

**SOUTHEAST MISSOURI HOSPITAL
MEDICAL STAFF POLICY ON
LIMITED HEALTH PRACTITIONERS – ADVANCED**

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This policy applies to Limited Health Practitioners – Advanced, and includes Advanced Practice Nurses and Licensed Physician Assistants who may or may not be employed by the Hospital, but who are authorized to perform certain functions or to provide specific services for the benefit of the Hospital's patients in collaboration with or under the supervision of a member of the Medical Staff.

Other physician employed or sponsored allied health practitioners brought into the hospital to provide care, treatment, or services at the direction of a member of the Medical Staff are provided authorization to practice at Southeast Missouri Hospital through an administrative mechanism and are referred to as Physician Paramedical Employees and Limited Health Practitioners. The “Policy Authorizing Physician Paramedical Employees (PPEs) and Limited Health Practitioners (LHPs) to Provide Care and Services” provides Medical Staff Services with the guidance necessary to process those applications. LHP and PPE job descriptions are reviewed and approved by the Credentials Committee and hospital administration to assure that individuals brought into the hospital by members of the medical staff to provide patient care, treatment, or services have the same qualifications and competencies required of employed individuals performing the same or similar services.

Article I LIMITED HEALTH PRACTITIONERS - ADVANCED

1.01 Limited Health Practitioner - Advanced

An Advanced Practice Nurse or Licensed Physician Assistant who is licensed by the State of Missouri to provide certain health related services within the scope of practice and pursuant to the regulations of the licensing authority and granted permission to provide specified patient care services at the Hospital shall be designated a Limited Health Practitioner – Advanced (LHP–A). The services of an LHP-A, are provided pursuant to an approved collaborative practice arrangement or supervision agreement.

No LHP-A shall hold appointment to the Medical Staff. The Hospital's Board of Directors may (but is not obligated to) permit LHP-As to render certain services as defined by privileges approved, including telemedicine services, if requested, and recommended by the Medical Executive Committee or an ad hoc committee appointed for this purpose. The collaborating/supervising practitioner shall be a physician who holds an appointment in good standing to Hospital's active Medical Staff.

1.02 Relationship to Medical Staff and Application Process

A Limited Health Practitioner - Advanced does not hold an appointment to the Medical Staff, but is credentialed and privileged through the Medical Staff process, subject to approval of the Hospital Board of Directors, to perform specified patient care services. The Medical Staff shall perform the same type of investigation, evaluation, and recommendation function in connection with the application of an LHP–A as is customarily performed in evaluating an application for Medical Staff appointment. Applications of LHP–As shall be processed in the manner specified in Article VII, Sections 7.02, 7.03, and 7.04 of the Medical Staff Bylaws.

If applying exclusively for telemedicine privileges, the qualifications and credentialing requirements apply as specified in Article VIII, Section 8.08 of the Medical Staff Bylaws.

The President and CEO or his designee shall review each application of a Limited Health Practitioner - Advanced to determine if the applicant appears to meet the basic qualifications for providing the services for which permission is requested. The LHP-A application shall then be assigned to a department of the Medical Staff, for review by the Department Chairman and to the Vice President/Chief Medical Officer (in the case of Licensed Physician Assistants) or the Vice President/Chief Nursing Officer (in the case of Advanced Practice Nurses). Each will conduct such inquiry as he deems necessary and appropriate under the circumstances, and will submit his findings and recommendation in writing to the Credentials Committee. The Credentials Committee

shall review the recommendations of the Department Chairman and Vice President and then forward its findings and recommendation to the Medical Executive Committee, whose recommendation is subject to approval by the Hospital Board of Directors.

Authorization for the LHP-A to carry out specified patient care services shall be granted in a similar manner to the issuance of privileges for Medical Staff applicants, in accordance with Sections 8.01, 8.02, 8.05, 8.06 and 8.07 of the Medical Staff Bylaws. This is to include temporary, locum tenens, and emergency authorization to practice as well as termination of said permission or authorization as described therein.

The application of a Limited Health Practitioner - Advanced shall be accompanied by a fully executed copy of the collaborative practice or supervisory agreement between the Limited Health Practitioner - Advanced and the Medical Staff appointee who is the collaborating or supervising physician.

1.03 Term and Termination

Authorization to function as a Limited Health Practitioner – Advanced shall be granted for a period of no more than twenty-four (24) months. An initial authorization is subject to initial Professional Practice Evaluation (IPPE) and upon release from IPPE remains valid until the next renewal cycle at which time the status of all current LHP-As is re-evaluated. The term of a Limited Health Practitioner - Advanced shall be further subject to:

- A. the LHP-A's maintaining licensure and certification;
- B. the continued appointment of the collaborating or supervising physician and
- C. the term of the collaborative or supervision agreement.

