

UF HEALTH JACKSONVILLE
ADVANCED PRACTICE
PROFESSIONALS

**POLICY ON CLINICAL
PRIVILEGES**

December 2014

**ADVANCED PRACTICE PROFESSIONAL POLICY
ON CLINICAL PRIVILEGES**

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DEFINITIONS

The following definitions shall apply to terms in this Policy:

- (1) **Advanced Practice Professional (APP):** an individual who is not a member of the Medical Staff who is granted clinical privileges to provide patient care.
- (2) **Board:** the Board of Directors of Shands Jacksonville Medical Center, Inc. (“SJMC”).
- (3) **Chief Executive Officer (CEO):** the individual occupying the corporate chief executive office of Shands Jacksonville Medical Center, Inc., or his or her designee.
- (4) **Credentials Committee:** the Credentials Committee of the Medical Staff.
- (5) **Hospital:** the licensed medical care facilities operated by Shands Jacksonville Medical Center, Inc. (“UF Health Jacksonville”).
- (6) **Medical Executive Committee (“MEC”):** the Medical Executive Committee of the Medical Staff.
- (7) **Medical Staff:** the organized structure of medical and osteopathic physicians, dentists, and podiatrists who have met the requirements of the UF Health Jacksonville Medical Staff Bylaws and who have received an appointment to the Medical Staff by the Board.
- (8) **Notice:** Unless otherwise specifically provided for in the Policy, “Notice” shall mean and be deemed given when a written communication is (a) hand delivered to the addressee’s business office, as indicated by signature of addressee or addressee’s office staff member, or (b) deposited with any type of delivery service then offered by USPS, FED EX or other commercial express delivery service to be delivered to the addressee’s last known business or home address as recorded in the Medical Staff Service Office or (c) transmitted by facsimile or e-mail to the addressee’s last known business fax or email address.
- (9) **Policy:** the UF Health Jacksonville Advanced Practice Professionals Policy on Clinical Privileges.
- (10) **Professional Review Body:** the Board, the Medical Executive Committee, the Credentials Committee, or any other person, committee, or panel charged with making reports, findings, recommendations or investigations under this Policy and which has the authority to make an adverse recommendation or take an adverse action against an APP.
- (11) **Sponsoring Practitioner:** an Active member of the UF Health Jacksonville Medical Staff who can attest to the competency of the APP.
- (12) **Supervising Practitioner:** a member of the UF Health Jacksonville Medical Staff who can attest to the competency of the APP and supervises the APP.

ARTICLE I – CATEGORIES OF ADVANCED PRACTICE PROFESSIONALS

Qualified individuals in Advanced Practice Professional categories that are approved by the Board may be granted clinical privileges, in accordance with and subject to this policy. For the purposes of this Policy, APPs are those individuals in the following categories:

- Advanced Registered Nurse Practitioner
- Anesthesiologist Assistant
- Certified Nurse Midwife
- Certified Registered Nurse Anesthetist
- Certified Registered Nurse First Assistant
- Licensed Mental Health Professional (psychologist, clinical social worker, marriage and family therapist or mental health counselor)
- Physician Assistant
- Optometrist
- Radiologist Assistant

Clinical privileges of APPs are coterminous with any employment or contractual relationship the APP may have with the Hospital or Supervising Practitioner(s); any termination of clinical privileges pursuant to this provision is not subject to any hearing and appeals rights or procedures provided in Article IX.

ARTICLE II – QUALIFICATIONS FOR CLINICAL PRIVILEGES

Section 1. Minimum Qualifications

Only Advanced Practice Professionals for whom the following minimum qualifications can be documented are eligible for clinical privileges.

- Experience, education, training and judgment;
- Demonstrated clinical performance and current competence;
- Adherence to professional ethics and conduct in accordance with accepted professional standards;
- Ability to care for patients safely and effectively;
- Reasonable communication skills;
- Ability to work harmoniously with others, so that all patients treated by them will receive quality care, and the Hospital and its Medical Staff will be able to operate in an orderly manner;
- Not ineligible to participate in any federal programs;
- Satisfaction of financial responsibility through professional liability insurance of a type and in an amount established in the “Professional Liability Insurance Requirement” policy;
- Designation of a Supervising Practitioner for Advanced Registered Nurse Practitioners, Anesthesiologist Assistants, Certified Registered Nurse First Assist, Certified Nurse Midwives, Certified Registered Nurse Anesthetists, Physician Assistants, and Radiologist Assistants;
- Designation of a Sponsoring Physician for Licensed Mental Health Professionals and Optometrists; and
- Upon renewal of clinical privileges, an APP must have been involved in the treatment of at least 25 Hospital patients per year or have a Supervising Practitioner.

Section 2. Category Qualifications

The minimum licensure and certification requirements for APP Categories are as follows:

- (a) Advanced Registered Nurse Practitioner
 - (1) Shall be currently licensed in the State of Florida as an advanced registered nurse practitioner.
 - (2) Shall be certified and maintain certification in the appropriate area of advanced practice, such as by the American Nurses Association, the National Board of Pediatric Nurse Practitioners or an equivalent body, or be actively seeking certification and obtain the same within two (2) years of an initial grant of privileges.
 - (a) ARNP's granted clinical privileges prior to September 1, 1999 are exempt from the aforementioned requirement.
 - (b) ARNP's awarded a nurse practitioner diploma in neonatal critical care from a program sponsored by the Hospital, who possess a minimum of ten (10) years experience as a neonatal nurse practitioner, and who are deemed capable of practicing at a level equivalent to a certified practitioner may be exempt from the aforementioned certification requirement.
 - (3) Shall have a Supervising Practitioner as defined in Article II, Section 1 of this Policy.
- (b) Anesthesiologist Assistant
 - (1) Shall be currently licensed in the State of Florida as an Anesthesiologist Assistant under the direction of a supervising Anesthesiologist.
 - (2) Shall be certified by National Commission for Certification of Anesthesiologist Assistants (NCCAA) and maintain certification through this nationally accredited certification board
- (c) Certified Nurse Midwife
 - (1) Shall be currently licensed in the State of Florida as an advanced registered nurse practitioner (nurse midwife).
 - (2) Shall be certified by the American Midwifery Certification Board or be actively seeking certification and obtain the same within two (2) years.
- (d) Certified Registered Nurse Anesthetist
 - (1) Shall be currently licensed in the State of Florida as an advanced registered nurse practitioner (nurse anesthetist).
 - (2) Shall be certified by the National Board of Certification and Recertification for Nurse Anesthetists, or be actively seeking certification and obtain the same within two (2) years.
- (e) Certified Registered Nurse First Assist
 - (1) Shall be currently licensed in the State of Florida as a registered nurse.
 - (2) Shall have completed an accredited RNFA program
 - (3) Shall be certified and maintain certification by the Competency and Credentialing Institute (CCI) or other nationally accredited certification board for CRNFAs, or be actively seeking certification and obtain the same within two (2) years of completion of RNFA program.
- (f) Licensed Mental Health Professional

- (1) Shall be currently licensed in the State of Florida as a psychologist, clinical social worker, marriage and family therapist, or mental health counselor (master's level of education or above).
- (g) Optometrist
 - (1) Shall be currently licensed in the State of Florida as an optometrist.
- (h) Physician Assistant
 - (1) Shall be currently licensed as a physician assistant by the Florida Board of Medicine or possess a temporary certificate.
 - (2) Shall be certified and maintain certification by the National Commission on Certification of Physician Assistants or actively seeking certification and obtain the same within two (2) years of initial grant of privileges.
 - (3) Physician Assistants seeking outpatient prescriptive privileges must obtain a Prescriber Certificate from the Board of Medicine.
- (i) Radiologist Assistant
 - (1) Shall be currently certified in the State of Florida as a radiologist assistant.
 - (2) Shall be certified and maintain certification by the Certification Board for Radiology Practitioner Assistants or other nationally accredited board for Radiology Assistants, or be actively seeking certification and obtain the same within two (2) years of initial grant of privileges.

Section 3. Waivers

Only the Board may grant waivers to the Minimum or Category Qualifications described hereinabove.

ARTICLE III - APPLICATION FOR CLINICAL PRIVILEGES

Section 1. Pre-application Requirements

Application for clinical privileges for APPs shall be provided only to individuals in disciplines that have been approved by the Board and who can document that they meet the minimum objective criteria for clinical privileges as an APP. 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. Application

- (a) The application for clinical privileges shall be submitted in writing on the prescribed form and signed by the applicant. The application shall include a request for specific clinical privileges desired by the applicant and shall require detailed information concerning the applicant's professional qualifications, including, at a minimum:
 - (1) The names and complete addresses of at least three (3) professionals who are familiar with the applicant's professional performance, clinical judgment and clinical or technical skills (at least two (2) shall have the same credentials as the applicant). None of these references may be related to the applicant. In special circumstances where the APP does not have any references with the same credentials who can attest to his/her competence, other professional references may be substituted at the discretion of the Credentials Committee;

- (2) The names and complete address of any and all hospitals and other health care organizations at which the applicant has had privileges, trained, or worked in the profession in which he or she is requesting clinical privileges;
- (3) Information as to whether there have been any previously successful or currently pending challenges, including investigations or inquiries, that 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 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 prescriber designation/authority;
- (4) Information as to whether the applicant has ever been subjected to any corrective action (whether disciplinary or not) 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, proctoring or probation (subsequent to routine 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), arbitration, or other judiciary, quasi-judiciary or administrative proceedings based on the applicant's clinical practice have ever been instituted against the applicant, or have resulted in a judgment against the applicant or a settlement;
- (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 medical condition (including substance abuse), mental or emotional condition that could affect the applicant's, ability to exercise the clinical privileges requested safely and competently;
- (9) Information about whether the applicant has ever been denied enrollment, reprimanded, sanctioned, restricted, excluded, suspended, had privileges suspended by any private health insurance plan/program, or any federal or state program (in any state) or employed by a corporation, business or professional association that has been suspended or excluded from any such program or in any state;
- (10) Information about whether the applicant's privileges 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 or had adjudication withheld on a felony, pleaded guilty or nolo contendere to a felony, entered into a pretrial agreement for a felony, or is presently under indictment for a felony;
- (12) Information about whether the applicant has engaged in or been treated for the use or misuse of prescription drugs, illegal substance chemicals or any other substance that could impair the applicant's ability to perform professional or clinical practice duties;
- (13) Information about whether the applicant has ever held or currently holds a contract with a healthcare professional recovery program;
- (14) 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 or state program, hospital or managed care organization;

