

SHANDS AT AGH/UF

**ALLIED HEALTH PROFESSIONAL
POLICY ON APPOINTMENT AND REAPPOINTMENT**

**Adopted by Shands Teaching Hospital and Clinics, Inc.
Board of Directors, September 23, 1998**

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**ALLIED HEALTH PROFESSIONAL POLICY
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ARTICLE I

DEFINITIONS

The following definitions shall apply to terms in this Policy:

- (1) “Administrator”: for purposes of actions involving an Allied Health Professional with her/his primary site of practice at the Shands at UF campus, the Chief Operating Officer, and for the purposes of a member with primary site of practice at the Shands at AGH campus, the Administrator of that campus.
- (2) “Allied Health Professional”: an individual, other than a member of the medical staff, who is licensed or certified by the appropriate licensing or certifying agency, as appropriate, and who is qualified to provide health care services, either dependently or independently, in a discipline or practice area approved by the Board.
- (3) "Board": the Board of Directors of Shands HealthCare.
- (4) “Chief Operating Officer”: the Chief Operating Officer of Shands HealthCare.
- (5) “Credentials Committee”: the Credentials Committee of the Medical Staff.
- (6) “Practitioner”: unless otherwise indicated by context, a physician, dentist or podiatrist who is a member of the Medical Staff.
- (7) "License": means license, certification or registration as appropriate to the Allied Health Professional category.
- (8) “Primary site of practice”: the campus at which an Allied Health Professional provides most of her/his patient care services.
- (9) “Executive Committee”: the Executive Committee of the Medical Staff.
- (10) "Medical Staff": medical and osteopathic physicians, dentists, and podiatrists who have met the requirements of the Medical Staff Bylaws and who have received an appointment by the Board.
- (10) “Operations Committee”: a committee of the Medical Staff established at each campus to support the Executive Committee.

ARTICLE II

MEMBERSHIP

Section 1. Initial Appointment

Appointments to the Allied Health Professional Staff (“AHP”) shall be made in accordance with this policy, for a period not to exceed two years. The initial two-year appointment is considered the Provisional Period, but review may occur sooner. Each such member will be appointed to the most appropriate Allied Health Professional category. Reappointment and/or a request for change in clinical privileges/scope of practice for such Allied Health Professional members shall be processed in accordance with this Policy.

Section 2. Qualifications for Appointment

- A. Minimum Required Qualifications: Only AHPs who can document that they meet the following minimum qualifications are eligible for membership on the AHP Staff:
- Current, valid, unrestricted, Florida license, as applicable;
 - Appropriate experience, education, training and judgement;
 - Demonstrated clinical performance and current competence;
 - Adherence to professional ethics and demonstrate conduct in accordance with the mission and philosophy of Shands HealthCare;
 - Ability to care for patients safely and effectively;
 - Reasonable communication skills;
 - Satisfaction of financial responsibility through professional liability insurance, of a type and in an amount established by the Board of Directors;
 - Ability to work harmoniously with others so that all patients treated by them will receive quality care and the Hospital and its Medical Staff and Allied Health Professional Staff will be able to operate in an orderly manner;
 - Are located in sufficient proximity to the Hospital to be able to provide continuity of quality care to their patients in the Hospital, if necessary to the appropriate practice of the AHP’s specialty;
 - Current participation in Medicare or intent to participate, as applicable;
 - Not excluded from current eligibility to participate in any federal program relevant to applicant;
 - Except as noted in the Guidelines for Allied Health Professionals, designation of a supervising physician who is a member of the Medical Staff;
 - Continuously meet the requirements of an AHP Category.
- B. Waivers to the above may be granted only by the Board.
- C. No individual shall be entitled to appointment to the AHP Staff or to exercise particular clinical privileges/scope of practice merely by virtue of licensure, certification by or

membership in any professional organization, or privileges/scope of practice in any other healthcare organization

ARTICLE III

CATEGORIES OF HEALTH PROFESSIONALS (NON MEDICAL STAFF)

Qualified individuals in Allied Health Professional categories approved by the Board may be granted clinical privileges/scope of practice in accord with and subject to this Policy. Recommendations for the addition or deletion of AHP categories permitted to practice in the Hospital may be made to the Board by the Medical Executive Committee and/or the Operations Committees through the Executive Committee.

Section 1. Independent Allied Health Professionals:

- (a) For the purposes of this Policy, Independent Allied Health Professionals (“IAHP”) are those individuals in Allied Health Professional (“AHP”) categories that, in accordance with state law, (1) may provide care to patients without direct physician supervision and/or direction; and (2) exercise independent judgement in the provision of care, testing, and/or treatment to a patient. IAHPs include: advanced registered nurse practitioners; physician assistants, and psychologists; .
- (b) An IAHP who wishes to provide patient care services in the Hospital must apply for clinical privileges in accordance with this Policy, regardless of employment or contract services status with Shands HealthCare.

