



ALLIED HEALTH PRACTITIONER (AHP)
CREDENTIALING MANUAL



**AHP CREDENTIALING MANUAL
TABLE OF CONTENTS**

Section 1. Purpose2

Section 2. Policy2

 2.1 Statement.....2

 2.2 Scope.....2

Section 3. Categories.....2

 3.1 Advanced Practice Professional (APP)2

 3.2 Clinical Assistant (CA)3

 3.3 Community Based APPs3

Section 4. Credentialing Criteria4

Section 5. Application Process4

 5.1 Release of Application.....4

 5.2 Application and Fee.....4

 5.3 Community Based Application – Eligibility/Qualification Criteria.....4

 5.4 Burden of Providing Information.....4

 5.5 Application and Peer Review Process Immunity.....5

 5.6 Release of Information.....6

 5.7 Verification6

 5.8 Screenings.....6

 5.9 Evaluation of Applications.....6

 5.10 Term of Permission to Practice and Renewal Application.....7

Section 6. Post Approval.....7

 6.1 Orientation7

 6.2 Responsibilities of all AHPs.....7

Section 7. Supervisory Relationships9

 7.1 Supervising Physician Agreement.....9

 7.2 Supervision of the CA.....9

 7.3 Supervising Physicians.....9

Section 8. Credentials Files9

Section 9. Performance and Clinical Competence Evaluations of the AHP9

 9.1 APP9

 9.2 CA9

Section 10. Category Designation and Approval of Additional AHP Types.....10

Section 11. Review of Negative Privileging Action - APP10

 11.3 Basis for Negative Action.....10

 11.4 Request Review of Negative Action.....11

 11.5 Review process11

 11.6 Request for Appeal11

 11.7 Waiver by Failure to Request an Appeal.....11

 11.8 Appeal Procedure11

 11.9 Sole Remedy12

 11.10 Right to Legal Counsel.....12

Section 12. Negative Privileging Action - CA12

Section 13. Automatic Suspension/Automatic Termination.....12

 13.1 Automatic Suspension.....12

 13.2 Automatic Termination.....13

Section 14. Confidentiality, Immunity, Release of Liability.....13

 14.1 Definitions (pertinent to this section)13

 14.2 Authorizations and Conditions13

 14.3 Confidentiality of Information.....14

 14.4 Immunity from Liability.....14

 14.5 Investigations and Corrective Action14

Section 15. Adoption, Amendment and Repeal of Manual.....15

Section 16. Definitions15

SECTION 1. PURPOSE

- 1.1. The purpose of this credentialing manual for allied health practitioners (AHP) is:
 - 1.1.1. To establish the procedures to assess, evaluate and review the qualifications, professional conduct, quality and appropriateness of care provided by AHPs in approved categories;
 - 1.1.2. To establish the procedures and guidelines for consideration of new categories of AHPs to practice at Boulder Community Health (BCH) and clinic sites, based upon the available medical resources, equipment, supplies and staff, patient convenience, community need, quality of care, efficiency of operations, provider qualifications, and other business and patient care objectives

SECTION 2. POLICY

- 2.1. Statement: An allied health practitioner (AHP) within an approved category may be granted authority to provide patient care services at BCH after the AHP meets all applicable requirements and qualifications as stated in this Manual. In accordance with this manual approved advanced practice professionals shall be granted clinical privileges; clinical assistants will be given permission to practice
- 2.2. Scope:
 - 2.2.1. BCH has identified categories of AHPs that may be needed to provide patient care services. AHPs are not eligible to be members of the medical staff. They are, however, given clinical privileges or permission to practice at BCH pursuant to this manual, the medical staff bylaws, and associated manuals. The purpose of this manual is to establish minimum standards and procedures.
 - 2.2.2. The governing board, with recommendations from administration and the medical executive committee (MEC), shall approve categories of AHPs who may practice at BCH, as well as grant clinical privileges or permission to practice to each AHP. If AHP services are already provided by BCH employees, the governing board may choose to disapprove that category.

