# EXEMPLA LUTHERAN MEDICAL CENTER

## ALLIED HEALTH PRACTITIONERS RULES

### TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>OVERVIEW</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>CATEGORIES OF AHPS ELIGIBLE TO APPLY FOR SCOPE OF PRACTICE OR PRIVILEGES</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>PREROGATIVES</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td>RESPONSIBILITIES</td>
<td>4</td>
</tr>
<tr>
<td>5.</td>
<td>CREDENTIALING CRITERIA</td>
<td>5</td>
</tr>
<tr>
<td>5.1</td>
<td>Basic Requirements</td>
<td>5</td>
</tr>
<tr>
<td>5.2</td>
<td>Additional Requirements</td>
<td>6</td>
</tr>
<tr>
<td>5.3</td>
<td>Specific Requirements</td>
<td>6</td>
</tr>
<tr>
<td>5.4</td>
<td>Supervising Practitioner Responsibilities for Dependent AHPs</td>
<td>6</td>
</tr>
<tr>
<td>5.5</td>
<td>Waiver of Qualifications</td>
<td>6</td>
</tr>
<tr>
<td>6.</td>
<td>PROCESSING THE APPLICATION</td>
<td>8</td>
</tr>
<tr>
<td>7.</td>
<td>PRIVILEGES/SCOPE OF PRACTICE</td>
<td>9</td>
</tr>
<tr>
<td>7.1</td>
<td>Duration of Privileges or Scope of Practice</td>
<td>9</td>
</tr>
<tr>
<td>7.2</td>
<td>Continuously Maintain Qualifications</td>
<td>9</td>
</tr>
<tr>
<td>8.</td>
<td>DURATION OF APPOINTMENT AND REAPPOINTMENT; LEAVE OF ABSENCE</td>
<td>10</td>
</tr>
<tr>
<td>9.</td>
<td>EXCEPTION TO CREDENTIALING PROCESS CONTRACT ALLIED PRACTITIONERS</td>
<td>11</td>
</tr>
<tr>
<td>10.</td>
<td>CREDENTIALS FILES</td>
<td>13</td>
</tr>
<tr>
<td>11.</td>
<td>PEER REVIEW AND CORRECTIVE ACTION</td>
<td>14</td>
</tr>
<tr>
<td>11.1</td>
<td>Overview</td>
<td>14</td>
</tr>
<tr>
<td>11.2</td>
<td>Independent AHPs</td>
<td>14</td>
</tr>
<tr>
<td>11.3</td>
<td>Automatic Suspension, Limitation or Termination</td>
<td>14</td>
</tr>
<tr>
<td>11.3.1</td>
<td>Licensure or Certification</td>
<td>14</td>
</tr>
<tr>
<td>11.3.2</td>
<td>DEA Certificate</td>
<td>15</td>
</tr>
<tr>
<td>11.3.3</td>
<td>Failure to Satisfy Special Appearance Requirement</td>
<td>15</td>
</tr>
<tr>
<td>11.3.4</td>
<td>Cancellation of Professional Liability Insurance</td>
<td>15</td>
</tr>
<tr>
<td>11.3.5</td>
<td>Exclusion, Failure to Comply With Government and Other Third Party Payor Requirements</td>
<td>15</td>
</tr>
<tr>
<td>11.3.6</td>
<td>Attestation</td>
<td>15</td>
</tr>
<tr>
<td>11.3.7</td>
<td>Maintaining Credentialing Criteria</td>
<td>15</td>
</tr>
<tr>
<td>11.3.8</td>
<td>Failure to Pay Dues</td>
<td>16</td>
</tr>
<tr>
<td>11.3.9</td>
<td>Supervising Practitioner</td>
<td>16</td>
</tr>
<tr>
<td>11.3.10</td>
<td>Annual Competency Assessment</td>
<td>16</td>
</tr>
<tr>
<td>11.3.11</td>
<td>Automatic Termination</td>
<td>16</td>
</tr>
<tr>
<td>11.3.12</td>
<td>Executive Committee Deliberation and Procedural Rights</td>
<td>16</td>
</tr>
<tr>
<td>11.3.13</td>
<td>Notice of Automatic Suspension or Termination</td>
<td>16</td>
</tr>
<tr>
<td>11.4</td>
<td>Review of Category Decisions</td>
<td>16</td>
</tr>
</tbody>
</table>
RULE 1.  OVERVIEW

