

Providence Saint John's Health Center: Medical Staff Bylaws

Article VII: Advanced Practice Providers

Section 1: Introduction

Advanced Practice Providers are persons:

- a. who are practitioners, other than physicians, dentists, and podiatrists, who have specialized training, experience, and competency qualifying them to provide limited or specialized clinical services to patients, and who have not been excluded from any health care program funded, in whole or in part, by the Federal government, and;
- b. who have been granted privileges to provide such limited services for patients of Providence Saint John's Health Center.

Section 2: Categories of Advanced Practice Provider (APP)

- a. The Board of Directors, with the recommendation of the Medical Executive Committee will decide which type of APP will be assigned to which category.
- b. Independent APP are practitioners such as clinical psychologists who may provide services to patients without the supervision of a physician.
- c. Dependent APP practitioners are certified nurse midwives, nurse practitioners, acupuncturists, registered nurse first assistants, and physician assistants, who provide services to patients only under the supervision of a designated physician.

Section 3: APP Privileges

- a. Application for Privileges
 - i. All application for privileges shall be in writing, shall be signed by the applicant, and shall be submitted on a prescribed form.
 - 1. Licensed Dependent Advanced Practice Providers are not eligible to request privileges which are not held by their supervising physicians, except under special circumstances as determined on a case-by-case basis by the Medical Executive Committee at its sole discretion.
 - ii. The application for privileges shall include:
 - 1. documentation of training and experience and appropriate references and releases;
 - 2. documentation of appropriate unencumbered, unsuspended, unrestricted, non-probationary license by the State of California to practice within their requested APP specialty or certification as required by law or regulation;
 - 3. evidence of required professional liability insurance coverage for the scope of clinical privileges requested, which meets or exceeds the minimal level required by the Board of Directors and is issued by a carrier approved by the Board of Directors;
 - 4. agreement to comply with applicable provisions of Medical Staff and Health Center Bylaws, Rules and Regulations, and Policies and Procedures;
 - 5. acknowledgment that granting of privileges does not create rights of membership such as those outlined in Article VIII of the Medical Staff Bylaws, and that privileges may be suspended or terminated by the President of the Medical Staff, the Chief Medical Officer, as set forth in Article VII, Section 3, subsection b, paragraph c, subparagraph i.

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- b. Credentialing Process
 - i. For Independent APPs, the credentialing process is similar to the appointment process for Medical Staff appointment (Article VI, Section 2).
 - ii. For Dependent APPs, the credentialing process is similar to the appointment process for Medical Staff appointment (Article VI, Section 2).
- c. Advanced Practice Providers, except clinical psychologists, shall have no rights to a hearing or appellate review pursuant to Article X based on the denial of an application for privileges or any limitation or removal thereof. Instead, Advanced Practice Providers suspended or terminated pursuant to Article VII, Section 3, subsection a, paragraph b, subparagraph v shall be entitled to the following fair hearing and appellate procedures:
 - i. A practitioner who is suspended or terminated under Article VII, Section 3, subsection a, paragraph b, subparagraph v shall be provided with written notice by the individual taking such action of such suspension or termination. Upon a written request made within ten days, the practitioner shall be provided with a notice which shall include a concise description of the acts or omissions or other reasons which form the basis for the adverse action, and a notice and description of the practitioner's right to request a hearing and appellate review. A failure of the practitioner to request a hearing to which such practitioner is entitled by these Bylaws within the time frame and in the manner herein provided shall be deemed to be a waiver of the practitioner's right to such hearing and to any appellate review and an acceptance of the adverse decision.
 - ii. A practitioner's request for a hearing must be received in writing by the individual who suspended or terminated the practitioner, either the President of the Medical Staff or the Chief Medical Officer (the "Representative"), within ten days of the practitioner's receipt of the notice of the adverse action. The request must include the practitioner's written response to the basis of the adverse action, if any, including any documentation in support thereof that the practitioner would like to be considered in the hearing.
 - iii. Within 15 days of the Representative's receipt of the practitioner's request, the Representative shall send the practitioner a notice of hearing which shall include the time, place, and date of the meeting (which shall be no more than 30 days from the Representative's receipt of the practitioner's request for a hearing) and the nature of the discussions to take place at such a hearing. The hearing shall take place at the Health Center and shall be comprised of the Representative and the practitioner. The nature of the discussion shall be the basis for the suspension or termination as stated in the notice of suspension or termination, and the practitioner's response as set forth in the request for a hearing. The Representative shall consider the oral and written information provided by the practitioner, and shall render a written decision to uphold, amend, or set aside the suspension or termination, and shall provide such decision to the practitioner in writing within ten days of the hearing.
 - iv. Within ten days after the practitioner's receipt of an adverse decision, the practitioner may, by notice to the CEO, request an appellate review by held on the record on which the adverse decision was based. If such a request is not made within ten days, the practitioner shall be deemed to have waived the right to an appellate review and to have accepted the adverse decision.
 - v. The CEO shall conduct the appellate review within 30 days of the CEO's receipt of the request for appellate review. The CEO will exercise his / her independent judgment whether evidence exists to support the decision. New or additional matters not raised during the original hearing shall not be introduced at the appellate review except under unusual circumstances, and the CEO shall, in the CEO's sole discretion, determine whether such new matters shall be accepted.
 - vi. Within ten days of the conclusion of the appellate review, the CEO shall make a final decision in the matter and shall send notice thereof to the practitioner, by special notice. The CEO's decision shall be final and shall not be subject to further hearing or appellate review.

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- d. Scope of Privileges:
 - i. Are consistent with training, experience, demonstrated competency, and within limits of applicable licensing laws;
 - ii. Require a proctoring period and review and renewal of privileges at least every two years;
 - iii. May include appropriate consultation, examinations, performance of procedures, oral/written orders if privileged to do so and co-signed by the supervising physician within per policy; but may not include admitting or independent care privileges.