

CENTRACARE SURGICAL CENTER

**MEDICAL STAFF BYLAWS, POLICIES AND
RULES AND REGULATIONS**

MEDICAL STAFF BYLAWS

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ARTICLE 1

GENERAL

1.A. DEFINITIONS

The definitions that apply to terms used in all the Medical Staff documents are set forth in the Credentials Policy.

1.B. TIME LIMITS

Time limits referred to in these Bylaws are advisory only and are not mandatory, unless it is expressly stated that a particular right is waived by failing to take action within a specified period.

1.C. DELEGATION OF FUNCTIONS

Functions assigned to an identified individual or committee may be delegated to one or more designees.

1.D. MEDICAL STAFF DUES

- (1) Annual dues may be as recommended by the Medical Executive Committee and may vary by category.
- (2) Dues, if applicable, will be payable annually upon request. Failure to pay dues will result in ineligibility to apply for reappointment.

ARTICLE 2

CATEGORIES OF THE MEDICAL STAFF

2.A. OVERVIEW

- (1) The name of the facility shall be CentraCare Surgical Center ("Facility"). The Facility is an ambulatory surgery center designed to provide quality, family centered care for eligible patients who are scheduled to undergo procedures which meet the criteria for ambulatory care.
- (2) Qualifications and conditions for appointment to the Medical Staff and Advanced Practice Provider Staff are outlined in the Credentials Policy.
- (3) Appointments to the Medical Staff or Advanced Practice Provider Staff will be made by the Board, upon recommendation of the Medical Executive

Committee.

2.B. MEDICAL STAFF

2.B.1. Qualifications:

The Medical Staff consists of physicians, dentists, and podiatrists who have been granted membership and privileges to care for patients at the CentraCare Surgery Center.

2.B.2. Prerogatives:

Medical Staff Members:

- (a) may vote in all general and special meetings of the Medical Staff and applicable committee meetings.

2.B.3. Responsibilities:

Medical Staff members must, as necessary:

- (a) perform the functions and responsibilities of membership on the Medical Staff;
- (b) participate in the peer review and performance improvement process;
- (c) attend applicable meetings.

2.C. ADVANCED PRACTICE PROVIDER STAFF

2.C.1 Qualifications:

The Advanced Practice Provider Staff consists of allied health professionals who satisfy the qualifications and conditions for appointment to the Advanced Practice Provider Staff contained in the Credentials Policy. The Advanced Practice Provider Staff is not a category of the Medical Staff, but is included in this Article of the Bylaws for convenient reference.

2.C.2 Prerogatives and Responsibilities:

Advanced Practice Provider Staff members:

- (a) may attend Medical Staff meetings without a vote;
- (b) may attend applicable committee meetings (without vote) and serve on committees (with vote), if requested; and

- (c) must cooperate in the peer review and performance improvement process.

ARTICLE 3

MEDICAL DIRECTOR

3.A. DESIGNATION

The Facility shall have a Medical Director appointed by the Board, with duties as assigned by the Board.

ARTICLE 4

MEDICAL STAFF COMMITTEES AND PERFORMANCE IMPROVEMENT FUNCTIONS

4.A MEDICAL EXECUTIVE COMMITTEE

4.A.1 Composition:

- (1) The Medical Executive Committee will be appointed by the Board and shall consist of the Medical Director plus up to 5 additional representative members of the Medical Staff. Committee members shall serve for four years except the Medical Director. This committee shall serve the combined functions of audit, utilization review, medical staff credentialing, quality management and professional improvement, infection control, disaster planning and risk management for the Facility.

4.A.2 Chairperson:

- (1) The Medical Director shall serve as a member, ex officio without vote, and the chairperson of the Medical Executive Committee.

