

TITLE: Banner Lassen Medical Center Advanced Practice Provider Policy		
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I. Purpose/Expected Outcome

To define Advanced Practice Provider (APP) roles and responsibilities within the Medical Center.

II. Definitions

Advanced Practice Provider (APP): A licensed healthcare professional, who has at least a Master’s degree (if trained after 2020) and is Board Certified. APPs are highly trained to practice medicine and prescribe within the scope of their training as outlined by their specific scopes of practice. The providers in the category include Physician Assistants, Advanced Practice Nurses (i.e., nurse practitioners), Nurse Anesthetists, and Certified Nurse Midwives.

Dependent Advanced Practice Provider (Dependent APP): Shall mean those dependent paramedical professionals required by law and/or by the Medical Center to have medical direction or supervision of services provided under the supervision of a licensed independent practitioner with Medical Staff privileges in the limited field of healing arts for which they are licensed, certified or qualified.

Independent Advanced Practice Provider (Independent APP): Shall mean those independent paramedical professionals authorized by applicable State law and the Medical Center to provide care with no formal or direct supervision, within the scope of the APP’s licensure or certification and the individually granted clinical privileges.

Clinic-Based Advanced Practice Provider (Clinic-Based APP): Will mean those Independent Advanced Practice Providers (as defined above) whose practice is limited to direct patient care services in the Provider Based Rural Health Clinic and further defined by the APP’s scope of privileges.

Supervising Physician: A physician duly licensed to practice medicine in the applicable State, who is a member in good standing of the Medical Staff with active privileges and who is the primary supervising physician of the Dependent APP in accordance with a supervisory agreement. The Supervising Physician shall be qualified in the medical areas in which the Dependent APP is to perform and shall be accountable for the Dependent APP. It is the further responsibility of the Supervising Physician of such Dependent APP to acquaint such Dependent APP with the applicable Rules and Regulations of the Medical Staff and the Medical Center as well as with appropriate members of the Medical Staff and Medical Center personnel with whom such Dependent APP shall have contact at the Medical Center. Such Supervising Physician shall furnish evidence of professional liability insurance coverage for such Dependent APP.

Nothing in these provisions, however, should be construed to relieve the APP of any responsibility or liability for any of the APP’s own acts and omissions.

No physician shall supervise more registered physician assistants than allowed by applicable State law.

Alternate Supervising Physician: An Alternate Supervising Physician is any physician with active privileges at the Medical Center; designated by the Supervising Physician to provide supervision in the event that the Supervising Physician is unable to provide that supervision. The Alternate Supervising Physician shall maintain the same

responsibilities as the Supervising Physician; however, the Supervising Physician shall remain ultimately responsible for the Dependent APP as provided for in the supervisory agreement with the Dependent APP.

III. Policy

- A. The term, Advanced Practice Provider (APP) refers to individuals who provide direct patient care services and are required by law or by the Hospital to have medical direction or supervision in the performance of patient care services. The following categories of APPs will be privileged and credentialed via the organized medical staff's privileging process and approved by the Banner Health Board of Directors (Board). The elements of the privileging process will be applied to all APPs.

Individuals applying for clinical privileges to practice as an APP are eligible for membership to the Medical Staff. Membership will not apply to the Clinic-Based Advanced Practice Provider

- B. Membership to the Medical Staff will include the following prerogatives and limitations:

- (a) Exercise such clinical privileges as granted by the Board.
- (b) Perform such teaching activities as authorized.
- (c) Serve on committees to which they have been appointed.
- (d) Vote on all matters presented at department and committees of which he or she is a member including the Medical Executive Committee as defined in the Medical Staff Bylaws.
- (e) Vote on general officer elections
- (f) Vote on Medical Staff Bylaws amendments

- C. APP staff may not serve as an officer of the Medical staff.

- D. APPs will be categorized as independent or dependent as follows:

1. **Independent APPs**: are individuals authorized by applicable State law and the Medical Center to provide care with no formal or direct supervision, within the scope of the individual's licensure or certification and the individually granted clinical privileges. Independent APPs shall include but are not limited to:
 - Certified Nurse Midwives (CNM)
 - Certified Registered Nurse Anesthetist (CRNA)
 - Clinic Based APPs
 - a. Independent APPs will be afforded rights of hearing as set forth in this policy but not under the Medical Staff Fair Hearing process.
 - b. Certified Nurse Midwives will be able to independently admit patients to inpatient status but may not independently admit patients covered by Medicare.
 - c. CNMs will establish a formal supervisory agreement with an appropriate Supervising Physician on the Medical Staff as detailed in section 2 of this policy to develop a plan of care when consultative or collaborative management of patients is mandated by the Certified Nurse Midwife Privilege Form.
 - d. Independent APPs may be required or allowed to participate on the unassigned call rotation at the determination of the responsible Specialty. .
2. **Dependent APPs**: are required by law and/or by the Medical Center to have medical direction or supervision of services provided under the supervision of a licensed independent practitioner with Medical Staff privileges. The Supervising Physician accepts medical responsibility for all patient care services provided by a Dependent APP.