Section 2. Dependent Allied Health Professionals:

- (a) For the purposes of this Policy, Dependent Allied Health Professionals (“DAHP”) are those AHPs that, in accordance with state law, (1) provide care to patients under some type of supervision or direction; and/or (2) do not exercise independent judgement in the provision of care, testing, and/or treatment to a patient. DAHPs include: ophthalmic assistants; cardiovascular perfusionists; cardiographic technicians/technologists; clinical exercise physiologists; clinical pharmacists; clinical social workers; dental assistants; EEG technologists; genetic counselors; massage therapists; medical assistants; nurses; occupational therapists; orthotists; physical therapists; radiation oncology physicists; respiratory therapists; speech pathologists/audiologists; and surgical assistants.
- (b) A DAHP who is not employed by, or providing services subject to a contract with, Shands HealthCare who wishes to provide patient care services in the Hospital must apply for scope of practice in accordance with this Policy. A DAHP who is employed by or subject to a contract with Shands HealthCare is not eligible for the application process for scope of practice under this Policy.

ARTICLE IV

APPLICATION FOR CLINICAL PRIVILEGES/SCOPE OF PRACTICE

Section 1. Pre-application Requirements:

Application for clinical privileges/scope of practice for AHPs shall be provided only to individuals in disciplines or categories that have been approved by the Board and who can document that they meet the minimum objective criteria for appointment as an AHP. Individuals who are not eligible to receive an application shall not be entitled to any procedural rights of review in connection with such ineligibility.

Section 2. Qualifications:

AHPs who meet the minimum licensure, education and/or training requirements specified in the "Guidelines for Allied Health Professionals," attached hereto and incorporated herein as Appendix A, are eligible to apply for clinical privileges or scope of practice, as appropriate.

- (a) Minimum qualifications and criteria for exercise of clinical privileges by IAHPs shall be established. Qualifications and criteria may relate to training, experience, specialty or subspecialty certification and other pertinent factors. Qualifications and criteria must be approved by the Credentials Committee, the Executive Committee and the Board, must be reviewed at least every two (2) years, and shall form the basis for clinical privileges recommendations.
- (b) Qualifications and criteria and job descriptions/scope of practice guidelines for DAHPs shall be developed by the Credentials Committee in consultation with the Shands HealthCare Human Resources Department and/or the relevant department(s).

Section 3. Application:

- (a) The application for appointment to the AHP Staff shall be submitted in writing on the prescribed form and signed by the applicant. The application shall include detailed information concerning the applicant's professional qualifications, including, at a minimum:
 - (1) the names and complete addresses of at least four professionals who are familiar with the applicant's current clinical competency. Not more than one may be associated or about to be associated with the applicant in a professional practice. At least one reference shall be from the same professional and specialty area as the applicant; and none of the references may be related to the applicant;
 - (2) the names and complete addresses of any and all hospitals or other healthcare institutions at which the applicant has worked or trained;
 - (3) information as to whether there have been any previously successful or currently pending challenges which have or may result in any of the following being denied or voluntarily or involuntarily suspended, reduced, revoked, relinquished or

withdrawn, or not renewed for any reason: membership status and/or clinical privileges/scope of practice at any hospital or healthcare institution; membership in local, state, or national professional organization; professional certification; license(s) to practice any profession in any jurisdiction; or Drug Enforcement Agency (DEA) or Prescriber Registration;

- (4) information as to whether the applicant has ever been subjected to any disciplinary action by any of the institutions or agencies at which the applicant has worked or trained, including, but not limited to, mandatory chart review, requirements for continuing education, probation (subsequent to initial probation period upon first application);
- (5) information regarding the applicant's current and past professional liability insurance coverage, the names of the insurance companies, and the amounts and classifications of such coverage
- (6) information about whether any malpractice actions (including notice of intent), arbitrations, or other proceedings have ever been instituted against the applicant;
- (7) information about whether any professional liability carriers have ever denied, cancelled, limited, or not renewed the applicant's liability coverage;
- (8) information about whether the applicant has any physical or mental condition which would prevent her/him, with or without reasonable accommodation, from performing professional or practice duties required for the privileges/scope of practice requested;
- (9) information about whether the applicant has ever been reprimanded, censured, excluded, suspended, or disqualified by any private or federal health insurance program;
- (10) information about whether the applicant's privileges/scope of practice have ever been limited, suspended, revoked, or cancelled, either temporarily or permanently by any healthcare organization;
- (11) information about whether the applicant has ever been convicted of a felony, or is presently under indictment for a felony;
- (12) information about whether the applicant has, within the last year, engaged in the use of illegal drugs or any other substance that could impair the applicant's ability to perform his/her professional or practice duties;
- (13) information about whether the applicant has ever been the subject of any investigation by a state license board or certification agency, Medicare, Medicaid, or any other federal program, hospital or managed care organization;
- (14) a copy of the applicant's current license and/or certification to practice in Florida, if applicable;

