOGIST means an individual with a Ph.D or with a Psy.D in clinical psychology who is currently licensed to practice psychology in Ohio unless otherwise provided in the Bylaws or Policies.

SPECIAL NOTICE means written notification sent by certified mail, return receipt requested, or by personal delivery service with signed acknowledgment of receipt.

TELEMEDICINE means the use of electronic equipment or other communication technologies to provide or support clinical care at a distance.

GENERAL INFORMATION

2.1 USE OF DESIGNEE

Wherever a position or title is used in this APP Policy, the designee or substitute of the person holding that position or title is included in the term.

2.2 NOT A CONTRACT

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

2.3 TIME COMPUTATION

Unless otherwise provided in this APP Policy, in computing any period of time set forth herein, 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.

2.4 APPLICABILITY

2.4-1 This Policy is only applicable to APPs who have requested and/or been granted Privileges through the Professional Staff process.

2.4-2 All APPs who request Privileges at the Hospital must be credentialed through the Professional Staff consistent with this Policy and granted Privileges prior to providing care, treatment, and/or services to Hospital patients.

2.4-3 Attached hereto, and incorporated by reference herein, is Appendix A which sets forth the APP occupations/professions that are credentialed, eligible for Privileges, and managed through the Professional Staff pursuant to this Policy.

2.4-4 The PSEC (in conjunction with the APP Committee) shall make recommendations to the Board, upon request, with respect to: (1) the APP occupations or professions that are eligible to request Privileges at the Hospital; (2) for each eligible APP occupation/profession, the mode of practice in the hospital setting (*e.g.*, independent or dependent), the scope of practice, and applicable Privilege set for each; (3) whether any changes should be made to existing APP requirements (*e.g.*, qualifications, duties, privilege sets, *etc.*).

2.5 LIMITATIONS

2.5-1 APPs are not granted appointment to the Professional Staff and are therefore not entitled to any Professional Staff prerogatives. APPs may not vote on Professional Staff matters except within committees when the right to vote is specified at the time of committee assignment.

2.5-2 APPs may not be granted the Privilege to admit patients to the Hospital.

2.6 ADVANCED PRACTICE PROFESSIONALS COMMITTEE

2.6-1 COMPOSITION

- (a) The APP Committee shall be composed of not less than six (6) members to include the:
 - (1) Chief Medical Officer
 - (2) Chief Nursing Officer
 - (3) Clinical Nurse Specialist, Hospital Operations
 - (4) Not less than one (1) practicing Advanced Practice Registered Nurse selected by the Professional Staff Chair
 - (5) Not less than one (1) practicing Physician Assistant selected by the Professional Staff Chair
 - (6) At least one (1) Practitioner who supervises or collaborates with an APP
- (b) The APP Committee may, as needed, convene a subcommittee of the APP Committee.
- (c) The chair of the APP Committee shall be selected by the Professional Staff Chair.

2.6-2 DUTIES

The APP Committee shall:

- (a) Evaluate and make recommendations to the Credentials Committee as to the need for new services/procedures that could be provided by types of APPs that either are or are not currently permitted to practice in the Hospital.
- (b) Develop and recommend to the Credentials Committee a Delineation of Clinical Privileges (*i.e.*, Privilege set) for each type of APP permitted by the Board to practice in the Hospital.

- (c) Perform the duties set forth in Article VI and Article VII with respect to APP applications for grant/regrant of Privileges.

2.6-3 MEETING/REPORTING REQUIREMENTS

- (a) The APP Committee shall meet as often as necessary at the call of the committee chair to accomplish its duties, shall maintain a permanent record of its proceedings and actions, and shall report to the PSEC.
- (b) The chair of the APP Committee shall be available to meet with the PSEC on all recommendations that the APP Committee may make.

QUALIFICATIONS AND RESPONSIBILITIES

3.1 OVERVIEW

- 3.1-1 Any APP seeking to provide care, treatment, or services at the Hospital may exercise only those Clinical Privileges specifically granted to him or her by the Board or as otherwise provided in this Policy.
- 3.1-2 Clinical Privileges shall only be granted to professionally competent APPs who continuously meet the qualifications, standards, and requirements set forth in this APP Policy.
- 3.1-3 No APP, including those employed by or in an administrative position by virtue of a contract with the Hospital, shall provide care, treatment, and/or services to patients in the Hospital unless he or she has been granted Clinical Privileges to do so in accordance with the procedures set forth in this APP Policy.
- 3.1-4 An APP who is granted Privileges is entitled to exercise such Privileges and is responsible for fulfilling such obligations as set forth in this APP Policy and the applicable Privilege set.

3.2 QUALIFICATIONS FOR PRIVILEGES

3.2-1 Unless otherwise provided in this APP Policy, every APP who applies for Privileges must demonstrate to the satisfaction of the Professional Staff and Board, at the time of application and initial privileging and continuously thereafter, that he/she meets all of the following qualifications for Privileges and such other qualifications as may hereinafter be recommended by the Professional Staff/PSEC and approved by the Board.

3.2-2 BASELINE QUALIFICATIONS

- (a) Have and maintain a current, valid Ohio license or other credentials required to practice his/her respective profession and meet the continuing education requirements for such licensure as determined by the applicable State licensure board.
- (b) Have and maintain, if necessary to the Privileges requested, a current, valid Drug Enforcement Administration (“DEA”) registration, Ohio prescriptive authority (as reflected within his/her license), and attestation of OARRS registration.
- (c) Provide documentation of having successfully completed his/her professional education.
- (d) Provide, if applicable, documentation of successful completion of training programs, residencies, internships, and/or fellowships, as applicable.

- (e) Provide, if applicable, documentation of satisfaction of the applicable board certification requirements necessary to attain and maintain licensure.
- (f) 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.
- (g) Have and maintain current, valid Professional Liability Insurance.
- (h) Be eligible to participate in Federal Healthcare Programs.
- (i) Have not been convicted of or pled guilty to any of the violations described in division (A)(4) of section 109.572 of the Ohio Revised Code which disqualify the APP from employment or appointment at a children's hospital pursuant to section 2151.86 of the Ohio Revised Code as such laws may be amended from time to time.
- (j) Designate a Physician, Podiatrist, or Dentist, as applicable, with Professional Staff appointment and Privileges at the Hospital to supervise or collaborate with the APP.
- (k) Maintain a current, valid supervision agreement or standard care arrangement with his/her supervising or collaborating Physician or Podiatrist, as required by Ohio law, and provide a current copy of such agreement/arrangement to Professional Staff Services.

3.2-3 ADDITIONAL QUALIFICATIONS

- (a) Have and maintain a provider number for Medicaid issued by the Ohio Department of Medicaid unless otherwise specifically exempted by the position.
- (b) Provide documentation evidencing an ongoing ability to provide patient care, treatment, and services consistent with acceptable standards of practice and available resources including current experience, clinical results, and utilization practice patterns.
- (c) Demonstrate 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.
- (d) Agree to fulfill, and fulfill, the responsibilities set forth in this APP Policy.
- (e) Document and demonstrate an ability to exercise the Privileges requested safely and competently with or without a reasonable accommodation.
- (f) Comply with the Hospital's conflict of interest policy, if any, as applicable.

- (g) Satisfy such other qualifications, if any, as are set forth in the applicable Delineation of Clinical Privileges/Privilege set and as otherwise provided in this APP Policy.

3.3 NONDISCRIMINATION

No APP shall be denied Privileges on the basis of: race; color; sex (including pregnancy); sexual orientation; gender identity; gender expression; transgender status; age (40 and older); religion; marital, familial, or health status; national origin; ancestry; disability; genetic information; veteran or military status; or any other characteristic(s) or class protected by applicable law.

3.4 EFFECT OF OTHER AFFILIATIONS

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

3.5 ADDITIONAL CONSIDERATIONS

3.5-1 Applications for 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 professional services with an APP/Practitioner or a group of APPs/Practitioners other than the affected APP.

3.6 RESPONSIBILITIES

3.6-1 Unless otherwise provided in this APP Policy, each APP granted Privileges at the Hospital shall, as applicable to the Privileges granted to each such APP:

- (a) Provide his or her patients with continuous care at the level of quality and efficiency generally recognized as appropriate at facilities such as the Hospital.
- (b) Abide by this APP Policy and other applicable Professional Staff Policies, the Hospital governing documents, Hospital policies and procedures (including, but not limited to, conflict of interest, compliance, HIPAA/the Hospital's Notice of Privacy Practices prepared and distributed to patients

as required by the federal patient privacy regulations, *etc.*), applicable laws, and accreditation standards.

- (c) Discharge such APP, Department/Division, committee, and Hospital functions for which the APP is responsible.
- (d) Prepare and complete in timely fashion the medical and other required records for patients he or she provides care, treatment, and/or services for at the Hospital consistent with the requirements of this APP Policy and other applicable Professional Staff and Hospital policies.
- (e) Incorporate into practice use of the Hospital's electronic medical record and technologic advances (including, but not limited to, computerized order entry) in the electronic medical record as they are made available to APPs for completion and review of the medical record.
- (f) Participate in and cooperate with the Hospital's quality assessment, utilization review, performance improvement, corporate compliance, accreditation compliance, and HIPAA compliance programs.
- (g) Abide by the ethical principles of his or her profession as endorsed by his or her profession's recognized national association.
- (h) Cooperate with the Hospital in complying with requirements of third-party payers and in assisting, as needed, to ensure that third-party payments are made.
- (i) Work in a cooperative, professional, and civil manner and refrain from any behavior or activity that is disruptive to Hospital operations.
- (j) Satisfy the ongoing continuing education requirements, as applicable, established by the Professional Staff or as otherwise required to maintain licensure.
- (k) Assist with any Professional Staff approved education programs for students, interns, and residents, if applicable.
- (l) Promptly notify the Professional Staff Office if/when any of the information set forth in his/her current application for Privileges changes.
- (m) Cooperate in any relevant or required review of an APP's (including his/her own) credentials, qualifications, or compliance with this APP 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.

- (n) Be immunized in accordance with the requirements set forth in the applicable Hospital policy/policies.
- (o) Attend meetings as required.
- (p) Complete educational sessions, as required, on the Epic Clinical Information Systems (CIS).

3.6-2 Failure to satisfy any of these basic obligations is grounds, as warranted by the circumstances, for corrective action or denial of regrant of Privileges.

3.7 DURATION OF PRIVILEGES

Initial grants of Privileges, modifications of Privileges, and regrants of Privileges shall be for a period of not more than two (2) years. A grant of Privileges of less than two (2) years shall not be deemed Adverse for purposes of this APP Policy.

3.8 APPS PROVIDING PROFESSIONAL SERVICES BY CONTRACT OR EMPLOYMENT

3.8-1 QUALIFICATIONS AND SELECTION

- (a) An APP who is, or who will be, providing specified professional services pursuant to a contract/employment with the Hospital (or for a group holding a contract with the Hospital) must meet the same qualifications, be evaluated for Clinical Privileges in the same manner, and fulfill the same obligations as any other APP.

3.8-2 EFFECT OF CHANGE IN CLINICAL PRIVILEGES

- (a) The effect of an adverse change in Clinical Privileges on continuation of the contract/employment is governed solely by the terms of the contract/employment arrangement; or, if the contract/employment arrangement is silent, the matter will be as determined by the Board after soliciting and considering the recommendations of the PSEC.

3.8-3 EFFECT OF CONTRACT/EMPLOYMENT EXPIRATION OR TERMINATION

- (a) The effect of expiration or termination of the APP's contract/employment with the Hospital (or the expiration or termination of the APP's association with the group holding the contract with the Hospital) upon an APP's Clinical Privileges at the Hospital shall be governed solely by the terms of the APP's contract/employment with the Hospital (or with the group holding the contract with the Hospital), if the same addresses the issue.
- (b) If the contract/employment arrangement is silent on the matter, then contract/employment expiration or termination alone will not affect the APP's Clinical Privileges, except that the APP may not thereafter exercise

any Clinical Privileges for which exclusive contractual arrangements have been made.

- (c) In the absence of language in the contract to the contrary, if an exclusive contract under which such APP is engaged is terminated or expires (or if the relationship of the APP with the entity that has the exclusive contractual relationship with the Hospital is terminated or expires) then the APP's Privileges covered by the exclusive contract shall also be terminated, and the procedural rights afforded by this APP Policy shall not apply; provided, however, that the Board, in its sole discretion, may waive this automatic termination result.
- (d) If the Hospital adopts a policy involving a closed Department/Division or an exclusive contract for a particular service(s), any APP previously privileged to provide such service(s) in the Hospital but who is not a party to the exclusive contract will no longer be permitted to exercise those Clinical Privileges which come within the scope of the closed Department/Division or exclusive contract as of the effective date of the contract or closure regardless of whether such effective date results in a shorter duration of Clinical Privileges than originally granted to an APP. When the ability to exercise Clinical Privileges is terminated solely on this ground then, to the extent the APP seeks to exercise his/her procedural rights pursuant to this APP Policy, such procedural rights shall be limited to the issue of whether the APP's Clinical Privileges come within the scope of the exclusive contract or Department/Division closure.
- (e) Termination of, or a limitation on, Clinical Privileges for the reasons set forth in this Section 3.8 shall not give rise to the procedural rights afforded by this APP Policy. The only exceptions to this rule shall be:
 - (1) For the limited purpose set forth in subsection (d) above; or,
 - (2) When the basis of such termination or limitation is such that the Hospital would be obligated to report the APP's actions to the applicable State licensing entity or the National Practitioner Data Bank. In such event, the APP shall be entitled to the procedural rights afforded by this APP Policy solely with respect to those issues which formed the basis of the reporting requirement.

