RENOWN REGIONAL MEDICAL CENTER

Nonphysician Practitioner Policy a.k.a. Specified Professional Personnel Policy

(The Term-- Allied Health Professional will not be used in this policy since in the Renown Regional Medical Center-medical staff bylaws under article I and article VIII the allied health professionals are defined as licensed psychologists and podiatrists. They are assigned to appropriate departments of the medical staff and their privileges are defined.)

Purpose of policy:

JCAHO requires that all individuals providing patient care, including medical staff, allied health professionals, specified professional personnel and employees performing functions, which require verification of training and experience, must be approved by the Board of Governors.

I. SCOPE AND OVERVIEW OF POLICY

This Policy addresses those specified professional personnel (SPPs) who are permitted to practice or provide services at Renown Regional Medical Center (RRMC). This may include employees performing functions, which require the verification of additional training and experience.

Only those classes of non-physician practitioners that have been approved by the Board of Governors shall be permitted to practice at RRMC. When the Board determines that there is a need for the services that a particular type of SPP could provide and decides to permit those SPPs to practice in the hospital, the Board shall adopt a policy that establishes the minimum qualifications that must be demonstrated by such individuals, as well as the authorized scope of practice and supervision requirements. Once this has been accomplished, the remainder of this Policy shall become applicable.

This Policy contains the credentialing processes for SPP at RRMC, as well as the general parameters for the functioning of these individuals within the hospital. All such practitioners, except those defined as Allied Health Professionals, who are permitted to practice at the hospital fall within the Specified Professional Personnel category as follows.

Specified Professional Personnel: This category embodies all those non-physician practitioners who may function in the hospital only as an employee of the hospital, employee of a physician or as party to a contract with RRMC. Credentialing must be completed prior to any contract being signed, with the exception of individuals who are newly employed under an existing group contract. With respect to these practitioners, the employing physician, or physician group currently appointed to the Medical Staff or an employee of the hospital, or as party to a contract with RRMC remains fully responsible for the actions of the Specified Professional Personnel (SPP) in the hospital. A current listing of the types of non-physician practitioners functioning in the hospital as SPPs is attached to this Policy as Appendix A. This Appendix may be modified or supplemented by action of the Board after receiving
the comments and recommendations of the Nonphysician Health Professional committee Nonphysician Health Professional Committee, without the necessity of further amendment of this Policy.

SPPs are also identified as SPP-1 and SPP-2. SPP-1s are professionals whose level of responsibility in the delivery of patient care and whose high level of interaction with Medical Staff merits a more stringent review process during the initial application and reappointment credentialing procedure. SPP-2s require a high level of supervision, which may include the physician being present at all times. See specific scope of practice for level required.

This policy shall be supplemented by separate documentation that addresses each specific type of practitioner allowed to practice in the hospital. This documentation shall articulate: 1) Any specific qualifications and/or training that a practitioner must possess beyond those set forth in this Policy, 2) A detailed description of the practitioner’s authorized clinical privileges and/or scope of practice, 3) Any specific conditions that apply to the practitioner’s functioning within the hospital and 4) supervision requirements.

II. SPECIFIED PROFESSIONAL PERSONNEL

A. Qualifications for Appointment and Scope of Practice

1. Classes of health care professionals other than physicians who (1) are approved by the Board, and (2) desire to provide services only under the direct supervision of physicians and who are employed by a physician or physician group currently appointed to the Medical Staff or an employee of the hospital, or as party to a contract with RRMC may qualify for appointment. The Board of Governors shall approve classes of health care professionals on the basis of need, considering the:

a. Availability of equipment and supplies,

b. Availability of trained staff,

c. Excess or stressed capacity,

d. Patient convenience and care,

e. Quality of care issues,

f. Ability to appropriately supervise the performance of the SPP,

 g. Efficiency of scheduling, organizing, supervising and providing support services,

h. Development of key services, and

i. The legitimate business and patient care objectives of the organization.
2. In order to be granted privileges as a Specified Professional Personnel, individuals must satisfy the following criteria:

   a. Are currently licensed or certified to practice their profession in Nevada (if applicable); are located close enough to the hospital to provide timely and continuous care for their patients in the hospital; possess current, valid professional liability insurance coverage in such form and in amounts satisfactory to the hospital; and are able to document their background, relevant training, experience, and current clinical competence; adherence to the ethics of their profession; good reputation and character; health status, including physical health and mental and emotional stability; and ability to work harmoniously with others sufficiently to convince the hospital that all patients treated by them will receive quality care and that the hospital will be able to operate in an orderly manner.
   