1.04 License Suspension/Revocation

A Limited Health Practitioner – Advanced whose license, certificate, or other legal credential authorizing him to practice in this State is revoked or suspended shall immediately be prohibited from functioning as a Limited Health Practitioner - Advanced.

1.05 Liability Insurance

The Limited Health Practitioner - Advanced shall provide the Hospital with a certificate of insurance indicating the extent of coverage of the LHP-A's professional liability insurance. The minimum limits of liability shall be such amounts as may be prescribed from time to time by the Hospital Board of Directors.

1.06 Evaluation

The performance of a Limited Health Practitioner – Advanced shall be evaluated in agreement with the Professional Practice Evaluation Policy. The evaluation shall be performed by individuals (physicians and peers) who have had opportunity to observe the Limited Health Practitioner – Advanced in the clinical setting, and shall address:

- A. compliance with appointment requirements,
- B. information relative to performance improvement activities,
- C. peer recommendations relative to performance, and
- D. documentation indicating that a representative sample of the specified patient care services, including such services which are deemed high risk, provided by the practitioner

were reviewed.

1.07 Releases

Each Limited Health Practitioner - Advanced shall upon request of the Hospital, execute general and specified releases in accordance with the tenor and import of Article XI of the Medical Staff Bylaws with respect to the confidentiality of information and immunities against liability for actions taken in good faith.

1.08 Voluntary Relinquishment of Certain Privileges and Prerogatives for Failure to Complete Medical Records

The Limited Health Practitioner - Advanced is subject to the Chart Rules as outlined in Article V of the Medical Staff Rules and Regulations and Voluntary Relinquishment of Certain Privileges and Prerogatives for Failure to Complete Medical Records as referenced in Section 9.07 of the Medical Staff Bylaws. The delinquent record count, notification process, and automatic suspension of clinical privileges shall be carried out in the same manner as for appointees to the Medical Staff. This voluntary relinquishment of privileges is considered an administrative action.

During the period of time when privileges are relinquished, LHP-As will not be authorized to attend patients at Southeast Missouri Hospital. They will similarly not be authorized to assist with performance of inpatient or outpatient elective procedures or surgery. They will not be authorized to perform history and physical exams or give orders for inpatients, outpatients, or observation patients.

During the relinquishment period, LHP-As will maintain authorization to schedule/order tests for patients who are not hospitalized and to make chart entries and dictate reports as necessary to complete delinquent medical records.

The LHP-A's supervising/collaborating physician will also be notified of the voluntary relinquishment of privileges and the LHP-A's inability to practice at Southeast during that time. As with appointees to the Medical Staff, privileges will be immediately reinstated upon completion of all delinquent records that are their responsibility.

1.09 Suspension, Modification, and Revocation of Specified Patient Care Services

The specific services which a Limited Health Practitioner - Advanced is authorized to perform may be suspended, modified, or revoked by action of the Medical Executive Committee at any regular or specially called meeting. Limited Health Practitioners - Advanced shall be subject to the Precautionary Suspension process described in Article IX of the Medical Staff Bylaws. Limited Health Practitioners - Advanced shall have no procedural rights or right of appeal under Article X of the Medical Staff Bylaws, but shall be subject to the Hearing and Appeal Mechanism in Article II of this Policy.

ARTICLE II

HEARING AND APPEAL MECHANISM FOR LIMITED HEALTH PRACTITIONERS - ADVANCED

2.01 Notice and Request for Hearing

- A. In the event that the Medical Executive Committee recommends that privileges be denied, restricted or terminated, the individual shall receive special notice. The notice shall include a general statement of the reasons for the recommendation and shall advise the individual that he or she may request a hearing before the recommendation is forwarded to the Board for final action.
- B. A request for a hearing must be submitted in writing to the President and CEO within 30 days after receipt of written notice of the adverse recommendation.

- C. If a hearing is so requested, the President and CEO shall appoint an ad hoc hearing panel ("panel") composed of up to three individuals (including, but not limited to, Medical Staff members, Limited Health Practitioners - Advanced, hospital management, individuals not connected to the Hospital, or any combination of these individuals) and a Presiding Officer, who may be legal counsel to the Hospital. The panel shall not include anyone who previously participated in the recommendation, any relatives or practice partners of the affected individual, or any competitors of the affected individual. The Presiding Officer shall not have a vote.
- D. As an alternative to the panel, the President and CEO may instead appoint a Hearing Officer to perform the functions that would otherwise be carried out by the panel. The Hearing Officer shall preferably be an attorney at law. The Hearing Officer may not be in direct economic competition with the individual requesting the hearing and shall not act as a prosecuting officer or as an advocate to either side at the hearing. If the Hearing Officer is an attorney, he or she shall not represent clients who are in direct economic competition with the affected individual. In the event a Hearing Officer is appointed instead of a panel, all references to the panel and Presiding Officer shall be deemed to refer instead to the Hearing Officer.