**DUTIES OF APPOINTEES WHO EMPLOY, SUPERVISE, AND/OR
COLLABORATE WITH AN APP**

4.1 COLLABORATING/SUPERVISING PRACTITIONERS

4.1-1 Those Professional Staff Appointees who employ, supervise, and/or collaborate with an APP shall agree to:

- (a) Acquaint the APP with the applicable policies of the Professional Staff and/or the Hospital as well as the Practitioners and Hospital personnel with whom the APP shall have contact.
- (b) Adhere to the requirements of any supervision agreement or standard care arrangement and otherwise provide appropriate supervision/collaboration consistent with this Policy, the APP's Privilege set, accrediting agency requirements, and applicable laws, rules, and regulations.
 - (1) It shall be the responsibility of the supervising Physician or Podiatrist and his/her physician assistant 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 applicable Ohio laws, rules, and regulations.
 - (2) It shall be the responsibility of the advanced practice registered nurse and his/her collaborating Physician or Podiatrist to maintain, if required, a current, valid, standard care arrangement in accordance with applicable Ohio laws, rules, and regulations.
- (c) Provide immediate notice to the Professional Staff Office when the collaborating/supervising Appointee receives notice of (i) any grounds for suspension or termination of the APP's Privileges; or (ii) the occurrence of any action that establishes grounds for corrective action against the APP.
- (d) Provide immediate notice to the Professional Staff Office when the standard care arrangement or supervision agreement expires or is terminated.
- (e) Acknowledge and convey to the APP that the APP's Privileges at the Hospital shall be automatically suspended:
 - (1) if the APP's supervision agreement or standard care arrangement expires or is terminated and the APP does not have on file with the Professional Staff Office a current, valid standard care arrangement or supervision agreement with more than one (1) supervising or collaborating Physician or Podiatrist with Professional Staff appointment and Privileges at the Hospital; or,

- (2) in the event that the Professional Staff appointment and/or Privileges of the supervising/collaborating Appointee lapse, are suspended, or terminated for any reason and the APP does not have more than one (1) supervising or collaborating Practitioner with Professional Staff appointment and Privileges at the Hospital.

In such event, if the APP does not, as applicable, arrange for supervision by/collaboration with another appropriate Professional Staff Appointee with Privileges and/or submit a new, executed standard care arrangement or supervision agreement with another Physician or Podiatrist with Professional Staff appointment and Privileges at the Hospital within thirty (30) days of the APP's automatic suspension, the APP's Privileges shall automatically terminate. Such automatic suspension/termination of the APP's Privileges shall not constitute an event that gives rise to any procedural due process rights pursuant to this Policy.

- (f) Provide back-up coverage for the APP's patients in the APP's absence.
- (g) Arrange for another Practitioner with Professional Staff appointment and Privileges at the Hospital to supervise or collaborate with the APP in the event of the collaborating or supervising Practitioner's absence.

4.1-2 The employer of an APP shall furnish evidence of Professional Liability Insurance for his/her employee and shall assume full responsibility for care delivered by the APP and be fully accountable for the conduct of the APP within the Hospital.

4.1-3 Failure to properly supervise and/or collaborate with the APP shall be grounds for corrective action against an Appointee under the Professional Staff Bylaws.

APPLICATION FOR CLINICAL PRIVILEGES

5.1 GENERAL INFORMATION

5.1-1 REQUIREMENTS

All APPs will be required to document compliance with the baseline and other qualifications for Privileges set forth Section 3.2 in addition to the qualifications set forth in the applicable APP Privilege set.

5.1-2 PROCESSING FEE

All applications for Privileges must be submitted with the required application fee, if any. The amount of the application fee, as such fee may change from time to time, will be established by the PSEC. The application fee, if any, is non-refundable regardless of action taken on the application.

5.1-3 FORM

All applications for Privileges shall be in writing, signed and dated by the APP, and submitted on a form recommended by the PSEC and approved by Hospital administration.

5.1-4 ACCESS TO APP POLICY

- (a) Each APP applicant for Clinical Privileges shall be provided access to the APP Policy as well as other applicable Professional Staff and Hospital policies.
- (b) Upon receipt of the application and required application fee, a credentials file shall be created and maintained for the APP.

5.2 APPLICATION CONTENT

Each APP applicant must furnish complete, truthful responses to questions asked (or an explanation of why answers are unavailable) and information requested. Unless otherwise provided in this Policy, the application shall include, but not be limited to, the following content:

5.2-1 EDUCATION/TRAINING

Information regarding undergraduate education, professional school(s), and postgraduate training including the name of each institution, degree(s) granted, program(s) completed, dates attended, and name(s) of individuals responsible for monitoring the APP's performance.

5.2-2 LICENSURE

- (a) Evidence of a current, valid Ohio professional license or other credentials required to practice his/her profession.
- (b) If necessary for the Privileges requested, evidence of a current, valid DEA registration, Ohio prescriptive authority (as reflected within his/her license), and attestation regarding OARRS registration.

5.2-3 CONTINUING EDUCATION

Evidence of participation in continuing education activities at the level required by the APP's licensing board. The Hospital, in its discretion, has the right to audit and verify the APP's participation in any such continuing education activities at any time.

5.2-4 BOARD CERTIFICATION

Documentation of satisfaction of the applicable board certification requirements necessary to attain and maintain licensure.

5.2-5 CLINICAL PRIVILEGES REQUESTED

Request for the Clinical Privileges for which the APP wishes to be considered.

5.2-6 REFERENCES

- (a) At least three (3) peer recommendations are obtained and evaluated for all new APP applicants for Privileges. Peer recommendations are obtained from Practitioners or from APPs in the same professional discipline as the applicant with personal knowledge of the applicant's ability to practice. At least one of the peer recommendations shall be provided by the APP's supervising or collaborating Practitioner.
- (b) Peer recommendations should be provided by professionals who have worked with the APP within the past three (3) years; who have directly observed the APP's professional performance over a reasonable period of time; and, who can provide reliable information regarding the APP's current clinical competence, ethical character, and professional conduct. Peer recommendations may not be provided by the APP's relatives and only one (1) of the three (3) references may be a current partner or associate of the APP.
- (c) One reference should be received from the director of the APP's training program or a medical staff leader (*e.g.*, chief of staff/medical staff president, department chair, section chief, *etc.*) at another hospital at which the APP holds clinical privileges and address the APP's ability to safely and

competently perform the Clinical Privileges requested at the Hospital, with or without a reasonable accommodation.

- (d) Peer recommendations include written information regarding the APP's current: clinical knowledge; technical and clinical skills; clinical judgment; interpersonal skills; communication skills; and professionalism.
- (e) Peer recommendations may be in the form of written documentation reflecting informed opinions on each APP's scope and level of performance, or a written peer evaluation of APP-specific data collected from various sources for the purpose of validating current competence.
- (f) Sources for peer recommendations may include the following:
 - (i) An organization performance improvement committee, the majority of whose members are the APP's peers.
 - (ii) A reference letter(s), written documentation, or documented telephone conversation(s) about the APP from peer(s) who is/are knowledgeable about the APP's professional performance and competence.
 - (iii) A department or major clinical service chair.
 - (iv) A medical staff executive committee.
- (g) Upon regrant of Privileges, when insufficient APP-specific data are available, the Professional Staff obtains and evaluates peer references.

5.2-7 PROFESSIONAL SANCTIONS

The nature and specifics of any pending or completed action involving denial, revocation, termination, suspension, reduction, limitation, non-renewal, or voluntary (while under investigation or to avoid investigation for conduct or clinical competency concerns) or involuntary relinquishment of:

- (a) License to practice any profession in any jurisdiction.
- (b) DEA registration or other required credentials with respect to prescriptive authority.
- (c) Membership or fellowship in local, state, or national professional organizations.
- (d) Specialty or sub-specialty board certification or eligibility.
- (e) Faculty membership at any other professional school.

- (f) Clinical privileges at any other hospital, clinic, or health care institution.
- (g) The APP's provider status with a Federal Healthcare Program or any third party payer including insurance companies, HMOs, PPOs, MSOs, and PHOs.

5.2-8 EVIDENCE OF ABILITY TO PERFORM

Affirmation and demonstrated evidence that the APP is able to safely and competently exercise the Privileges requested with or without a reasonable accommodation.

5.2-9 PROFESSIONAL LIABILITY

Evidence of adequate Professional Liability Insurance coverage, as required by the Board, and information for the last ten (10) years on professional liability claims history and experience (*e.g.*, suits filed, pending, and concluded; settlements made; *etc.*) including the names of present and past insurance carriers.

5.2-10 WORK HISTORY

Information regarding the APP's previous affiliations including: location of offices; names and addresses of current and prior professional practices with which the APP is or was associated and inclusive dates of such associations; names and locations of all other hospitals, clinics, or health care institutions where the APP provides or provided clinical services with the inclusive dates of each affiliation, status held, and general scope of clinical privileges.

5.2-11 LEGAL ACTIONS

An explanation of any: lawsuits (in addition to the professional liability claims history provided pursuant to Section 5.2-9) in which the APP has been a party including the status or resolution of each such lawsuit; criminal charges (other than routine traffic tickets) of which the APP was found guilty or to which the APP plead guilty or no contest; pending criminal investigations; and, past criminal convictions including settlements.

5.2-12 REGULATORY ACTIONS

Information as to whether the APP is, or has been, the subject of investigation by a Federal Healthcare Program and, if so, the status/outcome of such investigation.

5.2-13 CONFLICTS OF INTEREST

Such information, if any, as may be required by the Hospital's conflict of interest policy.

5.2-14 IDENTIFICATION

Current, valid government-issued photo identification to verify that the APP is, in fact, the individual requesting Privileges.

5.2-15 CRIMINAL BACKGROUND CHECK

Information necessary to complete a criminal background check on the

APP. 5.2-16 COLLABORATING/SUPERVISING PRACTITIONER

Designation of a Physician, Podiatrist, or Dentist, as applicable, with Professional Staff appointment and Privileges at the Hospital who has agreed to supervise or collaborate with the APP

5.2-17 SUPERVISION AGREEMENT/STANDARD CARE ARRANGEMENT

Maintenance of a current, valid supervision agreement or standard care arrangement with his/her supervising or collaborating Physician or Podiatrist, as required by Ohio law, and provide a current copy of such agreement/arrangement (as well as any amendments thereto) to the Professional Staff Office.

5.2-18 OTHER

Such other information as the PSEC may recommend and the Board may require from time to time.

5.3 EFFECT OF APPLICATION

5.3-1 By signing and submitting an application for Privileges, each APP:

- (a) Acknowledges receiving access to this APP Policy in addition to other applicable Professional Staff and Hospital policies and procedures; and, agrees to abide by the terms thereof if the APP is granted Clinical Privileges and in all matters relating to consideration of the APP's application without regard to whether the APP is granted Clinical Privileges.
- (b) Attests that all information furnished is complete and correct and acknowledges that any significant misstatement in or omission from the application constitutes grounds for denial or termination of Privileges.
- (c) Signifies his or her willingness to appear for interviews in regard to the application.
- (d) Acknowledges and agrees to the scope and extent of the confidentiality, immunity, and release provisions set forth in Article XII of this Policy.

- (e) Understands and agrees that if Privileges are denied or terminated based upon the APP's conduct or clinical competence, the APP may be subject to reporting to the National Practitioner Data Bank and/or state authorities.
- (f) Acknowledges and agrees that if an Adverse recommendation is made or an Adverse action is taken with respect to his/her Privileges, the APP will exhaust the administrative remedies provided for in Article XI of this Policy before resorting to formal legal action.
- (g) Agrees to uphold the responsibilities, as applicable, set forth in this Policy for APPs granted Privileges including, but not limited to:
 - (1) Maintaining an ethical practice and providing continuous care for his or her patients.
 - (2) Discharging such Department/Division, committee, and Hospital functions for which he or she is responsible.
- (h) Agrees to keep the Professional Staff Office up-to-date on any changes made or proposed regarding information contained in the APP's application including, but not limited to: changes in the status of his or her professional license to practice; prescriptive authority (as reflected in his/her license), DEA, or other controlled substances registrations; Professional Liability Insurance coverage; clinical privileges at other institutions; and the status of current or initiation of new claims or lawsuits in which APP is involved. The foregoing obligation shall be a continuing obligation of the APP so long as he/she has Privileges at the Hospital.
- (i) Agrees to provide to the Professional Staff Office, upon receipt or submission, copies of all correspondence received from or submitted to any third party reviewing competency issues including, but not limited to, state licensing boards and third party payers based upon patient care, treatment, and/or services provided by the APP at the Hospital.

ROUTINE & EXPEDITED PRIVILEGING PROCEDURES

6.1 APP'S BURDEN

6.1-1 In connection with all applications for grant/regrant of Privileges, the APP shall have the burden of producing adequate information, within the allotted time, for proper evaluation of the APP's qualifications, for resolving reasonable doubts with respect to such qualifications, and for satisfying requests for information or clarification from appropriate Professional Staff or Hospital authorities. The APP's failure to sustain this burden shall be grounds for denial of the application.

6.1-2 If the application is not returned by the requesting APP within sixty (60) days, the application will be deemed to have been voluntarily withdrawn. For any future consideration for Privileges, the APP will need to submit a new, full application including application fee.

6.2 VERIFICATION OF INFORMATION

6.2-1 Applications for Privileges shall be submitted to the Professional Staff Office whose staff will organize and coordinate the collection and verification of information consistent with applicable laws and accreditation standards.

6.2-2 If an APP is solely requesting Clinical Privileges in telemedicine, the Professional Staff Office may rely upon credentialing information from another TJC accredited hospital or distant site telemedicine entity as part of the verification process as long as there is a written agreement between the facilities in accordance with the requirements set forth in Section 8.7.

6.2-3 Action on the APP's application will not be taken until the required information is available and verified.

6.2-4 If problems are encountered in obtaining the required information, the Professional Staff Office shall notify the APP, in writing, indicating the nature of the problem and what additional information the APP must provide. Upon receipt of such notification, the APP then has thirty (30) days in which to secure the appropriate information needed for a completed application. Failure, without good cause, to respond to the notification in a satisfactory manner within thirty (30) days may be deemed a voluntary withdrawal of the application.