   b. Agree to abide by Renown Regional Medical Center Drug and Alcohol testing policy 605.812

**REVIEW**

**B. No Entitlement to Medical Staff Appointment**

1. Individuals applying to practice, as Specified Professional Personnel are not eligible for appointment to the Medical Staff of Renown Regional Medical Center, nor entitled to the rights, privileges, and/or prerogatives attendant to Medical Staff appointment.

2. Specified Professional Personnel practice at Renown Regional Medical Center at the discretion of the Board of Governors and as such may be denied access and/or have privileges terminated at any time in the sole and absolute discretion of the Board.

**C. Application to Practice as Specified Professional Personnel**

1. An application to practice as a Specified Professional Personnel shall be submitted on the appropriate hospital form and shall contain a request for the particular scope of practice desired by the applicant. The completed application shall include a current copy of the applicant’s license/certificate to practice (if applicable), Drug Enforcement Administration Certification (if applicable), and certificates from all graduate and post-graduate training programs completed. The application shall be completed by both the individual seeking privileges and the physician supervising/employing him or her.

2. The application form shall require information about the applicant’s professional qualifications, including: the names and addresses of at least three (3) individuals who have had recent experience in observing and working with the applicant; the former employers and/or hospitals with whom the applicant has been affiliated; information as to whether the applicant’s right to practice has ever been relinquished, denied, revoked, suspended, reduced, restricted, terminated or not renewed at any other hospital or health care facility; information as to whether the applicant has ever withdrawn his or her application to practice or resigned such practice before a final decision by the hospital’s or health care facility’s governing board; information as to the applicant’s license to practice any profession in any state and if these licenses have ever been suspended, modified, terminated,
restricted, or are currently being challenged; information as to the applicant’s professional liability insurance coverage, the name of the insurance company, the amount and classification of such coverage, whether said insurance policy covers the scope of practice the applicant seeks to exercise in the hospital, and a consent to the release of information from present and past professional liability insurance carriers; information concerning the applicant’s malpractice litigation experience and/or any professional misconduct, proceedings involving the applicant, in this state or any other state; information concerning the suspension or termination for any period of time of the right or privilege to participate in Medicare, Medicaid; current information regarding the applicant’s physical and mental health status; information as to whether the applicant has ever been a defendant in a criminal action or convicted of a crime; information on the citizenship and/or visa status of the applicant; the applicant’s signature; and such other information as the hospital may require.

**D. Burden of Providing Information**

1. The applicant shall have the burden of producing information deemed adequate by the hospital for a proper evaluation of competence, character, ethics, and other qualifications, and of resolving any doubts about such qualifications.

2. The applicant shall have the burden of proving that all the statements made and information given on the application are true and correct.

**E. Release and Immunity**

By applying for permission to practice within the hospital as Specified Professional Personnel, the applicant expressly accepts and agrees to the following conditions (whether or not such permission is granted):

1. The applicant specifically authorizes the hospital and its authorized representatives to consult with any third party who may have information bearing on the applicant’s professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior, or any other matter reasonably perceived as having a bearing on the applicant’s qualifications for appointment and clinical privileges as Specified Professional Personnel. This authorization includes the right to inspect or obtain any and all communications, reports, records, and documents from said third parties. The applicant also specifically authorizes said third parties to release said information to the hospital and its authorized representatives upon request.