SECTION 3. CATEGORIES

- 3.1. **Advanced Practice Professional (APP):** Licensed practitioners who have been granted clinical privileges. Physician Assistants (PA) shall be supervised by a member(s) of the medical staff; Anesthesiologist Assistants (AA) will be supervised by a member of the medical staff with Anesthesia privileges; Advanced Practice Nurses (APN) shall have a mechanism for consultation or collaboration with a physician or, when appropriate, referral to a physician. APP's **c. through f. below*** are permitted to consult/provide services only by written order of the attending practitioner (MD, DO, NP, PA). (4/14)
 - 3.1.1. Approved disciplines:
 - a. Physician assistant (PA)
 - b. Anesthesiologists Assistant (AA)
 - c. Advanced practice nurse (APN) – including certified nurse practitioner (CNP), certified clinical nurse specialist (CNS), certified nurse midwife (CNM), neonatal nurse practitioner (NNP).
 - d. Clinical psychologist (CP)*

- e. Acupuncturist*
 - f. Chiropractor*
 - g. Optometrist*
- 3.1.2. **APPs will be:**
- a. Credentialed through medical staff structure;
 - b. Granted clinical privileges;
 - c. Afforded rights of review as set forth in §XI of this manual;
 - d. Monitored through the hospital's performance improvement activities;
 - e. Subject to reappointment every two years through medical staff processes;
 - f. Subject to all regulatory standards relevant to practitioners with clinical privileges.
 - g. Subject to focused and ongoing monitoring of clinical competence and performance evaluation.
 - h. Must provide evidence of activity during the reappointment cycle.
- 3.1.3. **APPs may:**
- a. 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).
- 3.2. **Clinical Assistant (CA):** Individuals who are permitted to practice in the hospital under the direct supervision of the attending/supervising physician and who functions pursuant to a defined scope of practice.
- 3.2.1. **Approved disciplines:**
- a. Registered Nurse (RN)
 - b. Surgical assistant/Technician (CSA/CST)
 - c. Intra-operative Monitoring Technician (IOM)
 - d. Perfusionist
 - e. Autotransfusionist (3/14)
- 3.2.2. **CAs will:**
- a. Be evaluated by physician supervisors, hospital clinical area management and the chairman of the applicable medical staff department are to review applications, and if approved, the latter shall provide a written report of approval to the credentials committee and MEC. Annual competency evaluations will be conducted.
 - b. Have no right to an appellate review of an action negatively affecting their ability to practice, although they are provided an opportunity to discuss the action(s) with the president of the medical staff (§12).
- 3.3. **Community Based (CB)APPs:** (MEC 6/12)
- 3.3.1. The community category is reserved for APPs who maintain a clinical practice in the hospital services area and wish to be able to follow the course of their patients when admitted to the hospital.
- 3.3.2. Members of this category shall fulfill or comply with any applicable medical staff or hospital policies and procedures.
- 3.3.3. Members of this category:
- a. May order outpatient diagnostic tests and services, visit patients in the hospital, review medical records and write courtesy notes.
 - b. Are not eligible for clinical privileges and do not manage patient care in the hospital.

SECTION 4. CREDENTIALING CRITERIA

- 4.1. Credentialing criteria for each type of AHP shall include, at a minimum, the following:
 - 4.1.1. Education
 - 4.1.2. Training
 - 4.1.3. Current licensure/certification
 - 4.1.4. Experience
 - 4.1.5. Current competence
 - 4.1.6. Continuing education
 - 4.1.7. Requirements for supervision
 - 4.1.8. Professional references
 - 4.1.9. Ability to perform
 - 4.1.10. Identification of medical staff member(s) providing supervision/sponsorship
 - 4.1.11. Evidence of continuing comprehensive professional liability insurance coverage in the amount of \$1,000,000/ \$3,000,000.

SECTION 5. APPLICATION PROCESS

- 5.1. Release of application
 - 5.1.1. The applicant must submit a pre-application to determine his eligibility to receive an application for privileges/permission to practice.
 - 5.1.2. An application will be provided to the applicant if review of the pre-application establishes his eligibility to apply.
- 5.2. Application and Fee
 - 5.2.1. APP's must complete the state of Colorado application form in its entirety along with BCH supplemental forms, attestation, release and other related documents, and submit along with the application fee to the medical staff department.
 - 5.2.2. CA's must complete the application packet for clinical assistants and submit along with the application fee to the medical staff department.
- 5.3. Community Based Application – Eligibility/Qualifications Criteria:
 - 5.3.1. To be eligible to apply/reapply for the AHP Community Based Category, an APP:
 - a. Must complete the Colorado Statewide Application at the time of initial application; and an abbreviated application every two years.
 - b. Must maintain a valid Colorado Medical License
 - c. Must meet the malpractice insurance coverage requirement of \$1/\$3M.
 - d. Is subject to the standards of behavior as outlined in the code of professional conduct, when entering BCH premises.
 - e. Is not required to provide a reference or affiliation verification at the time of reapplication.
 - f. Are not required to maintain a copy of their DEA license on file since they may not exercise prescriptive authority while visiting patients at BCH.
 - g. Are not required to submit a delineation of privileges form, as no clinical privilege is granted for this category. Similarly, members of this category are exempt from an OPPE and FPPE process. (MEC 6/12)