6.2-5 The credentials of all APPs shall be checked through the National Practitioner Data Bank. The Professional Staff Office shall also query the Office of Inspector General's Cumulative Sanction report, the General Services Administration List of Parties Excluded from Federal Procurement and Non-Procurement Programs, and any other appropriate sources to determine whether the APP has been convicted of a health care related offense, or debarred, excluded, or otherwise made ineligible for participation in a Federal Healthcare Program.

6.2-6 When the application is complete and collection and verification is accomplished, the Professional Staff Office shall notify the Division Chief that the APP's file is available for review.

6.3 EXPEDITED PRIVILEGING PROCEDURE

6.3-1 NO RIGHT TO EXPEDITED REVIEW

- (a) The decision to use the expedited privileging procedure is totally discretionary on the part of the Hospital.
- (b) No APP has any entitlement to have his/her application reviewed through an expedited privileging process.

6.3-2 CRITERIA FOR EXPEDITED PRIVILEGING

- (a) If the application is complete and provided the APP meets all of the following criteria, the APP is deemed a candidate for expedited privileging:
 - (1) The APP has successfully completed the appropriate education/training for the Privileges requested with no disciplinary action or conditions imposed during such education/training.
 - (2) The APP has not changed practice location more than four (4) times in the past ten (10) years. APPs serving on active duty with the Uniformed Services can be exempted from this criterion at the discretion of the APP Committee chair.
 - (3) All references reflect recommendation without reservation.
 - (4) No professional liability claims/settlements within the past five (5) years.
 - (5) There have been no involuntary terminations, limitations, reductions, denials, or loss of privileges at any other hospital or entity, including licensing bodies.
 - (6) The APP has never been charged with, pleaded to, or been convicted of a crime (except for minor traffic violations).
 - (7) As applicable, the following reports fail to identify any problems: NPDB, the State Medical Board of Ohio, the Ohio Board of Nursing, the Ohio Board of Dietetics, and any other applicable board report.
 - (8) There exists no current or previously successful challenge to any license or registration.

- (i) If currently an APP with Clinical Privileges at the Hospital, is currently not under an FPPE (other than one for an initial grant of Clinical Privileges) or otherwise subject to current oversight by the Practitioner/APP Wellness Committee or the MPRC.
- (b) In the event that an APP fails to meet any one or more of the standards in subsection (a) above; or, if at any time questions or concerns are raised or the reviewers are otherwise not all in agreement, the application shall be ineligible for the expedited process and subject to processing in accordance with the routine privileging procedure set forth in Section 6.4.

6.3-3 REVIEW BY DIVISION CHIEF

- (a) The applicable Division Chief will review the application and accompanying materials and provide his/her evaluation to the APP Committee chair.
- (b) In the event the Division Chief's evaluation is anything other than favorable, the request will not be forwarded to the APP Committee chair. Instead, the application will be forwarded back to the Professional Staff Office for review in accordance with the routine privileging procedure set forth in Section 6.4.

6.3-4 REVIEW BY APP COMMITTEE CHAIR

- (a) Upon receipt of the Department Chief's evaluation, the chair of the APP Committee, acting on behalf of the APP Committee, shall review the application and accompanying materials and consider the Department Chief's evaluation. The APP Committee chair will then prepare a report containing his/her evaluation regarding Clinical Privileges and Department/Division assignment. This report is forwarded to the PSEC.
- (b) In the event the evaluation of the APP Committee chair is anything other than favorable, the request will not be forwarded to the PSEC. Instead, the application will be forwarded back to the Professional Staff Office for review in accordance with the routine privileging procedure set forth in Section 6.4.

6.3-5 RECOMMENDATION BY THE PSEC

- (a) The PSEC shall consider the evaluations of the Division Chief and APP Committee chair and such other documentation as the PSEC deems appropriate. The PSEC shall make a recommendation regarding Clinical Privilege and Department/Division assignment (which may be set forth in the PSEC's meeting minutes) to a designated committee of the Board (composed of at least two voting Board members).

- (b) In the event the PSEC's recommendation is anything other than favorable, the application will not be forwarded to the designated Board committee. Instead, the application will be returned to the Professional Staff Office for review in accordance with the routine privileging procedure set forth in Section 6.4.

6.3-6 ACTION BY THE DESIGNATED BOARD COMMITTEE

- (a) A designated Board committee (consisting of the Hospital CEO, the Chief Medical Officer, and the Department Chair of Pediatrics of the Boonshoft School of Medicine at Wright State University) shall review the APP's application and act upon the request for Privileges.
- (b) All APPs who are granted Privileges through this expedited process shall be forwarded to the Board for information at their next meeting. A list of all APPs who are granted Privileges through the expedited process shall be provided to the APP Committee and PSEC.
- (c) In the event the determination of the Board committee is anything other than favorable, the Board committee will not take action. Instead, the application will be returned to the Professional Staff Office for review in accordance with the routine privileging procedure set forth in Section 6.4.

6.4 ROUTINE PRIVILEGING PROCEDURE

6.4-1 REVIEW BY DIVISION CHIEF & DEPARTMENT CHAIR

- (a) The applicable Division Chief and Department Chair will review the application and accompanying materials and provide their evaluations to the APP Committee.
- (b) The Division Chief and Department Chair may request an interview with the APP.

6.4-2 REVIEW BY APP COMMITTEE

- (a) Upon receipt of the evaluations of the Division Chief and Department Chair, the completed application and accompanying materials shall be reviewed by the APP Committee. This review shall include evaluation of the APP's qualifications and a determination as to whether the APP meets all of the necessary qualifications for the Clinical Privileges requested by the APP. In the course of this evaluation the APP Committee may consult with the applicable Division Chief or Department Chair.
- (b) The APP Committee may elect to interview the APP or seek additional information. If additional information is requested, the APP Committee may defer transmitting its report to the PSEC and note in the APP Committee minutes the deferral and the grounds therefore.

- (c) If the APP is to provide additional information or a specific release/authorization to allow Hospital representatives to obtain information, the Professional Staff Office shall notify the APP, in writing, indicating the request for additional information or release/authorization required and the time frame for response.
- (d) Failure by the APP, without good cause, to respond within thirty (30) days to a request from the APP Committee for an interview, additional information, or a release/authorization may be deemed a voluntary withdrawal of the application.
- (e) Upon completion of its review, the APP Committee shall provide the PSEC with a written report/recommendation (which may be set forth in APP Committee minutes) as to approval or denial of the APP's application for Privileges.

6.4-3 PSEC RECOMMENDATION

- (a) Consideration. The PSEC shall consider the evaluations of the Division Chief and Department Chair, the APP Committee's report/recommendation, and such other documentation as the PSEC deems appropriate.
 - (1) The PSEC may elect to interview the APP. Failure by the APP, without good cause, to respond to a request for an interview within thirty (30) days may be deemed a voluntary withdrawal of the application.
 - (2) The PSEC may seek additional information. If additional information is requested, the PSEC shall refer the application back to the APP Committee, defer transmitting its recommendation to the Board, and note in the PSEC minutes the deferral and the grounds therefore.
- (b) Action. Upon completion of its review, the PSEC may take any of the following actions which may be set forth in the PSEC minutes:
 - (1) Deferral. A decision by the PSEC to defer the application for further consideration must be revisited at the next regularly scheduled meeting, except for good cause, at which point the PSEC shall issue its recommendation as to approval or denial of Privileges.
 - (2) Favorable Recommendation. When the recommendation of the PSEC is favorable to the APP, the Professional Staff Chair shall forward the recommendation and accompanying documentation to the Board.

- (3) Adverse Recommendation. When the recommendation of the PSEC is Adverse to the APP, the Professional Staff Chair shall promptly provide the APP Special Notice of this Adverse recommendation and the APP shall be entitled, if applicable, to the procedural rights set forth in Article XI. No such Adverse recommendation shall be forwarded to the Board until after the APP has exercised or has been deemed to have waived his or her procedural rights, if any, as provided for in Article XI.

6.4-4 BOARD ACTION

- (a) Without Benefit of PSEC Recommendation. If the PSEC fails to make a recommendation within ninety (90) days of receipt of the APP Committee's report, the Board may, after informing the PSEC of the Board's intent and allowing a reasonable period of time for response by the PSEC, make its own determination using the same type of criteria considered by the PSEC.
- (1) If the Board's decision is favorable to the APP, the Board action shall be effective as its final decision.
 - (2) If the Board's decision is Adverse to the APP, the Hospital CEO shall so notify the APP, by Special Notice, and the APP shall be entitled, if applicable, to the procedural rights provided for in Article XI. Such Adverse decision shall be held in abeyance until the APP has exercised or been deemed to have waived his/her procedural rights, if any, in Article XI. The fact that the Adverse decision is held in abeyance shall not be deemed to confer Privileges where none existed before.
- (b) After Favorable PSEC Recommendation. The Board may adopt or reject any portion of the PSEC's recommendation that was favorable to the APP; or, refer the recommendation back to the PSEC for additional consideration but must state the reason(s) for the requested reconsideration and set a time limit within which a subsequent PSEC recommendation must be made.
- (1) If the Board's decision is favorable to the APP, the action shall be effective as its final decision.
 - (2) If the Board's decision is Adverse to the APP, the Hospital CEO shall so notify the APP, by Special Notice, and the APP shall be entitled, if applicable, to the procedural rights provided for in Article XI. Such Adverse decision shall be held in abeyance until the APP has exercised or been deemed to have waived his/her procedural rights, if any, in Article XI. The fact that the Adverse decision is held in abeyance shall not be deemed to confer Privileges where none existed before.

- (c) After Adverse Recommendation. If the Board is to receive an Adverse PSEC recommendation, the Professional Staff Chair shall withhold the recommendation and not forward it to the Board until after the APP either exercises or waives his/her right, if any, to the procedural rights set forth in Article XI. The Board shall thereafter take final action in the matter as provided for in Article XI.
- (d) Decision By Board Contrary to PSEC. Whenever the Board's proposed decision is contrary to the PSEC's recommendation, the Board shall submit the matter to the Joint Conference Committee for review and recommendation before the Board makes its final decision. The Joint Conference Committee shall have access to all recommendations and documentation in connection with the application.
- (e) Final Decision. The APP shall be notified of the Board's final decision by Special Notice.

6.4-5 CONTENTS OF NOTICE TO GRANT PRIVILEGES

A decision and notice to grant Privileges shall include, as applicable: (a) the Department/Division to which the APP is assigned; (b) the Clinical Privileges granted; (c) any special conditions attached to the Clinical Privileges granted; and (d) the duration of the Privilege period.

6.4-6 TIME PERIODS FOR THE APPLICATION PROCESSING

- (a) All individuals and groups required to act on an application for Privileges must do so in a timely and good faith manner. The burden of providing all necessary information in a timely manner remains at all times with the APP.
- (b) Except for obtaining required additional information, or for other good cause, each application should be processed within the following time periods:

<u>INDIVIDUAL/GROUP</u>	<u>TIME</u>
Professional Staff Office Verification	Within ninety (90) days of submission of the completed application. If additional information is needed from the APP, the time awaiting a response from the APP shall not count towards the verification time period.
Division Chief Department Chair APP Committee Chair	

Evaluation Within fourteen (14) days of notice by the Professional Staff Office of application availability (with respect to the Division Chief); or upon receipt of the Division Chief's evaluation (with respect to the Department Chair or APP Committee chair, as applicable).

APP Committee Evaluation At the next scheduled meeting. APP Committee evaluations may be deferred beyond such meeting but will generally be completed not later than the next regularly scheduled meeting.

Professional Staff Executive Committee Recommendation At the next scheduled meeting. PSEC recommendations may be deferred beyond such meeting but will generally be completed not later than the next regularly scheduled meeting.

Board of Directors Action At the next scheduled meeting. Board action may be deferred beyond such meeting but will generally be completed not later than the next regularly scheduled meeting.

(c) The time periods set forth herein are guidelines and are not directives such as to create any right for an APP to have an application processed within these precise periods; provided, however, that this provision shall not apply to the time periods contained in the Article XI. When the procedural rights set forth in Article XI are activated by an Adverse recommendation or action of the PSEC or Board, the time requirements set forth therein shall govern the continued processing of the application.

(d) No APP may submit or have in process at any given time more than one application for the same Clinical Privileges.

6.5 REAPPLICATION WAITING PERIOD

6.5-1 Except as otherwise provided in this Policy, or as otherwise determined by the Board upon recommendation of the PSEC in light of exceptional circumstances, an APP:

(a) whose Privileges are automatically terminated pursuant to §10.5-1 (a)(1), (2), or (4) of this Policy shall not be eligible to reapply for Privileges for a

period of at least one (1) year from the effective date of the automatic termination.

- (b) who has received a final Adverse decision regarding Privileges/regrant of Privileges shall not be eligible to reapply for Privileges for a period of at least one (1) year from the latter of the date of the notice of the final Adverse decision or final court decision.
- (c) who has resigned his/her Privileges or withdrawn an application for Privileges/regrant of Privileges while under investigation or to avoid an investigation for professional conduct or clinical competency concerns shall not be eligible to reapply for Privileges for a period of at least one (1) year from the effective date of the resignation or application withdrawal.

6.5-2 Any such reapplication shall be processed as an initial application, in accordance with the applicable procedures set forth in this APP Policy, and the APP must submit such additional information as may be reasonably required to demonstrate that the basis of the automatic termination, Adverse decision, or resignation/withdrawal has been resolved or no longer exists. If such information is not provided, the reapplication will be considered incomplete and voluntarily withdrawn and will not be further processed.

6.6 RESIGNATION OF PRIVILEGES

6.6-1 Resignation of Privileges, the effective date, and the reason for such resignation shall be submitted in writing to the Professional Staff Office. Upon receipt, notification of the resignation shall be forwarded to the Hospital CEO, the Professional Staff Chair, the APP's Department Chair/Division Chief, and the Board for information.