2. To the fullest extent permitted by law, the applicant releases from any and all liability, extends absolute immunity to, and agrees not to sue the hospital, its authorized representatives, and any third parties with respect to any acts, communications or documents, recommendations, or disclosures involving the applicant.

**F. Submission of Application**

Completed applications to practice as Specified Professional Personnel shall be submitted to Medical Staff Services and must be accompanied by the designated processing fee. After reviewing the
application to determine that all questions have been answered, and after reviewing all references and other information or materials deemed pertinent, and after verifying the information provided in the application with the primary sources, Medical Staff Services shall transmit the completed application along with all supporting materials to the appropriate hospital supervisor and physician department chief.

REVIEWS

G. Credentialing Procedure (SPP-1)

This procedure is designed to follow the same steps as the procedure used for the Medical Staff and Allied Health Professionals. Procedural Rights are addressed in this policy.

1. The completed application will be reviewed by the Department and/or Section Chief in which the supervising physician is a member. This review will focus on the applicant's ability to perform the procedures set forth in the Scope of Practice. A recommendation will be made by the Department and/or Section Chief to the Credentials & Privileges Committee.

2. The Credentials & Privileges Committee will review the application. This review will focus on the applicant's ability to perform the procedures set forth in the Scope of Practice and the consistency of the overall application with applicable SPP and Medical Staff policies. A recommendation will be made by the Credentials & Privileges Committee to the Executive Committee.

3. The Executive Committee will accept the recommendation of the Credentials & Privileges Committee and address any concerns, which may have arisen during the review process. Additional input will be accepted by members of the Executive Committee to formulate a recommendation to the Board of Governors.

4. The Board of Governors will either accept or reject the recommendation of the Executive Committee or refer it back for further consideration. In the latter case, the Board will state its reasons for such action. The Board may table an application if it deems additional information is required to formulate a decision.

H. Credentialing Procedure (SPP-2)

1. The appropriate hospital director and physician department chief and/or medical director shall examine the application and all supporting information and documentation, evaluate the applicant's education, training, and experience, and make a recommendation to the Chief Administrative Officer regarding the applicant's qualifications for the requested scope of practice.

2. The Chief Administrative Officer may use the expertise of any individual on the Medical Staff, or an outside consultant, if additional information is required regarding the applicant's qualifications. In evaluating the application, the Chief Administrative Officer may also meet with the applicant and/or the supervising/employing physician or contract administrator (Representative).
3. The Chief Administrative Officer must specifically define the scope of practice granted to the Specified Professional Personnel, indicating the Scope of Practice, which has previously been approved by the Board of Governors, which may be qualified by any probationary or other conditions or restrictions.

4. If the Chief Administrative Officer’s initial decision is adverse to the applicant, the applicant and the supervising/employing physician or contract representative shall have a right, pursuant to Section II.I. of this Policy, to meet with the Chief Administrative Officer before a final decision is made. This meeting shall be informal and shall not be considered a hearing. Following this meeting, the Chief Administrative Officer shall make a final decision.

The Chief Administrative Officer shall act only in his authority as an agent of the Board of Governors. The Board of Governors will receive periodic summary reports of all actions taken in its behalf and expressly reserves the right to reverse or otherwise alter the action taken by their agent.

J. Evaluation Review

The activities of the SPP-2 shall be reviewed by the appropriate hospital director and department chief and/or medical director six months after the initial granting of privileges. This review shall include an assessment of all aspects of performance including clinical care and interpersonal relations with patients, staff and physicians. If those reviewing the practitioner feel additional instruction, increased supervision or termination of privileges is warranted, this recommendation shall be made to the Chief Administrative Officer. If the decision is adverse to the professional, the professional may request a meeting as outlined in Procedural Rights (II. N). A favorable review will constitute the end of the probationary period.

K. Biennial Review

All SPPs will be reviewed biennially. This review will include a review of all aspects of performance including clinical care and interpersonal relations with patients, staff and physicians. These reviews will be considered by the Department and/or Section, the Credentials & Privileges Committee, the Executive Committee and the Board of Governors. The Board of Governors will have the authority to extend the individual’s privileges for another two years based on a favorable review.