5.4. Burden of Providing Information

- 5.4.1. AHPs shall have the burden of producing information deemed adequate by BCH for a proper evaluation of current competence, character, ethics and other qualifications and for resolving any doubts about such qualifications. An application is not complete unless the application form is completed, all items required to be verified are completed, and any additional information necessary to evaluate the applicant's qualifications has been provided. If, after 90 days (from the date of signature), the application is incomplete due to outstanding information, documents, verification/references, the application shall be automatically withdrawn, and the applicant shall be notified that the application will not be considered.
- 5.4.2. The provision of information by an applicant which contains material misrepresentations, misstatements, omissions or inaccuracies in the application or credentialing process, whether intentional or not, and/or failure of an applicant to sustain the burden of providing adequate information, shall result in automatic and immediate rejection of the application.
- 5.4.3. If any material misrepresentations, misstatements, omission or inaccuracies are discovered after the applicant has been authorized for clinical duties, the ability to practice shall be immediately terminated.

5.5. Application and Peer Review Process Immunity

- 5.5.1. Authorizes representatives to obtain, provide and act on information related to his professional ability, ethics and other qualifications, and authorized third parties and their representatives to provide such information, even if the information is otherwise privileged or confidential. The AHP waives all legal claims against any representative or third party for providing, obtaining or acting on the information, to the fullest extent permitted by law. Such a representative shall be the governing board and any individual trustee or committee; the CEO or designee; the medical staff and any member, officer, or committee; employees of the hospital and any individual authorized by any appropriate authority of the medical staff or governing board to perform specific information gathering, analysis, use of disseminating functions. In participating in any credentialing or professional review activity, the governing board, medical staff, and any committees thereof are acting as professional review bodies and/or professional review committees. Individuals who participate in any professional review activities or provide information to a professional review body or committee, including without limitation, members of the governing board, medical staff and the medical staff department, shall be entitled to immunity from liability to the greatest extent permitted under state and federal laws.
- 5.5.2. Authorizes review of the qualifications, competence, and professional conduct of allied health professionals and any disciplinary or other adverse actions or recommendations taken with respect to the privileges or permission to practice of any allied health professional are pursuant to the hospital's professional practice review plan. All persons who review the qualifications, competence or professional conduct of allied health professionals or who recommend or take action with respect to the privileges or permission to practice of any allied health professional are deemed to be participating in quality management functions as agents of the hospital's professional practice review committee. All such actions shall be reported to the hospital's professional practice review committee and shall be subject to all privileges and immunities under

applicable law that attach to quality management activities and the professional review of non-physician practitioners.

5.6. Release of Information

5.6.1. Each AHP providing services in the hospital releases to the hospital and its employees, agents and medical staff any and all information regarding the AHP the hospital and medical staff deem appropriate and authorizes the hospital, its employees, agents, successors, assigns and all appointees to the medical staff, in their sole discretion, to release, upon request, any and all information the hospital has regarding the AHP and each AHP providing services in the hospital and releases the hospital, its employees, agents, successors, assigns and all appointees to the medical staff from any claims, costs or damages related to any actions or omissions with regard to these rules and regulations.

5.7. Verification

5.7.1. The following shall be verified with the primary source for all AHPs. Additional items may be verified, depending upon the AHP category description.

- a. Licensure, certification and/or registration.
- b. Professional education and training.
- c. Employers for the past five years (to include dates of employment, services provided and job classification).
- d. Competence questionnaires completed by health care practitioners who have worked with the AHP in the last 2 years.
- e. Medicare/Medicaid Sanctions (OIG) (if applicable).
- f. National Practitioner Data Bank (if applicable).

5.8. Screenings

5.8.1. All screenings must be complete, documented and in the credentialing file prior to the AHP providing any services. All AHPs must:

- a. Meet the minimum Immunization requirements as outlined in the hospital's infectious disease policy, which will include at a minimum:
 - i PPD Mantoux skin testing - required at initial application and annually thereafter
 - ii Rubella Immunity (at initial application)
 - iii Rubeola Immunity (at initial application)
 - iv Mumps Immunity (at initial application)
 - v Varicella Immunity (at initial application)
 - vi Hepatitis B Immunity (at initial application)
 - vii Flu vaccine (during flu season)
 - viii Mask fit test (at initial application)
 - ix Drug Testing (8/12)
- b. Authorize a criminal background check by BCH medical staff department.