4.A.3 Duties:

The Medical Executive Committee is delegated the primary authority over activities related to functions of the Medical Staff and for performance improvement of the professional services provided by individuals with clinical privileges. This authority may be removed by amending these Bylaws and related policies. The Medical Executive Committee is responsible to:

- (1) act on behalf of the Medical Staff in the intervals between Medical Staff meetings;

- (2) recommend directly to the Board on at least the following:
 - (1) the mechanism used to review credentials and to delineate individual clinical privileges;
 - (2) applicants for appointment and reappointment to the Medical Staff and Advanced Practice Provider Staff;
 - (3) delineation of clinical privileges for each eligible individual and core and enhanced privileges for each clinical specialty;
 - (4) participation of the Medical Staff in performance improvement activities and the quality of professional services being provided by the Medical Staff;
 - (5) the mechanism by which appointment to the Medical Staff and Advanced Practice Provider Staff may be terminated;
 - (6) hearing procedures; and
 - (7) reports and recommendations from Facility committees and other groups, as appropriate.
- (3) consult with administration on quality-related aspects of contracts for patient care services;
- (4) review quality indicators to ensure uniformity regarding patient care services;
- (5) provide leadership in activities related to patient safety;
- (6) provide oversight in the process of analyzing and improving patient satisfaction;
- (7) review, at least every two years, the Bylaws, Rules and Regulations, policies, and associated documents of the Medical Staff and recommend such changes as may be necessary or desirable; and
- (8) perform such other functions as are assigned to it by these Bylaws, the Rules and Regulations, the Credentials Policy, or other applicable policies.

4.A.4 Meetings:

The Medical Executive Committee will meet twice per year or more often as necessary to fulfill its responsibilities and will maintain a permanent record of its proceedings and activities.

4.B. PERFORMANCE IMPROVEMENT FUNCTIONS

- (1) The Medical Executive Committee is actively involved in the measurement, assessment and improvement of the following:
 - (a) medical assessment and treatment of patients;
 - (b) use of information about adverse privileging decisions for any practitioner privileged through the Medical Staff process;
 - (c) medication usage;
 - (d) the use of blood and blood components;
 - (e) operative and other procedures;
 - (f) appropriateness of clinical practice patterns;
 - (g) significant departures from established patterns of clinical practice;
 - (h) sentinel event data;
 - (i) patient safety data;
 - (j) the Facility's and individual practitioners' performance on the Centers for Medicare & Medicaid Services' core measures and other quality measures; and
 - (k) the required content and quality of history and physical examinations, as well as the time frames required for completion, all of which are set forth in these Bylaws.

- (2) The Medical Executive Committee participates in the following activities:
 - (a) education of patients and families;
 - (b) coordination of care, treatment, and services with other practitioners and Facility personnel;
 - (c) accurate, timely, and legible completion of patient medical records;
 - (d) review of findings of the assessment process that are relevant to an individual's performance. The Medical Staff is responsible for determining the use of this information in the ongoing evaluations of a practitioner's competence; and

- (e) communication of findings, conclusions, recommendations, and actions to improve performance to appropriate staff members and the governing body.

4.C. MEDICAL STAFF MEETINGS:

- (1) A meeting of the Medical Staff may be called by the Board, Medical Director or Medical Executive Committee.

4.D. OTHER COMMITTEES:

- (1) Special, ad hoc, or other committees may be created by the Medical Executive Committee if a need is identified. The Medical Executive Committee shall specify the purpose for the creation of the committee(s) and appointment of members of the Medical Staff to serve on the Committee(s). The newly forms committee(s) shall report to the Medical Executive Committee.

ARTICLE 5

MEETINGS

5.A. GENERAL

5.A.1. Meetings:

- (a) Meetings may be conducted by telephone conference or by other electronic means.

5.A.2. Special Meetings:

- (a) A special meeting of the Medical Executive Committee may be called by the Medical Director, a majority of the Medical Executive Committee, or the Chairperson of the Board.

5.B. PROVISIONS COMMON TO MEETINGS

5.B.1. Notice:

- (a) The notice of regular and special meetings will state the date, time, and place of the meeting.
- (b) Notice of any regular or special meeting of the Medical Staff or of a committee will be sent to each voting member of the Medical Staff or applicable committee member, via electronic mail, at least seven calendar days in advance of the meeting.
- (c) The attendance of any individual at any meeting will constitute a

waiver of that individual's notice of the meeting.

5.B.2. Quorum and Voting:

- (a) For any regular or special meeting of the Medical Executive Committee those voting members present (but not fewer than two) shall constitute a quorum. For Medical Staff or other committees at least one half of the committee shall be present to constitute a forum.
- (b) Once a quorum is established, the business of the meeting may continue and actions taken will be binding.
- (c) Recommendations and actions of the Medical Executive Committee, Medical Staff and other committees will be by consensus of the voting members present.
- (d) The presiding officer has the discretion to conduct any meeting by telephone conference or videoconference.