- (15) a copy of the applicant's DEA or Prescriber registration, if applicable;
 - (16) a copy of the applicant's current, dated Curriculum Vitae which reflects, at a minimum, all professional activities since degree awarded and all educational activities;
 - (17) a copy of the Educational Council for Foreign Medical Graduates (ECFMG) Certificate, if applicable;
 - (18) a copy of Basic Life Support, or equivalent, certification, if applicable;
 - (19) a copy of the protocol submitted to the State of Florida for physician sponsorship, if appropriate;
 - (20) a copy of the current certificate of liability coverage which indicates the effective dates, amount and coverage exclusions and identifies the applicant by name;
 - (21) the applicant's dated signature on the prescribed authorization and release form, as described in Section 6 of this Article, and
 - (22) a current picture hospital ID card or a valid picture ID issued by a state or federal agency shall be presented for verification that the individual requesting approval is the same individual identified in the credentialing documents; and
 - (23) such other information as the Board may require.
- (b) The application shall be accompanied by a request for specific clinical privileges/scope of practice, signed by the sponsoring practitioner(s), if appropriate, and including the following:
- (1) the specification of clinical responsibilities
 - (2) the services to be provided and procedures to be performed (which may be defined by terms of employment or a contract)
 - (3) responsibility for recording and documentation in the patient's medical record, and
 - (4) the degree of supervision to be provided, and by whom.

Section 4. Undertakings:

The following undertakings shall be applicable to every AHP applicant for appointment/reappointment as a condition of consideration of such application and as a condition of continued AHP staff appointment :

- (a) an agreement to be bound by all policies, procedures, bylaws and/or rules and regulations of the Hospital, relevant campuses, and/or Shands HealthCare;
- (b) an acknowledgement that the applicant has the burden of producing adequate information for a proper evaluation of her/his competence, character, ethics, health status and other qualifications, and of resolving any questions about such qualifications;
- (c) an agreement to appear for an interview, if requested, and acknowledgement that failure to produce requested information or appear for a requested interview will prevent the application from being evaluated and acted upon;
- (d) an agreement to undergo a physical and/or mental health examination at any time, at the request of the Credentials or Executive Committee or the Board. Such request shall be supported by a statement of reasons;
- (e) an attestation that the information in the application is true, complete and correct, and an agreement to notify Shands HealthCare, in writing and in a timely fashion, of any changes or additions to the information provided by the applicant;
- (f) an acknowledgement that as a condition of making an application, any misrepresentation, misstatement, or omission, may constitute cause for automatic and immediate rejection of the application, including acknowledgement that, in the event that approval has been granted prior to the discovery of such misrepresentation, misstatement, or omission, such discovery may result in immediate termination from the AHP staff;
- (g) a pledge to provide for continuous quality patient care for her/his patients if granted clinical privileges/scope of practice.

Each AHP applicant for clinical privileges or scope of practice shall specifically agree to these undertakings as part of the application.

Section 5. Burden of Providing Information:

The AHP applicant shall have the burden of providing adequate information for a proper evaluation of her/his competence, character, ethics, and other qualifications, and of resolving any questions about such qualifications. The AHP applicant shall have the burden of providing evidence that all the statements made and information given on the application are true and correct. An application is not considered complete until all information requested by the Hospital has been received, including: an application form with all required responses provided; verification, if required, of all necessary information; adequate responses from references; and any other additional information deemed necessary and appropriate. It is the responsibility of the AHP applicant to ensure that the application is complete. An application shall be deemed incomplete if at any time during the evaluation the need arises for new, additional, or clarifying information. An incomplete application will not be processed.

Should information provided in the AHP application change during the course of an appointment, the AHP must provide notice of such change and sufficient information about such change for the AHP Credentials Subcommittee's review and assessment. Applications which are not complete within five months because of a failure of an applicant to provide requested information, shall be deemed expired.

Section 6. Authorization to Obtain Information:

The following statements, which shall be included on the application form for appointment/reappointment, and which form a part of this policy, are express conditions applicable to any AHP applicant. By applying for clinical privileges or scope of practice, the AHP applicant expressly accepts these conditions during the processing and consideration of her/his application, whether or not s/he is granted clinical privileges or scope of practice. This acceptance also applies during the time of any appointment or reappointment to the AHP staff.