1.1. There are two classes of AHPs: Dependent AHPs and Independent AHPs. Dependent AHPs may provide patient care services at the Hospital only under the supervision and direction of a Practitioner in accordance with a Scope of Practice granted by the Governing Body. Independent AHPs may provide patient care services at the Hospital independently in accordance with Privileges/Scope of Practice granted by the Governing Body. The Scope of Practice or Privileges for which each AHP may apply and any special limitations or conditions to the exercise of such Scope of Practice or Privileges shall be based on recommendations of the Department or Section, the Credentials Committee, and Medical Executive Committee and subject to the approval of the Governing Body. Advanced Practice Nurses and Physician Assistants may apply for Privileges. All other AHPs may apply for Scope of Practice.

1.2. Practitioners who desire to supervise or direct AHPs who provide dependent services must have current Medical Staff membership and Privileges approved by the Governing Body for the categories of patient care services provided under their supervision to practice in at least one of the same Department(s) or Section(s) as the AHP. The Practitioner’s supervision shall be carried out in accordance with applicable state and federal laws and applicable Medical Staff Bylaws and Hospital Rules and policies.

1.3. Until the AHP has been granted Scope of Practice or Privileges and assigned to a Department or Section (if the Department has Sections), an AHP should not be practicing within the Hospital.

1.4. Each AHP shall be assigned to the Department or Section (if any) appropriate to his or her occupational or professional training and, unless otherwise specified in the Medical Staff Bylaws or the Rules, shall be subject to terms and conditions paralleling those specified for Practitioners as they may logically be applied to AHPs and appropriately tailored to the particular AHP.

1.5. The Medical Staff Rules shall apply to AHPs as modified to reflect the more limited practice and procedural rights of AHPs, except to the extent specified in the Medical Staff Rules and these AHP Rules.
RULE 2. CATEGORIES OF AHPS ELIGIBLE TO APPLY FOR SCOPE OF PRACTICE OR PRIVILEGES

2.1. The categories of AHPs allowed to practice in the System, and their Scope of Practice or Privileges, as appropriate, are subject to approval by the Governing Body. The Governing Body may, at its discretion, study which categories of AHPs should be allowed to practice in the Hospital and the Scope of Practice or Privileges, prerogatives, and responsibilities to be assigned to the category. Prior to making any changes, the Governing Body shall consult with the relevant Department Chair, Section Chief, Credentials Committee Chair and the Medical Executive Committee.

2.2. AHPs shall not be eligible to apply to practice at the Hospital until Privileges or a Scope of Practice for the AHP’s category has been approved by the Governing Body. The categories of AHPs eligible to apply to practice at the Hospital shall be determined by the Medical Executive Committee and the Governing Body from time to time, which categories shall be set forth in Exhibit A, incorporated by this reference, as amended from time to time.
RULE 3.  PREROGATIVES

The prerogatives which may be extended to an AHP may include:

3.1.  For Dependent AHPs, the provision of specified patient care services under the supervision or direction of a Medical Staff Member, consistent with the Scope of Practice approved for the AHP and within the scope of the AHP’s licensure or certification. For Independent AHPs, the provision of specified patient care services consistent with the Privileges or Scope of Practice approved for the AHP and within the scope of the AHP’s licensure or certification. AHPs shall not admit patients to or discharge patients from the Hospital.

3.2.  Service on the Medical Staff, Department, Section, and Hospital committees, when requested.

3.3.  Attendance at the meetings of the Department and Section to which the AHP is assigned, as permitted by the Medical Staff or Department or Section Rules, and attendance at Hospital education programs in the AHP’s field of practice.

3.4.  AHPs are not members of the Medical Staff, and hence are not entitled to vote on Medical Staff, Department or Section matters.
RULE 4. RESPONSIBILITIES

Each AHP shall:

4.1. Meet those responsibilities required by these AHP Rules and as specified for Practitioners in the Medical Staff Bylaws and Rules, as modified to reflect the more limited practice of the AHP.

4.2. Retain appropriate responsibility within the AHP’s area of professional competence for the care and supervision of each patient in the System for whom the AHP is providing services.

4.3. Consistent with the Scope of Practice or Privileges approved for him or her, exercise independent judgment within his or her areas of competence, provided that a Medical Staff Member who has appropriate Privileges shall retain the ultimate responsibility for each patient’s care.