L. Conditions of Practice Applicable to Specified Professional Personnel

1. Any activities permitted by the Board to be done at the hospital by Specified Professional Personnel shall be done only as provided by law or hospital policy, and scope of practice.

2. Specified Professional Personnel may function in the hospital only so long as they remain employees of a physician or physician group currently appointed to the Medical Staff, employee of the hospital or as party to a contract with RRMC. Should the medical staff appointment or clinical privileges of the physician employing the Specified Professional Personnel be revoked or terminated, or contract terminated, the Specified Professional Personnel’s ability to practice in the hospital shall automatically terminate.

3. Should any hospital employee who is licensed or certified by the state have any question regarding
the clinical competence or authority of the Specified Professional Personnel either to act or to issue instructions outside the physical presence of the supervising/employing physician in a particular instance, such hospital employee has the right to require that the Professional’s supervisor/employer validate, either at the time or later, the instructions of the Specified Professional Personnel. Any act or instruction of the Specified Professional Personnel shall be delayed until such time as the hospital employee can be certain that the act is clearly within the scope of the Specified Professional Personnel's activities as permitted by the Board. At all times the supervising/employing physician or physician group, or representative of the contract with RRMC will remain responsible for all acts of the Specified Professional Personnel while at the hospital.

4. It shall be the responsibility of the physician employing or the contract holder for the Specified Professional Personnel to provide, or to arrange for, professional liability insurance for the Professional in amounts required by the Board that covers any activities of the Specified Professional Personnel at the hospital, and to furnish evidence of such to the hospital. The Specified Professional Personnel shall act at the hospital only while such coverage is in effect.

5. SPPs shall wear a RRMC approved identification badge at all times while in the hospital and will introduce themselves to patients as an assistant to the physician.

6. SPP attire, while working in the hospital, shall be consistent with attire considered appropriate as defined by hospital policy.

7. Any patient care activity normally considered a function of the nursing staff but carried out by a SPP must be accurately and completely documented in the patient's medical record by the SPP.

**M. Application for Renewed Scope of Practice**

1. Permission to practice at Renown Regional Medical Center as a Specified Professional Personnel shall be granted for a period not to exceed two years. In seeking renewal, permission and scope of practice, Specified Professional Personnel shall be required to complete the appropriate application form.

2. These applications shall be evaluated in the same manner and shall follow the same procedures as initial applications.

Revocation of Privileges

Privileges are not a right. To that end, any individual who provides services beyond the scope of his or her privileges or who conducts him or herself in a manner which is contrary to hospital policy, ethical behavior or compromises patient care in any manner can have his or her privileges revoked. An infraction, which would cause concern, shall be documented on an Occurrence Report and submitted to the administrative director of the area in which the individual exercises privileges. The director will forward this Occurrence Report to the Chief Administrative Officer of the hospital for action. Additionally, this information will be provided to the Chief of Staff so the individual’s supervising physician can be notified or counseled, as deemed appropriate by the Chief of Staff. The Chief Administrative Officer will take such action as deemed appropriate up to and including permanent revocation of privileges. Any adverse action affecting privileges will allow the individual
procedural rights as outlined below.

**REVIEW**

**N. Procedural Rights for Specified Professional Personnel**

Specified Professional Personnel are not entitled to the hearing and appeals procedures set forth in the medical staff bylaws, the hospital’s Credentialing Policy or the corporate bylaws. **However, SPP-1 are entitled to the hearing and appeal mechanism set forth in Appendix B in the event a Specified Professional Personnel-1 is not granted permission to practice in the hospital or has that permission and scope of practice terminated.** If the SPP 1 is an employee of RRMC that employee would be entitled to the Appeal procedure WHS.HR.820.