6.6-2 An APP who resigns his/her Privileges is obligated to complete all medical records for which he/she is responsible prior to the effective date of the resignation. In the event an APP fails to do so, consideration may be given by the Hospital to contacting the applicable State licensing board regarding the APP's actions.

6.6-3 Provided a resignation pursuant to this Section 6.6 is determined by the Board to be voluntary, such resignation or termination shall not give rise to any procedural rights set forth in Article XI.

PROCEDURE FOR REGRANT OF PRIVILEGES

7.1 REGRANT PROCESS

Regrants of Privileges shall occur at least once every two (2) years.

7.2 REGRANT APPLICATION AND INFORMATION COLLECTION AND VERIFICATION

7.2-1 REGRANT APPLICATION AND FEE

- (a) Prior to the expiration date of an APP's current Privilege period, a reapplication form recommended by the PSEC and approved by Hospital Administration shall be provided to the APP.
- (b) APP applicants for regrant of Privileges may be assessed a regrant application fee. The amount will be established by the PSEC. This regrant fee must be remitted with the submission of the regrant application.

7.2-2 CONTENT OF THE REGRANT APPLICATION

- (a) The application for regrant of Privileges shall include:
 - (1) All information required by §3.2 and §5.2 necessary to bring the APP's credentials file current since the last submission of such information.
 - (2) Attestation of continuing training and education activities external to the Hospital during the preceding Privilege period.
 - (3) A request for additions to or deletions from the Clinical Privileges presently held with the basis for any such changes.

7.2-3 SUBMISSION OF THE REGRANT APPLICATION

Applications for regrant of Privileges shall be submitted to the Professional Staff Office.

7.2-4 VERIFICATION

Information with respect to applications for regrant of Privileges shall be collected and verified by the Professional Staff Office in accordance with the procedure set forth in Section 6.2 to the extent applicable.

7.2-5 REVIEW AND ACTION

- (a) Applications for regrant of Privileges shall be reviewed and acted upon in accordance with the procedure set forth in Section 6.3 or Section 6.4 of this Policy.
- (b) For purposes of regrant of Privileges, the terms “APP applicant or applicant” and “Privileges” as used in Article VI of this Policy shall be read as “APP” and “regrant of Privileges.”

7.2-6 BASIS FOR RECOMMENDATIONS AND ACTION REGARDING REGRANT OF PRIVILEGES

- (a) Regrant of Privileges shall be based upon:
 - (1) Ongoing satisfaction of the baseline and other qualifications for Privileges set forth in this Policy.
 - (2) Review of the APP’s performance within the Hospital as demonstrated by professional practice evaluation data from focused and ongoing professional practice evaluation activities including morbidity and mortality information if available.
 - (3) Continued satisfaction of the APP’s responsibilities as set forth in this Policy.
 - (4) Such other criteria as may be recommended by the PSEC and approved by the Board.
- (b) Upon regrant of Privileges, when insufficient APP-specific data is available at the Hospital for the APP requesting regrant of Privileges, the Professional Staff shall obtain and evaluate additional peer recommendations.
- (c) If, during the preceding Privilege period, an APP has not had enough Patient Encounters at the Hospital from which sufficient professional practice evaluation data has been generated to provide a basis for evaluation of the APP’s current professional competence, clinical judgment, and ability to safely and competently exercise the Privileges requested, supplemental performance data may also be requested from the hospital at which the APP has his/her primary affiliation for consideration.

7.2-7 TIME PERIODS FOR PROCESSING

- (a) All individuals and groups required to act on an application for regrant of Privileges must do so in a timely and good faith manner.
- (b) If an application for regrant of Privileges has not been fully processed by the expiration date of the APP’s current Privilege period, the APP’s

Privileges shall terminate as of the last date of his/her current Privilege period. An APP whose Privileges are so terminated shall not be entitled to the procedural rights provided in Article XI. If the APP qualifies, he/she may be granted temporary Privileges to meet an important patient care need pursuant to Section 8.4 of this Policy

7.3 REQUESTS FOR MODIFICATION OF CLINICAL PRIVILEGES

An APP may, either in connection with regrant of Privileges or at any other time, request modification of his/her Clinical Privileges by submitting a written request to the Professional Staff Office. A modification request shall be processed in substantially the same manner as an application for regrant of Privileges. Requests for new Privileges during a current Privilege period will require evidence of appropriate training and experience supportive of the request and will be subject to focused professional practice evaluation if granted.

TEMPORARY PRIVILEGES, EMERGENCY PRIVILEGES, DISASTER PRIVILEGES & TELEMEDICINE PRIVILEGES

8.1 PRIVILEGE SETS

APP Privilege sets may be adopted and amended following review by the Department Chair/Division Chief and APP Committee, recommendation of the PSEC, and approval by the Board.

8.2 RECOGNITION OF A NEW SERVICE OR PROCEDURE

8.2-1 CONSIDERATIONS

- (a) The Board shall determine the Hospital's scope of patient care services based upon recommendation from the PSEC. Overall considerations for establishing new services and procedures include, but are not limited to:
 - (1) The Hospital's available resources and staff.
 - (2) The Hospital's ability to appropriately monitor and review the competence of the performing APP(s).
 - (3) The availability of another qualified APP/Practitioner(s) with Privileges at the Hospital to provide coverage for the service/procedure when needed.
 - (4) The quality and availability of training programs.
 - (5) Whether such service or procedure currently, or in the future, would be more appropriately provided through a contractual arrangement with the Hospital.
 - (6) Whether there is a community need for the service or procedure.

8.2-2 PRIVILEGE REQUESTS FOR NEW SERVICES OR PROCEDURES

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

- (a) The APP must submit a written request for Privileges to the Professional Staff Office. The request should include a description of the Privileges being requested, the reason why the APP believes the Hospital should recognize such Privileges, and any additional information that the APP believes may be of assistance in evaluating the request. The Professional Staff Office will notify the APP Committee chair of such request.

- (1) If the APP Committee determines that the service or procedure can or should be included in an existing APP Privilege set, the APP Committee will provide the basis for its determination.
 - (2) If the APP Committee decides to recommend that new APP Privileges be recognized at the Hospital, the APP Committee shall develop privileging criteria based upon a determination as to what APPs are likely to request the Privileges; the positions of specialty societies, certifying boards, *etc.*; the available training programs; and criteria required by other hospitals with similar resources and staffing. The APP Committee must provide in its report the recommended standards to be met with respect to the following: education; training; applicable board certification; experience; whether proctoring/monitoring should be required; and, if so, the number of cases/procedures that should be performed during a Privilege period to establish current competency.
- (b) Upon receipt of a recommendation from the APP Committee, the Credentials Committee will act.
 - (c) Upon receipt of a recommendation from the Credentials Committee, the PSEC will act.
 - (d) The recommendation of the PSEC, whether favorable or not favorable, will be forwarded to the Board for review and action.
 - (1) If the Board approves the new service or procedure, the APP's request for Privileges for such service/procedure may be acted upon consistent with this Policy.
 - (2) If the Board does not approve the new service/procedure, the requesting APP will be so notified. A decision by the Board not to recognize a new service or procedure does not constitute an appealable event for purposes of Article XI.

8.3 PROFESSIONAL PRACTICE EVALUATION

8.3-1 The Hospital's focused professional practice evaluation (FPPE) process is set forth, in detail, in the Professional Staff Peer Review Policy and shall be implemented for all: (i) APPs requesting initial Privileges; (ii) existing APPs requesting new Privileges during the course of a Privilege period; and, (iii) in response to concerns regarding an APP's ability to provide safe, high quality patient care. The FPPE period shall be used to determine the APP's current clinical competence and ability to perform the requested Privileges.

8.3-2 Upon conclusion of the FPPE period, ongoing professional practice evaluation (“OPPE”) shall be conducted on all APP’s with Privileges. The Hospital’s OPPE process is set forth, in detail, in the Professional Staff Peer Review Policy and requires the Hospital to gather, maintain, and review data on the performance of all APPs with Privileges on an ongoing basis.

8.4 TEMPORARY CLINICAL PRIVILEGES

8.4-1 CONDITIONS

Temporary Clinical Privileges may be granted only in the circumstances and under the conditions described in Section 8.4-2 below. Special requirements of consultation and reporting may be imposed by the Professional Staff Chair or the Department Chair/Division Chief responsible for supervision as applicable. Under all circumstances, the APP requesting temporary Clinical Privileges must agree in writing to abide by this Policy and applicable Hospital policies and procedures in all matters relating to his or her activities in the Hospital.

8.4-2 CIRCUMSTANCES

Upon written recommendation of the Professional Staff Chair, the Hospital CEO or Chief Medical Officer may grant temporary Clinical Privileges on a case-by-case basis in the following circumstances:

(a) Pendency of a Completed Application

- (1) Temporary Privileges may be granted to APP applicants for new Privileges awaiting application review and action by the PSEC and Board upon request by the APP for such Privileges and satisfaction of the following:
 - (i) Receipt of a complete application that raises no concerns.
 - (ii) Review and verification of the information set forth in Section 3.2 and Section 5.2 of this Policy.
 - (iii) Completion of a query and evaluation of the National Practitioner Data Bank information and such other queries as required by Section 6.2 of this Policy.
 - (iv) Confirmation that the APP has no current or previously successful challenges to his/her licensure or registration.
 - (v) Confirmation that the APP has not been subject to the involuntary limitation, reduction, denial, or loss of his/her clinical privileges.

- (2) APP applicants for new Privileges include an APP applying for Privileges at the Hospital for the first time; an APP currently holding Privileges who is requesting one or more additional Privileges during his/her current Privilege period; and an APP who is in the regrant process and is requesting one or more additional Privileges.
- (3) Temporary Privileges may be granted in this circumstance for a period not to exceed the pendency of the application (*i.e.*, completion of review and action on the application by the PSEC and Board) or one hundred twenty (120) days, whichever is less.
- (4) Under no circumstances may temporary Clinical Privileges be initially granted or renewed if the application is still pending because the APP has not responded in a satisfactory manner to a request for clarification of a matter or for additional information.

(b) Important Patient Care Need

- (1) Temporary Privileges may be granted to an APP to meet an important patient care, treatment, or service need (*e.g.*, care of a specific patient(s); when necessary to prevent a lack or lapse of services in a needed specialty area; for an APP who temporarily comes to the Hospital to learn (be proctored on) or to teach (proctor) a procedure; *etc.*) upon receipt of a written request for the specific Clinical Privileges desired and verification of the APP's:
 - (i) Current licensure
 - (ii) Current competence relative to the Privileges being requested (*e.g.*, a fully positive written or documented oral reference specific to the APP's current competence regarding the Clinical Privileges being requested from a responsible medical staff authority at the APP's current hospital affiliation).
 - (iii) Prescriptive authority (as reflected in his/her license), DEA registration, and attestation of Ohio OARRS registration if applicable to the Privileges requested
 - (iv) Professional Liability Insurance
 - (v) Query of the National Practitioner Data Bank and applicable OIG data banks
- (2) Temporary Clinical Privileges may be granted in this circumstance for an initial period of up to thirty (30) days and may be renewed for additional periods of up to thirty (30) days as necessary not to exceed a period of 120 days.

8.5 EMERGENCY PRIVILEGES

8.5-1 In the case of an emergency, any APP, to the degree permitted by his or her license and regardless of Privileges at the Hospital, shall be permitted to do everything possible to save the life of a patient using every facility of the Hospital necessary including calling for any consultation(s) necessary or desirable. When an emergency situation no longer exists, such APP must request the Clinical Privileges necessary to continue to treat the patient if the APP is not already granted such. In the event such Clinical Privileges are denied or the APP does not desire to request such Clinical Privileges, the patient shall be assigned to an APP or Practitioner with appropriate Privileges.

8.5-2 For the purpose of this section, an “emergency” is defined as a condition in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

8.5-3 Emergency Privileges shall automatically terminate upon alleviation of the emergency situation. An APP who exercises emergency Privileges shall not be entitled to the procedural rights set forth in Article XI.

8.6 DISASTER PRIVILEGES

8.6-1 Disaster Privileges are granted only when the following two conditions are present: (a) the Hospital’s emergency management plan has been activated, and (b) the Hospital is unable to meet immediate patient needs.

8.6-2 In circumstances of a disaster, disaster Privileges may be granted to volunteer APPs to assist with victims for up to thirty (30) days.

8.6-3 The Hospital CEO, Chief Medical Officer, or the Professional Staff Chair may grant such disaster Privileges on a case-by-case basis after verification of a valid government-issued photo identification issued by a state or federal agency (*e.g.*, driver’s license or passport) and at least one of the following: (i) a current license to practice, (ii) primary source verification of the license, (iii) a current hospital photo identification card that clearly 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 agency; or, (vi) confirmation of the identity of the volunteer APP and his/her qualifications by a Hospital employee or APP/Practitioner with Privileges at the Hospital.

8.6-4 Primary source verification of licensure will begin as soon as the immediate situation is under control or within 72 hours from the time the volunteer APP presents to the Hospital, whichever comes first. Under extraordinary circumstances where primary source verification cannot be completed in 72 hours (due to, for

example, no means of communication or lack of resources), the Professional Staff Office shall document the following: why primary source verification could not be performed in the required time frame; evidence of the volunteer APP's demonstrated ability to provide adequate care, treatment, and services; and, an attempt to rectify the situation as soon as possible. Primary source verification shall thereafter be completed as soon as possible. Primary source verification of licensure is not be required if the volunteer APP has not provided care, treatment, or services under the disaster Privileges.

8.6-5 The Hospital will make a decision within 72 hours based upon information obtained regarding the professional practice of the volunteer APP as to whether to authorize continued exercise of the disaster Privileges initially granted.

8.6-6 It is anticipated that disaster Privileges may be granted to state-wide APPs with current active Ohio licensure as necessary.

8.6-7 All APPs at the Hospital who receive disaster Privileges must, at all time while at the Hospital, wear an identification badge, with photograph, from the facility at which they otherwise hold Privileges. If the APP does not have such identification, he or she will be issued a badge identifying him or her and designating the APP as a volunteer APP disaster care provider.

