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Manager, Medical
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City Division

Advanced Practice Providers Policy

Generally

An Advanced Practice Provider ("APP") is an advanced practice registered nurse, including a Certified Nurse Midwife, a Clinical Nurse Specialist, a Nurse Practitioner, and a Certified Registered Nurse Anesthetist (collectively, "APRNs") and Physician Assistants ("PAs"), who by academic and clinical training are qualified to exercise certain degrees of independent clinical judgment in the care of patients, whose professional disciplines are recognized by an appropriate licensing, certifying, registering or other professional regulatory body in the State of Kansas, and have been authorized by the Board of Directors (the "Board") to practice at the University of Kansas Hospital (the "Hospital").

Scope of Policy

This Policy addresses those APPs who are permitted to provide patient care services in the Hospital - KC Division. This Policy sets forth the credentialing process and the general practice parameters for APPs.

Types of Advanced Practice Providers (APPs)

a. **Physician Assistants.**

Physician Assistants (PAs) are licensed by the Kansas Board of Healing Arts. PAs practice in a dependent role with a Sponsoring Physician, and may perform those duties and responsibilities through delegated authority or written agreement. The Sponsoring Physician must be a Member of the medical staff, in good standing, credentialed in the same clinical service as that in which the PA has submitted a request for Privileges, and the PA shall not be granted Privileges to perform any procedures which are outside the Privileges of the Sponsoring Physician. The Sponsoring Physician accepts ultimate medical responsibility for all patient care services provided by the PA.

A PA may perform acts that constitute the practice of medicine and surgery (i) when directly ordered, authorized, and coordinated by a Sponsoring Physician [or substitute Sponsoring Physician] in-person, (ii) when directly ordered, authorized, and coordinated by a Sponsoring

Physician through verbal or electronic communication, (iii) when authorized by the active practice request form, or (iv) if required to treat a patient with an emergency medical condition. A Sponsoring Physician may only delegate acts that constitute the practice of medicine and surgery if he or she believes the acts are within the clinical competence of the PA and if the acts are within the Sponsoring Physician's Privileges.

b. Advanced Practice Registered Nurses.

Advanced Practice Registered Nurses (APRNs) are licensed by the Kansas Board of Nursing. The four roles of APRN recognized by the KS Board of Nursing are Certified Nurse Midwife, a Nurse Practitioner, a Clinical Nurse Specialist or a Certified Nurse Anesthetist (CRNA), APRNs are authorized to make (i) independent decision about advanced practice nursing needs of patients, and (ii) medical decisions based on the authorization for collaborative practice with one or more physicians (the Collaborating Physician).

The Collaborating Physician must be a Member of the medical staff, in good standing, credentialed in the same clinical service as that in which the APRN has submitted a request for Privileges, and the APRN shall not be granted Privileges to perform any procedures which are outside the Privileges of the Collaborating Physician. An "authorization for collaborative practice" means that an APRN is authorized to develop and manage the medical plan of care for patients or clients based upon an agreement jointly developed and signed by the APRN and one or more Collaborating Physicians. The Collaborating Physician accepts ultimate medical responsibility for all medical decisions by the APRN based on the authorization for collaborative practice. A document titled APRN Collaborative Practice Agreement (CPA) will describe the practice relationship and kept on file by the health system.

APRNs who are a Certified Nurse Midwife, a Nurse Practitioner, a Clinical Nurse Specialist may prescribe drugs pursuant to a written protocol authorized by a responsible physician (the Responsible Physician). The Responsible Physician must satisfy the qualification so of a Collaborating Physician above, and the Responsible Physician and Collaborating Physician may be the same physician. Each written protocol must contain a detailed medical plan of care for each classification of disease or injury for which the APRN is authorized to prescribe and must specify all drugs the APRN may prescribe.

APRNs who are CRNAs are authorized to provide certain anesthesia or analgesia care only upon the order of a physician, and CRNAs shall perform duties and functions in an interdependent role as a member of a physician or dentist directed health care team.

Privileges

- i. **Privileges.** For purposes of this Policy and the professional practice of an APP, "Privileges" means the authorization of the APP to perform certain clinical activities and functions within the scope of licensure and, as applicable, under the supervision of or in collaboration with a Sponsoring Physician as authorized by the Board and the relevant Clinical Service Chief. For PAs, the Privileges are jointly agreed upon by the PA and the Sponsoring Physician. The APP must submit the Privileges pursuant to the Credentialing Procedures of this Policy, as authorized by licensure, and as agreed upon by the Clinical Service Chief.