- (15) Information about whether the applicant has ever had any license subject to restriction, stipulation, limitation, reprimand, fine, letter of guidance, probation, revocation or voluntary or involuntary surrender;
 - (16) Information about whether the applicant has ever had a confirmed/founded report of abuse or neglect of a patient;
 - (17) Verification of the applicant's current license to practice in Florida;
 - (18) A copy or verification of the applicant's prescriber registration, if applicable;
 - (19) A copy of the applicant's current Curriculum Vitae which reflects at a minimum, applicant's professional and educational activities since degree awarded;
 - (20) Copy of ARNP or Anesthesiologist Assistant protocol submitted to the Florida licensing board for physician sponsorship, if applicable;
 - (21) Copy of the Supervision Data Form for a physician assistant, or a current listing of all supervising physicians, if applicable;
 - (22) A copy of the current certificate of professional liability coverage that denotes the Hospital as the Certificate Holder, provides the effective dates of the policy, identifies the applicant by name, coverage exclusions, if any, and provides for either claims made or occurrence based coverage amounts approved by the Board;
 - (23) The applicant's dated signature on the prescribed Statement of Authorization and Release form, as well as the signature of the Supervising Practitioner if applicable; and
 - (24) Such other information as requested by a Professional Review Body.
- (b) The application shall be accompanied by a request for specific clinical privileges, signed by the Supervising Practitioner(s), if applicable.

Section 3. Undertakings

Each APP applicant must specifically agree to the following undertakings as a condition of consideration of such application for clinical privileges and as a condition of continuation of clinical privileges:

- (a) An agreement to be bound by the policies, procedures, bylaws and/or rules and regulations of the Medical Staff, Hospital, and SJMC;
- (b) An acknowledgement that the applicant has the burden of producing adequate information for a proper evaluation of the applicant's competence, character, ethics, health status and other qualifications and for 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 Credentials Committee or MEC or 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 the Hospital, in writing and within thirty days, of any changes or additions to the information provided by the applicant, including:
 - (1) Denial or voluntary surrender, suspension, reduction, revocation, relinquishment, withdrawal, or non-renewal, either temporarily or permanently, for any reason, of:
 - (a) membership status and/or clinical privileges at any hospital or healthcare

institution; (b) specialty board or professional certification; (c) Drug Enforcement Agency or prescriber registration; (d) license to practice any profession in any jurisdiction; or (e) professional liability coverage; including any changes in coverage;

- (2) Any malpractice actions, arbitrations, or other proceedings based on the applicant's practice, including any Notices of Intent;
 - (3) Any changes in physical or mental condition that could prevent the applicant, with or without reasonable accommodation, from performing professional or medical practice duties required for the privileges requested and/or granted; or
 - (4) Any convictions, indictments, pleadings of guilty or nolo contendere to any crimes (excluding traffic offenses);
- (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 of all clinical privileges.
- (g) An agreement to provide continuous quality patient care for her/his patients if granted clinical privileges, which shall include an agreement to self-report any physical, medical, psychiatric, or emotional impairment which may result in an inability to perform her/his professional responsibilities.

Each applicant for APP clinical privileges shall specifically agree to these undertakings as part of the application.

Section 4. Burden of Providing Information

The APP applicant shall have the burden of providing adequate information for a proper evaluation of the applicant's competence, character, ethics, and other qualifications, and of resolving any questions about such qualifications. The applicant shall have the burden of providing evidence that all statements made and information given on the application is true, complete 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 of all necessary information; adequate responses from references; and any additional information deemed necessary for the evaluation of the application or the applicant's qualifications. It is the responsibility of the 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 until all requested information is received. Applications which are incomplete for four months because of a failure of an applicant to provide requested information shall be deemed expired.

Should information provided in the application for clinical privileges change at any time before or after privileges are granted; the APP must provide written notice within 30 days of such change and sufficient information about such change for the Credentials Committee's review and assessment.

Section 5. Authorization to Obtain Information

The following statements, which shall be included on the application form for clinical privileges, and which form a part of this policy, are express conditions applicable to any APP applicant and any APP granted privileges. By applying for clinical privileges, the applicant expressly accepts

these conditions during the processing and consideration of the applicant's application, whether or not the applicant is granted clinical privileges. This acceptance also applies once privileges are granted and for as long privileges continue.

- (a) **Authorization to Obtain Information:** The applicant shall specifically authorize SJMC to 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 requested, as well as the applicant's ethical qualifications. The applicant shall specifically authorize SJMC 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 and on the applicant's ability to perform her/his professional responsibilities. The applicant shall specifically authorize said individual(s) and/or entities, which shall include but not be limited to: (1) insurance companies; (2) the National Practitioner Data Bank; (3) peer 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 and others who may have information regarding professional liability claims or lawsuits; and (11) training programs, to release said information to the Hospital, upon request and receipt of a copy of the applicant's consent and release form.

- (b) **Immunity:** The applicant shall specifically agree to extend immunity to and release from any and all liability, to the fullest extent permitted by law, all individuals and organizations who provide information to SJMC concerning the applicant's competence, ethics, character, mental or emotional stability, physical condition and any other matter bearing on the satisfaction of the criteria for granting the clinical privileges requested, including otherwise privileged and confidential information.

The applicant shall authorize SJMC to disclose and make available to any hospital/facility/program to which the applicant has made or makes application, any and all information contained in the application and/or obtained as a result thereof.

ARTICLE IV – PROCESSING APPLICATIONS

Section 1. Nurse Practitioners

If the applicant is a Nurse Practitioner, the application will be reviewed by a Nurse Practitioner with hospital privileges prior to the Credentials Committee review.

Section 2. Chief of Service

After receiving references, verifications and all other information or materials deemed pertinent, Medical Staff Services will assign the applicant to an applicable Chief of Service for evaluation and also for on-going monitoring should clinical privileges be granted. Within thirty days of receipt of a complete application, the Chief of Service shall provide the Credentials Committee with a recommendation regarding the experience, training, and competence of the applicant, relative to the clinical privileges requested. If the Chief of Service does not make a recommendation within thirty days, the application will nevertheless be forwarded to the Credentials Committee without a recommendation for privileges.