8.6-8 The professional performance of APPs who receive disaster Privileges shall be managed by and under the direct observation of the Professional Staff Chair or an appropriate Department Chair/Division Chief.

8.6-9 Disaster Privileges shall cease upon alleviation of the circumstances of disaster as determined by the Hospital CEO.

8.7 TELEMEDICINE PRIVILEGES

8.7-1 It is anticipated that telemedicine Privileges may be granted to Ohio APPs. APPs who are responsible for the patient's care, treatment, and services via a telemedicine link shall be credentialed and privileged to do so by the Hospital in accordance with this Policy, accreditation requirements, and applicable law. If the Hospital has a pressing clinical need and the APP can supply that service through a telemedicine link, the APP may be evaluated for temporary Privileges in accordance with the procedures set forth in §8.4.2(b). APPs providing telemedicine services to Hospital patients shall be credentialed and privileged to do so through one of the following mechanisms:

- (a) The APP is credentialed and privileged by the Hospital in accordance with the procedure set forth in Section 6.3 or Section 6.4 of this Policy, as applicable.
- (b) The APP is credentialed and privileged by the Hospital in accordance with the procedure set forth in Section 6.3 or Section 6.4 of this Policy, as applicable, with the exception that the credentialing information and/or

privileging decision from the distant site may be relied upon by the Professional Staff and Board in making its recommendations/decision provided that the Hospital has entered into a written agreement with the distant site and all of the following requirements are met:

- (1) The distant site is a Medicare participating hospital or a facility that qualifies as a “distant site telemedicine entity.” A “distant site telemedicine entity” is defined as an entity that (1) provides telemedicine services, (2) is not a Medicare participating hospital, and (3) provides contracted services in a manner that enables hospitals using its services to meet all applicable conditions of participation, particularly those requirements related to the credentialing and privileging of APPs providing telemedicine services to the patients of the hospital.
 - (i) When the distant site is a Medicare participating hospital, the written agreement shall specify that it is the responsibility of the distant site hospital to meet the credentialing requirements of 42 C.F.R. 482.12 (a)(1)-(a)(7), as that provision may be amended from time to time, with regard to the distant site hospital APPs providing telemedicine services.
 - (ii) When the distant site is a “distant site telemedicine entity” the written agreement shall specify that the distant site telemedicine entity is a contractor of services to the Hospital and, as such, furnishes the contracted services in a manner that permits the Hospital to comply with all applicable conditions of participation for the contracted services including, but not limited to, 42 C.F.R. 482.12 (a)(1)-(a)(7), with regard to the distant site telemedicine entity APPs providing telemedicine services. The written agreement shall further specify that the distant site telemedicine entity’s medical staff credentialing and privileging process and standards will, at minimum, meet the standards at 42 C.F.R. 482.12 (a)(1)-(a)(7) and at 42 C.F.R. 482.22 (a)(1)-(a)(2), as those provisions may be amended from time to time.
- (2) The distant site is TJC accredited.
- (3) The individual distant site APP is privileged at the distant site for those services to be provided to Hospital patients via telemedicine link and the Hospital is provided with a current list of his/her privileges at the distant site.
- (4) The individual distant site APP holds an appropriate license or certificate issued by the appropriate Ohio licensing entity.

- (5) The Hospital maintains documentation of its internal review of the performance of each distant site APP and sends the distant site such performance information for use in the distant site's periodic appraisal of the distant site APP. At a minimum, this information must include:
 - (i) All adverse events that result from the telemedicine services provided by the distant site APP to Hospital patients; and,
 - (ii) All complaints the Hospital receives about the distant site APP.

8.8 DENIAL, TERMINATION, ETC. OF TEMPORARY, DISASTER, AND TELEMEDICINE PRIVILEGES

8.8-1 The Hospital CEO, Chief Medical Officer, or Professional Staff Chair may, at any time, terminate any or all of an APP's temporary, disaster, or telemedicine Privileges. Where the life or well-being of a patient is determined to be endangered, the APP's Privileges may be terminated by any person entitled to impose a summary suspension pursuant to this Policy.

8.8-2 An APP who has been granted temporary, disaster, or telemedicine Privileges shall not be entitled to the procedural rights set forth in Article XI because the APP's request for temporary, disaster, or telemedicine 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.

8.8-3 In the event an APP's Privileges are revoked, the APP's supervising or collaborating Practitioner shall provide for alternative coverage for the APP's Hospital patients.

LEAVE OF ABSENCE

9.1 LEAVE OF ABSENCE

9.1-1 STATUS

- (a) At the discretion of the PSEC and subject to the approval of the Board, an APP may, for good cause (which may include, but not be limited to, illness, injury, military duty, or educational sabbatical), obtain a voluntary leave of absence by giving written notice to the Professional Staff Office who shall notify the Professional Staff Chair and the chair/chief of the Department/Division in which the APP has his or her principal affiliation stating the approximate period of time of the leave which may not exceed one (1) year or the ending date of the current Privilege period, whichever occurs first.
- (b) Prior to a leave of absence being granted, the APP shall have made arrangements acceptable to the PSEC and Board for the care of his/her patients during the leave.
- (c) During the period of the leave, the APP's Clinical Privileges and responsibilities shall be inactive with the exception that the APP must continue to pay dues unless otherwise waived by the PSEC.
- (d) In order to qualify for reinstatement following a leave of absence, the APP must maintain Professional Liability Insurance coverage during the leave or purchase tail coverage for all periods during which the APP held Privileges. The APP shall provide information to demonstrate satisfaction of continuing Professional Liability Insurance coverage or tail coverage as required by this provision upon request for reinstatement.

9.1-2 TERMINATION OF LEAVE OF ABSENCE STATUS

- (a) At least thirty (30) days prior to the termination of the leave of absence, the APP may request reinstatement of his/her Privileges by sending a written notice to the Professional Staff Office who shall notify the Professional Staff Chair and the chair/chief of the applicable Department/Division.
- (b) The APP must submit a written summary of relevant activities during the leave as well as such additional information as is reasonably necessary to reflect that the APP is qualified for reinstatement of Privileges.
- (c) Once the APP's request for reinstatement is deemed complete, the procedures for regrant of Privileges set forth in Article XI of this Policy shall, as applicable, be followed in evaluating and acting on the reinstatement request.

9.1-3 FAILURE TO REQUEST REINSTATEMENT

If an APP fails to request reinstatement of Privileges upon the termination of a leave of absence, the PSEC 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 XI.

**COLLEGIAL INTERVENTION, INFORMAL REMEDIATION,
FORMAL CORRECTIVE ACTION, SUMMARY SUSPENSION, AND
AUTOMATIC SUSPENSION/TERMINATION**

10.1 COLLEGIAL INTERVENTION AND INFORMAL REMEDIATION

10.1-1 COLLEGIAL INTERVENTION

Prior to initiating formal corrective action against an APP for professional conduct or competency concerns, the Hospital CEO, the Chief Medical Officer, a Professional Staff officer, the Department Chair of Medicine or the Department Chair of Surgery, a Division Chief, or the Board/Board chair (through the Hospital CEO or Chief Medical Officer as its administrative agent) may elect, but is not obligated, to attempt to resolve the concern(s) informally. Any such informal, collegial attempts shall be documented and retained in the APP's quality peer review file.

10.1-2 INFORMAL REMEDIATION

An appropriately designated Professional Staff committee may enter into a voluntary remedial agreement with an APP, consistent with the Professional Staff's professional practice policies, to resolve potential clinical competency or conduct issues. If the affected APP fails to abide by the terms of an agreed-to remedial agreement, the affected APP will be subject to the formal corrective action procedures of this Article.

10.1-3 NO OBLIGATION

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

10.2 FORMAL CORRECTIVE ACTION

10.2-1 GROUNDS

- (a) Corrective action against any APP may be requested by the persons or bodies listed in Section 10.2-2 whenever the actions of such APP, either within or outside the Hospital, is considered to be or reasonably likely to be:
 - (1) unethical or below the applicable professional standards of care.
 - (2) detrimental to patient safety or to the delivery of efficient, quality patient care within the Hospital.

- (3) contrary to this Policy, the Hospital's Code of Regulations, or other applicable policies and procedures of the Professional Staff or Hospital.
- (4) detrimental to the health or safety of any other APP, Practitioner, Hospital employee, or person in the Hospital.
- (5) disruptive to the operation of the Hospital or the Professional Staff.
- (6) damaging to the reputation of the Professional Staff, the Hospital, or to the APP's profession.

10.2-2 PERSONS / BODIES WHO MAY REQUEST

- (a) Any of the following may request that corrective action be initiated:
 - (1) Professional Staff Chair, Professional Staff Chair-elect, or Past Professional Staff Chair
 - (2) Chair of the Department of Medicine or Chair of the Department of Surgery
 - (3) Division Chief
 - (4) Chair of the Multidisciplinary Peer Review Committee
 - (5) PSEC
 - (6) Hospital CEO or Chief Medical Officer
 - (7) Board or chair thereof
 - (8) Chair of the Professional Staff/APP Wellness Committee

10.2-3 FORM OF REQUEST

- (a) All requests for corrective action shall be in writing (which writing may be reflected in minutes), shall be made to the PSEC (except those initiated by the PSEC), and shall be supported by reference to the specific activities or conduct which constitute the grounds for the request.
- (b) In the event the request for corrective action is initiated by the PSEC, it shall reflect the basis for its recommendation in its minutes. The Professional Staff Chair shall promptly notify the Hospital CEO and Chief Medical Officer in writing of all such requests.

10.2-4 FORMAL CORRECTIVE ACTION INVESTIGATION

- (a) Upon receipt of the request for corrective action, the PSEC shall act on the request.
- (b) The PSEC may:
 - (1) Determine that no corrective action is warranted and close the matter.
 - (2) Determine that no corrective action is warranted and remand the matter for collegial intervention or informal resolution consistent with the Professional Staff governing documents.
 - (3) Initiate a formal corrective action investigation in accordance with the requirements set forth in this Section.
- (c) A matter shall be deemed to be under formal investigation upon the following event, whichever occurs first:
 - (1) The APP is notified by an appropriate Hospital or PSEC representative (either verbally or by Special Notice) that a request for corrective action has been submitted to the PSEC.
 - (2) The start of a PSEC meeting at which a request for corrective action is being presented.
- (d) For the sole purpose of determining whether there is a potential reportable event, the matter will be deemed to be under formal corrective action until the end of the PSEC meeting at which the issue is presented; provided, however, that if the PSEC determines to proceed with a formal corrective action investigation, the matter shall remain under formal corrective action investigation until such time as the PSEC rejects the request for corrective action, closes the investigation, or a final decision is rendered by the Board.
- (e) The affected APP shall be provided with written notice of a determination by the PSEC to go forward with a corrective action investigation.
- (f) The PSEC may conduct such investigation itself, assign the task to a standing or *ad hoc* committee, or refer the matter to the Board for investigation and resolution.
- (g) This investigative process shall not entitle the APP to the procedural rights provided in Article XI.
- (h) The investigating committee will proceed with its investigation in a prompt manner. The investigative process may include, without limitation, a meeting with the APP involved who may be given an opportunity to provide

information in a manner and upon such terms as the investigating committee deems appropriate; with the individual or group who made the request; and/or with other individuals who may have knowledge of or information relevant to the events involved.

- (i) If the investigation is conducted by a committee other than the PSEC or the Board, that committee shall submit a written report of the investigation, which may be reflected by minutes, to the PSEC as soon as is practical after its receipt of the assignment to investigate. The report should contain such detail as is necessary for the PSEC to rely upon it including recommendations for appropriate corrective action or no action at all (and the basis for such recommendations).
- (j) The PSEC may, at any time in its discretion, and shall, at the request of the Board, terminate the investigative process and proceed with action as provided below.

10.2-5 CONSIDERATION AND ACTION OR RECOMMENDATION BY PSEC

- (a) As soon as practical following completion of its report (which may be reflected by minutes), or receipt of a report from the investigating committee, the PSEC shall act upon the request for corrective action. Its action may include, without limitation, the following.
 - (1) A determination that no corrective action be taken.
 - (2) Issuance of a warning, a letter of admonition, or a letter of reprimand.
 - (3) Imposition of a focused professional practice evaluation period with retrospective review of cases but without a requirement for prior or concurrent consultation or direct supervision.
 - (4) Recommendation of imposition of a focused professional practice evaluation period requiring prior or concurrent consultation, direct supervision, or other form of monitoring/evaluation that limits the APP's ability to continue to exercise previously exercised Privileges.
 - (5) Recommendation of additional training or experience.
 - (6) Recommendation of reduction, suspension, or revocation of all, or any part, of the APP's Clinical Privileges.
 - (7) Such other recommendation or action as permitted and deemed appropriate under the circumstances.

10.2-6 EFFECT OF PSEC ACTION

- (a) Adverse Recommendation. If the recommendation of the PSEC is Adverse to the APP, the Professional Staff Chair shall promptly notify the affected APP in writing, by Special Notice, and the APP shall be entitled, upon timely and proper request, to the procedural rights set forth in Article XI. The Professional Staff Chair shall then hold the Adverse recommendation until the APP has exercised or waived his/her procedural rights after which the final PSEC recommendation, together with all accompanying information, shall be forwarded to the Board for action.

- (b) Failure to Act, Etc. If the PSEC (i) refers the matter to the Board; or (ii) fails to act on a request for corrective action within an appropriate time as determined by the Board, the Board may proceed with its own investigation or determination, as applicable to the circumstances. In the case of (ii), the Board shall make such determination after informing the PSEC of the Board's intent and allowing a reasonable period of time for response by the PSEC.
 - (1) If the Board's decision is not Adverse to the APP, the action shall be effective as its final decision and the Hospital CEO shall inform the APP of the Board's decision by Special Notice.
 - (2) If the Board's decision is Adverse to the APP, the Hospital CEO shall inform the APP, by Special Notice, and the APP shall be entitled, upon timely and proper request, to the procedural rights set forth in Article XI.