5.B.3. Rules of Order:

The latest edition of Robert's Rules of Order Revised may be used for reference at meetings and elections, but will not be binding. Specific provisions of these Bylaws and Medical Executive Committee and committee custom will prevail at meetings, and the Medical Director will have the authority to rule definitively on matters of procedure.

5.B.4. Minutes:

- (a) Minutes of all Committee meetings will be prepared and will include a record of the attendance of members and the recommendations made, including the adoption of any new policies.
- (b) The Facility will maintain a permanent file of the official minutes of all meetings.

5.B.5. Confidentiality:

- (a) Members of the Medical Executive Committee who have access to or are the subject of credentialing and/or peer review information agree to maintain the confidentiality of this information.
- (b) Credentialing and peer review documents, and information contained therein, must not be disclosed to any individual not involved in the credentialing or peer review processes, except as authorized by the Credentials Policy or other applicable Medical Staff or Facility policy.

- (c) A breach of confidentiality may result in the imposition of disciplinary action.

ARTICLE 6

BASIC STEPS AND DETAILS

The details associated with the following Basic Steps are contained in the Credentials Policy.

6.A. QUALIFICATIONS FOR APPOINTMENT

To be eligible to apply for initial appointment or reappointment to the Medical Staff and Allied Health Staff, or for the granting of clinical privileges, an applicant must demonstrate appropriate education, training, experience, current clinical competence, professional conduct, licensure, and ability to safely and competently perform the clinical privileges requested as set forth in the Credentials Policy.

6.B. PROCESS FOR CREDENTIALING AND PRIVILEGING

- (1) Complete applications for appointment and requests for privileges will be transmitted to the Medical Executive Committee, which reviews the individual's education, training, and experience and prepares a recommendation based on whether the individual meets all qualifications. If the recommendation of the Medical Executive Committee is favorable, it is forwarded to the Board for final action. If the recommendation of the Medical Executive Committee is unfavorable, the individual is notified by the Director of the right to request a hearing.
- (2) When the disaster plan has been implemented, the Director or the Medical Director may use a modified credentialing process to grant disaster privileges after verification of the volunteer's identity and licensure.

6.C. INDICATIONS AND PROCESS FOR RELINQUISHMENT

- (1) Appointment and clinical privileges will be automatically relinquished if an individual:
 - (a) fails to do any of the following:
 - (i) timely complete medical records;
 - (ii) satisfy threshold eligibility criteria;
 - (iii) provide requested information;
 - (iv) attend a requested meeting to discuss issues or concerns; or

- (v) fulfill duties during the provisional period;
 - (b) is arrested, indicted, convicted, or enters a plea of guilty or no contest pertaining to any felony, or to any misdemeanor involving (i) controlled substances; (ii) illegal drugs; (iii) Medicare, Medicaid, or insurance or health care fraud or abuse; (iv) violence; (v) sexual misconduct; or (vi) moral turpitude;
 - (c) makes a misstatement or omission on an application form; or
 - (d) in the case of a member of the Advanced Practice Provider Staff, if required, fails to maintain an appropriate supervision/collaboration relationship with a Supervising/Collaborating Physician as defined in the Credentials Policy.
- (2) Automatic relinquishment will take effect immediately and will continue until the matter is resolved, if applicable.

6.D. INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION

- (1) Whenever failure to take action may result in imminent danger to the health and/or safety of any individual, the Director, the Medical Director, the Medical Executive Committee, or the chairperson of the Board is authorized to suspend or restrict all or any portion of an individual's clinical privileges pending an investigation.
- (2) A precautionary suspension is effective immediately and will remain in effect unless it is modified by the Director, Medical Director or the Medical Executive Committee.
- (3) The individual will be provided a brief written description of the reason(s) for the precautionary suspension.
- (4) The Medical Executive Committee will review the reasons for the suspension within a reasonable time.
- (5) Prior to, or as part of, this review, the individual will be given an opportunity to meet with the Medical Executive Committee.