2.02 Hearing Process

- A. The hearing shall be convened as soon as practical, but no sooner than 30 days after the notice of the hearing, unless an earlier hearing date has been specifically agreed to by the parties.
- B. The presiding officer may select the method to be used for making the record, such as court reporter, electronic recording unit, detailed transcription, or minutes of the proceedings.
- C. At the hearing, a representative for the Medical Staff, who may be the Chief Medical Officer, shall first present the reasons for the recommendation. The individual may present information, both orally and in writing, to refute the reasons for the recommendation, subject to a determination by the Presiding Officer that the information is relevant. The individual shall not have the right to present other witnesses unless he or she can demonstrate to the satisfaction of the Presiding Officer that the failure to permit witnesses to appear would be fundamentally unfair. The Presiding Officer shall permit reasonable questioning of all witnesses. The Presiding Officer shall have the discretion to determine the amount of time allotted to the presentation of the parties.
- D. If the affected practitioner desires to be represented by an attorney at any Fair Hearing or at any Appeal appearance, the request for such Hearing or Appeal must so state, including the name and address of the attorney.
- E. The individual shall have the burden of demonstrating that the recommendation of the Medical Executive Committee was arbitrary, capricious or not supported by credible evidence. The quality of care provided to patients and the smooth operation of the Hospital shall be the paramount considerations.
- F. The Presiding Officer shall prepare a written report and recommendation within 20 days after the conclusion of the hearing and shall forward it, along with all supporting information, to the President and CEO. The President and CEO shall send a copy of the written report by special notice to the individual and to the Medical Executive Committee.

2.03 Appeal

- A. Within 10 days after receipt of the report, either the individual or the Medical Executive Committee may request an appeal in writing to the President and CEO. The request must

include a statement of the reasons, including specific facts, which justify an appeal. The grounds for appeal shall be limited to an assertion that there was substantial failure to comply with this Policy and/or other applicable bylaws or policies of the Hospital and/or that the recommendation was arbitrary, capricious or not supported by substantial evidence.

- B. If a written request for appeal is not submitted within 10 days, the President and CEO shall forward the report, recommendation and supporting information to the Chairperson of the Board for final action.
- C. If an appeal is requested, the Chairperson of the Board, his or her designee, or an appellate review committee appointed by the Chairperson of the Board, shall consider the record upon which the adverse recommendation was made. New or additional written information that is relevant and could not have been made available to the Hearing Officer may be considered at the discretion of the Chairperson or the appellate review committee. The individual and the Medical Executive Committee shall each have the right to present a written statement within a time period established by the Chairperson.
- D. Upon completion of the review, the Chairperson or the appellate review committee shall provide a report and recommendation to the Board for action. The Chairperson may also refer the matter to any Medical Staff member or other person deemed appropriate for further review and recommendation to the Board. The Board shall make its final decision based upon the Board's ultimate legal responsibility to grant privileges and to authorize the performance of clinical activities at the Hospital.

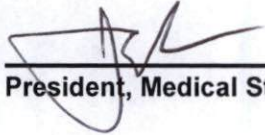
Article III

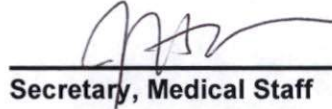
ADOPTION AND AMENDMENT

- 3.01** This policy may be amended by a majority vote of the members of the Medical Executive Committee present and voting at any meeting of that committee where a quorum exists, provided that any written recommendations of the Credentials Committee concerning the proposed amendments shall have first been received and reviewed by the Medical Executive Committee. Notice of all proposed amendments shall be posted on the Medical Staff bulletin board at least fourteen (14) days prior to the Medical Executive Committee meeting. Any Medical Staff appointee shall have the right to submit written comments to the Medical Executive Committee regarding the amendment. No such amendment shall be effective unless and until it has been approved by the Board. This policy may also be amended by the Board on its own motion provided that any such amendment is first submitted to the Medical Executive Committee for review and comment at least thirty (30) days prior to any final action by the Board on such amendment.

ADOPTION OF THE POLICY ON
LIMITED HEALTH PRACTITIONERS – ADVANCED

APPROVED by the Medical Staff this 23 day of MARCH 2021.



President, Medical Staff

Secretary, Medical Staff

APPROVED by the Hospital Board of Directors this 25 day of MARCH 2021.



Chairman, Hospital Board of Directors

Secretary, Hospital Board of Directors