10.2-7 The commencement of corrective action procedures against an APP shall not preclude the summary suspension or automatic suspension or termination of all, or any portion, of the APP's Privileges in accordance with the procedures set forth in §10.3, §10.4 or §10.5 of this Article.

10.3 SUMMARY SUSPENSION

10.3-1 CRITERIA FOR INITIATION

- (a) The Professional Staff Chair in consultation with the PSEC (subject to subsection (b) below), the Hospital CEO, the Chief Medical Officer, the PSEC, the chair of the Board, or the Board shall each have the authority to summarily suspend all, or any portion, of the Clinical Privileges of an APP in the following circumstances:
 - (1) Conduct by the APP that requires immediate action be taken to protect or reduce the substantial likelihood of injury or imminent danger to the life, health, or safety of any patient, employee, or other person present in the Hospital.

- (b) If the nature of the situation is such that it would be unreasonable or impractical for the Professional Staff Chair to consult with the PSEC prior

to imposition of a summary suspension, the Professional Staff Chair may impose the summary suspension without the consultation described above.

- (c) Such summary suspension shall become effective immediately upon imposition. The person or group imposing the summary suspension shall immediately inform the Hospital CEO and Chief Medical Officer. The Hospital CEO shall promptly give Special Notice of the summary suspension to the APP.

10.3-2 PSEC ACTION

- (a) As soon as possible, but in no event later than five (5) days after a summary suspension is imposed, the PSEC (if the PSEC was not involved in the imposition of the summary suspension), shall convene to review and consider the action taken and the need, if any, for corrective action pursuant to Section 10.2 above.
- (b) The PSEC may modify, continue, or terminate a summary suspension provided that the summary suspension was not imposed by the Board or the Hospital CEO/Chief Medical Officer.
- (c) In the case of a summary suspension imposed by the Board or Hospital CEO/Chief Medical Officer, the PSEC shall give its recommendation to the Board as to whether such summary suspension should be modified, continued, or terminated. The Board may accept, modify, or reject the PSEC's recommendation.

10.3-3 PROCEDURAL RIGHTS

Not later than fourteen (14) days following the original imposition of the summary suspension, the APP shall be advised, by Special Notice, of the PSEC's determination; or, in the case of a summary suspension imposed by the Board or the Hospital CEO/Chief Medical Officer, of the PSEC's recommendation as to whether such suspension should be terminated, modified, or sustained, and of the APP's rights, if any, pursuant to Article XI.

10.3-4 OTHER ACTION

Lifting the summary suspension within fourteen (14) days of its original imposition on the ground that corrective action was not required shall not be deemed Adverse and a statement to that effect shall be placed in the APP's file.

10.4 AUTOMATIC SUSPENSION/LIMITATION

10.4-1 GROUNDS

- (a) The following events shall result in an automatic suspension or limitation of an APP's Privileges, as applicable, without recourse to the procedural rights set forth in Article XI.
- (1) License. Any action taken with respect to the APP's license as follows:
- (i) Restriction. Whenever an APP's license is limited or restricted by the applicable licensing or certifying authority, the Clinical Privileges which the APP has been granted at the Hospital that are within the scope of said limitation or restriction shall be automatically limited or restricted in a similar manner as of the date such action becomes effective and throughout its term.
 - (ii) Suspension. Whenever an APP's license to practice is suspended, the APP's Clinical Privileges shall be likewise automatically suspended consistent with such suspension effective upon and for at least the term of the suspension.
 - (iii) Probation. Whenever an APP is placed on probation by the applicable licensing or certifying authority, such probationary requirements, to the extent applicable, shall also be automatically imposed upon the Clinical Privileges of the APP during the term of the probation.
- (2) Controlled Substance
- (i) An APP whose DEA registration or prescribing authority (as reflected in his/her license) is revoked, limited, or suspended shall immediately and automatically be revoked, limited, or suspended as to his or her right to prescribe medications covered by the registration or prescribing authority as of the date such action becomes effective and throughout its term.
 - (ii) Whenever an APP's DEA registration number or prescribing authority (as reflected in his/her license) is subject to probation, the APP's right to prescribe medications thereunder shall automatically become subject to the terms of the probation, to the extent applicable, as of the date such action becomes effective and throughout its term.

- (3) Federal Healthcare Programs. Whenever an APP is suspended from participating in a Federal Healthcare Program, the APP's Clinical Privileges shall be immediately and automatically suspended.
- (4) Professional Liability Insurance. If an APP's Professional Liability Insurance coverage lapses, falls below the required minimum, is terminated, or otherwise ceases to be in effect, in whole or in part, the APP's Privileges shall be automatically suspended until Professional Liability Insurance coverage is restored or the matter is otherwise resolved pursuant to Section 10.5-1(a)(3) below. The Professional Staff Office shall be provided with a certified copy of the insurance certificate from the insurance company and a written statement explaining the circumstances of the APP's noncompliance with the Hospital's Professional Liability Insurance requirements, any limitation on the new policy, and a summary of relevant activities during the period of non-compliance. For purposes of this section, the failure of an APP to provide proof of Professional Liability Insurance shall constitute a failure to meet the requirements of this provision.
- (5) Suspension/Termination of Supervising/Collaborating Practitioner's Appointment/Privileges. Lapse, suspension, or termination of the APP's supervising or collaborating Practitioner's Professional Staff appointment and/or Privileges, for any reason, shall result in an automatic suspension of the APP's Privileges unless the APP has more than one (1) supervising or collaborating Practitioner with Professional Staff appointment and Privileges at the Hospital.
- (6) Termination of Standard Care Arrangement/Supervision Agreement. Termination or expiration of the APP's standard care arrangement or supervision agreement shall result in an automatic suspension of the APP's Privileges unless the APP has more than one (1) current, valid standard care arrangement or supervision agreement with a Physician or Podiatrist with Professional Staff appointment and Privileges at the Hospital on file in the Professional Staff Office.
- (7) Failure to Abide by Professional Staff/Hospital Policies. Failure to abide by applicable Professional Staff Policies or Hospital policies including, but not limited to, the policy regarding delinquent medical records, shall result in the imposition of an automatic suspension of the APP's Privileges to the extent and in the manner provided for in such applicable Professional Staff Policies or Hospital policies.

10.4-2 IMPACT OF AUTOMATIC SUSPENSION OR LIMITATION

- (a) With the exception of Section 10.4-1(a)(7) regarding delinquent medical records, during such period of time when an APP's Privileges are automatically suspended or limited pursuant to Section 10.4-1, he/she may not, as applicable, exercise any Privileges at the Hospital.
- (b) An APP whose Privileges are automatically suspended or limited pursuant to Section 10.4-1(a)(7) for delinquent medical records is subject to the same limitations except that such APP may:
 - (1) Conclude the management of any patient under his or her care in the Hospital at the time of the effective date of the automatic suspension/limitation of Privileges.
 - (2) Attend to the management of patients under the APP's care requiring emergency care and intervention.

10.4-3 ACTION FOLLOWING IMPOSITION OF AUTOMATIC SUSPENSION OR LIMITATION

- (a) As soon as practicable after imposition of an automatic suspension or limitation, the PSEC shall convene to review and consider the facts and may recommend corrective action as it may deem appropriate following the procedure generally set forth in §10.2 of this Article.
- (b) The lifting of the action or inaction that gave rise to an automatic suspension or limitation of the APP's Privileges shall result in the automatic reinstatement of such Privileges; provided, the APP shall be obligated to provide such information as the Professional Staff Office shall reasonably request to assure that all information in the APP's credentials file is current.
- (c) It shall be the duty of the Professional Staff Chair to cooperate with the Hospital CEO and Chief Medical Officer to enforce all automatic suspensions.

10.5 AUTOMATIC TERMINATION

10.5-1 GROUNDS

- (a) The following events shall result in an automatic termination of an APP's Privileges without recourse to the procedural rights contained in Article XI.
 - (1) Licensure. Whenever an APP's license to practice is terminated, the APP's Clinical Privileges shall be likewise automatically terminated as of the date such action becomes effective.
 - (2) Federal Healthcare Program. Whenever an APP is excluded from participating in a Federal Healthcare Program, the APP's Privileges shall be automatically terminated.

- (3) Professional Liability Insurance. In the event that proof of Professional Liability Insurance coverage is not provided to the Professional Staff Office within forty-five (45) days of an APP's automatic suspension pursuant to Section 10.4-1(a)(4), the APP's Privileges shall automatically terminate as of the forty-sixth (46th) day.
- (4) Plea of Guilty, etc. to Certain Offenses. If an APP pleads guilty or no contest to, or is found guilty of, a felony or other serious offense which involves (i) violence or abuse upon a person, (ii) conversion, embezzlement, or misappropriation of property; (iii) fraud, bribery, evidence tampering, or perjury; (iv) a drug offense; or (v) if an APP has been convicted of or pled guilty to any of the violations described in division (A)(4) of section 109.572 of the Ohio Revised Code which disqualify the APP from employment or appointment at a children's hospital pursuant to section 2151.86 of the Ohio Revised Code as such laws may be amended from time to time, the APP's Clinical Privileges shall be immediately and automatically terminated.
- (5) Supervising/Collaborating Practitioner. If the APP's Privileges are automatically suspended pursuant to Section 10.4-1(a)(5) and the APP does not make arrangements for supervision by/collaboration with an appropriate Practitioner with Professional Staff appointment and Privileges at the Hospital within thirty (30) days of the automatic suspension, the APP's Privileges shall automatically terminate as of the thirty-first (31st) day.
- (6) Failure to Submit New Standard Care Arrangement/Supervision Agreement. If the APP's Privileges are suspended pursuant to Section 10.4-1(a)(6) and the APP does not submit a new, executed standard care arrangement or supervision agreement with a Physician or Podiatrist with Professional Staff appointment and Privileges at the Hospital within thirty (30) days of the automatic suspension, the APP's Privileges shall automatically terminate as of the thirty-first (31st) day.

10.6 CONTINUITY OF PATIENT CARE

Upon the imposition of a summary suspension, automatic suspension, or automatic termination, the APP's supervising or collaborating Practitioner shall provide for alternative coverage for the APP's Hospital patients.

10.7 REPORTS TO FEDERAL AND STATE AUTHORITIES

10.7-1 The Hospital CEO shall be responsible for submission of all reports required by federal or state law based upon professional review actions as that term is defined

in the Health Care Quality Improvement Act of 1986, as amended, and formal disciplinary action as that term is defined pursuant to applicable federal and state law.

10.7-2 The filing or non-filing of such reports, or any investigation or disciplinary action (or lack thereof) taken by the State Medical Board of Ohio, the Ohio Board of Nursing, or other applicable licensing entity shall not preclude any action to suspend, restrict, or revoke the Clinical Privileges of an APP pursuant to this APP Policy.

10.7-3 Nothing herein shall be construed to be a waiver of the privileged and confidential status of the proceedings or records of the Hospital/Professional Staff peer review committees as provided by Ohio's peer review statute.

PROCEDURAL RIGHTS

11.1 APPLICABILITY & DEFINITIONS

The purpose of this Article is to provide a mechanism for resolution of matters Adverse to APPs who have, or APP applicants who have requested, Privileges at the Hospital.

11.2 EFFECT OF ADVERSE RECOMMENDATIONS AND ACTIONS

11.2-1 By the PSEC. Unless otherwise provided in this Policy, when an APP receives Special Notice of an Adverse recommendation of the PSEC, the APP shall be entitled to a hearing and appellate review, if applicable, in accordance with the procedures set forth in this Article.

11.2-2 By the Board. Unless otherwise provided in this Policy, when an APP receives Special Notice of an Adverse recommendation or action of the Board, and such decision is not based upon a prior Adverse recommendation of the PSEC with respect to which the APP was entitled to a hearing, the APP shall be entitled to a hearing and appellate review, if applicable, in accordance with the procedures set forth in this Article.

11.3 ADVERSE RECOMMENDATION OR ACTIONS

11.3-1 Unless otherwise provided in this Policy, the following recommendations or actions shall, if deemed Adverse, entitle the APP affected thereby to a hearing:

- (a) Denial of initial Privileges or regrant of Privileges.
- (b) Suspension, restriction, or termination of Privileges in excess of fourteen (14) days as part of a formal corrective action process.
- (c) Imposition of a focused professional practice evaluation resulting in a limitation on previously exercised Privileges in excess of fourteen (14) days as part of a formal corrective action process.

11.3-2 WHEN DEEMED ADVERSE

- (a) A recommendation or action listed in Section 11.3-1 shall be deemed Adverse, as such term is defined in this Policy, only when it has been:
 - (1) Recommended by the PSEC; or,
 - (2) Taken by the Board under circumstances where no prior right to a hearing existed.
- (b) Recommendations or actions pertaining to an APP's Clinical Privileges that are based on any matter which does not relate to the clinical competence or

professional conduct of an APP shall not give rise to any hearing or appellate review rights unless otherwise specified in this Policy.

11.4 ACTIONS THAT DO NOT GIVE RIGHT TO HEARING

11.4-1 The following actions are not deemed to be Adverse and shall not constitute grounds for, or entitle the APP to request, a hearing.