6.E. INDICATIONS AND PROCESS FOR PROFESSIONAL REVIEW ACTIONS

Following an investigation, the Medical Executive Committee may recommend, subject to final Board action, suspension or revocation of appointment or clinical privileges based on concerns about:

- (1) clinical competence or clinical practice, including patient care, treatment or management;

- (2) the known or suspected violation of applicable ethical standards or the bylaws, policies, rules and regulations of the Medical Staff or the Facility; or
- (3) conduct that is considered lower than the standards of the Facility or disruptive to the orderly operation of the Facility or its Medical Staff and Advanced Practice Provider Staff, including the inability of the member to work harmoniously with others.

6.F. HEARING AND APPEAL PROCESS

- (1) The hearing will begin no sooner than 30 days after the notice of the hearing, unless an earlier date is agreed upon by the parties.
- (2) The Hearing Panel will consist of at least three members.
- (3) The hearing process will be conducted in an informal manner; formal rules of evidence or procedure will not apply.
- (4) A stenographic reporter will be present to make a record of the hearing.
- (5) Both sides will have the following rights, subject to reasonable limits determined by the Presiding Officer:
 - (a) to call and examine witnesses, to the extent they are available and willing to testify;
 - (b) to introduce exhibits;
 - (c) to cross-examine any witness;
 - (d) to have representation by counsel who may be present, but not call, examine, and cross-examine witnesses and present the case;
 - (e) to submit a written statement at the close of the hearing; and
 - (f) to submit proposed findings, conclusions and recommendations to the Hearing Panel.
- (6) The personal presence of the affected individual is mandatory. If the individual who requested the hearing does not testify, he or she may be called and questioned.
- (7) The Hearing Panel may question witnesses, request the presence of additional witnesses, and/or request documentary evidence.
- (8) The affected individual and the Medical Executive Committee may request an appeal of the recommendations of the Hearing Panel to the Board.

ARTICLE 7

AMENDMENTS

7.A. MEDICAL STAFF BYLAWS

- (1) Amendments to these Bylaws may be proposed by the Medical Executive Committee or by a petition signed by 25% of the voting members of the Medical Staff.
- (2) The proposed amendments may be voted upon at the specified meeting provided the amendments have been made available to the Medical Executive Committee at least 14 days prior to the meeting. To be adopted, the amendment must receive a majority of the votes cast by the voting staff at the meeting.
- (3) At the discretion of the Medical Director, proposed amendments may also be presented to the voting staff by written or electronic ballot, provided the amendments have been made available to the Medical Executive Committee at least 14 days prior to the return date requested for the vote. The Medical Director may include a written report on the proposed amendments with the ballot either favorably or unfavorably. To be adopted, an amendment must receive a majority of the votes returned to the Director by the date indicated, which shall be determined by the Medical Director.
- (4) The Medical Executive Committee will have the power to adopt such amendments to these Bylaws which are needed because of reorganization, renumbering, or punctuation, spelling or other errors of grammar or expression.
- (5) All amendments will be effective only after approval by the Board.
- (6) If the Board has determined not to accept a recommendation submitted to it by the Medical Executive Committee the Medical Executive Committee may request a conference between the officers of the Board and the Medical Executive Committee. Such conference will be for the purpose of further communicating the Board's rationale for its contemplated action and permitting the Medical Executive Committee to discuss the rationale for the recommendation. Such a conference will be scheduled by the Director within two weeks after receipt of a request.
- (7) These Bylaws may not be unilaterally amended by the Medical Executive

Committee, the Medical Staff or the Board.

