

**Rules and Regulations, Credentialing and Privileging Policy**  
**Allied Health Professionals and Ancillary Staff Professionals**

**I. CATEGORIES**

The Medical Executive Committee (MEC) and the Banner Board determines the categories of individuals eligible for clinical privileges or scope of care and are referred to in the Medical Staff Bylaws as Allied Health Practitioners or Ancillary Staff Professionals. Allied Health Practitioners and Ancillary Staff Professionals are not members of the Medical Staff and do not have voting privileges at Medical Staff meetings unless the privilege to vote is granted by policy at the time the committee appointment is made.

**Allied Health Practitioners (AHPs)** are healthcare professionals other than licensed physicians who are granted clinical privileges to provide direct patient care services at Banner Del E. Webb Medical Center under a defined degree of supervision by a physician medical staff member who has been granted clinical privileges. These categories are:

- Physician assistants
- Advanced practice nurses (i.e., nurse practitioners)
- CRNA's
- Audiologists
- Crisis Counselors

**Ancillary Staff Professionals (ASPs)** are individuals who provide only those clinical services that are consistent with a written scope of care approved by the Medical Staff and who work in a support capacity for members of the Medical Staff. These categories are:

- Certified Surgical Technician First Assistants (CSTFA's)
- Orthopedic Assistants
- Pathology Assistants
- Registered Nurse First Assists (RNFA's)
- Surgical Registered Nurses
- Surgical Technicians

**II. QUALIFICATIONS**

Qualifications shall include:

- Licensure (if applicable to category): Evidence of current valid license issued by the State of Arizona
- Prescriptive Authority (if applicable to category): Evidence of current valid authority to prescribe medications
- DEA (if applicable to category): Evidence of current valid DEA
- Certification: Evidence of current board certification as required by MEC and the Board.
- Professional Liability Insurance: AHPs and ASPs must maintain current professional liability insurance with liability limits in an amount as determined from time to time by the Board and with an insurance company that is acceptable to the Board.
- Professional Education and Training: Such education and training as required by the MEC and the Board.
- Clinical Performance: AHP's and ASP's must have current experience, clinical results and utilization practice patterns, documenting a continuing ability to provide patient care services at an acceptable level of quality and efficiency.
- Attitude: AHP's and ASP's must display a willingness and capability to work with others in a cooperative, professional manner appropriate to quality patient care
- Disability: AHP's and ASP's must be free from, or exhibit adequate control of, any significant physical, mental or behavioral impairment that may adversely affect the ability to provide quality patient care.

- Professional Ethics and Conduct: AHP's and ASP's must demonstrate high moral character and adherence to generally recognized standards of professional ethics.
- Communication Skills: AHP's and ASP's must be able to read and understand the English language and to communicate in writing and verbally in the English language in an intelligible manner, and to prepare medical record entries and other required documentation in a legible manner.

#### **IV. BASIC RESPONSIBILITIES OF INDIVIDUAL MEMBERSHIP**

Each AHP or ASP shall:

- Provide patients with quality care at the generally recognized professional level of quality and efficiency in the community—to the extent authorized by his or her license, certification, or other legal credentials—by the terms outlined in the AHP category privileges description and by the privileges granted or ASP scope of care.
- Abide by all applicable state and federal laws regulating healthcare providers, as well as by rules and regulations and all other lawful standards, policies, and rules of the Medical Center.
- Discharge functions assigned by the MEC, including but not limited to quality improvement, peer and professional review, patient care monitoring, utilization review, ASP's management, and other responsibilities.
- Cooperate with and participate in committee activities as requested by MEC.
- Submit to such physical and/or mental examination(s) or provide verification of health status as required to verify the AHP's or ASP's ability to fully meet his or her responsibilities and/or to perform the requested privileges or scope of care.
- Provide evidence of freedom from infectious pulmonary tuberculosis pursuant to R9-10-207.
- Report to the Medical Staff Services Department immediately any action taken affecting licensure, certification, registration, or federal Drug Enforcement Agency registration including but not limited to probation, restriction, suspension, termination, and voluntary or involuntary relinquishment of same.
- Utilize Medical Center resources appropriately.
- Treat all individuals at or associated with the Medical Center courteously, respectfully, and with dignity at all times.
- Comply with policies, procedures, rules, regulations, and requirements that relate to the provision of services by AHP's or ASP's at the Medical Center.
- Write orders and provide care, treatment, and services only as permitted by his or her licensure or certification and as outlined in the AHP privileges description and privileges granted to the AHP or scope of care approved for the ASP.
- Document in patient medical record in a complete and timely fashion to the extent authorized in the privileges granted to the AHP or ASP, if granted authority in the scope of care.
- Seek consultation, supervision, and direction whenever appropriate or necessary and as required in the privileges granted to the AHP, or the ASP if granted authority in the scope of care.
- Abide by the ethical principles of the profession.
- AHP's and ASP's must at all times maintain the confidentiality of patient identifiable information and peer review activities and may make no voluntary disclosures of information except to persons authorized to receive it. AHP's and ASP's must abide by HIPAA guidelines and policies.
- Maintain all other qualifications for privileges set forth in this policy or the applicable AHP privileges description or ASP's scope of care.
- Report to Medical Staff Services Department immediately denial or loss of ability to provide services at another hospital or healthcare institution, any adverse determination by a peer review organization or denial or loss of right to participate in any federal or state program, including Medicare/State program.
- Report to Medical Staff Services Department any loss of employment by medical center or collaborating or supervising physician.
- Wear photo identification badge above waist present for all to see.
- Pay dues as assessed by Medical Staff.

**V. SUPERVISION PROCEDURES**

AHP's and ASP's must have a designated collaborating or supervising physician medical staff member acceptable to and in good standing on the medical staff. A copy of the collaborating or supervising agreement will be submitted with the AHP and ASP's application and will be signed by both parties.

The primary collaborating or supervising physician must sign the privileges of the AHP, or scope of care for ASP's, that he or she supervises, in which he or she accepts responsibility for appropriate supervision of the services provided by each AHP or ASP under his or her supervision and agrees that the AHP or ASP will not exceed the scope of practice defined by law (within his or her licensing agreement—i.e., supervising/collaborating agreement).

**VI. APPLICATION PROCESS**

***AHP's employed by the Medical Center:*** Employment by Banner as an AHP is contingent upon successful completion of the credentialing and privileging processes administered by the medical staff organization of the Medical Center.

If the AHP begins employment prior to completion of the credentialing process, the AHP cannot exercise the requested clinical privileges (including functioning under standardized protocols/procedures) until the credentialing process has been successfully completed. During this interim period, the AHP may function as a registered nurse (for advanced practice registered nurses). The applicant will be informed by the Medical Staff Services Department as soon as possible if an unfavorable recommendation is made by the department chair, the Credentials Committee, the MEC or the Banner Board. It will be the responsibility of the employed AHP to notify the Human Resources Department.

***AHP's or ASP's employed or sponsored by a physician member of the medical staff organization:*** AHP's or ASP's will be instructed to obtain application materials from the MSSD. Exercise of privileges or scope of care may not begin until the credentialing process has been successfully completed. The applicant will be informed by the Medical Staff Services Department as soon as possible if an unfavorable recommendation is made by the department chair, the Credentials Committee, the MEC or the Banner Board.

**VII. VERIFICATION PROCEDURES AND EVALUATION AND DECISION-MAKING PROCESS**

Verification procedures will be carried out by the Medical Staff Services Department, or designated centralized verification organization, in accordance with the Medical Center's procedure. The applicant has the burden of producing adequate information for a proper evaluation of qualifications and to resolve any doubts about any qualification required for staff membership. Incomplete applications will not be processed.

After review by the department chair, the application of AHP's is forwarded to the Credentials Committee and MEC. Application of ASP is reviewed by the Department Chairman and the CEO or his/her designee..

**VIII. TEMPORARY PERMISSION TO PROVIDE PATIENT CARE SERVICES**

Upon recommendation of the Department Chair or designee, the Chief of Staff and the CEO or their respective designee, temporary privileges may be granted in the following circumstances:

- an applicant's complete and verified credentials file has been reviewed and recommended for approval by the IPC. Temporary permission may be granted for 90 days. Temporary permission may be terminated by the CEO or Chief of Staff if it is discovered that any information or action raises a question about a practitioner's professional qualifications or ability to perform privileges or scope of care requested.
- for the purpose of fulfilling an important patient care need. The Medical Staff Services Department will verify current licensure/and or certification, current competency, evidence of malpractice insurance coverage, results of NPDB has been queried and receipt of collaborating or supervising physician statement.