Section 3. Credentials Committee

The Credentials Committee shall review the application, the supporting documentation, recommendations, evidence of adherence to accepted professional ethical standards and behavior and current competency to perform requested privileges, and such other information available that may be relevant to consideration of the applicant's qualifications for the APP clinical privileges requested. The Credentials Committee shall then forward a report of its recommendations to the MEC for action.

Section 4. Medical Executive Committee

- (a) After considering the report from the Credentials Committee, the MEC shall recommend action upon each application and/or request for privileges. If a recommendation is favorable to the applicant, the recommendation shall be forwarded to the Board for final action. All recommendations must include the specific clinical privileges to be granted.
- (b) If an adverse recommendation is made with respect to clinical privileges, the reason for such recommendation shall be stated and supported by reference to the completed application and all other documentation considered by the MEC, all of which shall be forwarded to the CEO. The CEO shall promptly provide Notice to the applicant of the adverse recommendation and of the applicant's right to a hearing in accordance with the procedure set forth in Article IX of this Policy.
- (c) If the applicant waives the right to a hearing, the CEO shall forward the MEC's recommendation with supporting documentation to the Board for final action. If the applicant exercises the right to a hearing, the MEC may reconsider its adverse recommendation after the hearing. The MEC shall forward its final recommendation to the Board for final action.

Section 5. Deferral

When the recommendation of the Credentials Committee or the MEC is to defer the application for further consideration, the applicant shall be provided with Notice of the reason for deferral. The Committee must make a subsequent recommendation within one hundred days.

Section 6. Board Action

The Board has final responsibility for approval or disapproval of all APP applications for clinical privileges. Notification of the Board's decision shall be sent to the applicant. For adverse decisions, Notice shall be provided to the applicant.

Section 7. Time for Final Action

Once received from the Chief of Service, an APP application must be acted upon by the Credentials Committee and presented to the Board by the MEC within one hundred days, unless the process has been delayed by a hearing or by the need to obtain further information, deferred or unless this requirement is otherwise waived by the Board for a good cause.

Section 8. Term of Clinical Privileges

Clinical privileges shall be granted by the Board, for a period not to exceed two (2) years.

ARTICLE V – TEMPORARY, DISASTER, AND INCREASED CLINICAL PRIVILEGES

Section 1. Request for Temporary Clinical Privileges

Upon the recommendation of a Chief of Service, and the concurrence of the MEC Chair, the CEO may, at her/his sole discretion, grant temporary privileges to an APP for a specified period of time not to exceed 120 days. For the purposes of any rights and responsibilities set forth in this Policy, the recipient of the grant of temporary privileges does not have any rights for a hearing and/or appeal.

Section 2. Disaster Privileges

Disaster privileges are granted only when the emergency management plan has been activated, and the organization is unable to meet immediate patient needs. The CEO may designate one of the following individuals to grant disaster privileges subsequent to review of the APP's file and determine that the APP meets the present, important patient care needs:

- a) Medical Care Director;
- b) Medical Staff Director;
- c) Operation Chief

The above individual's job duties are defined in the Hospital Incident Command System (HICS) manual.

Section 3. Application for Increased Clinical Privileges

Whenever an individual desires additional clinical privileges, such person shall make the request in writing, stating in detail the specific additional clinical privileges desired and the requestor's relevant training and experience that support such additional privileges. The request shall be processed in the same manner as an application for initial clinical privileges.

ARTICLE VI – RENEWAL OF CLINICAL PRIVILEGES

Section 1. Application

Each APP who wishes to continue his or her clinical privileges shall be responsible for returning a completed renewal application, accompanied by all required supporting documents, by a specified deadline. Failure to submit an application by the requested deadline will result in automatic expiration of clinical privileges, if insufficient time is remaining in which to process the application before the current privileges expire. In applying for renewal of clinical privileges, the APP shall have the burden of producing adequate information to assure that the APP continues to meet those criteria outlined in Article II of this Policy. If granted by the Board, renewal shall be for a period not to exceed two (2) years.

Section 2. Factors to be considered

Each recommendation regarding renewal of clinical privileges shall be based, in part, on the APP's:

- (a) Ethical behavior, current clinical competence, clinical judgment and quality of care in the treatment of patients;

- (b) Compliance with the Hospital and Medical Staff 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 requested;
- (e) Satisfactory completion of continuing education requirements related to the individual's clinical privileges; and,
- (f) Any other findings relevant to the APP's competence and ability to perform professional duties and responsibilities and work harmoniously with others in the Hospital to ensure delivery of quality patient care.

Section 3. Renewal Procedure

The completed application and supporting documents shall be forwarded to the appropriate Chief of Service for evaluation of the APP's demonstrated competence, professional performance, judgment, and clinical/technical skills, as indicated by evaluation activities and other reasonable indicators of continuing qualifications, and by observation of the individual's ability to perform the clinical privileges granted. Peer and/or supervising physician recommendations will also be solicited and considered in recommending the APP for continuation of specific clinical privileges. Upon completion of the chief(s) of service evaluations, the procedure provided in Article IV, Processing Applications, shall be followed.

ARTICLE VII – CHANGE IN SPECIALTY AREA

Whenever an APP desires to change her/his specialty area of practice, the request for change shall be in writing and shall include: 1) updated contact information; 2) a request for modifications of clinical privileges applicable to the new specialty area; 3) updated physician sponsor information, as appropriate; and, 4) updated State of Florida practice protocol if applicable.