(a) Authorization to Obtain Information: The applicant shall specifically authorize Shands HealthCare to inspect all records and documents that may be material to evaluating her/his professional qualifications and competence and to carry out the clinical privileges or scope of practice requested, as well as her/his moral and ethical qualifications. The applicant shall specifically authorize Shands HealthCare and its authorized representatives to consult with any individual(s) and/or entities who may have information, including, but not limited to, otherwise privileged or confidential information, bearing on the professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior or any other matter bearing on the satisfaction of the criteria for granting of clinical privileges or scope of practice. The applicant shall specifically authorize said individual(s) and/or entities, which shall include but not be limited to, as appropriate: (1) insurance companies; (2) The National Practitioner Data Bank; (3) personal references; (4) health care plans; (5) schools; (6) employers; (7) hospitals or facilities with which the applicant has been in association; (8) state licensing boards; (9) state or national certification agencies; (10) claims adjusters, attorneys or others who may have information regarding professional liability claims or lawsuits; and (11) training programs, to release said information to the facilities and/or programs of Shands HealthCare, upon request and receipt of a copy of the applicant's consent and release form.

(b) Immunity: The applicant shall specifically agree to release from any and all liability, to the fullest extent permitted by law, all individuals and organizations who provide information to Shands HealthCare in good faith and without malice concerning the applicant's competence, ethics, character and other qualifications for clinical privileges or scope of practice, including otherwise privileged and confidential information, as regards the application and/or continued appointment.

(c) Authorization to Release Information: The applicant shall specifically authorize Shands HealthCare to release information to managed care organizations with which Shands HealthCare may become affiliated, and release Shands HealthCare from any and all liability for providing information concerning the applicant's competence, ethics, character, and other qualifications for clinical privileges or scope of practice, including otherwise privileged

and confidential information, so long as such release of information is done without malice and in good faith.

The applicant shall authorize Shands HealthCare to disclose and make available to any of Shands HealthCare's hospitals/facilities/programs to which the applicant has made or makes application, any and all information contained in her/his application and/or obtained as a result thereof.

Section 7. Primary Source Verification:

Only information relative to IAHPs shall be subject to primary source verification requirements. Information provided by DAHPs will be verified in the same manner as would that for a Shands HealthCare employed Allied Health Professional of the same or similar category.

ARTICLE V

STATUS CHANGES

Section 1. Leave of Absence

Persons appointed to the AHP Staff may be granted leaves of absences by the Board for up to one year. At the end of one year, members who do not return to active practice will be automatically terminated unless a request for an extension is made and approved by the Board for extenuating circumstances. At the conclusion of the approved leave of absence, the AHP may be reinstated upon written request, accompanied by a written statement summarizing her/his professional activities during the leave of absences and confirmation of a current sponsoring relationship with an active member of the Medical Staff, as appropriate.

If the AHP is not clinically active during the leave of absence, evidence of her/his current clinical competence related to the privileges/scope of practice requested, shall be required. In acting upon the request for reinstatement, the Board may approved reinstatement either to the same or a different AHP category, in accordance with Section 3 below, and may recommend limitation or modification of the clinical privileges/scope of practice to be extended the AHP upon reinstatement.

Section 2. Change of Primary Campus

Whenever, during the term of an appointment to the AHP Staff, an individual desires to change her/his primary campus, s/he shall make the request in writing, stating in detail the reasons for the change. The request will be processed in the same manner as an application for initial appointment.

Section 3. Change in Category

Whenever, during the term of an appointment to the AHP Staff, an individual desires to change her/his category, s/he shall make the request in writing, stating in detail the reasons for the change and providing a revised request for clinical privileges/scope of practice. The request will be processed in the same manner as an application for initial appointment.

ARTICLE VI

PROCESSING THE APPLICATION

Section 1. The AHP Credentials Subcommittee:

The Executive Committee shall establish an AHP Credentials Subcommittee to review IAHP applications for clinical privileges or scope of practice and make recommendations to the Credentials Committee. The AHP Credentials Subcommittee shall consist of a member of the Credentials Committee, representatives from the relevant IAHP categories, and any other professionals or Hospital representatives deemed appropriate to the process of determining an IAHP's qualifications for clinical privileges or scope of practice. AHP Credentials Subcommittee members will be recommended to the Executive Committee by the Credentials Committee.

Section 2. Review of Application -- IAHP:

Upon receipt of all the information or materials deemed pertinent, the IAHP application shall be forwarded to the applicant's primary campus clinical department chair for evaluation of the IAHP staff member's demonstrated current clinical competence, professional performance, clinical judgment, and clinical/technical skills as supported by the application. The application along with the department chair or designee's evaluation and recommendation shall be forwarded to the AHP Credentials Subcommittee. The AHP Credentials Subcommittee shall review the application, the supporting documentation, evidence of adherence to accepted professional ethical standards and behavior, and such other information available that may be relevant to consider.

Within thirty (30) days of receipt of a complete application, the AHP Credentials Subcommittee shall provide the Credentials Committee with a recommendation regarding the experience, training and competence of the applicant, relative to the clinical privileges or scope of practice requested.

The Credentials Committee shall review the application and the AHP Credentials Subcommittee recommendation. The Credentials Committee shall then forward a report of its recommendations for clinical privileges for each IAHP applicant to the Executive Committee for action and to the Operations Committees of both campuses for their information.