5.9. Evaluation of Applications

5.9.1. The following guidelines shall be used to evaluate completed applications by the responsible parties as set forth in Section III:

- a. The applicant meets the applicable criteria and qualifications for all requested clinical duties.

- b. The applicant submits signed supervisory and an articulated plan for prescriptive authority (APN-if applicable).
- c. The applicant has received positive references with respect to the applicant's competence and ability to work cooperatively with others in the hospital and ambulatory settings.
- d. The applicant has not had any restrictions, suspensions, probations, or revocations of the applicant's clinical services at a health care facility or managed care policy or of the applicant's professional license or certification, and if previously employed by BCH, has "rehire" status.
- e. The applicant has not had, nor currently has, any disciplinary actions or investigations by any licensing or certifying authority, health care facility or health care policy including Medicare/Medicaid.
- f. Any significant malpractice judgments or settlements.
- g. There are no other indications that the applicant does not meet the qualifications for clinical duties.

5.10. Term of Permission to Practice and Renewal Application

5.10.1. Advanced Practice Professionals (APP)

- a. Clinical privileges at BCH are a courtesy extended by BCH and shall be granted for a period not to exceed two (2) years.
- b. Renewal of clinical privileges shall be considered only upon submission of a completed application, which must be submitted at least 90 days prior to the expiration of the individual's current appointment cycle. Failure to do so shall result in the expiration of his current clinical privileges at the end of the approved period.
- c. Once an application for renewed permission to practice has been completed and submitted, it shall be evaluated in the same manner and follow the same procedures outlined in this manual regarding initial applications.
- d. An APP who cannot provide documentation of activity at BCH for a continuous two (2) year period will not be eligible to receive an application for renewal of their clinical privileges.

5.10.2. Clinical Assistants (CA)

- a. CA's will be evaluated annually.

SECTION 6. POST APPROVAL

6.1. Orientation

6.1.1. AHPs must receive a general orientation to BCH and to the facility(s) area(s) in which each AHP will be providing services.

a. Advanced Practice Professional Orientation

- i APPs will complete the medical staff orientation process.

b. Clinical Assistant Orientation

- i CAs will be oriented to the specific patient care areas in which the CA will provide services. Responsibility for provision of the department-specific orientation will be the responsibility of the clinical area management.

6.2. Responsibilities of all AHPs

6.2.1. As a condition of the ability to practice within BCH, each AHP shall:

- a. Abide by all applicable state and federal laws regulating health care providers.
- b. Abide by and comply with all applicable bylaws, policies, rules, regulations and requirements in force during the time the individual is granted clinical privileges or permission to practice at BCH including the code of professional conduct and the BCH mission, values and philosophy.
- c. Observe and promote the confidentiality of patient identifiable information and comply with all state and federal laws and hospital policies related to confidentiality of patient information.
- d. Maintain all qualifications to perform as an AHP.
- e. Submit to such physical and/or mental examinations(s) or provide documentation of current health status as may be required to verify the AHPs ability to fully meet his responsibilities and/or to perform the requested clinical duties.
- f. Document in patient medical records in a complete and timely fashion only to the extent authorized in the AHP scope of practice. The same rules and requirements, including discipline, that apply to the physicians in the medical staff bylaws, rules and regulations and department policies relating to timely completion of medical records shall also apply to the AHPs.
- g. For prescriptive authority, APN's must provide a signed copy of their articulated agreement.
- h. Perform only those services specifically granted to him and only in the department(s) designated in the notice of his initial AHP specified services or renewal of specified services.
- i. At all times observe and promote the confidentiality of patient health information.
- j. Disclose to patients the individual's status as an allied health practitioner and wear a BCH approved identification badge at all times while at a BCH facility.
- k. Provide continuous and timely care to all patients for whom the individual has responsibility.
- l. Cooperate in performance improvement and quality monitoring activities of BCH.
- m. Work cooperatively and professionally with medical staff and BCH associates.
- n. Maintain a current, working email address for communication purposes.
- o. Abide by the ethical principles of his profession and seek consultation, supervision and direction whenever necessary or required.
- p. Pays annual dues, said fee to be set by the MEC.
- q. Provide to the medical staff department, updates and modifications to his credentials data as follows:
 - i. Revocation, suspension, restriction or probation of state professional license or other certification; Medicare or Medicaid sanctions; revocation or restriction of privileges or permission to practice at any health care institutions; any lapse in professional liability insurance coverage required by BCH; charged with a felony, drug/alcohol related misdemeanors or other crimes bearing on risk to patient safety; receipt of notice of any formal charges or the commencement of a formal investigation by any professional regulatory or licensing agency; the filing of charges by the Department of Health and Human Services; peer review organization, or any law enforcement agency or health regulatory agency of the state of Colorado, initiation, settlement or entry of a final judgment against the AHP for professional liability **within five (5) business days**.