4.4. Participate directly in the management of patients to the extent authorized by his or her license, certificate, other legal credentials, any applicable standardized procedures or policies, and by the Scope of Practice or Privileges approved by the Governing Body.

4.5. Write orders to the extent established by any applicable Medical Staff, Department or Section policies, rules or standardized procedures or policies and consistent with the Scope of Practice or Privileges approved for him or her.

4.6. Record reports and progress notes on patient charts in accordance with any applicable standardized procedures, policies, and/or applicable Privileges or Scope of Practice.

4.7. For Dependent AHPs, assure that records are countersigned as follows: (i) the supervising Practitioner, if any, shall countersign all entries except routine progress notes; and (ii) unless otherwise specified in the Rules, prerogatives, Privileges/Scope of Practice or specific supervision protocols, all chart entries that require countersignatures must be countersigned as soon as possible after the entry is made.

4.8. Consistent with the Scope of Practice or Privileges approved for him or her, perform consultations as requested by a Medical Staff Member.

4.9. Comply with all Medical Staff, Hospital and System Bylaws, Rules and Policies.

4.10. Participate in peer review and quality improvement and in discharging such other functions as may be required from time to time.

4.11. Protect the confidentiality and integrity of all patients’ individually identifiable health information that is created, received, maintained or transmitted regardless of medium or format.

4.12. Pay dues or assessments as approved from time to time by the Medical Executive Committee.

4.13. Agree to abide by the AHP Behavioral Expectations which in conjunction with the Medical Staff Bylaws and Rules, Disruptive Practitioner Behavior Policy, and Practitioner Harassment of Hospital Employees Policy constitute a Code of Conduct for AHP’s practicing at ELMC.

4.14. Provide a valid email address that will be used as a primary method of communication.
RULE 5. CREDENTIALING CRITERIA

5.1. Basic Requirements

An AHP must demonstrate compliance with all of the basic requirements set forth in this Rule 5 to have an application for Privileges or Scope of Practice accepted for review.

a. The applicant must belong to an AHP category approved for practice in the Hospital by the Governing Body.

b. The applicant for Dependent AHP status must meet the criteria for the Privileges or the Privileges or Scope of Practice set forth in the Privileges or Scope of Practice forms approved by the Credentials Committee, relevant Department or Section, the Medical Executive Committee and the Governing Body. The applicant for Independent AHP status must meet the criteria for the Privileges or Scope of Practice set forth in the Privilege or Scope of Practice forms approved by the Credentials Committee, relevant Department or Section, the Medical Executive Committee and the Governing Body.

c. If required by law, the applicant must hold a current, unrestricted state license or certificate.

d. In addition, Hospital independent contractors shall meet all conditions of their contract with the Hospital.

e. The applicant must maintain in force professional liability insurance or its equivalent covering the Privileges or Scope of Practice requested or approved for him or her in the amounts of at least $1,000,000/occurrence and $3,000,000 annual aggregate or such other amount as determined by the Governing Body from time to time.

f. For Hospital Privileges or Scope of Practice be located close enough (office and residence) to the Hospital to provide continuous care to his or her patients. The distance to the Hospital may vary depending on the Privileges or Scope of Practice which are involved and the feasibility of arranging alternative coverage as may be defined in the Rules.

g. If requesting Privileges or Scope of Practice in a Department operated under an exclusive contract, be a member, employee, or subcontractor of the group or person that has the contract.

h. Not be excluded or suspended from participation in any federal health care program, including the Medicare and Medicaid programs.

i. If prescribing controlled substances at the Hospital, have a federal DEA certificate.

j. Have a supervising Practitioner in accordance with AHP Rule 5.4; provided, however, that the Governing Body may, in its sole discretion, make a contingent approval of an AHP’s Privileges or Scope of Practice for a defined period of time where the identified supervising Practitioner has not yet been appointed to the Medical Staff or granted clinical Privileges. An AHP granted contingent Privileges or Scope of Practice shall not be eligible to exercise the Privileges or Scope of Practice unless and until the supervising Practitioner is appointed to the Medical Staff and granted clinical Privileges.