- (a) Any action recommended/taken by the PSEC or the Board against an APP where the action was recommended/taken solely for administrative or technical failings of the APP (*e.g.*, failure of an APP to satisfy baseline qualifications for Privileges, or to provide requested information, *etc.*).
- (b) The denial, termination, modification, or suspension of temporary, emergency, disaster, or telemedicine Privileges.
- (c) Ineligibility for the Privileges requested because a Department/Division has been closed or the Hospital is presently a party to an exclusive contract for such services; provided, however, that in such situation the APP shall be entitled to a hearing limited solely to the issue of whether the closure or contract encompasses the Privileges which the APP sought.
- (d) Ineligibility for requested Privileges because of the Hospital's lack of facilities, equipment, or support services; because the Hospital has elected not to perform or does not provide the service or the procedure for which Privileges are sought; or, inconsistency with the Hospital's strategic plan; provided, however, that in such situation, the APP shall be entitled to a hearing limited solely to the issue of whether evidence exists in support of the basis for denial.
- (e) An automatic suspension or automatic termination of Privileges as defined in Section 10.4 or Section 10.5 of this Policy.
- (f) An oral or written reprimand or warning.
- (g) Imposition of focused or ongoing professional practice evaluation as part of the routine peer review process.
- (h) Termination of the APP's employment or other contract for services unless the employment/services contract or this Policy provides otherwise.
- (i) Voluntary agreement not to exercise or resignation of Privileges when such voluntary agreement or resignation is not in return for the Professional Staff or Board refraining from conducting an investigation based upon the APP's professional conduct or clinical competence.

- (j) Any other recommendation/action taken by the PSEC or Board that does not relate to the clinical competence or professional conduct of an APP unless this Policy specifically states such action to be Adverse.

11.5 NOTICE OF ADVERSE RECOMMENDATION OR ACTION

11.5-1 An APP against whom an Adverse recommendation or action has been made/taken shall promptly be given Special Notice thereof by the Professional Staff Chair or Hospital CEO. The notice shall include:

- (a) Notice of the Adverse recommendation or action and the nature of the same by stating in concise terms the basis for the denial of Privileges; or, in the case of a corrective action, the acts or omissions with which the APP is being charged (including a list of specific or representative patient charts in question, where applicable), and any other information forming the basis for the Adverse recommendation or action which is the subject of the hearing.
- (b) A statement that the APP must file a written request for hearing, if so desired, with the Hospital CEO within thirty (30) days of receipt of the Notice of Adverse Recommendation or Action and the manner in which to do so.
- (c) A statement that if the APP fails to file a written request for hearing with the Hospital CEO within thirty (30) days of receipt of the Notice of Adverse Recommendation or Action, such failure shall constitute a waiver of his/her right to a hearing and to an appellate review on the issue that is the subject of the Notice of Adverse Recommendation or Action.
- (d) A summary of hearing rights.

11.5-2 The APP shall have thirty (30) days following receipt of the Notice of Adverse Recommendation or Action to request a hearing. The request shall be in writing, addressed to the Hospital CEO, and delivered by Special Notice.

11.5-3 An APP who fails to request a hearing, within the time frame and in the manner specified, waives any right to such hearing and to any appellate review to which he/she might otherwise have been entitled. The Adverse recommendation or action shall thereafter be presented to the Board for final decision. The APP shall be informed of the Board's final decision by Special Notice.

11.6 NOTICE OF HEARING

11.6-1 Upon receipt from an APP of a timely and proper request for hearing, the Hospital CEO shall deliver the request to the Professional Staff Chair, if the request for a hearing was prompted by an Adverse recommendation of the PSEC, or to the Board chair, if the request for hearing was prompted by an Adverse recommendation of

the Board. The Professional Staff Chair or Board chair, as applicable, will promptly schedule and arrange for a hearing.

- 11.6-2 At least thirty (30) days prior to the hearing, the Hospital CEO shall send the APP a Notice of Hearing by Special Notice. The Notice of Hearing will set forth the date, time, and place of the hearing, which date shall be not less than thirty (30) days after the date of the Notice of Hearing unless otherwise mutually agreed to by the parties.
- 11.6-3 A hearing for an APP who is under summary suspension shall, at the request of the APP, be held as soon as the arrangements may be reasonably made and provided that the APP agrees to a waiver of the thirty (30) day advance notice time requirement.
- 11.6-4 The Notice of Hearing shall also include a list of witnesses, if any, expected to testify at the hearing in support of the Adverse recommendation/action on behalf of the PSEC or Board as well as a time frame within which the APP must provide the PSEC or Board, as applicable, his/her list of witnesses.
- 11.6-5 The Notice of Hearing shall also outline a schedule for exchange of documents upon which each party expects to rely at the hearing.
- 11.6-6 Each party remains under a continuing obligation to provide to the other party any documents or witnesses identified after the initial exchange which the party intends to introduce at the hearing. The introduction of any documents not provided prior to the hearing, or the admissibility of testimony to be presented by a witness not so listed, shall be at the discretion of the presiding officer.

11.7 HEARING OFFICER OR HEARING PANEL

- 11.7-1 The hearing shall be conducted by either (i) a hearing officer, or (ii) a hearing panel, as determined by whichever body, the PSEC or Board, made the Adverse recommendation or took the Adverse action that is the basis for the hearing.
 - (a) A hearing officer may be a Practitioner, an individual from outside the Hospital, such as an attorney, or other individual qualified to conduct the hearing. The hearing officer is not required to be a Professional Staff Appointee.
 - (b) A hearing panel shall consist of not less than three (3) individuals and shall be chosen by the PSEC or the Board, whichever body made the Adverse recommendation or took the Adverse action that is the basis for the hearing. The panel members may either be Practitioners or APPs, individuals from outside of the Hospital, or a combination thereof, as determined by the PSEC or the Board, as appropriate.

- (1) The PSEC or Board, as appropriate, may appoint one (1) of the panel members as the chair of the panel. The chair of the panel shall preside over the proceeding.
- (2) If the PSEC or Board, as appropriate, elects not to designate the panel's chair, one (1) of the panel members shall be appointed as chair pursuant to a majority vote of the panel members.
- (3) In the alternative, the PSEC or Board, as appropriate, may appoint an active or retired attorney at law in addition to the hearing panel members to act as presiding officer; provided, however, that such individual shall not be entitled to vote on the hearing panel's recommendation.

11.7-2 Any person shall be disqualified from serving as a hearing officer, on a hearing panel, or as a presiding officer if the person directly participated in initiating the Adverse recommendation or action, or in investigating the underlying matter at issue; if the person has taken an active part in the matter contested; or, if the person is a direct economic competitor or otherwise has a conflict of interest with the APP involved in the hearing. In the event that an attorney serves as the hearing officer, on the hearing panel, or as a presiding officer, he/she must not represent clients in direct economic competition with the APP who is the subject of the hearing or the APP's collaborating or supervising Practitioner.

11.8 CONDUCT OF HEARING

11.8-1 VOTING BY HEARING PANEL MEMBERS

If a hearing panel is selected, a majority of the hearing panel members must be present at the hearing; no hearing panel member may vote by proxy.

11.8-2 APP ABSENCE OR OTHER DELAY

- (a) The APP must physically appear at and proceed with the hearing. An APP who fails, without good cause, to appear and proceed at the hearing shall be deemed to have waived his or her rights to such hearing and to any appellate review to which he/she might otherwise have been entitled.
- (b) Prior to the beginning of the hearing, the Hospital CEO in discussion with the hearing officer or hearing panel, as applicable, shall determine whether requests for postponement or rescheduling of a hearing should be granted. The presumption shall be that the hearing will go forward on its scheduled date in the absence of a showing of good cause.
- (c) The APP must notify the Hospital CEO of the reasons for his or her absence at least twenty-four (24) hours before the scheduled hearing. If good cause is shown, the Hospital CEO may postpone or reschedule the hearing as soon as practical. The Hospital CEO has sole discretion to define "good cause."

- (d) Once the hearing has begun, the hearing officer or hearing panel shall determine whether there is “good cause” for delay in the event of a request for postponement or rescheduling of hearing dates. The hearing officer or hearing panel has sole discretion to define “good cause.”

11.8-3 RIGHT TO ACCOMPANIMENT/REPRESENTATION

- (a) The APP may be accompanied by either legal counsel or a person of the APP’s choice.
- (b) The Professional Staff Chair or the chair of the Board, depending upon whose Adverse recommendation or action prompted the hearing, may appoint an attorney or one of its members to represent the PSEC or Board at the hearing, to present the facts in support of its Adverse recommendation or action, and to examine witnesses. If an attorney is chosen to represent the PSEC or Board, then either of those bodies, whichever the case may be, may also appoint one of its members to present the facts in support of its Adverse recommendation or action.
- (c) If either party will be accompanied by legal counsel, notice of such must be given to the other party at such times as counsel is obtained.

11.8-4 HOSPITAL EMPLOYEES

Neither the APP, nor his/her attorney, or any other person on behalf of the APP shall contact a Hospital employee while the employee is working at the Hospital. The APP (or his/her attorney or other agent) may contact the Hospital CEO (or legal counsel to the PSEC or Board, as applicable, if representation has been obtained) to request assistance in talking with Hospital employees. Although Hospital employees will be encouraged to participate in the hearing process, all such participation shall be voluntary and the Hospital shall not have the authority to demand participation unless such participation is a part of the employee’s job description. At his/her request, a Hospital employee may be accompanied by legal counsel (who may be the counsel who represents the PSEC or Board, as applicable) when meeting with the APP or his/her attorney or other agent.

11.8-5 ORDER OF PROCEEDINGS

The hearing officer, the hearing panel chair, or other designated individual, as applicable, shall serve as the presiding officer and shall act to maintain decorum and to assure that all participants in the hearing process have a reasonable opportunity to present relevant oral and documentary evidence. The presiding officer shall make all rulings on matters of law, procedure, and the admissibility of evidence.

11.8-6 RIGHTS OF THE PARTIES AT HEARING

- (a) Both parties shall have the following rights:

- (1) To be represented by an attorney or a person of the party's choice.
- (2) To be provided with a list of witnesses and copies of documents that will be relied upon by the other party at the hearing.
- (3) To call and examine witnesses.
- (4) To introduce exhibits.
- (5) To cross examine any witness on any matter relevant to the hearing.
- (6) To impeach (challenge the credibility of) witnesses.
- (7) To present and/or rebut evidence determined to be relevant by the hearing officer or panel regardless of its admissibility in a court of law.
- (8) To have a record made of the proceedings, copies of which may be obtained by the APP upon payment of any reasonable charges associated with the preparation thereof.
- (9) To submit a written statement at the conclusion of the hearing.
- (10) Upon completion of the hearing, to receive a copy of the written recommendation of the hearing officer or hearing panel (including a statement of the basis for the hearing officer's or hearing panel's recommendation(s)) and to receive a copy of the written decision of the Board (including a statement of the basis for the Board's decision).

11.8-7 ORDER OF PROCEEDINGS AND BURDEN OF PROOF

- (a) At the hearing, the PSEC or the Board, as applicable, and the APP may make opening statements.
- (b) Following the opening statements, the body whose Adverse recommendation or action gave rise to the hearing shall present its evidence first establishing the basis for its recommendation or action. The triggering body shall also have the right to rebuttal following the presentation of the APP's case.
- (c) The APP has the burden of proving, by clear and convincing evidence, that the Adverse recommendation or action lacks any substantial factual basis or that such basis, or the conclusions drawn therefrom, are arbitrary, capricious, or unreasonable.

- (d) Each party shall, prior to or during the hearing, be entitled to submit memoranda concerning any issue of fact or procedure and such memoranda shall become a part of the hearing record.
- (e) The parties may make closing statements following the introduction of all of the evidence and submit a written statement at the conclusion of the hearing.

11.8-8 APP TESTIMONY

If the APP who requested the hearing does not testify on his/her own behalf, he/she may be called to testify and examined as if under cross examination.

11.8-9 EVIDENTIARY MATTERS

- (a) The hearing will not be governed by the rules of evidence applicable to a court of law.
- (b) At the hearing, the rules of law relating to examination of witnesses or presentation of evidence need not be strictly enforced except that oral evidence shall be taken only on oath or affirmation administered by any person designated by the presiding officer and entitled to notarize documents in the State of Ohio.
- (c) Any relevant matter that responsible persons would ordinarily rely upon in the conduct of serious affairs may be considered regardless of its admissibility in a court of law.
- (d) In reaching a decision, the hearing panel or hearing officer, as applicable, may take official note at any time for evidentiary purposes of any generally accepted technical or scientific principles relating to the matter at hand and of any facts that may be judicially noticed by Ohio courts. The parties to the hearing shall be informed of the principles or facts to be noticed and the same shall be noted in the hearing record. Any party shall be given the opportunity to request that a principle or fact be officially noticed or to refute any officially noticed principle or fact by evidence or by written or oral presentation of authority in such manner as determined by the hearing officer or panel

11.8-10 RECORD OF PROCEEDINGS

A record of the hearing shall be kept of sufficient accuracy that an informed and valid judgment can be made by any group that may later be called upon to review the record and render a recommendation or decision in the matter. The hearing panel or hearing officer, as applicable, shall arrange for a court reporter to transcribe the hearing. Upon request, the APP shall be entitled to obtain a copy of the record at his/her own expense.

11.8-11 CONFIDENTIALITY

All aspects of the proceedings shall be considered privileged, confidential, and protected by Ohio law, and shall not be open to the public.

11.8-12 RECESSES AND DELIBERATIONS

- (1) The hearing panel or hearing officer, as applicable, may recess the hearing and reconvene it without additional notice for the convenience of the participants, to obtain new or additional evidence, or if consultation is required for resolution of the matter.
- (2) When presentation of oral and written evidence is complete, the hearing shall be closed.
- (3) The hearing shall be adjourned upon receipt of the transcript of the proceedings and any closing written statements, whichever occurs later.
- (4) The hearing panel or officer shall deliberate outside the presence of the parties at such time and in such location as is convenient.

11.9 HEARING RECOMMENDATION

11.9-1 Within thirty (30) days after adjournment of the hearing, the hearing officer or hearing panel shall report, in writing, its findings and recommendation (including a statement of the basis for such recommendation) with specific references to the hearing record and shall forward the report, along with the record and other documentation introduced at the hearing and considered by the hearing officer/panel, to the body whose Adverse recommendation or action occasioned the hearing. The hearing recommendation shall be based exclusively upon the written and oral evidence presented at the hearing and any memoranda submitted by the parties.

11.9-2 Within fourteen (14) days after receipt of the report of the hearing panel or hearing officer, the triggering body shall consider the same and affirm, modify, or reverse its recommendation or action in the matter.