After considering the report from the Credentials Committee, the Executive Committee shall submit its recommendation regarding each application to the Board for final action.

Section 3. Review of Application—DAHP:

- (a) Upon receipt of all the information or materials deemed pertinent, the application shall be forwarded to the appropriate Administrator for approval.

- (b) Those DAHPs approved by the Administrator or designee shall be reported to the Board for final action, but may begin providing clinical services upon approval by the Administrator

Section 4. Adverse Recommendations:

If, at any time prior to Board action, an adverse recommendation is made that would entitle an IAHP to a hearing pursuant to Article VIII, Section 2 of this Policy, the committee making the recommendation shall inform the Administrator, or her/his designee, who shall inform the applicant by certified mail, return receipt requested. Such recommendation shall be held until the IAHP has exercised or waived her/his right to an interview.

Section 5. Board Approval:

1. The Board of Directors has final responsibility for approval or disapproval of all applications for AHP clinical privileges and scope of practice.
2. The Board of Directors has delegated to the Shands HealthCare Quality Committee of the Board the responsibility of acting upon applications for membership, continued membership, and/or privileges/scope of practice for all applications with the exception of the following, which usually result in ineligibility for the expedited process, and which shall be evaluated on a case-by-case basis:
 - a. There is current challenge or a previously successful challenge to licensure or registration;
 - b. The applicant has received an involuntary termination of membership at another organization;
 - c. The applicant has received involuntary limitation, reduction, denial, or loss of clinical privileges/scope of practice; or,
 - d. The hospital determines that there has been either an unusual pattern of, or an excessive number of professional liability actions resulting in a final judgment against the applicant.

Notification of the Board's decision shall be sent to the applicant. Adverse decisions shall be sent by certified mail, return receipt requested.

Section 5. Time for Final Action:

Once received from the AHP Credentials Subcommittee (for IAHPs) or the appropriate Administrator (for DAHPs), an application must be acted upon by the Credentials Committee and the Executive Committee and/or presented to the Board within 60 days, unless otherwise waived by the Board for good cause.

ARTICLE VII

AHP STAFF PREROGATIVES AND RESPONSIBILITIES

Section 1. Prerogatives:

An AHP staff member may:

- (a) Provide specified patient care services pursuant to the clinical privileges or scope of practice granted by the Board.
- (b) Write orders within the scope of her/his license, certificate or other legal credential, if applicable, and to the extent consistent with the clinical privileges or scope of practice granted by the Board and the Rules and Regulations of the Medical Staff and of the department to which s/he is assigned.
- (c) Serve on Medical Staff, department, service, and Hospital committees.
- (d) Attend meetings of the Hospital department and/or clinical department to which s/he is assigned, as well as departmental and Hospital education programs.
- (e) Exercise such other prerogatives specified in the Rules and Regulations of the Medical Staff .

Section 2. Responsibilities:

- (a) All AHPs shall care for unassigned patients as specified in the applicable Shands at AGH/UF Medical Staff Rules and Regulations.
- (b) All AHPs, regardless of whether they are subject to the application process under this Policy, shall be responsible for operating within the parameters of the “Guidelines for Health Professionals (Non Medical Staff),” attached hereto and incorporated herein as Appendix A.

ARTICLE VIII

TEMPORARY AND EMERGENCY PRIVILEGES/SCOPE OF PRACTICE

Section 1. Temporary Privileges

- (a) Upon the recommendation of a Department Chair or Operations Committee Chair, and the concurrence of the Chief of Staff, the Chief Executive Officer of Shands HealthCare (“CEO”) or her/his designee may, at her/his sole discretion, grant temporary privileges/scope of practice to an AHP for a specified period of time. For the purposes of any rights and responsibilities set forth in this Policy for AHP members, such AHP is not a member of the AHP Staff.

(b) Upon a written request and appropriate documentation as provided below, an AHP may be granted temporary privileges/scope of practice to fulfill an important and/or urgent patient care need in the following circumstances: (1) the provision of procedures or care not otherwise available at this hospital; (2) when providing temporary coverage for another AHP ; or (3) while awaiting Board action on a completed clean application for appointment or reappointment. A clean application is one where the applicant has no current or previously successful challenge to licensure or registration; nor has s/he been subject to involuntary termination of AHP appointment or membership in local, state, or national professional organizations; nor has s/he been subject to any limitation, reduction, denial, or loss of clinical privileges at another organization; nor has the applicant been excluded from participation in Medicare and/or Medicaid.

(c) The term of temporary privileges/scope of practice shall be set as appropriate for the circumstances, but shall not exceed 90 contiguous days. An AHP may be granted multiple terms of temporary privileges/scope of practice, as appropriate to the circumstances, provided however, that the combined terms for such temporary privilege/scope of practice episodes shall not exceed 90 days in a 365 day period. Each term requires a separate written request. Extensions beyond the 90 day maximum period may be granted by the CEO under extraordinary circumstances only.