**IX. AHP REAPPOINTMENT PROCESS**

All AHP's shall be reappointed to the AHP staff at least every 24 months. The Medical Staff Services Department or their designee, shall send an application for reappointment and notice of the date on which privileges or scope of care expire. Failure to return the satisfactorily completed forms shall be deemed a voluntary resignation. Inadequacies or verification problems shall be reported to the reapplicant who will have the burden of producing adequate information and resolve any concerns.

Relevant findings from quality review, timely and accurate completion of medical records, cooperativeness in working with practitioners and hospital personnel, general attitude towards patients and the Medical Center and compliance with Rules and Regulations, policies and procedures of the medical staff and Medical Center will be considered in the reappointment process.

During the reappointment process, the department chair or his or her designee is permitted access to performance evaluations (maintained in Human Resources files) that occurred during the previous two-year period of time immediately preceding the reappointment (applicable to Medical Center–employed AHP's only). Copies of employment-related performance evaluations are not maintained in credentials files. Peer review data maintained in credentials files (e.g., NPDB query) is not available for individuals performing employment-related performance evaluations.

After review by the Department Chair, the reapplication of AHP's is reviewed by the Credentials Committee, the MEC and the Banner Board.

**X. LEAVE OF ABSENCE**

AHP's or ASP's may request a leave of absence for up to one year by giving written notice to the Medical Staff Services Department. During the leave, the privileges or scope of care, and requirement of collaborating/supervising physician, and payment of dues are suspended. The Department Chair will consider the request and forward its recommendation to the Credentials Committee, MEC and the Banner Board for final action.

Reinstatement must be requested in writing. A written summary of his/her relevant activities during the leave must be provided and if the term of appointment has expired during the leave of absence, the reappointment process must be completed. AHP or ASP must provide evidence of current clinical competency, collaborating or supervising physician member of the medical staff, licensure, DEA registration and professional liability insurance. The Department Chair will consider the request and forward its recommendation to the Credentials Committee, MEC and the Banner Board for final action.

**XI. PROCEDURES FOR ANNUAL EVALUATION OF PERFORMANCE**

The performance of all AHP's and ASP's will be evaluated on a yearly basis as part of the medical staff's routine performance improvement processes. All AHP's yearly annual competency evaluation will occur on the year in between his/her regular reappointment. Any concerns regarding the quality or appropriateness of care provided by an AHP or ASP identified during such review processes shall be referred to the Professional Review Committee (PRC). Any concerns regarding the supervision of an AHP or ASP by a physician shall be referred to the appropriate medical staff department. In addition, the quality of care provided by AHP's or ASP's employed by the Medical Center will also be reviewed on an ongoing basis through the employment performance evaluation process of the Medical Center.

The annual competency evaluation of all AHP's and ASP's will be evaluated by the Department Chair and CEO. Any concerns regarding the supervision of an AHP or ASP by a physician shall be referred to the appropriate medical staff department or review committee.

## **XII. REVIEW OF SPECIFIC CONDUCT OR CARE/CORRECTIVE ACTION**

Whenever the activities or professional conduct of an AHP or ASP adversely affect or are reasonably likely to adversely affect patient safety or the delivery of quality patient care or are disruptive to the organization's operations, the matter will be reviewed by the PRC. The review and/or investigation may involve an interview of the AHP or ASP involved the supervising or collaborating physician medical staff member and other individuals or groups.

If additional review is necessary, the PRC may designate an ad hoc or external body to investigate the matter. Additionally, the matter may be handled by the employing organization as described in organization-specific policies and procedures (applicable only to AHP's or ASP's employed by the Medical Center).

### **Automatic relinquishment of privileges**

The privileges or scope of care and status as an AHP or ASP shall terminate immediately, without right to due process, in the event that the employment of the AHP or ASP with the Medical Center is terminated for any reason or if the employment or sponsorship of the AHP or ASP with a physician member of the medical staff organization is terminated for any reason.