7.B. OTHER MEDICAL STAFF DOCUMENTS

- (1) In addition to the Medical Staff Bylaws, there are the Rules and Regulations and Medical Staff policies and manuals that are applicable to Medical Staff and Advanced Practice Provider staff and to other individuals who have been granted a scope of practice.
- (2) An amendment to the Credentials Policy or Organization Manual may be made by a majority vote of the members of the Medical Executive Committee. Notice of all proposed amendments to these documents will be provided via electronic mail to each voting member of the Medical Executive Committee at least 14 days prior to the vote by the Medical Executive Committee. Any voting member may submit written comments on the amendments to the Medical Executive Committee.
- (3) An amendment to the Medical Staff Rules and Regulations may be made by a majority vote of the members of the Medical Executive Committee. Notice of all proposed amendments to the Rules and Regulations will be provided via electronic mail to each voting member of the Medical Executive Committee at least 14 days prior to the vote by the Medical Executive Committee. Any voting member may submit written comments on the amendments to the Medical Executive Committee.
- (4) The Medical Executive Committee and the Board will have the power to provisionally adopt urgent amendments to the Rules and Regulations that are needed in order to comply with a law or regulation, without providing prior notice of the proposed amendments. Notice of all provisionally adopted amendments will be provided to each member of the Medical Staff as soon as possible. The Medical Staff will have 14 days to review and provide comments on the provisional amendments to the Medical Executive Committee. If there is no conflict between the Medical Staff and the Medical Executive Committee, the provisional amendments will stand. If there is conflict over the provisional amendments, then the process for resolving conflicts set forth below will be implemented.
- (5) All other Medical Staff policies may be adopted and amended by a majority vote of the Medical Executive Committee. No prior notice is required. Amendments to Medical Staff policies will be distributed to or otherwise made available to Medical Staff and Advanced Practice Provider staff members in a timely manner.
- (6) Amendments to the Credentials Policy, any other Medical Staff policy, or the Rules and Regulations, may also be proposed by a petition signed by at least 25% of the voting members of the Medical Staff. Notice of any such proposed amendment to these documents will be provided to the Medical Director at least 30 days prior to being voted on by the Medical

Staff. Any such proposed amendments will be reviewed by the Medical Director, which may comment on the amendment before it is forwarded to the Medical Staff for vote.

- (7) Adoption of and changes to the Credentials Policy, Medical Staff Rules and Regulations, Organization Manual, and other Medical Staff policies will become effective only when approved by the Board.

7.C. CONFLICT MANAGEMENT PROCESS

- (1) When there is a conflict between the Medical Staff and the Medical Executive Committee, supported by a petition signed by 25% of the voting staff, with regard to:
 - (a) a new or an amendment to the Medical Staff Rules and Regulations proposed by the Medical Executive Committee; or
 - (b) a new or an amendment to a Medical Staff policy proposed by the Medical Executive Committee,

a special meeting of the Medical Staff will be called. The agenda for that meeting will be limited to the amendment(s) or policy at issue. The purpose of the meeting is to resolve the differences that exist with respect to Medical Staff Rules and Regulations or policies.

- (2) If the differences cannot be resolved at the meeting, the Medical Executive Committee will forward its recommendations, along with the proposed recommendations pertaining to the Medical Staff Rules and Regulations or policies offered by the voting members of the Medical Staff, to the Board for final action.
- (3) This conflict management section is limited to the matters noted above. It is not to be used to address any other issue, including, but not limited to, professional review actions concerning individual members of the Medical Staff.
- (4) Nothing in this section is intended to prevent individual Medical Staff members from communicating positions or concerns related to the adoption of, or amendments to, the Medical Staff Rules and Regulations or other Medical Staff policies directly to the Board. Communication from Medical Staff members to the Board will be directed through the Director, who will forward the request for communication to the Board chairperson. The Director will also provide notification to the Medical Executive Committee by informing the Medical Director of all such exchanges. The Board chairperson will determine the manner and method of the Board's response to the Medical Staff member(s).

ARTICLE 8

HISTORY AND PHYSICAL

8.A. HISTORY AND PHYSICALS PERFORMED PRIOR TO ADMISSION

- (1) If a medical history and physical examination has been completed within the 30-day period prior to admission or registration, a durable, legible copy of this report may be used in the patient's medical record. However, in these circumstances, the patient must also be evaluated within 24 hours of the time of admission/registration or prior to surgery/invasive procedure, whichever comes first, and an update recorded in the medical record by the attending physician/surgeon.
- (2) The update of the history and physical examination must (i) reflect any changes in the patient's condition since the date of the original history and physical that might be significant for the planned course of treatment or (ii) state that there have been no changes in the patient's condition.

ARTICLE 9

ADOPTION

- (1) These Bylaws are adopted and made effective upon approval of the Board, superseding and replacing any and all previous Medical Staff Bylaws, policies, manuals or Facility policies pertaining to the subject matter thereof.
- (2) The present Rules and Regulations of the Medical Staff are hereby readopted and placed into effect insofar as they are consistent with these Bylaws, until such time as they are amended. To the extent they are inconsistent, the Rules and Regulations are of no force or effect.