Use of personal DEA numbers by APPs may be considered individually upon request of the same by the Sponsoring Physician and the Clinical Service Chief.

All APPs are to refrain from any conduct or acts that are or could reasonably be interpreted as being beyond, or an attempt to exceed, the Privileges authorized within the Hospital.

- ii. **Revocation of Sponsoring Physician Privileges.** Should the Medical Staff appointment or Clinical Privileges of the Sponsoring Physician be revoked or terminated, the Privileges of the APP shall automatically be terminated, with no hearing or appeal rights. However, if subject to the restrictions discussed below, the APP is an employee of or is supervised by another physician appointed to and in good standing on the Medical Staff, the APP may maintain his or her Privileges with the Hospital so long as such other supervising physician then becomes the APP's Sponsoring Physician.

In the case of changing sponsorship to another member of the Medical Staff, if the new Sponsoring Physician is in a different specialty/division where the APP's Privileges would change, then the new Sponsoring Physician must sign a "Change of Sponsor" agreement as well as supply Privileges endorsed by the new Sponsoring Physician, which Privileges must be in the same Clinical Service as the new Sponsoring Physician. If there is no lapse in time between Sponsoring Physicians, no additional documentation will be required to be submitted for approval. If, however, there is a lapse or the Clinical Service changes, the APP will be required to complete a new application and Privilege request, which must be approved in the same manner as the original application. All application requests and supporting documentation are submitted to the Medical Staff Office for verification. The Application Process is as outlined in Credentialing Procedures Article a. of this Policy.

- iii. **Optional Multi-Sponsoring Physicians.** In some instances the Clinical Service Chief, or his or her designee, may serve as a Sponsoring Physician for APPs practicing within his or her Clinical Service so long as the Privileges for the APP remain the same as that approved through credentialing process.

Categories of APP Clinical Privileges

a. Active/Provisional

Advanced Professional Providers shall serve a minimum of three months Provisional status. At the completion of this provisional period, evaluations will be processed and upgrade to Active APP staff considered. During the provisional period, the APP's exercise of the provisional Privileges will be evaluated by the Clinical Service Chief in the Clinical Service in which the APP has Privileges and/or by a physician designated by the Credentials Committee. The evaluation may include chart review, monitoring of the APP's practice patterns, proctoring, external review, and information obtained from other practitioners and Hospital employees.

The APP must participate in the care of a sufficient number of patients so as to permit the Credentials Committee to evaluate the competence to exercise the newly granted privilege(s), or such Clinical Privileges will be automatically relinquished.

b.Active

Active APP staff will be those APPs who have successfully completed the FPPE Plan.

c. Temporary

Temporary APP Privileges may be granted to certain APPs who strictly meet the following criteria:

- i. The APP's credentialing application is complete, has been completely processed in accordance with the Credentialing Procedures (as defined below), and is awaiting an

action by the Executive Committee of the Medical Staff ("Executive Committee") or the Credentials Committee;

ii. The APP has provided the following information and such information has been verified:

- a. current Kansas licensure certificate and proof of any other applicable certifications;
- b. a certificate verifying the APP's medical malpractice coverage;
- c. a current National Practitioner Data Bank report;
- d. proof of the APP's DEA licensure and registration, if applicable to APP's practice;
- e. criminal background information; and
- f. any other documentation that may be requested from the APP.

For purposes of granting temporary APP Privileges, an APP credentialing application is "complete" when all questions on the application form have been answered, all supporting documentation has been supplied, and all information verified from primary sources.

Temporary APP Privileges may be granted for a maximum period of ninety (90) days or until the APP's application is approved, whichever period is shorter, and temporary APP Privileges shall expire automatically at the end of said period. [During the temporary APP Privileges period, the APP may provide patient care services only under the "direct supervision" of the Sponsoring Physician and under no circumstance may the APP bill for services provided by the APP pursuant to the APP's temporary Privileges. For purposes of APP temporary Privileges, "direct supervision" means the Sponsoring Physician is immediately, and locally available by electronic communication or is on the Hospital premises for consultation/ direction of the APP.

No applicant has a right to be granted APP temporary Privileges.

Temporary APP Privileges granted under this Policy are granted as a courtesy only. The failure to grant temporary APP Privileges requested under this Policy shall not constitute grounds for any hearing or appeal process.

Temporary APP Privileges under this Policy are granted by the CEO of the Hospital, or his or her designee, upon the recommendation of the applicable Clinical Service Chief and either the Chairman of the Credentials Committee or the Chief of Staff.