If, at any time, the information received indicates that the applicant does not meet the basic qualifications for membership set forth in this Rule 5, or the objective eligibility requirements for the Privileges or Scope of Practice requested as set forth in the appropriate Department’s Privileges or Scope of Practice Forms, the application or request will not be processed. The applicant will be notified in writing that he or she is not eligible to apply for the Privileges or
Scope of Practice, as appropriate, that his or her application or request will not be processed, the basis for the administrative rejection, and that he or she is not entitled to a hearing or appeal under the Medical Staff Bylaws, the Rules or these AHP Rules.

5.2. Additional Requirements

In addition to meeting the general requirements outlined above, applicants must:

a. Document his or her experience, Office of Inspector General (OIG) status, education, background, training, demonstrated ability, judgment, and physical and mental health status with sufficient adequacy to demonstrate that any patient he or she treats will receive care of the generally recognized professional level of quality and efficiency in the community and as established by the Hospital, and that he or she is qualified to practice or exercise Privileges within the Hospital.

b. Be determined, on the basis of documented references to adhere strictly to the lawful ethics of his or her profession, to work cooperatively with others in the Hospital setting so as not to adversely affect patient care and be willing to participate in and properly discharge responsibilities as determined by the Medical Staff.

5.3. Specific Requirements

In addition to meeting the general requirements outlined above, applicants must meet any specific requirements established for his or her category of AHP as set forth in the Scope of Practice or Privileges.

5.4. Supervising Practitioner Responsibilities for Dependent AHPs

a. Each AHP shall have a primary supervising Practitioner who is an active member of the Medical Staff and has been granted Privileges to practice at the Hospital, and may have additional supervising Practitioners who supervise the AHP.

b. The supervising Practitioners shall provide the level of supervision appropriate to the AHP’s licensure or certification, education and training and in accordance with the Privileges or Scope of Practice any policies of the Department or Section. Additional responsibilities of the supervising Practitioner shall be set forth in the Privileges or Scope of Practice form.

c. Any supervising Practitioner or group which employs or contracts with a Dependent AHP agrees that the Dependent AHP is solely his, her, or its employee or agent and not the Hospitals’ employee or agent. The supervising Practitioner or group has full and sole responsibility for paying the Dependent AHP, and for complying with all relevant laws, including federal and state income tax withholding laws, overtime laws, and workers’ compensation insurance coverage laws.

d. A supervising Practitioner or group which employs or contracts with the AHP agrees to indemnify the Hospital against any expense, loss, or adverse judgment it may incur as a result of allowing an AHP to practice in the System or as a result of denying or terminating the AHP’s Privileges or Scope of Practice.

e. Any supervising Practitioner shall countersign the Dependent AHP’s records in accordance with Rule 4.7.

f. The supervising Practitioner shall complete an annual competency assessment form for each AHP (s)he has agreed to supervise.
5.5. Waiver of Qualifications

Insofar as is consistent with applicable laws, the Governing Body has the discretion to deem an AHP to have satisfied a qualification, after consulting with the Medical Executive Committee, if it determines that the AHP has demonstrated he or she has substantially comparable qualifications and that this waiver is necessary to serve the best interests of the patients and of the System. There is no obligation to grant any such waiver, and AHPs have no right to have a waiver considered and/or granted. An AHP who is denied a waiver or consideration of a waiver shall not be entitled to any hearing and appeal rights under these AHP Rules.
RULE 6. PROCESSING THE APPLICATION

6.1. Applications shall be submitted and processed in a manner parallel to that specified for Medical Staff applicants in the Credentialing and Privileging Rules (Appointment and Reappointment) and Medical Staff Rules, except as set forth in these AHP Rules. The application form, which is approved by the Medical Executive Committee and the Governing Board, shall be considered part of these AHP Rules.

6.2. The applicant must submit a minimum of one (1) reference from licensed Practitioners and one (1) reference from comparably licensed certified or trained AHPs in the appropriate field and who are familiar with his or her professional work and demonstrated competency.

6.3. Once the application is determined to be complete, it will be forwarded to the Department Chair or Section Chief, who shall evaluate the AHP based upon the standards set forth in these AHP Rules and the Credentialing and Privileging Rules. The Department Chair or Section Chief or his or her designee may meet with the AHP, as well as the supervising Practitioner, (if applicable) to further evaluate the AHP’s request for Scope of Practice or Privileges.