Dependent APPs shall include but are not limited to:

- Advanced Practice (Registered) Nurse (APN above)
- Physician Assistant – Certified (PA)

- a. The clinical privileges granted to a Dependent APP are dependent upon a currently valid supervisory agreement with an appropriate Supervising Physician on the Medical Staff with active privileges and shall

be suspended immediately in the absence of such agreement and/or shall be suspended if the Medical Staff appointment of the Supervising Physician is terminated for any reason, or if the Supervising Physician's clinical privileges are curtailed to the extent that professional services of such Dependent APP within the Medical Center are no longer necessary or permissible to assist the supervising physician. An APP's clinical privileges will be suspended for a period not to exceed 30 calendar days to allow presentation of a new Supervising Physician and approval of privileges. After 30 days, the APP shall be deemed to have voluntarily resigned and must reapply for privileges.

- b. Any Supervising Physician under pending or current corrective action, which includes terms of probation or a requirement for consultation, or a reduction, suspension, or revocation of clinical privileges, may also have his/her Dependent APP supervisory privileges restricted. Such restrictions will be determined by the Medical Executive Committee (MEC). The involved Dependent APP associated with any Medical Staff member under pending or current corrective action, as previously stated, may also be subject to restriction of privileges by the MEC.
- c. Dependent APPs shall be assigned to the clinical department of their supervising physician and shall be granted delineated privileges as recommended by the Clinical Department as applicable, the MEC and approved by the Board of Directors.
- d. The supervising physician shall be qualified in the medical areas in which the dependent APP is to perform and is responsible for supervising the clinical privileges of the sponsored Dependent APP
- e. Dependent APPs will not be able to independently admit patients to inpatient or observation status. Patients attended by a Dependent APP shall be admitted by a member of the Medical Staff who shall counter-authenticate the history and physical examination and will be responsible for the patient's medical care in the hospital.
- f. Dependent APPs will be afforded rights of hearing as set forth in this policy but not the Medical Staff Fair Hearing process.
- g. Dependent APPs may attend medical staff, department or committee meetings when requested to attend by an authorized representative of one of the medical staff organizations (officer, department chair or committee chair). The Dependent APP may be required or allowed to participate on the unassigned call rotation at the determination of the responsible Department.
- h. Advanced Practice Nurses may also be subject to additional recommendations of the Medical Center Chief Nursing Officer/designee.

IV. Procedure/Interventions

A. Requirements for APPs

1. Each APP shall abide by this policy, Medical Staff Bylaws, Rules and Regulations and all other rules, policies and procedures, guidelines and other requirements of the Medical Staff and the Medical Center, as applicable to the activities in association with the Medical Center.
2. All APPs shall exercise only those clinical privileges specifically granted to him/her by the Board of Directors. Clinical privileges may be granted only upon formal request on forms provided by the Medical Center with subsequent processing and approval. Clinical privileges may be granted, continued, modified, or terminated by the Board upon the recommendation of the Medical Staff, for reasons directly related to quality of patient care and other provisions of the Bylaws, and following the procedures outlined in this Policy and/or the Medical Staff Bylaws.
3. Every application for appointment and reappointment must contain a request for the specific clinical privileges desired by the applicant. Only those clinical privileges supported by evidence of competence and proof that the applicant meets the criteria for each privilege will be processed through the application process. The burden for producing a complete application and request for clinical privileges shall be the applicant's responsibility.
4. Independent and Dependent APP applications will be processed as outlined in the Credentials Manual.
5. In addition to the requirements as listed in the Bylaws; Dependent APPs shall be responsible and accountable at all times to a supervising physician and shall be under the supervision and direction of the supervising physician.
6. All APPs will have Ongoing Professional Practice Evaluation which may include a biannual evaluation completed by the supervising physician.
7. Advanced Practice Providers applying for privileges as a new applicant in a specialty with little or no previous experience in the specialty or a current staff member requesting a change in specialty must:
 - a. Remain under direct observation by the APPs Supervising Physician at all times for the first three (3) months of being granted privileges. Any specialty specific procedures requested will require a minimum

of five (5) concurrently supervised experiences. An evaluation form indicating that each procedure was completed satisfactorily will be submitted by the supervising physician.

- b. At the end of the three (3) month focused review period, the Supervising Physician must submit results of the focused review to the Medical Executive Committee to confirm competency in the new specialty and the ability of the APP to practice independently.