- ii Any other change in the information **within forty-five (45)** days from the date the AHP knew of the change.

SECTION 7. SUPERVISORY RELATIONSHIPS

7.1. Supervising Physician Agreement

- 7.1.1. All PA's, NP's, and CA's are required to obtain a supervising physician agreement, which has been signed by the AHP and each supervising physician. It is the AHP's responsibility to obtain the agreement and to adhere to the requirements of the agreement. Failure to do so may result in termination of the AHP's authorization to practice.

7.2. Supervision of CAs

- 7.2.1. Any activities permitted by the board and performed by a CA shall be done only under the direct supervision of the supervising physician member of the medical staff or by written order of an attending physician for a CA who provides consulting/clinical services (e.g., chiropractic, acupuncture, optometry). The CA will also be monitored by clinical area management.

7.3. Supervising Physicians

- 7.3.1. Each supervising physician must sign an agreement for each AHP, accepting responsibility for the actions of the AHP and agreeing to provide appropriate supervision of their services.
- 7.3.2. The number of AHP's sponsored by one physician, as well as the acts they may undertake, shall be consistent with applicable state statutes and regulations, the rules and regulations of the medical staff and policies of BCH. An AHP may have multiple physician sponsors, as permitted by law (e.g., a physician assistant, anesthesiologists assistant, or surgical assistant may work for more than one physician).
- 7.3.3. In the event the medical staff appointment or clinical privileges of the supervising physician cease for any reason (including suspension for incomplete medical records), permission for the AHP to practice at the hospital and scope of practice shall automatically cease unless or until the credentialing staff is notified of a replacement sponsor and has received and approved all appropriate documents required under this manual.

SECTION 8. CREDENTIALS FILES

- 8.1. Each AHP will have a credentials file, which is maintained by the medical staff department.

SECTION 9. PERFORMANCE AND CLINICAL COMPETENCE EVALUATIONS OF AHPs

9.1. APPs – FPPE/OPPE

- 9.1.1. APPs will be evaluated as part of the bi-annual medical staff reappointment process. A focused practice evaluation (FPPE) will be conducted at the time of initial appointment. An ongoing professional practice evaluation (OPPE) will be completed every 8 months.

9.2. CA Performance / Competence Evaluation

- 9.2.1. Annual Performance Review

- a. Each CA shall have an annual performance review and a clinical competence evaluation by the appropriate clinical area manager & physician supervisor. Completed performance evaluations shall be forwarded to the medical staff department.
- 9.2.2. Clinical Competence
- a. The clinical competence of CA's will be evaluated according to human resources policies and procedures.

SECTION 10. CATEGORY DESIGNATION AND APPROVAL OF ADDITIONAL AHP TYPES

- 10.1. Proposals for additional AHP professions to be considered for inclusion in this manual may be submitted to the appropriate committee of BCH for review, with final approval by the board. Such proposals should include:
- 10.1.1. The profession;
 - 10.1.2. The need that is not currently being fulfilled with current practitioners;
 - 10.1.3. The proposed category;
 - 10.1.4. The proposed category description;
 - 10.1.5. Any other specific information that would be helpful in considering the profession for credentialing.

SECTION 11. REVIEW OF NEGATIVE PRIVILEGING ACTION – ADVANCED PRACTICE PROFESSIONALS

- 11.1. In the event an APP is the subject of a negative privileging action, the APP is entitled to have the action reviewed. A negative action is defined as a non-renewal, reduction, limitation, suspension or revocation of clinical privileges on other than a voluntary basis and not in lieu of an investigation or corrective action. APPs cannot proceed under any other review or appellate review process.
- 11.2. The APP shall not practice between the time of the negative action being first taken and the final decision of the committee.
- 11.3. The following, without limitation, may form the basis for a negative privileging action:
- 11.3.1. Denial, restriction, reduction or revocation of requested clinical privileges;
 - 11.3.2. Charges of a felony or offenses involving moral conduct;
 - 11.3.3. Use of drugs or alcoholic beverages to the extent of becoming dangerous to the APP staff member, any other person, or the public, or to the extent of impairing the AHP staff member's ability to provide professional services on behalf of the Hospital;
 - 11.3.4. Impersonating a physician;
 - 11.3.5. Provision of information during the application/re-application process that is inaccurate, whether intentional or not;
 - 11.3.6. Willful unauthorized communication of confidential information during the performance of his duties;
 - 11.3.7. Professional incompetence, misconduct, or negligence in the performance of his duties on behalf of the hospital; or
 - 11.3.8. Performing duties beyond those permitted by the hospital, relevant law, and /or the clinical privileges granted to the APP.