6.3.1. Thereafter, the application shall be processed by the Credentials Committee, Medical Executive Committee and Governing Body in accordance with the procedures set forth in the Credentialing and Privileging Rules.
RULE 7. PRIVILEGES/SCOPE OF PRACTICE

7.1 Duration of Privileges or Scope of Practice

Appointment to the AHP staff and the initial grant of Privileges/Scope of Practice shall not exceed two years. The initial grant of Privileges/Scope of Practice shall be subject to a provisional period of at least 12 months, not to exceed two years.

7.2 Continuously Maintain Qualifications

AHPs shall continuously maintain credentialing criteria and qualifications for Privileges or Scope of Practice granted, renewed or revised throughout the term of appointment or reappointment. An AHP will be granted a 60 day grace period to provide evidence of current Board Certification or other required certification providing the AHP has completed or submitted all requirements for the certification and is only awaiting confirmation of successfully attaining the certification.
RULE 8. DURATION OF APPOINTMENT AND REAPPOINTMENT; LEAVE OF ABSENCE

8.1. AHPs shall be given an approved Scope of Practice or Privileges for no more than 24 months. Reappointments to the AHP staff shall be processed every other year, in a parallel manner to that specified in the Rule 4 of the Credentialing and Privileging Rules (Procedures for Appointment and Reappointment).

8.2. Applications for renewal of the Dependent AHP’s Scope of Practice and the supervising Practitioner’s approval or the Independent AHP’s Privileges must be completed by the AHP and supervising Practitioner, as appropriate, and submitted for processing in a parallel manner to the reappointment procedures set forth in the Credentialing and Privileging Rules (Procedures for Appointment and Reappointment).

8.3. AHPs may request and be granted a leave of absence in accordance with the Medical Staff Bylaws. The procedures for early reappointment, requests, approval, conditions and reinstatement following a leave of absence shall follow the provisions of Rule 4 (Procedures for Appointment and Reappointment, Leave of Absence) and Rule 8 (Practitioner Health Concerns) of the Credentialing and Privileging Rules, with the following differences: references to a “Medical Staff Member,” “Member” or “Practitioner” shall mean an AHP; references to “Privileges” shall mean Scope of Practice or Privileges; and an AHP is not entitled to the hearing and appeal rights applicable to Practitioners under the Peer Review, Hearing and Appeal Rules.
RULE 9.  EXCEPTION TO CREDENTIALING PROCESS CONTRACT ALLIED PRACTITIONERS

9.1.  On occasion, the System may determine that the interests of patient care are best served by entering into a contract with an entity which provides Dependent AHPs to work within the System. These AHPs are not employees of the System, nor are they Independent Practitioners working in their own private practice. Rather, they are employees or independent contractors of an entity that has agreed to provide certain health services to the System’s patients. For purposes of these Rules, these Dependent AHPs shall be referred to as “Contract AHPs” and the entity employed or contracting with them shall be referred to as the “Contracting Entity.”

9.2.  Ordinarily, Contract AHPs must complete the full AHP credentialing process prior to being permitted to render patient care within the System. However, the Contracting Entity may be responsible for credentialing the Contract AHPs pursuant to the terms of the contract with the System. The credentialing process as described in these AHP Rules may be waived for Contract AHPs whom the Contracting Entity provides credentialing. warrants to be adequately qualified to perform the patient care activities described in the contract.

9.3.  Whether the Contracting Entity is responsible for credentialing the Contract AHPs will be determined by System Administration and shall be made a part of the written contract between the System and the Contracting Entity. If the Contracting Entity will credential the Contract AHPs, the following shall apply:

   a.  The contract shall include a written description of the patient care activities to be performed by the Contract AHPs. Under the contract, the Contracting Entity will provide only those Contract AHPs who are qualified to provide the patient care services through their education, training, licensure and competence. The System should review the personnel practices of the Contracting Entity and the qualifications of its staff to determine compliance with the System’s qualifications for AHPs. If the Contracting Entity’s practices are not acceptable, the contract should define the System’s specific requirements.

   b.  The Chief Executive Officer may ask the appropriate Medical Staff Department or Section and the Credentials Committee to review the job descriptions or contract provisions describing the activities of the Contract AHPs for completeness, accuracy and appropriateness.