### **Automatic suspensions**

Automatic suspension shall be immediately imposed whenever any of the following actions occur:

- a) **License** – when license is revoked, restricted, or suspended, privileges or scope is similarly revoked, restricted or suspended.
- b) **DEA or Controlled Substance Registration** – when DEA or other controlled substance registration was revoked, restricted, or suspended, right to prescribe medications covered by the registration is similarly revoked, restricted, or suspended.
- c) **Professional Liability Insurance** – for failure to maintain the minimum amount of professional liability insurance required by the Banner Board. Reinstatement may be requested during a period of 30 calendar days following suspension upon proof of adequate insurance. Thereafter, practitioners shall be deemed to have voluntarily resigned from staff and must reapply.
- d) **Exclusion from Federal (Medicare) /State Programs** – if AHP or ASP is barred from participation in any Medicare/State program or listed on the then current “list of Excluded Individuals/Entries”. A “Medicare/State Program” is any federal or state program, including Medicare, Medicaid, AHCCCS, Indian Health Service, or TriCare program.
- e) **Failure to satisfy special appearance requirements** - failure, without good cause, to appear at a meeting where his/her special appearance is required.
- f) **Failure to pay staff dues** - failure to pay staff dues within 60 days of written notice will result in a \$200 late fee. If after 30 days, the dues and fine are not paid in full, the AHP or ASP shall be deemed to have resigned voluntarily from the staff and must reapply.
- g) **Failure to execute releases and/or provide documents** - failure to execute releases and/or provide documents during term of appointment when requested by the Medical Staff Services Department. Reinstatement may be requested within a period of 30 calendar days following suspension if receipt of executed release and/or documents is provided. Thereafter, practitioners shall be deemed to have voluntarily resigned from staff and must reapply.
- h) **Failure to establish freedom from infectious TB** - failure to provide evidence of freedom from infectious TB. Reinstatement may be requested during a period of 30 calendar days following suspension if evidence of freedom from infectious TB is provided. Thereafter, practitioners shall be deemed to have voluntarily resigned from staff and must reapply.
- i) **Certification** – failure to maintain certification.
- j) **Eligibility criteria** - Failure to meet eligibility criteria for the applicable category.

### **XIII. NONREVIEWABLE ACTIONS**

- a) Imposition of supervision pending completion of an investigation to determine if corrective action is warranted.
- b) Issuance of a warning or letter of admonition or reprimand.
- c) Termination or limitation of temporary permission to provide patient care services.
- d) Any recommendation voluntarily imposed or accepted by an AHP or ASP.
- e) Denial of membership for failure to complete an application for membership or permission to provide patient care services.
- f) Removal of membership for failure to complete the minimum supervisory requirements.
- g) Removal of membership and permission to provide patient care services for failure to submit an application for reappointment within the allowable time period.
- h) Any requirement to complete an educational assessment or training program.
- i) Any requirement to complete a health and/or psychiatric psychological assessment and follow-up treatment recommended by the designated or approved healthcare professional.
- j) Removal of permission to provide patient care services for lack of a collaborating/supervising physician.
- k) Temporary suspension for failure to timely complete medical records.
- l) Any limitation imposed by employer.

### **XIV. ADVERSE ACTION REVIEW AND APPELLATE REVIEW**

An AHP or ASP shall have the right to dispute any action that revokes, suspends, terminates, restricts, or reduces the clinical privileges or scope of care that the AHP or ASP has been given permission to provide at the Medical Center unless the action revokes, suspends, terminates, restricts, or reduces the clinical privileges of an entire classification of AHP's or ASP's rather than being focused on an individual AHP or ASP. If the AHP or ASP is a hospital employee and a limitation is imposed by the Medical Center, Human Resources will provide a review pursuant to hospital policy; a review will not be provided pursuant to this policy.

The AHP or ASP's rights of hearing and appeal are as follows:

AHP's or ASP's who are subject to Adverse Action (other than Nonreviewable or Automatic Actions defined in Sections II & III) shall be afforded an Adverse Action Review and appeal process in accordance with these Rules & Regulations. Adverse Action includes: denial of a request to provide any patient care services within the applicable privileges or scope of care or revocation, suspension, reduction, limitation or termination of permission to provide any patient care services within the applicable privileges or scope of care. AHP's or ASPs are not entitled to due process rights set forth in the Medical Staff Bylaws, and none of the procedural rules set forth therein shall apply.