B. Adverse Action Review and Appellate Process

1. Initiation of Adverse Action Review and Appeal Process

APPs subject to Adverse Action (other than Non-reviewable Actions defined in Section D) shall be afforded an Adverse Action Review and appeal process in accordance with this policy. Adverse Action includes: denial of a request to provide any patient care services within the applicable scope of practice or revocation, suspension, reduction, limitation or termination of permission to provide any patient care services within the applicable scope of practice. APPs are not entitled to due process rights set forth in the Medical Staff Bylaws and Fair Hearing Plan, and none of the procedural rules set forth therein shall apply.

2. Notice of Adverse Recommendation or Action

Within (15) days after Adverse Action is taken against an APP, the APP shall be notified in writing of the specific reasons for the Adverse Action and the APPs rights per this policy.

3. Request for Review of Adverse Recommendation or Action

The APP may request an Adverse Action Review following the procedure set forth in this policy. If the APP does not deliver a written request for an Adverse Action Review to the Chief of Staff within ten (10) days following the date of the written notice of the Adverse Action, the Adverse Action shall be final and non-appealable.

4. Composition of the Review Committee

The Chief of Staff will appoint up to three (3) members of the Medical Staff and if applicable, the Chief Nursing Officer to serve as the Review Committee.

5. Notice of Time and Place for Review

The APP shall be notified ten (10) days prior via written notice of the time, place and date of the Adverse Action Review and a list of witnesses, if any that will be called to support the Adverse Action.

6. Statements in Support

A Representative acting on behalf of the Medical Staff (Medical Staff Representative) as appointed by the Chief of Staff, and the APP 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 Chief of Staff at least five (5) days prior to the review.

7. 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. None of the APP, the Hospital or the Medical Staff Representative shall be entitled to legal counsel at the Adverse Action Review or Appellate Review.

8. Burden of Proof

The Medical Staff Representative has the initial obligation to present evidence in support of the adverse action or recommendation. Thereafter, the APP 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.

9. Action on Committee Review

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

10. Duty to Notify of Noncompliance

If the APP believes that there has been a deviation from the procedures required by this Adverse Action Review Plan or applicable law, the APP must promptly notify the Chief of Staff of such deviation, including this policy 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.

11. Request for Appellate Review

If the APP is dissatisfied with the Committee's recommendation, such party may submit a written request for an Appellate Review, provided that the Chief of Staff receives such request within ten (10) days following the APP'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 the identified process 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.

12. Interview with Medical Executive Committee

Upon a proper and timely request for an Appellate Review, the APP shall be given an interview with the MEC. The APP 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.

13. 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 Banner Health Board of Directors.

14. Confidentiality

The Medical Staff will strive to maintain the confidentiality of all matters reviewed to the extent appropriate under the circumstances and as permitted by law.

C. Automatic Suspension or Limitation

Automatic suspension shall be immediately imposed under the conditions contained in this section. In addition, further corrective action may be recommended in accordance with the provisions contained within this policy whenever any of the following actions occur:

1. License

Whenever an APP's license is revoked, restricted, or suspended, the APP's scope of practice is similarly revoked, restricted, or suspended.

2. Controlled Substances Registration

Whenever an APP's DEA or other controlled substances registration is revoked, restricted, or suspended, the APP's right to prescribe medications covered by the registration is similarly revoked, restricted, or suspended.

3. Professional Liability Insurance

An APP's appointment shall be immediately suspended for failure to maintain the minimum amount of professional liability insurance required by the Board. Affected APPs may request reinstatement during a period of 30 calendar days following suspension, upon presentation of proof of adequate insurance. Thereafter, such APPs shall be deemed to have voluntarily resigned from the staff and must reapply for clinical privileges.

4. Exclusion from Medicare/State Programs

The CEO with notice to the Chief of Staff will immediately and automatically suspend an Excluded Practitioner. An "Excluded Practitioner" is an APP whose name is listed on the then current "list of Excluded Individuals/Entities" maintained by the Office of Inspector General, Department of Health and Human Services or who has been barred from participation in any Medicare/State Program. A "Medicare/State Program" is any federal or state program, including Medicare, Medicaid, Indian Health Service, or CHAMPUS program.

5. Failure to Satisfy Special Appearance Requirement

An APP, who fails without good cause to appear at a meeting where his or her special appearance is required, shall automatically be suspended. Failure to appear within 3 months of the request to appear shall result in revocation of appointment. Thereafter, the affected APP must reapply for appointment.

6. Failure to Execute Releases and/or Provide Documents

An APP who fails to execute a general or specific release and/or provide documents during a term of appointment when requested by the Chief of Staff or designee shall automatically be suspended. If the release is executed and/or documents provided within 30 calendar days of the notice of suspension, the APP shall be reinstated. Thereafter, such APP shall be deemed to have resigned voluntarily and must reapply for appointment.