   c.  The contract shall obligate the Contracting Entity to review each Contract AHP and verify and maintain information in accordance with applicable JCAHO human resources standards (e.g., education, license, training, competence, orientation, evaluations, health status, criminal background checks, and references, when applicable) and any additional standards set forth in Rule 5 of these AHP Rules, at the time the Contract AHP is first associated with the Contracting Entity. Thereafter, the Contracting Entity shall periodically (at least every 2 years) audit the personnel, health and education records of the Contract AHPs. The Contracting Entity must either (i) provide the System with copies of the appropriate information for each credentialed Contract AHP, or (ii) provide the System the results of an audit of appropriate information for the credentialed Contract AHPs (either all or a percentage of the Contract AHPs) conducted by the Contracting Entity, with an attestation of the accuracy of the information.

   d.  Contract AHPs shall be limited in their scopes of practice to those activities described in the contract with the Contracting Entity.

   e.  Contract AHPs shall be subject to such observation requirements as may be recommended by the appropriate Department and Section to which the AHP will be...
assigned, Credentials Committee, and the Medical Executive Committee and approved by the Governing Body.

f. Quality improvement evaluations of the performance of Contract AHPs shall be conducted periodically by the appropriate System department director or Chief Executive Officer, or his or her designee.

g. Contract AHPs are expected to be competent and cooperative in the System setting. The Contracting Entity shall immediately remove or reassign out of the System any Contract AHP reasonably determined by the System Administration not to meet these conditions or the applicable credentialing requirements.

h. As a condition for the exception to the credentialing process provided in this Rule 9, all Contract AHPs shall agree in writing to waive all procedural rights provided by these Rules and the Medical Staff Bylaws and to release the System, its employees, agents, and Medical Staff Members from any and all liability for any decisions affecting the Contract AHPs’ practice at the System.

i. Upon expiration or termination of the contract between the System and the Contracting Entity, the Contract AHP’s right to provide patient care services to System patients will automatically terminate as well. No procedural rights will be afforded to Contract AHPs in the event the contract is terminated.

9.4. Where the contract does not provide for the Contracting Entity to perform credentialing, each Contract AHP shall be subject to all of the credentialing procedures of these Rules.
RULE 10. CREDENTIALS FILES

Credentials files, including matters relating to the content, maintenance, confidentiality and disclosure of credentials files of AHPs, shall be conducted in a manner parallel to that specified for Medical Staff Members in the Credentialing and Privileging Rules (Credentials Files) and associated policies.
RULE 11. PEER REVIEW AND CORRECTIVE ACTION

Peer review, quality review, and corrective action investigations for AHPs may be conducted in a manner parallel to those specified for Medical Staff Members in the Credentialing and Privileging Rules (Practitioner Health Concerns), the Peer Review, Fair Hearing and Appeal Rules (Disruptive Practitioners) (Peer Review and Corrective Action) of the Medical Staff Rules or in accordance with the Hospital Quality Plan, as amended from time to time, which is incorporated herein by reference; provided, however, that failure to follow the procedures in the Medical Staff Bylaws and Rules shall not invalidate any review, investigation or action taken.

11.1. Overview

Nothing contained in the Medical Staff Bylaws or Rules shall be interpreted to entitle a Dependent AHP to the procedural rights set forth in the Medical Staff Bylaws and Rules. However, a Dependent AHP shall have the right to have any action that would otherwise constitute grounds for a hearing under the Medical Staff Bylaws or Rules reviewed by filing a written grievance with the Medical Executive Committee within 15 days of such action. Upon receipt of such a grievance, the President shall appoint an ad hoc grievance committee, which shall include at least one AHP. The ad hoc committee shall conduct a review and afford the AHP an opportunity for an interview concerning the grievance. Any such interview shall not constitute a “hearing” as that term is used in the Medical Staff Bylaws and Rules and shall not be conducted according to the procedural rules applicable to such hearings. Before the interview, the Dependent AHP shall be informed of the general nature and circumstances giving rise to the action, and the Dependent AHP may present information relevant thereto at the interview. A record of the interview shall be made. The ad hoc committee shall make a recommendation to the Medical Executive Committee or its designee shall make a decision based on the interview and all other information available to it. The Medical Executive Committee shall consider the recommendation of the ad hoc committee and shall make a recommendation to the Governing Body. The Governing Body may adopt, reject or modify the recommendation of the Medical Executive Committee or the ad hoc committee.

11.2. Independent AHPs

Independent AHPs shall be entitled to the procedures set forth in Rule 2 of the (Hearings and Appellate Review), Peer Review, Fair Hearing and Appeal Rules, provided, however, that the professional review committee shall include at least one Independent Practitioner or a person in the same field of practice as the AHP exercising such procedural rights.