Adopted by the Medical Staff:

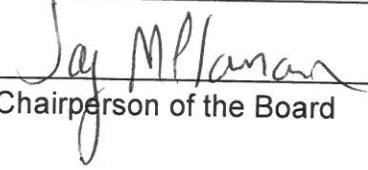
Date: 11/11/16



Medical Director

Approved by the Board:

Date: 11-11-16



Chairperson of the Board

GLOSSARY

The following definitions apply to terms used in this Policy:

- (1) “ADVANCED PRACTICE PROVIDER” means a type of provider who provides a medical level of care or performs surgical tasks consistent with granted clinical privileges, but who is required by law and/or the Facility to exercise some or all of those clinical privileges under the direction of, or in collaboration with, a Supervising/Collaborating Physician pursuant to a written supervisory or, as permitted by statute, collaborative agreement. This category includes advanced practice registered nurses and physician assistants.
- (2) “ADVANCED PRACTICE PROVIDER STAFF” (“APP Staff”) means advanced practice registered nurses and physician assistants who have been appointed to this Staff by the Board.
- (3) “ADVANCED PRACTICE REGISTERED NURSE” means an individual licensed as a registered nurse and certified by a national nurse certification organization acceptable to the state board and the Board of the Facility, including clinical nurse specialist, nurse midwife, nurse practitioner, and nurse anesthetist.
- (4) “BOARD” means the Board of Directors of the Facility, which has the overall responsibility for the Facility, or its designated committee.
- (5) “BOARD CERTIFICATION” is the designation conferred by one of the affiliated specialties of the American Board of Medical Specialties, the American Osteopathic Association, the American Board of Oral and Maxillofacial Surgery, or the American Board of Podiatric Surgery, or the American Board of Podiatric Orthopedics and Primary Medicine, upon an individual, as applicable, who has successfully completed an approved educational training program and an evaluation process, including passing an examination, in the individual’s area of clinical practice. The approved boards for

certification for members of the Advanced Practice Provider Staff are included in Appendix C.

- (6) "CLINICAL PRIVILEGES" or "PRIVILEGES" means the authorization granted by the Board to render specific patient care services, for which the Medical Executive Committee and Board have developed eligibility and other credentialing criteria and focused and ongoing professional practice evaluation standards.
- (7) "COLLABORATE" means the process by which an advanced practice registered nurse practices cooperatively with a Collaborating Physician to deliver health care services consistent with a mutually agreed upon plan between an advanced practice registered nurse and one or more physicians that designates the scope of collaboration necessary to manage the care of patients.
- (8) "COMPLETED APPLICATION" means that all questions on the application form have been answered, all supporting documentation has been supplied, and all information has been verified from primary sources. An application will become incomplete if the need arises for new, additional, or clarifying information at any time.
- (9) "CORE PRIVILEGES" or "CORE" means a defined grouping of privileges for a specialty or subspecialty that includes the fundamental patient care services that are routinely taught in residency or fellowship training, or through educational preparation for that specialty or subspecialty and that have been determined by the Medical Executive Committee and Board to require closely related skills and experience.
- (10) "CREDENTIALING" means the process for determining eligibility for appointment to the Medical Staff/APP/MAS and clinical privileges.
- (11) "CREDENTIALS POLICY" or "POLICY" means the Facility's Medical Staff Credentials Policy.
- (12) "CREDENTIALS VERIFICATION OFFICE" means the group providing primary verification on all applicants.

