

# SHANDS at Lake Shore

## Policy on Appointment, Reappointment & Clinical Privileges FOR ALLIED HEALTH PROFESSIONALS

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### ARTICLE 1. CATEGORIES OF ALLIED HEALTH PROFESSIONALS

Qualified individuals in Allied Health Professional (“AHP”) 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 Executive Committee.

#### SECTION 1. INDEPENDENT ALLIED HEALTH PROFESSIONALS:

1. For the purposes of this Policy, Independent Allied Health Professionals (“IAHP”) are those individuals in AHP categories that, in accordance with state law
  - a) may provide care to patients without direct physician supervision and/or direction;
  - b) exercise independent judgement in the provision of care, testing, and/or treatment to a patient.

IAHPs include: advanced registered nurse practitioners; certified orthotists; physician assistants, psychologists; radiation oncology physicists; and speech pathologists/audiologists.

2. 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 at Lake Shore.

#### SECTION 2. DEPENDENT AHPS

1. For the purposes of this Policy, Dependent AHPs (“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 associates; massage therapists; medical assistants; nurses; occupational therapists; physical therapists; respiratory therapists; and surgical assistants.

2. A DAHP who is not employed by, or subject to a contract with, Shands at Lake Shore who wishes to provide patient care services in the Hospital must apply for a scope of practice in accordance with this Policy. A DAHP who is employed by or subject to a contract with Shands at Lake Shore is not subject to the application process for scope of practice under this Policy, but is subject to the other provisions of the Policy.

### **SECTION 3. APPLICATION FOR CLINICAL PRIVILEGES/SCOPE OF PRACTICE:**

Each member of the AHP Staff of Shands at Lake Shore at the time of this Policy's adoption shall maintain her/his current appointment and privileges/scope of practice through the end of her/his current appointment period. Each such member will be appointed to the most appropriate AHP category. Reappointment and/or a request for change in clinical privileges/scope of practice for such AHP members shall be processed in accordance with this Policy.

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.
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 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 Executive Committee in consultation with the Shands at Lake Shore Human Resources Department and/or the relevant department(s).

- 3. Application:** The application for appointment to the AHP Staff shall be submitted in writing on the prescribed form and signed by the applicant.
1. The application shall include detailed information concerning the applicant's professional qualifications, including, at a minimum:
    - (a) 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;
    - (b) the names and complete addresses of any and all hospitals or other healthcare institutions at which the applicant has worked or trained;
    - (c) 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;
    - (d) 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);
    - (e) 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
    - (f) information about whether any malpractice actions (including notice of intent), arbitrations, or other proceedings have ever been instituted against the applicant;
    - (g) information about whether any professional liability carriers have ever denied, cancelled, limited, or not renewed the applicant's liability coverage;

- (h) 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;
- (i) information about whether the applicant has ever been reprimanded, censured, excluded, suspended, or disqualified by any private health insurance program, Medicare or Medicaid;
- (j) 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;
- (k) information about whether the applicant has ever been convicted of a felony, or is presently under indictment for a felony;
- (l) 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;
- (m) information about whether the applicant has ever been the subject of any investigation by a state license board or certification agency, Medicare, Medicaid, hospital or managed care organization;
- (n) a copy of the applicant's current license and/or certification to practice in Florida, if applicable;
- (o) a copy of the applicant's DEA or Prescriber registration, if applicable;
- (p) 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;
- (q) a copy of Basic Life Support, or equivalent, certification, if applicable;
- (r) a copy of the protocol submitted to the State of Florida for physician sponsorship, if appropriate;
- (s) a copy of the current certificate of liability coverage which indicates the effective dates, amount and coverage exclusions and identifies the applicant by name;
- (t) the applicant's dated signature on the prescribed authorization and release form, as described in Section 6 of this Article, and
- (u) such other information as the Board may require.

2. 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:
  - (a) the specification of clinical responsibilities
  - (b) the services to be provided and procedures to be performed (which may be defined by terms of employment or a contract)
  - (c) responsibility for recording and documentation in the patient's medical record, and
  - (d) 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 :

1. an agreement to be bound by all policies, procedures, bylaws and/or rules and regulations of the Hospital;
2. 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;
3. 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;
4. an agreement to undergo a physical and/or mental health examination at any time, at the request of the Executive Committee or the Board. Such request shall be supported by a statement of reasons;
5. an attestation that the information in the application is true, complete and correct, and an agreement to notify Shands at Lake Shore, in writing and in a timely fashion, of any changes or additions to the information provided by the applicant;
6. 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;

7. 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 appropriate review and assessment.