- 11.4. Request for review of negative action: After receiving written notice of a negative action, the APP may request a review in writing, with the reasons therefore, to president of the medical staff within 30 days. In the event that the affected individual does not request a review within the thirty (30) day period, the affected individual shall be deemed to have waived any right to appeal and to have accepted the action of the MEC. Upon receipt of a request for a review by an affected individual, review will be scheduled and notice provided to the affected individual of the time, place, and date of the review, provided that the date of the review shall be not less than thirty (30) days from the date of the receipt of the request for a review. Failure without good cause of the affected individual to personally attend and proceed at the review shall be deemed to constitute voluntary acceptance of the MEC's final action.
- 11.5. Review Process: The review process consists of a single meeting attended by the APP, the CEO and the president of the medical staff. During this meeting, the basis of the decision adverse to the APP which gave rise to the meeting will be reviewed with the APP. The APP will have the opportunity to testify and to present any additional documentary information that the APP deems relevant to the review of the decision, except that the CEO may limit such information if it is redundant or clearly irrelevant. The CEO and the medical staff president may utilize internal and external sources, such as an APP of the same discipline, for additional relevant information when appropriate.
- 11.5.1. Within ten (10) days after final adjournment of the review, the CEO and president of the medical staff shall render a decision, which shall be accompanied by a written report delivered to the MEC.
- 11.5.2. The MEC shall review the report and decision at its next regularly scheduled meeting and shall, within thirty (30) days of such meeting, give notice of its final decision to the affected individual. The notice of the decision shall contain a concise statement of the reasons in support of the decision.
- 11.5.3. The CEO, medical staff president or MEC may utilize internal and external sources, such as an AHP of the same discipline, for additional relevant information when appropriate.
- 11.6. Request for Appeal: An APP has thirty (30) days after receiving notice of the result of the review to file a request for an appeal. The request must be delivered to the CEO either in person or by certified/registered mail and must state the reason for the appeal.
- 11.7. Waiver by Failure to Request an Appeal: An APP who fails to request an appeal within the time and in the manner specified above waives their right to an appeal to which he might otherwise have been entitled, and the decision of the MEC shall be forwarded to the governing board. The board's decision shall become final action of the hospital. Such waiver applies only to the matters that were the basis for the adverse recommendation or action triggering the notice referenced in XI.B.
- 11.8. Appeal Procedure: When an APP requests an appeal, the appeal shall take place in a timely manner and shall consist of a single meeting attended by the APP, the board chair and two board members appointed by the board chair. During this meeting, the basis of the decision adverse to the APP which gave rise to the appeal will be reviewed with the APP, and the APP will have the opportunity to present any additional documentary information the APP deems relevant to the review of the decision, except that the board chair may limit such information if it is redundant or clearly irrelevant. Following this meeting, the board chair and the other two board members hearing the appeal will make a recommendation to the full board which will

then determine if the adverse decision will stand, be modified, or be reversed. The decision of the board after appeal shall constitute the final decision of the hospital. The APP will receive a written decision of the hospital stating the result of the appeal and the basis of the decision.

- 11.9. Sole Remedy: This review process will be the sole remedy available to an advanced practice professional who qualifies for this appeal.
- 11.10. Right to Legal Counsel: Nothing in this manual shall be deemed to deny an APP the right to engage or be advised by legal counsel. However, participation by legal counsel at review meeting shall be at the sole discretion of the hospital.

SECTION 12. NEGATIVE PRIVILEGING ACTION – CLINICAL ASSISTANT

- 12.1. In the event a CA is the subject of a negative privileging action, the CA will be given an opportunity to discuss the action(s) with the president of the medical staff (or his designee), who has been designated as the agent of the MEC. A negative action is defined as a non-renewal, reduction, limitation, suspension or revocation of clinical duties on other than a voluntary basis and not in lieu of an investigation or corrective action. The president of the medical staff will then make a report to chairman of the board of the hospital, who will then render the final ruling on behalf of the board. This process shall be the sole remedy available to a CA who is subject to suspension, modification or termination of his permission to practice. The supervising physician shall be notified of the final action.