- (13) "DAYS" means calendar days except for time periods identified in this Policy as 10 days or less, which will be calculated using business days, meaning any day from Monday through Friday, except holidays.
- (14) "DENTIST" means a doctor of dental surgery ("D.D.S.") or doctor of dental medicine ("D.M.D.).
- (15) "DEPENDENT PRACTITIONER" means a practitioner who is permitted by law or the Facility to function only under the direction of a Supervising/Collaborating Physician, pursuant to a written supervisory/collaborative agreement and consistent with the scope of practice granted. All aspects of the clinical practice of a Facility-employed Dependent Practitioner at the Facility shall be assessed and managed by Human Resources in accordance with Human Resources policies and procedures, and the provisions of this Policy shall specifically **not** apply. Applications for permission to practice by Dependent Practitioners who are not employed by the Facility will be submitted and processed in the same manner as outlined for Medical Staff/APP/MAS members in this Policy. For ease of use, when applicable to Dependent Practitioners, any reference in this Policy to "appointment" or "reappointment" shall be interpreted as a reference to initial or continued permission to practice, and any reference to "clinical privileges" shall be interpreted as a reference to a "scope of practice."
- (16) "FACILITY" means CentraCare Surgery Center.
- (17) "LICENSED INDEPENDENT PRACTITIONER" means a practitioner who is permitted by law and by the Facility to provide patient care services within the scope of his or her license and consistent with the clinical privileges granted and without the direction of or collaboration with a Supervising/Collaborating Physician. Licensed independent practitioners include those physicians not appointed to the Medical Staff who seek to exercise certain limited clinical privileges at the Facility ("moonlighting").
- (18) "MEDICAL ASSOCIATE STAFF" ("MAS") means licensed independent practitioners other than members of the Medical Staff (e.g., psychologist, licensed social workers) who are authorized by law and by the Facility to provide patient care services within the Facility.

- (19) "MEDICAL EXECUTIVE COMMITTEE" means the Medical Executive Committee of the Medical Staff.
- (20) "MEDICAL STAFF" means all physicians, dentists and podiatrists who have been appointed to the Medical Staff by the Board.
- (21) "MEDICAL STAFF LEADER" means any Medical Staff officer, department chairperson, division chief, or committee chairperson.
- (22) "MEMBER" means any physician, dentist or podiatrist who has been appointed to the Medical Staff, any advanced practice provider who has been appointed to the APP Staff, and any licensed independent practitioner who has been appointed to the MAS Staff, by the Board to practice at the Facility.
- (23) "NOTICE" means written communication by regular U.S. mail, e-mail, facsimile, or Facility mail.
- (24) "PATIENT CONTACTS" includes any admission, consultation, procedure, response to emergency call, evaluation, treatment, or service performed in any facility operated by the Facility or affiliate, including outpatient facilities.
- (25) "PEER REVIEW COMMITTEES" includes professional review bodies, as defined in the HCQIA, that is, a health care entity and the governing body or any committee of a health care entity which conducts professional review activity, and includes any committee of the Medical Staff of such an entity when assisting the governing body in a professional review activity.
- (26) "PHYSICIAN" includes both doctors of medicine ("M.D.s") and doctors of osteopathy ("D.O.s").

- (27) "PHYSICIAN ASSISTANT" means an individual who is a graduate of a physician assistant program approved by the Accreditation Review Commission on Education for Physician Assistants or one of its predecessor agencies, and/or has been certified by the National Commission on Certification of Physician Assistants and who is licensed to practice medicine with physician supervision.
- (28) "PODIATRIST" means a doctor of podiatric medicine ("D.P.M.").
- (29) "DIRECTOR" means the individual appointed by the Board to act on its behalf in the overall management of the Facility.
- (30) "PRIVILEGING" means the process of granting and monitoring clinical privileges.
- (31) "PROFESSIONAL REVIEW ACTION" has the meaning defined in the HCQIA.
- (32) "PROFESSIONAL REVIEW ACTIVITY" has the meaning defined in the HCQIA, that is, activity to determine whether an individual may be granted, to determine the scope or conditions of, or to change or modify, appointment or clinical privileges. All such activity is also intended to be encompassed within the scope of any applicable federal or state privilege, and includes but is not limited to credentialing, privileging, reappointment, ongoing and focused professional practice evaluations, collegial intervention, performance improvement plans, investigations and hearings.
- (33) "RESTRICTION" means a mandatory concurring consultation, where the consultant must approve the proposed procedure or treatment before privileges may be exercised. It does not include conditions for performance improvement placed upon the exercise of privileges, such as general consultation, second opinions, proctoring, monitoring, education, training, mentoring or specification of a maximum number of patients.
- (34) "SPECIAL NOTICE" means hand delivery, certified mail (return receipt requested), or overnight delivery service providing receipt.