ARTICLE VIII – CORRECTIVE ACTIONS

Section 1. Summary Suspension

- (a) Prior to Investigation
 - (1) Upon a reasonable belief that failure to take such action may result in imminent danger to the health and/or safety of any individual, the Chair of the MEC, the applicable Chief of Service, the CEO, or in his/her absence, his/her designee, and the Chair of the Board shall each have the authority to summarily suspend or restrict all or any portion of the clinical privileges of an APP. Prior to implementing such summary suspension or restriction, the CEO, or the Chair of the Board shall, whenever practicable, consult with either the Chair of the MEC or the Chief of the affected APP's Service. This suspension shall be deemed to be administrative in nature and does not indicate the validity of the charges.
 - (2) Upon a reasonable belief that failure to take such action may compromise the health, safety or welfare of trauma patients, the Medical Director of the Trauma Service shall have the authority to summarily suspend or restrict all or any portion of the clinical privileges of an APP.
 - (3) Any individual who exercises authority under subsections 1 or 2 above to summarily suspend clinical privileges must immediately report any summary suspension imposed to the CEO, the Chair of the MEC, and the Chief of Service.

- (4) The Chair of the MEC shall initiate an investigation of the matter prompting the summary suspension in accordance with Section 3 of this Article.
- (b) **During an Investigation**
At any time during an investigation, the Chair of the MEC, the applicable Chief of Service, the CEO, or in his/her absence, his/her designee, and the Chair of the Board may suspend all or any part of the clinical privileges of the APP being investigated upon a reasonable belief that failure to take such action may result in an imminent danger to the health and/or safety of any individual.
- (c) **General Requirements for Summary Suspensions**
- (1) A summary suspension shall become effective immediately upon imposition and remain in effect unless or until modified by the CEO or the Board.
 - (2) An investigation must be completed within 14 days of the suspension or reasons for the delay must be transmitted to the CEO so that he/she may consider, as soon as practicable, whether the suspension should be lifted prior to its completion.
 - (3) Immediately upon the imposition of a summary suspension, the Chair of the MEC shall notify the APP's supervising physician or Chief of Service as appropriate to assure continuity of patient care.
 - (4) It shall be the duty of the Chair of MEC and the Chief of Service to cooperate with the CEO in enforcing all suspensions.
 - (5) Summary suspension under this section shall be deemed an interim precautionary step in the professional review activity and shall not imply a final finding of responsibility for the situation that prompted the suspension.

Section 2. Grounds for Initiating An Investigation

Whenever, on the basis of information and belief, the Chair of the MEC, the Chief of Service, the Chair or a majority of any Medical Staff committee, the Chair of the Board or the CEO has cause to question:

- (a) The clinical competence of any APP;
- (b) The care or treatment of a patient or patients or management of a case by any APP;
- (c) The conduct of any APP with regards to applicable ethical standards or a violation of the bylaws, policies, procedures, rules or regulations of the Hospital, Board or Medical Staff, including, but not limited to the Hospital's quality improvement, risk management, and resource management programs; or
- (d) The conduct of any APP that may be considered lower than the standards of the Hospital or disruptive to the orderly operation of the Hospital, including the inability of the APP to work harmoniously with others; then

A written request for an investigation of the matter shall be addressed to the Chair of the MEC, which written request shall include a description of the incident(s), activity(ies), or conduct that form the basis for the request. The Chair of the MEC shall promptly notify the CEO of all such requests and proceed as specified in Section 3 below. Nothing in this Article is meant to restrict the ability of any Professional Review Body or hospital quality activity medical review or peer

review committee to conduct a review or informal investigation of an APP's practice in connection with such committee's quality improvement and/or assurance responsibilities.

Section 3. Investigative Procedure

If, after receiving the request for investigation, the Chair of the MEC determines:

- (a) The request for investigation contains sufficient information to support a recommendation, the Chair of the MEC shall make a recommendation for action to the MEC, with or without a personal interview with the APP; or
- (b) The request for investigation does not contain sufficient information to support a recommendation, the Chair of the MEC shall immediately appoint an *ad hoc* Investigating Committee to obtain the necessary information, or present to the MEC for investigation as a committee.
 - (1) An *ad hoc* Investigating Committee shall consist of up to two (2) physicians, whom may or may not hold an appointment to the Medical Staff and one (1) APP who has the same credentials as the individual who is the subject of the investigation. If possible, this committee shall not include partners, associates, or relatives of the subject of the investigation, nor any individual in direct economic competition with the subject of the investigation.
 - (2) The Investigating Committee shall have available to it the full resources of the Medical Staff and the Hospital to aid in its work, as well as the authority to use outside consultants as required.
 - (3) The Investigating Committee may require a physical and/or mental examination of the APP by a physician(s) approved by the committee and that the results of such examination are made available for the committee's consideration.
 - (4) The APP who is the subject of the investigation shall have an opportunity to meet with the Investigating Committee before it makes its report. At this meeting (but not, as a matter of right, in advance of it) the APP shall be informed of the general nature of the evidence supporting the investigation and shall be invited to discuss, explain or refute it. The proceedings of an Investigating Committee are considered an administrative matter and not an adversarial proceeding. This interview does not constitute a hearing, and none of the procedural rules provided in this Policy with respect to hearings, including the right to have legal counsel present apply. A summary of such interview shall be made by the Investigating Committee and included with its report to the Chair of the MEC.
 - (5) The Investigating Committee shall make a report of the evidence and its findings to the Chair of the MEC within six (6) weeks of its appointment. The Investigating Committee may obtain from the Chair of the MEC and upon demonstration of good cause an extension within which to complete its investigation.