SECTION 13. AUTOMATIC SUSPENSION/AUTOMATIC TERMINATION

- 13.1. Automatic Suspension: An APP or CA's clinical privileges or permission to practice at the hospital shall be automatically suspended immediately as delineated below without review, in the event that any one or more of the following occurs:
 - 13.1.1. The AHP's license, certification or registration is expired or an immediate adverse action is taken, such as suspension, restriction, probation, by the applicable licensing or certifying authority.
 - 13.1.2. The AHP fails to comply with applicable professional liability insurance requirements.
 - 13.1.3. In the event that the medical staff membership/clinical privileges of the AHP's supervising physician is terminated for any reason. The AHP will be provided 15-days to obtain and submit to the medical staff department the appropriate documentation of a new supervising physician. The AHP may then continue to practice upon verification of relevant information by the medical staff department. If no documentation is provided within the above timeframe, the AHP will be required to apply as a new applicant.
 - 13.1.4. In the event that the AHP's employment/contract with the supervising physician is terminated for any reason. If the termination was not for cause, the AHP will be provided 15-days to obtain and submit to the medical staff department the appropriate documentation of a new supervising physician. The AHP may then continue to practice upon verification of relevant information by the medical staff department. If no documentation is provided within the above timeframe, the AHP will be required to apply as a new applicant.

- 13.2. Automatic Termination: An AHP's clinical privileges or permission to practice at the hospital shall be automatically terminated immediately as delineated below without review, in the event that any one or more of the following occurs:
- 13.2.1. The AHP's license, certification or registration is revoked, by the applicable licensing or certifying authority.
- 13.3. Automatic suspension and automatic termination is not an adverse action and does not entitle the AHP to any hearing and appeal or any other procedures described in this manual or any hospital or medical staff bylaws or policies. Automatic suspension or automatic termination shall be effective upon notice to the AHP by the medical staff department.

SECTION 14. CONFIDENTIALITY, IMMUNITY AND RELEASE OF LIABILITY

- 14.1. For the purposes of this Section, the following definitions shall apply:
- 14.1.1. Information: all acts, communications, interviews, opinions, conclusions, records of proceedings, investigations, hearings, meetings, minutes, other records, reports, memoranda, statements, recommendations, actions, findings, evaluations, data, and other disclosures, whether in writing, recorded, computerized or oral form, relating to professional qualifications, clinical ability, judgment, character, physical and mental health, emotional stability, professional ethics, or any other matter that might directly or indirectly affect the quality of patient care provided at the Hospital.
- 14.1.2. Allied Health Professional: means a practitioner or any other individual who is applying for or who has been granted practice privileges or permission to practice at the hospital.
- 14.1.3. Representative: means the hospital, its governing board, any director, a committee or the chief executive officer or attorney of the hospital or other health care institution or their designee; registered nurses and other employees or agents of the hospital or other health care institution; a medical staff entity and any member, officer, attorney, department or committee thereof, or organization of health practitioners, a professional review organization, professional review or peer review body or committee, a state or local board of medical or professional quality assurance, and any members, officer, department or committee thereof; and any individual authorized by any of the foregoing to perform specific information gathering, analysis, use or disseminating functions.
- 14.1.4. Third Parties: means both individuals and organizations providing information to any representative, including the National Practitioner Data Bank and other data bases, and the hospital's human resources department or other department acting as the AHP's employer.
- 14.2. Authorizations and Conditions:
- 14.2.1. An AHP who applies for or exercises practice privileges or permission to practice at the hospital authorizes Representatives to obtain, provide and act on information related to their professional ability, ethics and other qualifications and authorizes third parties and their Representatives to provide such Information, even if the Information is otherwise privileged or confidential. The AHP waives all legal claims against any Representative or Third Party for providing, obtaining or acting on the Information, to the fullest extent permitted by law.