- (35) "SUPERVISE" means the overseeing of or participation in the work of a physician assistant by a Supervising Physician consistent with any applicable written supervision agreement.
- (36) "SUPERVISING/COLLABORATING PHYSICIAN" means a member of the Medical Staff with clinical privileges, who has agreed to supervise a physician assistant or collaborate with an advanced practice registered nurse.
- (37) "SUPERVISION/COLLABORATION" means the supervision of a physician assistant, or collaboration with an advanced practice registered nurse, by a Supervising/Collaborating Physician, that may or may not require the actual presence of the Supervising/Collaborating Physician, but that does require, at a minimum, that the physician be readily available for consultation. The requisite level of supervision/collaboration will be determined at the time of credentialing and privileging and will be consistent with any applicable written supervisory or collaborative agreement.
- (38) "MEDICAL DIRECTOR" means the individual appointed by the Board to act as the Medical Director.

APPENDIX A

Those individuals currently practicing as **Advanced Practice Providers** at the Facility are as follows:

- Advanced Practice Registered Nurses
- Physician Assistants

Those individuals currently practicing as **Dependent Practitioners** at the Facility are as follows:

- Dental Assistants
- Practical Nurses
- Scrub Techs

APPENDIX B

CONDITIONS OF PRACTICE APPLICABLE TO
ADVANCED PRACTICE PROVIDERS

1. Standards of Practice for Advanced Practice Providers:

- (a) Advanced practice providers are not permitted to function independently in the inpatient Facility setting. As a condition of being granted privileges, advanced practice providers specifically agree to abide by the standards of practice set forth in this Section. In addition, as a condition of being permitted to utilize the services of advanced practice providers in the Facility, Medical Staff members who serve as Supervising/Collaborating Physicians also specifically agree to abide by the standards set forth in this Section.

- (b) The following standards of practice are applicable to advanced practice providers in the Facility:
 - (1) **Admitting Privileges.** Advanced practice providers are not granted admitting privileges and therefore may not admit patients independent of their Supervising/Collaborating Physician.

 - (2) **Consultations.** Advanced practice providers may gather data and order tests. Advanced practice providers must review every consult with the Supervising/Collaborating Physician and document in the medical record that this review has taken place.

 - (3) **Emergency On-Call Coverage.** Advanced practice providers may not independently participate in the emergency on-call roster in lieu of their Supervising/Collaborating Physician.

- (4) Daily Inpatient Rounds. Advanced practice providers may perform daily inpatient rounds in collaboration with the Supervising/Collaborating Physician.

2. Oversight by Supervising/Collaborating Physician:

- (a) Any activities permitted to be performed at the Facility by an advanced practice provider may be required to be performed only under the oversight of the Supervising/Collaborating Physician.
- (b) If the Medical Staff appointment or clinical privileges of the Supervising/Collaborating Physician are resigned, revoked or terminated, or the advanced practice provider fails, for any reason, to maintain an appropriate supervision/collaboration relationship as required, the advanced practice provider's clinical privileges will be automatically relinquished, unless another Supervising/Collaborating Physician is approved as part of the credentialing process.
- (c) As required by law and Facility policy, advanced practice providers must provide the Facility with notice of any revisions or modifications that are made to their supervision/collaboration agreement. This notice must be provided to the Medical Director within three days of any such change.

3. Responsibilities of Supervising/Collaborating Physicians:

- (a) Physicians who wish to utilize the services of an advanced practice provider in their clinical practice at the Facility must notify the Credentialing Verification Office of this fact in advance and must ensure that the individual has been appropriately credentialed and privileged in accordance with this Policy.
- (b) The number of advanced practice providers acting under the supervision of, or in collaboration with, a Medical Staff member, as well as the care they may provide, will be consistent with applicable state statutes and regulations and any other policies adopted

by the Facility. The Supervising/Collaborating Physician will make all appropriate filings with the state regarding the supervision/collaboration and responsibilities of the advanced practice provider, to the extent that such filings are required.

APPENDIX C

The following are boards that have been approved for certification of members of the Advanced Practice Provider Staff:

- American Nurses Credentialing Center
- American Association of Nurse Practitioners
- National Commission on Certification of Physician Assistants
- American Association of Nurse Anesthetists
- American Registry of Radiologic Technologists
- American Midwifery Certification Board
- National Certification Corporation
- Oncology Nursing Certification Corporation