11.3. Automatic Suspension, Limitation or Termination

In the following instances, an AHP’s Privileges or Scope of Practice may be suspended, limited or terminated as described:

11.3.1 Licensure or Certification

a. Revocation, Suspension, Expiration, Surrender or Relinquishment: Whenever an AHP’s license, certification or other legal credential authorizing practice in this state is revoked, suspended, expired, surrendered or relinquished without an application pending for renewal, Privileges or Scope of Practice shall be automatically suspended as of the date such action becomes effective. The suspension shall continue at least until the license or certificate is reinstated, and AHP submits complete information concerning the licensure or certification action to the Medical Executive Committee.

b. Restriction: Whenever an AHP’s license, certification or other legal credential authorizing practice in this state is limited or restricted by the applicable licensing or certifying authority, any Privileges or Scope of Practice within the scope of such limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective and throughout its term.
c. **Probation:** Whenever an AHP is placed on probation by the applicable licensing or certifying authority, his or her Privileges or Scope of Practice shall automatically become subject to probation under similar terms as of the date such action becomes effective and throughout its term.

### 11.3.2 DEA Certificate

a. **Revocation, Suspension, and Expiration:** Whenever an AHP’s certificate is revoked, limited, suspended, or expired, the AHP shall automatically and correspondingly be divested of the right to prescribe medications covered by the certificate as of the date such action becomes effective and throughout its term.

b. **Probation:** Whenever an AHP’s DEA certificate is subject to probation, the AHP’s right to prescribe such medications at the Hospital shall automatically become subject to probation under similar terms as of the date such action becomes effective and throughout its term.

### 11.3.3 Failure to Satisfy Special Appearance Requirement

An AHP who fails without good cause to appear and satisfy the requirements of Medical Staff Bylaws Section 10.8 shall automatically be suspended from exercising all or such portion of the Privileges or Scope of Practice as the Medical Executive Committee specifies. The suspension shall continue until the AHP arranges for and satisfies the special appearance requirement, unless automatically terminated as set forth below.

### 11.3.4 Cancellation of Professional Liability Insurance

Failure to maintain professional liability insurance as required by the Medical Staff Bylaws and Rules and these AHP Rules shall result in automatic suspension of an AHP’s Privileges or Scope of Practice. Failure to maintain professional liability insurance for certain procedures shall result in the automatic suspension of Privileges or Scope of Practice to perform those procedures. The suspension shall be effective until appropriate coverage is reinstated, including coverage of any acts or potential liabilities that may have occurred or arisen during the period of any lapse in coverage.

### 11.3.5 Exclusion, Failure to Comply With Government and Other Third Party Payor Requirements

Exclusion or suspension from participation in any federal health program, including the Medicare and Medicaid programs, shall result in automatic suspension of an AHP’s Privileges or Scope of Practice. The Medical Executive Committee shall be empowered to determine that compliance with certain specific third party payor, government agency, and professional review organization rules or policies is essential to Hospital and/or Medical Staff operations and that compliance with such requirements can be objectively determined. Failure to comply with such requirements shall be grounds for automatic suspension. The suspension shall be effective until the AHP complies with such requirements.

### 11.3.6 Attestation

If, through the application process, an AHP attests that he/she is in full compliance with the credentialing criteria for certain Privileges or Scope of Practice requested (without primary source verification), the AHP’s subsequent failure to verify compliance with such criteria within thirty (30) days of a written request shall result in automatic suspension of the affected Privileges or Scope of Practice. The AHP’s failure to present such verification within thirty (30) days of notice of automatic suspension shall result in automatic termination of the affected Privileges or Scope of Practice.

### 11.3.7 Maintaining Credentialing Criteria

If an AHP fails to continuously maintain the credentialing criteria for his/her granted Privileges or Scope of Practice in accordance with these AHP Rules, the AHP’s Privileges or Scope of Practice shall be automatically suspended as of the date such credentialing criteria is no longer maintained. The suspension
shall continue at least until the qualification is fully reinstated and the AHP submits complete information verifying such reinstatement to the Medical Executive Committee. An AHP will be granted a 60 day grace period to provide evidence of current Board Certification or other required certification providing the AHP has completed or submitted all requirements for the certification and is only awaiting confirmation of successfully attaining the certification.