7. Failure to Participate in an Evaluation

An APP who fails to participate in an evaluation of his/her qualifications for membership and/or privileges shall automatically be suspended. If, within 30 days of the suspension, the APP agrees in writing to participate in the evaluation and does participate constructively, the APP shall be reinstated. Thereafter, such APP shall be deemed to have resigned voluntarily and must reapply for staff membership and privileges.

8. Failure to Complete Assessments and Provide Results

An APP who fails to complete a required educational assessment and/or training program and/or health (including psychiatric/psychological health) assessment and follow-up treatment or to provide a report of such findings shall automatically be suspended. If the report is provided within 30 calendar days of the notice of suspension, the APP shall be reinstated. Thereafter, such APP shall be deemed to have resigned voluntarily and must reapply for staff membership and privileges.

9. Failure to be Vaccinated or to Obtain Exemption

An APP's clinical privileges shall be immediately suspended for failure to provide evidence of flu vaccination or an approved exemption granted by Banner or, where granted an exemption, for failure to wear a mask as required by Banner policy. Privileges may be reinstated at the end of flu season. As required by Banner policy, a practitioner's Medical Staff clinical privileges and membership will be automatically suspended for failure to provide evidence of Covid-19 vaccination or an approved exemption granted by Banner Health. After 30 days, privileges will be deemed voluntarily resigned if documentation of Covid-19 vaccination or an approved exemption is not received.

D. Non-reviewable Actions

Not every action entitles the APP to rights pursuant to this policy. Those types of corrective action giving rise to automatic suspension as set forth in Section G. are not reviewable under this policy. In addition, the following occurrences are also non-reviewable under this policy:

1. Imposition of supervision pending completion of an investigation to determine if corrective action is warranted or pending exhaustion of due process rights.
2. Issuance of a warning or a letter of admonition or reprimand.
3. Imposition of monitoring of professional practices
4. Termination or limitation of temporary privileges.
5. Any recommendation voluntarily imposed or accepted by the APP.
6. Denial of privileges for failure to provide a complete application.
7. Removal of privileges for failure to provide the minimum supervisory requirements.
8. Removal of privileges for failure to submit an application for reappointment within the allowable time period.
9. Any requirement to complete an educational assessment or training program.
10. Imposition of a consultation requirement pending completion of an investigation to determine if corrective action is warranted or pending exhaustion of due process rights.
11. Any requirement to complete a health and/or psychiatric/psychological assessment and follow-up treatment recommended by the designated or approved healthcare professional.
12. Removal of privileges for lack of a supervising physician.

Where an action that is not reviewable (automatic or non-reviewable action) has been taken against an APP, the affected APP may request that the action be reviewed and may submit information demonstrating why the action is unwarranted. The MEC, in its sole discretion, shall decide whether to review the submission and whether to take or recommend any action. The affected APP shall have no appeal or other rights in connection with the MEC's decision.

E. Peer Review

1. Concerns over the provision of care by APPs will be referred to the Medical Executive Committee and the Supervising Physician (for Dependent APPs) will also be notified. The MEC will make a determination of action. If the determination results in an Adverse Action which is not automatic or non-reviewable, the process outlined above will be followed.
2. All correspondence and other documentation related to any actions taken in accordance with this Policy will be filed in the APP's peer review file and protected in accordance with applicable peer review statutes. Access to such information will be limited to individuals needing to know such information.

V. Additional Information:

1. APPs shall wear an identification badge at all times while in the hospital and attire while working in the hospital shall be consistent with attire considered appropriate for and preferably, identifiable with patient care.
2. No APP shall be granted privileges in excess of those permitted by provisions of the applicable State Statutes.
3. APPs with appropriate training, qualification and licensure may write/transcribe orders, record patient history, physical examination, consultation note, and clinical summary per their delineation of privileges.

4. APPs whose anticipated privileges involve duties and/or functions normally required of members of an established hospital department, shall meet requirements of that departments prerequisite to perform said duties and/or functions. Verification of the satisfaction of these requirements will be provided to the Medical Staff Services Department and maintained in the credentials file.
5. APPs credentialed to scrub on surgical procedures shall also be accountable to the Manager of Perioperative Services or the manager's designee for adherence to the policies and procedures of all perioperative areas.
6. Any patient care activity normally considered a function of the hospital staff but carried out by an APP must be accurately and completely documented in the patient's medical record.
7. History and Physical reports, procedural notes, consultations and discharge summaries made by Dependent APPs must be counter-authenticated within 48 hours by the attending physician.
8. Patient rounds made by a Dependent APP, shall not be considered as fulfilling requirements for the supervising practitioner patient rounds. It is expected that patient rounds be made every 72 hours by the attending physician as long as an APP rounds on the patient every 24 hours under an established care plan.

VII. Supersedes:

XI. Cross Reference:

- A. Medical Staff Bylaws
- B. Allied Health Professional Policy