(d) Prior to granting such privilege, under the first two circumstances of (b) above, the following documentation shall have been acquired within the previous 90 days: (1) a query of the National Practitioner Data Bank; (2) proof of valid licensure; (3) evidence of professional liability coverage of a type and in an amount established by the Board; and (4) current competence for the privileges/scope of practice requested. In circumstance 3 of (b) above, all verifications must have been completed as with any application for full membership and clinical privileges/scope of practice. In addition, any practitioner requesting temporary privileges/scope of practice must sign a statement subscribing to the following: (1) an agreement to be bound by all policies, procedures, bylaws and/or Rules and Regulations of the Hospital, relevant campus and/or Shands HealthCare; (2) an acknowledgement that the applicant has the burden of producing adequate information for proper evaluation of his/her competence; (3) an authorization for Shands HealthCare and its authorized representatives to request and inspect all records and documents that may be material to evaluating the applicant's professional qualifications, competence, and ability to carry out the clinical privileges/scope of practice requested; (4) an agreement to release from any and all liability, to the fullest extent permitted by law, all individuals and organizations who provide information to Shands HealthCare in good faith and without malice concerning the applicant's competence, ethics, character and other qualifications for the privileges/scope of practice requested, including otherwise privileged and confidential information; and, (5) an attestation that the information provided in the request for temporary privileges/scope of practice is true, complete and correct.

Section 2. Termination of Temporary Privileges/Scope of Practice

(a) Temporary clinical privileges/scope of practice may be terminated by the Chair of the Board or her/his designee, the CEO or her/his designee, the Administrator, or the Chief of Staff at any time with or without cause. Neither the granting, denial, or termination of such privileges/scope of practice shall entitle the practitioner concerned to any of the procedural rights provided in this policy with respect to hearings or appeals.

(b) Temporary privileges/scope of practice shall be automatically terminated at such time as the Credentials Committee makes an adverse recommendation with respect to an applicant's appointment to the staff.

(c) When appropriate, the responsibility for the care of any patients under the care of an AHP whose temporary privileges/scope of practice are terminated, shall be transferred by the appropriate Chair of the Operations Committee to another AHP. In making such a transfer, the wishes of the patient shall be considered whenever possible.

SECTION 3. Emergency Privileges

(a) Emergency Privileges for Life Saving Measures: In the case of an emergency, any AHP who has clinical privileges shall be permitted to provide any type of patient care necessary as a life-saving measure or to prevent serious harm, regardless of his or her AHP status or clinical privileges, provided that the care rendered is within the scope of the individual's license. For the purpose of this section, an "emergency" is defined as a condition which would result in serious or permanent harm to a patient, or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

(b) Emergency Privileges in Time of Disaster: In circumstances of disaster(s), in which the emergency management plan has been activated, the Chief Executive Officer or his/her designee may grant emergency privileges/scope of practice to individuals who are not members of the AHP Staff to provide services during the emergency. An individual requesting temporary privileges/scope of practice in these circumstances shall produce his/her pocket license to practice (or a copy of the license), a photo ID, the name of her/his malpractice insurance carrier, and the name and telephone number of a hospital where she/he currently has privileges or has recently practiced. In granting emergency privileges in this circumstance, the hospital shall make every effort to verify current licensure directly with the appropriate state licensing agency. In addition, the hospital shall attempt to contact the facility at which the applicant has recently practiced to verify that she/he is in good standing. Once the emergency situation is under control, the hospital shall verify all information in accordance with Article VII, Section 1 of this policy. Privileges granted in such situations shall be whatever is granted as core privileges/scope of practice in the volunteer's specialty. All individuals granted emergency privileges/scope of practice under these circumstances shall follow the hospital's Disaster Plan procedures. The AHP granted emergency privileges/scope of practice shall be paired with a credentialed AHP currently on staff who has a similar specialty. An AHP's privileges/scope of practice, granted under this emergency situation, may be terminated at any time without any reason or cause.

Termination of these privileges/scope of practice shall not give rise to a hearing or appellate review.

ARTICLE IX

REAPPOINTMENT TO THE AHP STAFF AND INCREASE IN PRIVILEGES

Section 1. Term of Appointment:

Clinical privileges/scope of practice shall be granted by the Board for a period not to exceed two years; provided that, regardless of the period designated by the Board, clinical privileges of IAHPs and scope of practice of DAHPs shall be coterminous with any employment or contractual relationship the AHP may have with Shands HealthCare or supervising/sponsoring Medical Staff members.

Section 2. Application for Reappointment:

Each practitioner who wishes to be reappointed to the Allied Health Professional Staff shall be responsible for returning a completed reappointment application, accompanied by all required supporting documents, by a specified deadline. Applications received after the requested deadline are subject to a late fee as established by the Shands HealthCare Central Credentialing Office and may result in automatic expiration of the appointment and clinical privileges, if insufficient time is remaining in which to process the application before the current appointment expires. In applying for reappointment, the practitioner shall have the burden of producing adequate information to assure that s/he continues to meet those criteria outlined in the Medical Staff Bylaws and in Article III of this Policy. If granted by the Board, reappointment shall be for a period not to exceed two years. The conditions set forth in Article IV, Sections 2-7 are equally applicable to the reappointment application process.