Section 4. Recommendations for Corrective Action

- (a) In acting after the investigation, the MEC may recommend:
 - (1) That no action is justified;
 - (2) Issuance of a written warning;

- (3) Issuance of a letter of reprimand;
 - (4) Probation;
 - (5) A requirement for consultation;
 - (6) Reduction of clinical privileges;
 - (7) Suspension of clinical privileges for a term;
 - (8) Revocation of clinical privileges; or
 - (9) Such other recommendations as it deems necessary or appropriate.
- (b) If the recommendation of the MEC would entitle the affected APP to a hearing in accordance with Article IX, the recommendation shall be forwarded to the CEO, who shall promptly communicate the fact of such right to the affected APP by Notice. The CEO shall then hold the recommendation until after the APP has exercised or waived the right to a hearing and appeal as provided in Article IX. At that time, the CEO shall forward the recommendation of the MEC, together with all supporting documentation, to the Board. The Chair of the MEC or a designee shall be available to the Board to answer any questions that may be raised with respect to the recommendation.
- (c) If the recommendation of the MEC would not entitle the individual to a hearing, in accordance with Article IX, Section 1 the action shall take effect immediately. A report of the action taken and reasons therefore shall be made to the Board through the CEO and the action shall stand unless modified by the Board.
- (d) If the recommendation of the MEC includes a recommendation for the imposition of an immediate suspension or restriction of clinical privileges based on the reasonable belief that failure to take such action may result in imminent danger to the health and/or safety of any individual, the recommendation will take effect immediately and remain in effect until modified by the CEO or Board. The Chair of the MEC must promptly give Notice to the affected member of the recommended suspension/restriction and its immediate effect.
- (e) In the event the Board considers modification of an action of the MEC taken pursuant to subsection (c), and such modification would entitle the individual to a hearing, the affected appointee shall be notified by the CEO, and no final action thereon shall be taken by the Board until the individual has exercised or waived the right to a hearing and appeal.

Section 5. Automatic Suspension or Revocation of Privileges

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

- (a) As provided in Article I, clinical privileges of an APP are coterminous with any employment or contractual relationship the APP may have with the Hospital, the University of Florida Jacksonville Healthcare, Inc, the University of Florida College of Medicine, or the APP's supervising Medical Staff member, if any. Upon termination of such employment or contractual relationship, AHPs shall have no further rights under Article IX.
- (b) Revocation of license to practice shall result in automatic termination of privileges. Suspension of license to practice shall result in automatic suspension

of all clinical privileges for a concomitant period of time and prompt initiation of an investigation in accordance with this Article.

- (c) 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. If the APP remains suspended under this Subsection at the time of renewal of clinical privileges is considered, the APP will not be considered for renewal and all clinical privileges shall be automatically terminated.
- (d) Failure to report to the Hospital any restriction or condition imposed on or probation with respect to the APP's license within thirty (30) days of the imposition of such restriction, condition or probation may result in automatic termination of privileges.
- (e) Failure to appear at a Medical Staff or Hospital committee meeting when required, and at which a discussion of the APP's suspected deviation from standard clinical or professional practice is scheduled, unless excused by the applicable committee Chair upon a showing of good cause, shall result in automatic suspension of privileges. Such suspension will be automatically rescinded upon the APP's participation in a rescheduled conference. Such suspension will be automatically rescinded upon the APP's participation in a rescheduled conference; provided that the APP makes a request within 14 days of the original conference date to reschedule. Upon failure to request the rescheduling within 14 days, the APP's clinical privileges will be automatically terminated.
- (f) Failure to provide the Hospital's Office of Medical Staff Services with proof of professional liability insurance coverage as described in Medical Staff Policy and in the amounts established by the Board shall result in automatic suspension of clinical privileges. Such suspension shall be rescinded upon the submission of proof of acceptable professional liability insurance. If the APP remains suspended under this Subsection at time of renewal of clinical privileges is considered, the APP will not be considered for renewal and all clinical privileges will automatically be terminated.
- (g) Exclusion from participation in any federal program shall result in automatic suspension of clinical privileges. The suspension shall remain in effect until proof of participation has been submitted to the Medical Staff Services Office. If proof of participation has not been received by the Medical Staff Services Office within thirty (30) days, on the 31st day the APP's clinical privileges will be automatically terminated.
- (h) Expiration of a present term of privileges, when failure to submit a complete application by the stated deadline results in insufficient time to process the application before the current privileges expires.
- (i) Failure to undergo a medical, psychological and/or psychiatric examination/evaluation at the request of the Credentials Committee, MEC or Board shall result in automatic suspension of privileges. Such suspension will be automatically rescinded upon the APP's agreement to comply with the

request; provided that the APP commits to undergo such evaluation within 14 days of the suspension. Upon failure to agree to comply with the request within 14 days, the APP's privileges will be automatically terminated.

- (j) Failure to maintain a Supervising or Sponsoring Practitioner shall result in automatic termination of privileges.

Upon the occurrence of any of the foregoing events, the CEO or designee shall promptly give the affected APP Notice of the automatic termination or suspension and the specific grounds for the termination/suspension. Notice shall be sent to the address on record at the Hospital's Office of Medical Staff Services.

Within ten (10) days of receipt of such Notice, the affected APP may present written evidence to the CEO that negates the grounds for the automatic suspension or termination. If the CEO determines, in the CEO's sole discretion, that the written evidence is sufficient to negate the grounds for the automatic suspension or termination, the CEO shall so give Notice of that determination to the affected APP and the automatic suspension or termination shall be considered void from the beginning. Unless otherwise provided in this section, any automatic suspension that is not corrected within thirty (30) days shall result in automatic termination, without further notice. Automatic terminations not immediately effected due to a pending request for a Board waiver will take effect immediately upon denial of the request.