11.3.8 Failure to Pay Dues

For failure to pay dues within 30 days after written warning of delinquency, an AHP shall be automatically suspended and shall remain so suspended until the AHP pays the delinquent dues.

11.3.9 Supervising Practitioner

An AHP’s Privileges or Scope of Practice shall be automatically suspended if:

a. His/her supervising Practitioner’s Medical Staff membership or relevant Privileges are suspended, restricted or terminated, for any reason.

b. For Dependant AHPs, the supervising Practitioner no longer agrees to act as the supervising Practitioner, for any reason.

c. The AHP’s certification or license expires, is revoked, or is suspended.

d. The AHP fails to maintain professional liability insurance required by Rule 5.1(e).

e. The AHP fails to complete medical records or to obtain the supervising Practitioner’s countersignature as required by Rule 4.7.

11.3.10 Annual Competency Assessment

An AHP’s Privileges or Scope of Practice shall be automatically suspended if (i) his/her supervising Practitioner fails to submit an annual competency assessment form or (ii) the clinical/department director or his/her designee for the department in which the AHP primarily practices fails to submit an annual competency assessment form. The automatic suspension will remain in effect until the completed competency assessment forms have been received by Medical Staff Services.

11.3.11 Automatic Termination

If an AHP remains suspended under an automatic suspension provision for more than 6 months, his or her Privileges or Scope of Practice shall be automatically terminated. Thereafter, reinstatement shall require application and compliance with the appointment procedures for initial applicants.

11.3.12 Executive Committee Deliberation and Procedural Rights

a. As soon as practicable after action is effective as described in this Rule 10.2, the Medical Executive Committee shall review and consider the facts and may recommend such further corrective action as it may deem appropriate. There is no need for the Medical Executive Committee to act on automatic suspensions for failures to complete medical records, maintain professional liability insurance, pay dues, or exclusion or failure to comply with government and other third party payor rules and policies. The Medical Executive Committee review and any subsequent procedural rights shall not address the propriety of the underlying government, licensure, certification or DEA action, but instead shall address what corrective action, if any, should be taken by the Hospital.

b. AHPs whose Privileges or Scope of Practice is automatically suspended and/or who have been deemed to have been automatically terminated shall be entitled to a hearing only if the suspension or termination is required by law to be reported to the National Practitioner Data Bank or other government agency.
11.3.13 Notice of Automatic Suspension or Termination

Special Notice of an automatic suspension or termination shall be given to the affected AHP, and regular Notice of the suspension shall be given to the Medical Executive Committee, Chief Executive Officer, and Governing Body, but such Notice shall not be required for the suspension to become effective. If necessary, patients affected by an automatic suspension or termination shall be assigned to another AHP by the Department Chair or President. The wishes of the patient and affected Practitioner shall be considered, where feasible, in choosing a substitute AHP.

11.4 Review of Category Decisions

The rights afforded by this Rule 10 shall not apply to any decision regarding whether a category of AHP shall or shall not be eligible for practice in the Hospital and the Privileges or Scope of Practice, prerogatives, or conditions of such decision. Those questions shall be submitted for consideration to the Governing Body, which has the discretion to decline to review the request or to review it using any procedure the Governing Body deems appropriate.
Approved by:

Medical Executive Committee on

Signed: __________________________________________
   Medical Staff

Exempla Board of Directors on

Signed: __________________________________________
   Board of Directors
Exhibit A

**Independent AHP**
Psychologists
Licensed Clinical Social Workers
Exempla Colorado Lutheran Home (ECLH) Consultant Pharmacist
ECLH Psychologist
ECLH Clinical Social Workers

**Dependent AHP**
ECLH Nurse Practitioner
ECLH Physician Assistant
ECLH Psychiatric Registered Nurse
ECLH Professional Counselor
Dental Assistant
Dialysis Technician/Nurse
EEG/EP Technician
Nurse Midwife
Nurse Practitioner
Family Practice
Internal Medicine
Emergency Medicine
Neonatal
Obstetrics and Gynecology
Pediatric
Surgical
Pathology Assistant
Perfusionist
Physician Assistant
Emergency Medicine
Internal Medical
Family Practice
Orthopedic
Pediatric
Surgical
Clinical Nurse Specialist
Registered Nurse First Assist
Surgical Assistant
Licensed Professional Counselor
ECLH Dental Hygienist
ECLH Dental Assistant
Radiology Practitioner Assistant