- 14.2.2. The provisions of this Section are express conditions of application for and continuation of the exercise of practice privileges or permission to practice at the Hospital.
 - 14.2.3. The Hospital, Medical Staff and other practitioners are obligated by state and federal law to report certain conduct or actions, and any AHP who applies for or exercises practice privileges or permission to practice at the Hospital, waives all legal claims against any person who makes such a report, to the fullest extent permitted by law.
 - 14.2.4. If the AHP is applying for employment or is employed by the Hospital, the AHP authorizes the Medical Staff of Boulder to obtain information from and disclose information to the Hospital's Human Resources Department or other appropriate Hospital department acting as the AHP's employer. Such information may include information regarding the AHP's qualifications, references, professional competence or conduct and any actions taken by the Medical Staff of Boulder or by the Hospital as the AHP's employer related thereto. This release shall remain in force so long as the AHP is applying for employment or is employed by the hospital.
- 14.3. Confidentiality of Information
- 14.3.1. Information with respect to any AHP submitted, collected or prepared by any Representative or any other health care facility or organization or Medical Staff for the purpose of peer review, utilization review or the evaluation or improvement of the quality of patient care provided at the Hospital shall, to the fullest extent permitted by law and in this Manual, be confidential and shall not be disclosed to anyone other than a Representative nor be used in any way except as provided in this manual, or as required by law. Such confidentiality shall also extend to Information of like kind that may be provided by Third Parties. This Information shall not become part of any particular patient's record.
- 14.4. Immunity from Liability:
- 14.4.1. For action taken: Each Representative shall be immune and exempt to the fullest extent permitted by law, and this Manual, from liability to an AHP for damages or other relief for any decision, opinion, action, statement or recommendation made within the scope of his duties as a Representative and for providing Information, including otherwise privileged or confidential Information, to a Representative or Third Party concerning any AHP.
 - 14.4.2. Activities and Information covered: The confidentiality and immunity provided by this Section shall apply to all acts, communications, reports or disclosures performed or made in connection with the Hospital's or any other health care facilities' or organization's activities concerning, but not limited to:
 - a. Applications for appointment and reappointment of practice privileges or permission to practice at the Hospital.
- 14.5. Investigations and Corrective Action, including Summary Suspension and Automatic Suspension.
- 14.5.1. Hearings and appellate reviews.
 - 14.5.2. Hospital, department, committee, or other Medical Staff activities related to monitoring, maintaining, and improving the quality and efficiency of patient care, appropriate utilization, and appropriate professional conduct.
 - 14.5.3. Peer review activities, recommendations or reports, reports to federal, state or local reporting bodies, including, but not limited to, the National Practitioner Data Bank, quality assurance bodies and the Boards of Medical Examiners.

SECTION 15. ADOPTION, AMENDMENT AND REPEAL OF MANUAL

- 15.1. This Credentialing Manual for Allied Health Professionals may be adopted and thereafter amended or repealed by the Board upon recommendation by the MEC. The Board may unilaterally amend this Credentialing Manual if the MEC fails or refuses to adopt amendments the Board believes are necessary, but only after a Joint Conference Committee meeting is called to discuss the matter.

SECTION 16. DEFINITIONS

- 16.1. Allied Health Practitioners (“AHPs”): Supervised healthcare personnel who are licensed, certified, registered or otherwise trained healthcare practitioners who have been determined to be competent to provide clinical services to patients within the scope of their professional license, certification, registration or other training and in compliance with the circumstances and conditions approved by BCH.
- 16.2. Articulated Agreement: A written document that includes a strategy for safe prescribing and outlines how the advanced practice nurse (APN) with prescriptive authority intends to maintain ongoing collaboration with physicians and other healthcare professionals in connection with the APN’s practice of prescribing medications within the APN’s role/specialty population focus.
- 16.3. Clinical Area Management: The BCH employed clinician that supervises the area/unit in which the AHP most frequently provides services (e.g., surgery department manager for surgical assistants).
- 16.4. Clinical Duties: A care function, clinical service, task or duty which an AHP is permitted to perform at BCH based on the AHP’s licensure, education, training, certifications, experience, and demonstrated competence, as well as the limitations defined by BCH for operational or risk management reasons. The performance of clinical duties may be subject to supervision or limited as to the setting in which the duties may be performed and for the patient population that may be served.
- 16.5. Credentialing: The process of obtaining, verifying, and assessing the qualifications of an AHP to provide patient care services in or for a health care organization.
- 16.6. Credentials: Documented evidence of licensure, education, training, experience, or other qualifications.
- 16.7. Current Clinical Competence: Affirmation of ongoing clinical practice and current clinical competence is evidenced by an active practice and experience in the privileges requested. Evidence shall include, but not be limited to, responses to related questions provided in information from training programs, peers, and other facility affiliations; documentation of continuing education; case logs indicating number and types of procedures performed; the results of performance improvement and peer review.
- 16.8. He, his – pronouns apply equally to both genders, male or female.
- 16.9. Manual: The AHP Credentialing Manual.

- 16.10. Negative Action: See Section XI.
- 16.11. Supervisory Agreement: The agreement between a physician assistant (PA) or anesthesiologists assistant (AA) and the supervising physician.
- 16.12. Supervising Physician: A physician who has agreed to supervise a physician assistant (PA), anesthesiologists assistant (AA), or a clinical assistant (CA).

Approved:

Medical Executive Committee: 1/16/2012

Board Joint Conference Committee: 2/22/2012

Reviewed/Revised: 4/14, 5/12, 3/17