It is the responsibility of the Chair of the MEC, and the appropriate Chief of Service, with the cooperation of the CEO, to enforce all automatic suspensions and terminations.

ARTICLE IX – HEARING AND APPEAL PROCESS

Section 1. Preliminary Matters

- (a) There shall be no right of review with regard to elimination or change in privileges resulting from a determination by the Hospital regarding allocation or elimination of clinical services among APP categories.
- (b) If an APP is the subject of any of the following recommended actions by the MEC, the APP shall have the right for a review of such recommended action under the Hearing and Appeal process before the recommended action goes to the Board for its consideration:
 - (1) Denial of request for clinical privileges;
 - (2) Denial of a request for increase in clinical privileges;
 - (3) Decrease or termination of clinical privileges;
 - (4) Suspension of clinical privileges for thirty (30) days or more; or
 - (5) Mandatory concurring consultation except where such consult is with the Supervising Practitioner.
- (c) Recommendation for, or imposition of, any of the following actions by the MEC or the Board does not constitute grounds for a hearing:
 - (1) Denial of all clinical privileges based on an inability to meet any one of the minimum objective criteria for clinical privileges set forth in Article I;
 - (2) Automatic suspension of privileges pursuant to Article VIII, Section 5;
 - (3) Summary suspension pursuant to Article VIII, Sections 1 and 5, unless such suspension remains effective for more than 14 days;
 - (4) Denial or termination of temporary privileges;

- (5) Requirement for supervision or observation of an APP that does not restrict the clinical privileges of the APP;
 - (6) A general consultation or corrective counseling requirement;
 - (7) Issuance of a letter of warning, admonition or reprimand;
 - (8) Denial of a request for clinical privileges on the basis that approval would contravene the terms of an exclusive agreement between the Hospital and any other party; and
 - (9) Denial of a request to be granted privileges to perform a procedure or service not currently provided at the Hospital.
- (d) The chief human resource officer of the Hospital (herein the “HR Officer”) shall promptly give Notice to the subject APP, in the event any recommendation is made that gives rise to the Hearing and Appeal Process as identified above. This Notice shall specify the recommendation made and the general reasons for the recommendation and provide the APP with a copy of the Hearing and Appeal Process.
- (e) The affected APP shall have fifteen (15) calendar days from receipt of the Notice to request a hearing in writing delivered to the HR Officer.
- (f) Failure to request a hearing in the time and manner specified herein shall be deemed a waiver of the affected APP’s right to a hearing on the recommendation and shall be considered an acceptance of the recommendation, which recommendation shall go to the Board in the usual course of action.

Section 2. The Hearing

- (a) Within twenty-one (21) days of the HR Officer’s receipt of a timely request for a hearing, the HR Officer shall:
- (1) Appoint a Hearing Officer, who may or may not hold clinical privileges at the Hospital, so long as the Hearing Officer is not in direct economic competition with the APP or his/her Supervising Practitioner; and
 - (2) Schedule the hearing and give Notice to the APP of the hearing time, place, and date. The Notice shall also inform the APP of the general nature of the support for the recommendation and a list of expected witnesses. The hearing shall begin as soon as practicable but no sooner than thirty (30) days from the date of Notice of the hearing, unless an earlier hearing date has been mutually agreed to in writing.
- (b) Within fifteen (15) days of the Notice of the hearing, the affected APP or applicant shall provide a written list of names of the persons expected to give testimony or present evidence at the hearing on the APP or applicant’s behalf. The witness list of either party may be supplemented or amended at any time prior to the hearing, so long as there is adequate notice to the other party.
- (c) Postponement of the hearing beyond the time originally noticed may be mutually agreed to by both parties, or if an agreement cannot be reached, upon written request to the Hearing Officer who may grant at his/her sole discretion.
- (d) The personal presence of the affected APP at the hearing shall be required. Failure of the affected APP to appear and remain present for the hearing, without good cause as

determined by the Hearing Officer, at his/her sole discretion, shall be deemed to constitute acceptance of the subject recommendation.

- (e) The hearing shall be conducted as informally as possible. Each party has the right to representation at the hearing by an attorney or any other person.
- (f) At the hearing, a representative of the MEC shall first present the basis for the recommendation and the information relied upon to support it. The MEC may call witnesses and submit information relevant to its recommendation. The APP may call witnesses and submit any information relevant the recommendation. The Hearing Officer shall admit any evidence that it determines to be relevant, which is commonly relied upon by reasonably prudent persons in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. At the conclusion of the hearing, the Hearing Officer, in his/her sole discretion, may request the submission of written statements from both parties.
- (g) The Hearing Officer shall:
 - (1) Act to ensure that the APP has a reasonable opportunity to be heard and to present relevant witnesses and/or documentary evidence and that decorum is maintained throughout the hearing;
 - (2) Conduct the hearing according to the general order set forth herein;
 - (3) Have the authority and discretion to make rulings, consistent with this Policy, on all questions and issues of procedure, relevancy, and admissibility of evidence including subject matter and length of time for questioning witnesses; and
 - (4) Have the authority to remove any person who is disruptive to the orderly and professional process of the hearing.

The Hearing Officer may be advised on procedural matters and compliance with this Policy and other applicable documents by legal counsel to the Hospital.