In the event a Specified Professional Personnel-2 is not granted permission to practice in the hospital or has that permission and scope of practice terminated, the Specified Professional Personnel-2 shall have the right to meet with the Chief Administrative Officer to discuss the recommendation or action. The Specified Professional Personnel-2 must request such a meeting in writing with in 30 days of the event. He/she shall be informed of the general nature of the evidence supporting the recommendation/action at least ten (10) days prior to the meeting. At the meeting, the Specified Professional Personnel-2 shall be invited to discuss, explain, or refute the recommendation or action, but such meeting shall not constitute a hearing and none of the procedural rules set forth in the medical staff bylaws, the hospital’s Credentialing Policy or the corporate bylaws with respect to hearings shall apply.

If the decision continues to be adverse to the Specified Professional Personnel-2, he or she may appeal this decision to the Specified Professional Personnel Committee of the Board of Governors. This meeting must be requested in writing within at least ten (10) days following the meeting with the Chief Administrative Officer. The Specified Professional Personnel-2 and his or her employing physician or contracted representative will have the right to meet with the Committee and discuss the recommendation or action, but such meeting shall not constitute a hearing, and none of the procedural rules set forth in the medical staff bylaws, the hospital’s Credentialing Policy or the corporate bylaws with respect to hearings shall apply. The decision of this Subcommittee will be final and will be reported to the Board of Governors for information.

### III. CHANGES TO SCOPE/CLINICAL GUIDELINES

The Medical Staff Credentials & Privileges Committee will consider changes to the Scope of Practice, which increase or diminish the independent clinical practice of Specified Professional Personnel. The Credentials & Privileges Committee will solicit input from related practitioners and physicians and make a recommendation to the Executive Committee who will in turn make a recommendation to the Board.
IV. HOSPITAL EMPLOYEES

Individuals who are employees of Renown Regional Medical Center shall not function under these guidelines for Specified Professional Personnel during their regular hours of employment, but shall be governed by such hospital policies, manuals, and descriptions as may be established from time to time by the Chief Administrative Officer or other appropriate designees. Where applicable, the Chief Administrative Officer (or designee) shall consult with appropriate Medical Staff appointees and/or committees regarding the qualifications of those hospital employees whose responsibilities require the delineation of clinical privileges or scope of practice. Additionally, these employees will be required to undergo the credentialing process, which will allow the hospital to verify issues of certification, and licensure, which may not have been addressed in the employment process.

It is recognized that some employees may function as SPPs outside of their regular work hours. These individuals must follow the guidelines set forth in this policy and be credentialed in the usual manner to function in this capacity. In the event an employee is involuntarily terminated from Renown Regional Medical Center, the privileges afforded the individual, as an SPP shall also be terminated.

V. AMENDMENTS

This Policy may be amended by the Board of Governors based on the recommendation of the Specified Professional Personnel Committee. Notice of proposed amendments shall be submitted to the Medical Staff Executive Committee for comment prior to the Board of Governors meeting and any member of the Medical Staff shall have the right to submit written comments to the Board of Governors regarding the same.

The Specified Professional Personnel Committee will review written requests for additional categories of professionals at least annually. The Chairman of the Committee may call a meeting of the Committee during the interim if he/she determines that it is necessary to do so.

VI. ADOPTION

This Policy is adopted and made effective upon approval of the Board, superseding and replacing any and all other prior Medical Staff bylaws, rules and regulations, or hospital policies pertaining to the subject matter thereof.

Recommendation by the Medical Executive Committee: 10/8/96

Approved by the Board: 10/28/96

Revisions: 2/18/97 – 04/03
APPENDIX A

Those non-physician practitioners currently functioning as Specified Professional Personnel in Renown Regional Medical Center are as follows:

Specified Professional Personnel - 1

1. Advanced Practice Nurse

2. Certified Nurse Midwives

3. Physician Assistant

Specified Professional Personnel - 2

1. Accredited Clinical Polysomnographer

2. Cardiovascular Pump Perfusionist

3. Marriage & Family Therapist

4. Non-physician Surgical First Assistant

5. Perfusion Assistant (cell saver technician)

6. Polysomnographic Technician (sleep lab tech)