Section 3. Factors to be Considered:

Each recommendation concerning reappointment of an AHP, or concerning change in staff category, where applicable, shall be based, in part, upon the member's:

- (a) ethical behavior, current clinical competence, clinical judgment and quality of care in the treatment of patients;
- (b) compliance with the Hospital bylaws, policies and procedures and with the Medical Staff bylaws and rules and regulations;
- (c) behavior in the Hospital, cooperation with Medical Staff and Hospital personnel as it relates to patient care or the orderly operation of this Hospital, and general attitude toward patients, the Hospital and its personnel;
- (d) ability to perform the clinical privileges/scope of practice requested;
- (e) When applicable, satisfactory completion of continuing education requirements related to the individual's clinical privileges or scope of practice; and,

- (f) other relevant findings.

Section 4. Processing the Reappointment Application:

- (a) Upon completing the necessary documents, the applicant shall return them to the appropriate Hospital office, whereupon it will be provided to the AHP staff member's clinical department chair for evaluation of the AHP staff member's demonstrated current clinical competence, professional performance, clinical judgment, and clinical/technical skills, as indicated by quality assurance monitoring and evaluation activities and other reasonable indicators of continuing qualifications, and/or by observation of the individual's ability to perform the clinical privileges/scope of practice granted. If appropriate, peer recommendations shall be solicited and considered. For IAHPs who are employed by, or subject to a contract with, Shands HealthCare, feedback from Shands HealthCare Human Resources shall also be solicited.
- (b) The application along with the department chair or designee's evaluation and recommendation shall be processed in the same manner as described in Article V. Until a final decision is issued by the Board, the AHP staff member shall continue to function under her/his currently approved clinical privileges or scope of practice.

Section 5. Application for Increased Clinical Privileges/Scope of Practice:

Whenever, during the term of an appointment to the AHP staff, an individual desires additional clinical privileges/scope of practice, s/he shall make the request in writing, stating in detail the specific additional clinical privileges/scope of practice desired and the AHP staff member's relevant recent training and experience which justify such additional privileges/scope of practice. The request will be processed in the same manner as an application for initial clinical privileges/scope of practice.

ARTICLE X

CORRECTIVE ACTIONS

Section 1. Corrective Action Procedures:

AHPs shall be subject to the corrective action procedures set forth in Article VI of the Shands at AGH/UF Medical Staff Policy on Appointment and Clinical Privileges except that:

- (a) any reference in Article VI of the Medical Staff Policy to "clinical privileges" shall also be deemed to include the scope of practice of a DAHP.
- (b) clinical privileges of IAHPs and scope of practice of DAHPs are coterminous with, and subject to disciplinary procedures associated with, any employment or contractual relationship the AHP may have with Shands HealthCare or supervising/sponsoring practitioner(s). IAHPs who are employed by or subject to a contractual relationship do not have a right to a hearing and appeal process as described in Procedural Rights of Review of this Article upon termination of the relationship for any reason.

- (c) an IAHP will not be entitled to procedural rights of review with regard to any elimination or change in privileges resulting from a determination by Hospital that a category of IAHPs, or a service provided by IAHPs will no longer be provided at the Hospital.

Section 2. Automatic Suspension or Termination of Privileges/Scope of Practice

Suspension or termination of all clinical privileges/scope of practice shall occur automatically as indicated upon the occurrence of any of the following events:

- (a) Termination of the relationship with the sponsoring physician, unless replaced by another credentialed physician, shall result in automatic termination.
- (b) Revocation of license, certification, or registration to practice shall result in automatic termination of appointment. Suspension of license to practice shall result in automatic suspension of all clinical privileges/scope of practice for a concomitant period of time and prompt initiation of an investigation in accordance with this Article.
- (c) When licensure, certification and/or registration is required for appointment, failure to take appropriate steps to cause license renewal, thereby rendering the license inactive, shall result in automatic suspension of all clinical privileges. The suspension shall remain in effect until proof of current licensure has been submitted.
- (d) Failure to report to the Hospital any restriction or condition imposed on or probation with respect to the appointee's license within thirty (30) days of the imposition of such restriction, condition or probation shall result in automatic termination of appointment.
- (e) Revocation of license to administer any controlled substances, if applicable and required for the exercise of the appointee's clinical privileges, shall result in automatic termination of membership.
- (f) Failure to appear at a Medical Staff or Hospital committee meeting to which the appointee has been invited, and at which a discussion of the appointee's suspected deviation from standard clinical or professional practice is scheduled, unless excused by the Executive Committee upon a showing of good cause, shall result in automatic termination of appointment. Such termination will be automatically rescinded upon the appointee's participation in a rescheduled conference; provided that the AHP requests rescheduling within 14 days of the original conference date
- (g) Failure to complete medical records in a timely fashion pursuant to the Rules and Regulations of the Medical Staff, after warning, shall result in automatic suspension of all clinical privileges/scope of practice until such time as completion has occurred.
- (h) Failure to maintain the minimum profession liability insurance coverage established by the Board shall result in automatic termination of appointment, unless the appointee has requested waiver of such requirement from the Board and is awaiting final action on such request.