- (h) An audio tape or minutes of the hearing, as determined by the HR officer, shall be kept.
- (i) Within twenty (20) days after conclusion of the hearing, the Hearing Officer shall render a report to the HR Officer containing a written recommendation with a concise summary of the reasons for its recommendations. The Hearing Officer shall support the recommendation of the MEC, unless the affected APP proves that the MEC's recommendation was unreasonable, not sustained by any evidence taken at the hearing or is otherwise unfounded. Unless s/he so proves, the Hearing Officer shall recommend in favor of the MEC.
- (j) The HR Officer shall forward the Hearing Officer's report to the CEO, who shall forward it to the Board for final action after the APP exercises or waives his/her right to an appeal pursuant to Section 3 herein. The HR Officer shall send Notice of the recommendation and copy of report to the MEC, the affected APP, and his/her Supervising Physician, if applicable.
- (k) An APP subject to an adverse recommendation identified in this section shall have the right to a hearing only upon the initial adverse recommendation. A hearing provided on an initial adverse recommendation satisfies the requirement for a hearing right as to any final recommendation or action, which is based on the same subject matter.

Section 3. Appeal

- (a) Within ten (10) days of receipt of the Notice of an adverse recommendation from the Hearing Officer, the affected APP may request an appeal of the Hearing Officer's recommendation. The request shall be in the form of a written submission to the CEO, which submission shall identify the grounds for appeal and detailed, factual support for the grounds alleged. The APP shall have the burden of demonstrating with clear factual support in the submission that the grounds for appeal are met. The submission shall be delivered to the CEO via hand-delivery or first class US mail. If an appeal is not timely requested and with the sufficiency and in the manner herein specified, as determined by the CEO, the affected APP shall be deemed to have waived his/her right to an appeal and to have accepted the adverse recommendation of the Hearing Officer.
- (b) The grounds for an appeal are that the recommendations of the Hearing Officer were:
 - (1) Arbitrary or capricious; or
 - (2) Not supported by evidence presented at the hearing.
- (c) Within fourteen (14) days of receipt of a sufficient request for an appeal, the CEO shall schedule and arrange for an appellate review. The date of appellate review shall not be less than twenty (20) days, or more than thirty (30) days, from the date of receipt of the request. The CEO shall give the affected APP Notice of the time, place, and date of the appellate review. The time and date for appellate review may be extended at the discretion of the CEO.
- (d) The CEO shall appoint a Review Panel composed of not less than three (3) persons without any prior involvement in the subject matter of the appeal and may include reputable persons outside the Hospital to consider the appeal.
- (e) The CEO shall designate a Chair of the Review Panel. The majority of the members of the Review Panel must be present when the Panel meets. The Chair of the Review Panel may, without special notice, adjourn and reconvene meeting(s) of the Review Panel at the convenience of the participants.
- (f) The purpose of the appeal and the task of the Review Panel are to ascertain whether the recommendation of the Hearing Officer is supported by evidence submitted at the hearing. The Review Panel shall review the Hearing Officer's recommendation, the hearing minutes, and all evidence submitted at the hearing prior to making its determinations and recommendations to the Board. The Review Panel shall not accept additional evidence. The Review Panel may, in its sole discretion, invite the affected APP and/or a representative of the MEC to appear and make a brief statement or submit a written statement.
- (g) The Review Panel shall uphold the recommendation of the Hearing Officer, unless it finds that the Hearing Officer's recommendation was not supported by evidence presented at the hearing or was arbitrary or capricious. It shall not be the role of the Review Panel to substitute its judgment for that of the Hearing Officer but to determine whether or not the Hearing Officer's recommendation is supported by evidence presented to it at the hearing.
- (h) Within twenty-one (21) days of the date of the Review Panel's last meeting, the Review Panel shall forward its written recommendation and reasons for its recommendation to the

CEO. The Review Panel's recommendation shall be upon agreement of the majority of its members.

- (i) Upon its receipt, the CEO shall provide Notice of the Review Panel's recommendation to the Hearing Officer, the MEC, the affected APP, and the Supervising Practitioner, if applicable. The Board shall consider the Review Panel's recommendation for final action at its next regular meeting.

Section 4. Final Board Action

- (a) The Board may affirm, modify, or reverse the recommendation presented to it for final action, after exhaustion or waiver of hearing and appeal rights.
- (b) Final Board action shall be taken at the meeting following the exhaustion or waiver of hearing and appeal rights. The CEO shall provide Notice to the affected APP, the Supervising Practitioner, if applicable, the panel providing the recommendation, and the MEC of the final Board action.
- (c) The decision of the Board with regard to any recommendation is final, shall be effective immediately, and shall not be subject to further review.
- (d) In the event that the Board revokes or terminates the APP's clinical privileges, that APP may not again apply for clinical privileges at this Hospital for a period of five (5) years, unless the Board provides otherwise in its written final decision.

ARTICLE X - AMENDMENTS

Section 1. Initiation

The Board, the MEC, or the Credentials Committee may initiate amendments to this policy. If initiated by the Board or MEC, proposed amendments must be provided to the Credentials Committee for its comments at least thirty-one (31) days prior to the MEC's vote on the proposed amendment. Except that, the following types of amendments may be initiated by the Board or MEC and adopted without prior notice to or comment from the Credentials Committee and notwithstanding the requirements in Sections 2 and 3 of this Article:

- (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 the Joint Commission or other accrediting agency standards, as appropriate;
- (c) Amendments made to conform to approved Medical Staff Bylaws; or
- (d) 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. Medical Executive Committee Recommendation

Amendments may be recommended to the Board upon a majority vote of the members of the Medical 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.