**SECTION 6. AUTHORIZATION TO OBTAIN AND RELEASE 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.

1. Authorization to Obtain Information: The applicant shall specifically authorize Shands at Lake Shore 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 at Lake Shore 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 at Lake Shore, upon request and receipt of a copy of the applicant's consent and release form.
2. 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 at Lake Shore 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.
3. Authorization to Release Information: The applicant shall specifically authorize Shands at Lake Shore to release information to managed care organizations with which Shands at Lake Shore may become affiliated, and release Shands at Lake Shore 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 at Lake Shore to

disclose and make available to any of Shands at Lake Shore'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 at Lake Shore employed AHP of the same or similar category.

## **ARTICLE 2. PROCESSING THE APPLICATION**

**SECTION 1. REVIEW OF APPLICATION:** Upon receipt of all the information or materials deemed pertinent, the AHP application shall be forwarded to Executive Committee, who 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. The Executive Committee shall submit its recommendation regarding each application to the Board for final action.

**SECTION 2. ADVERSE RECOMMENDATIONS:** If, at any time prior to Board action, an adverse recommendation is made that would entitle an IAHP to an interview pursuant to Article VII, 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 3. BOARD APPROVAL:** The Board of Directors has final responsibility for approval or disapproval of all applications for AHP clinical privileges and scope of practice. Notification of the Board's decision shall be sent to the applicant. Adverse decisions shall be sent by certified mail, return receipt requested.

**SECTION 4. TIME FOR FINAL ACTION:** Once an application is complete, it must be acted upon by the Executive Committee and presented to the Board within 60 days, unless otherwise waived by the Board for good cause.

## **ARTICLE 3. AHP STAFF PREROGATIVES AND RESPONSIBILITIES**

**SECTION 1. PREROGATIVES:** An AHP staff member may:

1. Provide specified patient care services pursuant to the clinical privileges or scope of practice granted by the Board.
2. 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.
3. Serve on Medical Staff, department, service, and Hospital committees.
4. Attend meetings of the Hospital department and/or clinical department to which s/he is assigned, as well as departmental and Hospital education programs.
5. Exercise such other prerogatives specified in the Rules and Regulations of the Medical Staff.

**SECTION 2. RESPONSIBILITIES:** 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 Allied Health Professionals,” attached hereto and incorporated herein as Appendix A.

## **ARTICLE 4. 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 at Lake Shore or supervising/sponsoring Medical Staff members.

**SECTION 2. APPLICATION FOR REAPPOINTMENT:** Each AHP who wishes to be reappointed shall be responsible for returning a completed reappointment application, accompanied by all required supporting documents, by a specified deadline. Failure to submit an application by the requested deadline may result in automatic expiration of the appointment and clinical

privileges/scope of practice, if insufficient time is remaining in which to process the application before the current appointment expires. In applying for reappointment, the AHP shall have the burden of producing adequate information to assure that s/he continues to meet those criteria outlined 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 3-7 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 category, where applicable, shall be based, in part, upon the AHP's:

1. ethical behavior, current clinical competence, clinical judgment and quality of care in the treatment of patients;
2. compliance with the Hospital bylaws, policies and procedures and with applicable Medical Staff policies and rules and regulations;
3. behavior in the Hospital, cooperation with other health care staff and Hospital personnel as it relates to patient care or the orderly operation of this Hospital, and general attitude toward patients, other health care staff of the Hospital and its personnel;
4. ability to perform the clinical privileges/scope of practice requested;
5. satisfactory completion of continuing education requirements related to the individual's clinical privileges; and,
6. other relevant findings.

**SECTION 4. PROCESSING THE REAPPOINTMENT APPLICATION:**

1. 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 at Lake Shore, feedback from Shands at Lake Shore Human Resources shall also be solicited.

2. The application along with the department chair or designee's evaluation and recommendation shall be forwarded to the Executive Committee for its consideration. The application process will then be the same as described in Article IV. 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 5. 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 Lake Shore Medical Staff Policy on Appointment and Clinical Privileges except that:

1. 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.
2. 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 at Lake Shore or supervising/sponsoring practitioner(s).

**SECTION 2. PROCEDURAL RIGHTS OF REVIEW:** AHPs shall be entitled to the fair hearing and appeals rights and procedures afforded to the Medical Staff, as referenced in Article VII, Hearing and Appeal Procedures, of the Policy on Appointment, Reappointment, and Clinical Privileges and the Medical Staff Bylaws.

## **ARTICLE 6. AMENDMENTS**

**SECTION 1. INITIATION:** Amendments to this Policy may be initiated by the Board or the Executive Committee.

**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.