#### **Notice of Adverse Recommendation or Action**

Within fifteen (15) days after Adverse Action is taken against an AHP or ASP, the AHP or ASP shall be notified in writing of the specific reasons for the Adverse Action and the AHP or ASP's rights per these Rules & Regulations.

#### **Request for Review of Adverse Recommendation or Action**

The AHP or ASP may request an Adverse Action Review following the procedure set forth in these Rules & Regulations. If the AHP or ASP does not deliver a written request for an Adverse Action Review to the Chief Executive Officer within ten (10) days following the AHP or ASP's notice of the Adverse Action, the Adverse Action shall be final and non-appealable.

**Composition of the Review Committee**

A committee consisting of the Chief Nursing Officer, the Chief of the applicable Medical Staff Department and Professional Practice Director, or their respective designees, will consider the request and serve as the Review Committee.

**Notice of Time and Place for Review**

The AHP or ASP shall be given ten (10) days prior written notice of the time, place and date of the Adverse Action Review and a list of witnesses, if any, who will be called to support the Adverse Action.

**Statements in Support**

The Collaborating/Supervising Medical Staff member and the AHP or ASP shall be entitled to submit a written statement in support and/or to introduce all relevant documentation by supplying two (2) copies of the statement and/or documentation to the Medical Staff Services Department at least three (3) days prior to the review.

**Rights of Parties**

During the Adverse Action Review, the parties will be given an opportunity to present relevant evidence, call witnesses and make arguments in support of their positions. Neither the AHP or ASP, Medical Center, nor the Collaborating/Supervising Medical Staff member shall be entitled to legal counsel at the Adverse Action Review or Appellate Review.

**Burden Of Proof**

The Medical Staff has the initial obligation to present evidence in support of the adverse action or recommendation. Thereafter, the AHP or ASP has the burden of demonstrating, by a preponderance of the evidence, that the adverse action or recommendation lacks any substantial factual basis or is otherwise arbitrary, unreasonable, or capricious.

**Action on Committee Review**

Upon completion of the review, the Review Committee shall consider the information and evidence presented, make a recommendation, which shall include the basis therefore, and forward it to the Chief of Staff. The AHP or ASP and the Medical Staff shall be provided with a copy of the Committee's recommendation.

**Duty To Notify Of Noncompliance**

If the AHP or ASP believes that there has been a deviation from the procedures required by this Adverse Action Review Plan or applicable law, the AHP or ASP must promptly notify the Chief of Staff of such deviation, including the Adverse Action Review Plan, these Rules & Regulations or applicable law citation. If the Chief of Staff agrees that a deviation has occurred and is substantial and has created demonstrable prejudice, he/she shall correct such deviation.

**Request for Appellate Review**

If the AHP or ASP is dissatisfied with the Committee's recommendation, the AHP or ASP may submit a written request for an Appellate Review, provided that the Chief Executive Officer receives such request within ten (10) days following the AHP or ASP's receipt of the Committee's recommendation. The request must identify the Grounds for Appeal and must include a clear and concise statement of the facts in support of the request. Grounds for Appeal include: that the Adverse Action Review failed to comply with these Rules & Regulations or applicable state law and that such noncompliance created demonstrable prejudice or that the Review Committee's recommendation was not supported by substantial evidence. If the request for an Appellate Review is not requested properly and/or timely, the Committee's recommendation shall become final and non-appealable.

**Interview with Medical Executive Committee**

Upon a proper and timely request for an Appellate Review, the AHP or ASP shall be given an interview with the MEC or a subcommittee thereof consisting of at least three (3) members. The AHP or ASP shall be given at

least five (5) days prior written notice of the time, place and date of the Appellate Review. At the appeal, the parties shall be allowed to present written and/or oral arguments as to why the Committee's recommendation should be reversed or modified.

**Final Determination by the Medical Executive Committee**

The MEC shall make a final determination on the Adverse Action, which shall be provided to the parties. The decision of the MEC shall not be subject to further appeal.

The final decision will be submitted to the Medical Staff Subcommittee of the Board.

**APPROVED:**    MEC – 5/6/10  
                      Board – 5/13/10