(a) Favorable Recommendation or Action.

- (1) When the PSEC's recommendation is favorable to the APP, the Board may adopt or reject any portion of the PSEC's recommendation that was favorable to the APP or refer the matter back to the PSEC for additional consideration. Any such referral shall state the reason(s) for the requested reconsideration, set a time limit within which a subsequent recommendation must be made to the Board, and may include a directive that an additional hearing be conducted to clarify issues that are in doubt. After receipt of such

subsequent recommendation, and any new evidence in the matter, the Board shall take action.

- (2) A favorable determination by the Board (whether as the triggering body or in affirmance of a favorable recommendation by the PSEC) shall be effective as the Board's final decision and the matter shall be considered closed.
- (b) Adverse Recommendation/Action. If the recommendation of the PSEC or action of the Board is Adverse to the affected APP after exhaustion of his/her hearing rights, the APP shall be entitled, upon timely and proper request, to an appellate review before a final decision is rendered on the matter by the Board.

11.9-3 Such recommendation or action of the PSEC and/or Board shall be transmitted, together with the hearing record, the report of the hearing panel or hearing officer, and all other documentation introduced at the hearing and considered by the hearing officer/panel, to the Hospital CEO.

- (a) The Hospital CEO shall promptly send a copy of the hearing panel's or hearing officer's report, together with a copy of the decision of the body whose Adverse recommendation or action triggered the hearing, to the affected APP by Special Notice.
- (b) In the event of an Adverse result, the notice shall inform the APP of his/her right to request an appellate review by the Board before a final decision regarding the matter is rendered.

11.10 REQUEST FOR APPELLATE REVIEW

An APP shall have fourteen (14) days after receiving notice of his/her right to request an appellate review to submit a written request for such review. Such request shall be directed to the Board in care of the Hospital CEO by Special Notice. If the APP wishes an attorney to represent him/her at any appellate review appearance permitted, his/her request for appellate review shall so state. The request shall also state whether the APP wishes to present oral arguments to the appellate review body.

11.11 WAIVER BY FAILURE TO REQUEST APPELLATE REVIEW

An APP who fails to request an appellate review in accordance with §11.10 waives any right to such review.

11.12 NOTICE OF TIME AND PLACE FOR APPELLATE REVIEW

Upon receipt of a timely request for appellate review, the Hospital CEO shall deliver such request to the Board. As soon as practicable, the Board chair shall schedule and arrange for the appellate review.

At least ten (10) days prior to the date of the appellate review, the Hospital CEO shall advise the APP, by Special Notice, of the date, time and place of the review, and whether oral arguments will be permitted.

The appellate review body may extend the time for the appellate review for good cause if such request is made as soon as is reasonably practicable.

The date of the appellate review shall not be less than ten (10) days, nor more than thirty (30) days, from the date of the Notice of Appellate Review except that when the APP requesting the review is under a suspension which is then in effect such review shall be scheduled as soon as arrangements for it may reasonably be made provided that the APP agrees to waive the time requirements set forth in this section.

11.13 APPELLATE REVIEW BODY

The Board shall determine whether the appellate review shall be conducted by the Board as a whole or by an *ad hoc* or standing Board committee. If a committee is appointed, one (1) of its members shall be designated as chair by the Board chair.

11.14 APPELLATE REVIEW PROCEDURE

11.14-1 NATURE OF PROCEEDINGS

The proceedings by the review body shall be in the nature of an appellate review based upon the record of the hearing before the hearing panel/officer, the hearing panel's/officer's report, and all subsequent results and actions thereon for the purpose of determining whether the APP was denied a fair hearing and/or whether the Adverse recommendation or action

against the affected APP was justified, as supported by substantial, credible evidence presented at the hearing, and not arbitrary, capricious, or unreasonable. The appellate review body shall also consider any written statements submitted pursuant to §11.4-2. The affected APP shall have access to the report and record of the hearing panel/officer and the PSEC and/or the Board, as applicable, and all other materials, favorable or unfavorable, that was considered in making the Adverse recommendation or taking the Adverse action against the APP.

11.14-2 WRITTEN STATEMENTS

The appellate review body shall set a date by which written statements must be submitted to it, through the Hospital CEO, and to the opposing party. The APP's statement should describe the facts, conclusions, and procedural matters with which he/she disagrees and the reasons for such disagreement. The body whose Adverse recommendation/action occasioned the review should discuss the basis upon which it believes its recommendation/action should be upheld and may submit a written statement in support of its action.

11.14-3 ORAL ARGUMENTS

The appellate review body may, at its discretion, allow the parties or their representatives to appear and make oral statements. The decision to permit oral arguments shall be in the sole discretion of the appellate review body. The body shall further decide what time limits, if any, should be placed upon the arguments and whether the arguments will be presented separately or with representatives of both parties in the room. Parties or their representatives appearing before the review body must answer questions posed to them by the review body.

11.14-4 PRESIDING OFFICER

The chair of the appellate review body shall preside over the appellate review including determining the order of procedure, making all required rulings, and maintaining decorum during all proceedings.

11.14-5 CONSIDERATION OF NEW/ADDITIONAL EVIDENCE

- (1) If a party wishes to introduce new/additional evidence not raised or presented during the original hearing and not otherwise reflected in the record, the party must make such request in writing at the time he/she submits a request for appellate review pursuant to §11.10.
- (2) The party may introduce such evidence at the appellate review only if expressly permitted by the appellate review body, in its sole discretion, and only upon a clear showing by the party requesting consideration of the evidence that it is new, relevant evidence not

previously available at the time of the hearing or that a request to admit relevant evidence was previously erroneously denied.

- (3) In the exceptional circumstance where the appellate review body determines to hear such evidence, the appellate review body shall further have the ability to recess appellate review and remand the matter back to the hearing officer/panel.
- (4) In such event, the hearing shall be reopened as to this evidence only and the evidence shall be subject to submission and cross-examination and/or counter-evidence.
- (5) The hearing officer/panel shall then prepare a supplemental report and submit it to the triggering body. The triggering body will then notify the appellate review body, in writing, through the Hospital CEO as to whether the triggering body will or will not be amending its recommendation or action and the nature of the amendment or reason for non-amendment.
- (6) The Hospital CEO shall then provide a copy of the hearing officer's/panel's supplemental report and the triggering body's recommendation/action to the APP and the appellate review process shall recommence.

11.14-6 RECESS & ADJOURNMENT

The appellate review body may recess the review proceeding and reconvene the same without additional notice if it deems such recess necessary for the convenience of the participants, to obtain new or additional evidence, or if consultation is required for resolution of the matter. Upon conclusion of oral statements, if allowed, the appellate review shall be closed. The review body shall then deliberate outside the presence of the parties at such time and in such location as is convenient to the review body. The appellate review shall be adjourned at the conclusion of the review body's deliberations.

11.15 ACTION FOLLOWING CONCLUSION OF APPELLATE REVIEW

If the appellate review is conducted by the Board as a whole, it may affirm, modify, or reverse its prior decision; accept or reject the recommendation of the PSEC; or refer the matter back to the PSEC for further review and recommendation. Such referral may include a request that the PSEC arrange for a further hearing to resolve disputed issues and a specified time period in which to do so and report back to the Board.

If the appellate review is conducted by a Board committee, such committee shall, within fifteen (15) days after adjournment of the appellate review, issue a written report recommending that the Board affirm, modify, or reverse its prior decision; accept or reject the recommendation of the PSEC; or, refer the matter back to the PSEC for further review

and recommendation. Such referral may include a request that the PSEC arrange for a further hearing to resolve disputed issues and a specified time period in which to do so and report back to the Board.

11.16 FINAL DECISION OF BOARD

Within thirty (30) days after adjournment of the appellate review the Board shall reach a decision.

- (a) If this decision is in accordance with the PSEC's last recommendation, or the Board's last action in the matter, it shall be immediately effective and final and shall not be subject to further hearing or appellate review.
- (b) If this decision is contrary to the PSEC's last recommendation, or the Board's last action in the matter, the Board shall refer the matter to the Joint Conference Committee prior to issuing notice of its final decision. This committee shall make its written recommendation to the Board within fifteen (15) days of receipt of the Board's request. The Board shall then make its final decision. The Board's final decision shall be immediately effective and the matter shall not be subject to any further referral or review.
- (c) The Hospital CEO will promptly send a copy of the Board's written decision, with a statement of the basis for the decision, to the affected APP, by Special Notice, and to the Professional Staff Chair.

11.17 REPORTING

The Hospital CEO shall report any final action taken by the Board pursuant to this Policy to the appropriate authorities as required by law and in accordance with applicable Hospital procedures regarding the same.

11.18 GENERAL PROVISIONS

11.18-1 WAIVER

If at any time after receipt of notice of an Adverse recommendation, action, or result, the affected APP fails to satisfy a request, make a required appearance, or otherwise comply with this Article, he/she shall be deemed to have voluntarily waived all rights to which he/she might otherwise have been entitled with respect to the matter involved.

11.18-2 EXHAUSTION OF REMEDIES

An APP must exhaust the remedies afforded by this Article before resorting to any form of legal action.

11.18-3 RELEASE

By requesting a hearing or appellate review, the APP agrees to be bound by the provisions set forth in this Policy regarding confidentiality, reporting immunity, and release of liability.

11.18-4 REPRESENTATION BY COUNSEL

At such time as the APP, PSEC, or Board is represented by legal counsel, then all notices required to be sent herein may be served upon legal counsel, and the requirement that such notices be sent by Special Notice is hereby waived. Rather, such notices may be sent by regular first class U.S. mail, telefax, e-mail, or such other manner as is mutually agreeable to the parties.

11.18-5 RIGHT TO ONE HEARING AND APPELLATE REVIEW

Notwithstanding any other provision of this Article to the contrary, no APP shall be entitled as a matter of right to more than one (1) hearing and one (1) appellate review on any matter for which there is a hearing right. Adverse recommendations or actions on more than one (1) matter may be consolidated and considered together or separately as the Board shall designate in its sole discretion.

CONFIDENTIALITY, IMMUNITY, RELEASES

12.1 SPECIAL DEFINITIONS

12.1-1 For the purpose of this Article, the following definitions shall apply:

- (a) *Information* means records of proceedings, minutes, records, reports, memoranda, statements, recommendations, data, and other disclosures whether in written or oral form relating to any of the subject matter specified in this Policy.
- (b) *Representative* means the Board and any officer, trustee/director, or committee thereof; the Hospital, Hospital CEO and his or her designee(s), the Chief Medical Officer, the Professional Staff organization and any Appointee, officer, Department, Division, or committee thereof, and any APP or other individual authorized to carry out assigned duties on its behalf; and any individual authorized by any of the foregoing to perform specific Information gathering or disseminating functions.
- (c) *Third Parties* means both individuals and organizations providing Information to any Representative.

12.2 AUTHORIZATIONS AND CONDITIONS

12.2-1 By applying for, or exercising, Clinical Privileges within the Hospital, an APP:

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

12.3 CONFIDENTIALITY OF INFORMATION

Information with respect to any APP submitted, collected, or prepared by any Representative or any other health care facility or organization or medical staff for the purpose of: evaluating, monitoring, or improving the quality, appropriateness, and efficiency of patient care; reducing morbidity and mortality; evaluating the qualifications, competence, and performance of an APP or acting upon matters relating to corrective action; contributing to teaching or clinical research; determining that healthcare services are professionally indicated and performed in accordance with the applicable standards of

care; or establishing and enforcing guidelines to help keep healthcare 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 healthcare facility or organization or medical staff engaged in an official, authorized activity for which the Information is needed; nor be used in any way except as provided herein or except as otherwise required/permitted by law. Such confidentiality shall also extend to Information of like kind that may be provided by/to Third Parties. This Information shall not become part of any particular patient's file or of the general Hospital records. It is expressly acknowledged by each APP that violation of the confidentiality provisions provided herein is grounds for corrective action.

12.4 IMMUNITY FROM LIABILITY

12.4-1 FOR ACTION TAKEN

No Representative shall be liable to an APP for damages or other relief for any action taken or statement or recommendation made within the scope of his/her duties as a Representative provided that such Representative does not act on the basis of false Information knowing such Information to be false.

12.4-2 FOR PROVIDING INFORMATION

No Representative and no Third Party shall be liable to an APP for damages or other relief by reason of providing Information, including otherwise privileged or confidential information, to a Representative or to any other health care facility or organization or medical staff concerning an APP who did or does exercise Clinical Privileges at the Hospital provided that such Representative or Third Party does not act on the basis of false Information knowing such Information to be false.

12.5 ACTIVITIES AND INFORMATION COVERED

12.5-1 ACTIVITIES

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

- (a) applications for Clinical Privileges
- (b) periodic reappraisals for regrant of Privileges
- (c) corrective action
- (d) hearings and appellate reviews
- (e) quality assessment and performance improvement activities consistent with accreditation and regulatory recommendations.

- (f) utilization reviews
- (g) other Hospital, Professional Staff, Department/Division, or Professional Staff committee activities related to monitoring and maintaining quality patient care and appropriate professional conduct.

12.5-2 INFORMATION

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

12.6 RELEASES

Each APP shall, upon request of the Hospital, execute general and specific releases in accordance with the nature and intent of this Article, subject to applicable law. Execution of such releases shall not be deemed a prerequisite to the effectiveness of this Article.

12.7 CUMULATIVE EFFECT

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

ADOPTION AND AMENDMENT OF APP POLICY

The APP Policy shall be adopted and amended in accordance with the procedure for adoption and amendment of Professional Staff Policies as set forth in the applicable section of the Professional Staff Bylaws.

CERTIFICATION OF ADOPTION AND APPROVAL

Adopted by the Professional Staff Executive Committee:

Professional Staff Chair/PSEC Chair

Date

Approved by the Board of Directors:

Chair, Board of Directors

Date

APPENDIX A

Advanced Practice Registered Nurses

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

Physician Assistants

Clinical Dietitians