- (i) Exclusion from participation in any federal program result in automatic termination of membership.
- (j) Failure to return the reappointment application following notice by certified mail, that such failure will result in automatic termination of appointment.
- (k) Lack of patient care activity during the last reappointment cycle shall result in automatic termination of appointment.

Upon the occurrence of any of the foregoing events, the Administrator, or her/his designee, shall promptly give notice, by hand-delivery or certified mail, return receipt requested, of the automatic termination or suspension to the affected Medical Staff appointee, and the specific grounds for the termination/suspension. Within ten (10) days of receipt of such notice, the affected appointee may present written evidence to the Administrator that negates the grounds for the automatic suspension or termination. If the Administrator determines, in his/her sole discretion, that the written evidence is sufficient to negate the grounds for the automatic suspension or termination, s/he shall so notify the affected appointee and the automatic suspension or termination shall be considered void from the beginning. Any automatic suspension that is not corrected within thirty days shall result in automatic termination without further notice.

It is the responsibility of the Chief of Staff and Chairs of the Operations Committees, with the cooperation of the Administrator, to enforce all automatic suspensions and terminations.

Section 3. Procedural Rights of Review:

- (a) AHPs shall not be entitled to the fair hearing and appeals rights and procedures afforded to the Medical Staff by the Medical Staff Bylaws or Policy on Appointment and Clinical Privileges. However, in the event that an IAHP is the subject of any of the following recommendations by either the AHP Advisory Credentials Committee, the Credentials Committee or the Executive Committee s/he shall have the right to a personal interview with the Committee making the recommendation to discuss the recommendation before the recommendation is forwarded to the Board for its consideration:
 - (1) denial of requested initial clinical privileges
 - (2) denial of requested increased clinical privileges
 - (3) decrease or termination of clinical privileges
 - (4) suspension of clinical privileges.
- (b) The affected IAHP must request the interview within fifteen (15) days of receipt of the notification by the Administrator of one of the above listed adverse recommendations.
- (c) Upon a timely request for an interview, the committee making the adverse recommendation shall invite the IAHP to attend the next meeting of the committee.

Failure to timely request an interview will be deemed a waiver of the IAHP's right to the interview.

- (d) Should such a meeting with the Executive Committee, the AHP Advisory Credentials Committee, or Credentials Committee be requested timely, the IAHP shall be informed of the general nature of the evidence supporting the recommendation at least ten (10) days prior to the meeting.
- (e) The IAHP may submit any information prior to or during the interview pertaining to her/his qualifications to exercise the clinical privileges being requested. The IAHP may not be accompanied by an attorney, but may be accompanied by her/his supervising or sponsoring Medical Staff member.
- (f) Minutes of the discussion during the interview shall be kept and included with the Executive Committee's recommendation to the Board.
- (g) An IAHP subject to an adverse recommendation listed in this section shall have the right to an interview only upon the initial adverse recommendation. Failure to request an interview with the first committee making an adverse recommendation shall be deemed to have waived the right for any subsequent adverse recommendation relating to the same application.
- (h) The decision of the Board with regard to any recommendation is final, and not subject to any right of review.

ARTICLE XI

AMENDMENTS

Section 1. Initiation:

Amendments to this Policy may be initiated by the Board, the Executive Committee, the Credentials Committee, an Operations Committee or the AHP Credentials Subcommittee through the Credentials Committee. If initiated by the Board or Executive Committee, proposed amendments must be provided to the Credentials Committee and both Operations Committees for their comments at least twenty-one (21) days prior to the Executive Committee's vote on the proposed amendment. Except that, the following types of amendments may be initiated by the Board or Executive Committee and adopted without prior notice to or comment from the Credentials Committee or Operations Committees:

- (a) amendments that are technical or legal clarifications;
- (b) amendments that are required in order to comply with any federal, state, or local law or regulation, or with JCAHO or other accrediting agency standards, as appropriate; or

- (c) amendments that are merely for the purpose of reorganization or renumbering, or to correct punctuation, spelling or other errors of grammar or expression.

Section 2. Executive Committee Recommendation:

Amendments may be recommended to the Board upon a majority vote of the members of the Executive Committee present and voting at any meeting of that committee where a quorum exists.

Section 3. Adoption:

An amendment shall be effective upon adoption by the Board

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