The CEO of the Hospital, or his or her designee, upon the recommendation of the applicable Clinical Service Chief and either the Chairman of the Credentials Committee or the Chief of Staff, may terminate an applicant's temporary APP Privileges, if the applicant fails to comply with any of the conditions, restrictions or limitations imposed on the granting of temporary APP Privileges, or if the applicant violates any rule, regulation, or policy of the Medical Staff or the Hospital.

Qualifications of APPs

Every APP who applies for or is exercising specified services or delineated

Clinical Privileges must at the time of initial application for authorization to practice and, if approved, continuously thereafter, demonstrate to the satisfaction of the appropriate authorities of the Medical Staff and of the Hospital the following qualifications and any additional qualifications as are set forth for the particular category of APP.

- a. **Licensure.** Current, unrestricted license, as an APRN or PA and other such credential, if any, as may be required by Kansas law, and no revocation or suspension of any license, certification, or registration to practice in any state.
- b. **Controlled Substance Registration.** If applicable to the APP applicant's practice, current, unrestricted valid U.S. Drug Enforcement Administration (DEA) certificate and state controlled substance license.
- c. **Professional Training and Education.** Training school certificate/diploma documenting completion of education for the category and Privileges requested.
- d. **Experience and Professional Performance.** Current experience documenting the ability to provide patient care services at an acceptable level of quality and efficiency in the Hospital setting where specified services are or will be provided, adherence to the ethics of his or her profession; good reputation and character; and the ability to work harmoniously with all members of the patient care team.
- e. **Professional Liability Insurance and Malpractice History.** Malpractice insurance coverage consistent with specialty and limits as established by the Hospital. Proof of current existence and extent of professional liability insurance coverage (minimums of \$1,000,000 per occurrence, \$3,000,000 aggregate), the insurance carrier's name and address, and the inclusive dates of coverage will be supplied with application and continue to be effective during APP staff appointment. Also, history of malpractice litigation, including any final judgments, settlements and if there are any suits currently pending.
- f. **Federal Health Care Program Exclusion.** No exclusion or preclusion from participation in Medicare, Medicaid or other federal or state government health care programs.
- g. **Fraud.** No conviction of, plea of guilty or no contest to, Medicare, Medicaid, or other federal or state governmental or private third-party payor fraud or program abuse or the requirement to pay civil monetary penalties for the same.
- h. **Felonies.** No conviction of, plea of guilty or no contest to, any felony, or to any misdemeanor relating to controlled substances, illegal drugs, insurance or health care fraud or abuse, or violence (federal or state).

Nondiscrimination Policy

No individual shall be denied Clinical Privileges at the Hospital on the basis of gender, race, creed or national origin.

Obligations of APPs

Each APP shall:

- a. provide patients with care or other services at the level of quality and efficiency professionally recognized as the appropriate standard of care by the Medical Staff;
- b. participate in quality assessment/improvement program activities appropriate to his/her discipline in discharging such other functions as may be required from time

to time;

- c. abide by the applicable sections of the Medical Staff Bylaws, Medical Staff Rules and Regulations, and related manuals, APP policies and all other applicable standards and policies and rules of the Medical Staff and the Hospital;
- d. complete, in a timely manner, all medical and other required records containing all information required by the Hospital;
- e. provide the Medical Staff Office evidence of current Kansas, and/or Missouri if applicable, license/certificate, professional liability insurance coverage, and if applicable, federal DEA registration;
- f. promptly pay any applicable dues and assessments;
- g. immediately notify the Medical Staff Office of:
 1. any criminal charges brought against the APP other than minor traffic violations;
 2. Any change made or formal action initiated that could result in a change in the status of his/her license/certificate to practice; any change in professional liability insurance coverage; any formal action by any entity, including any state or federal government agency, which may result in the denial, limitation, revocation, or involuntary withdrawal or surrender of provider status, including Medicare, Medicaid, or any other government-sponsored healthcare program; all changes in employment or affiliation relationships involving a termination, disciplinary action or reduction in practice Privileges with a physician identified as one who supervises the APP; and changes in affiliation with or specified services at other institutional affiliations where the APP provides specified services; and
 3. Any change in health status that would affect the APP's ability to perform safe patient care;
- h. refrain from any conduct or acts that are, or reasonably could be interpreted as being, beyond the APP's Privileges, including refraining from assuming responsibility for diagnosis or care for patients for which the APP is not qualified or without adequate supervision; and
- i. refrain from deceiving patients as to his or her status as an APP.

Failure to satisfy any of these obligations shall constitute grounds for appropriate disciplinary action, including the reduction or termination of the APP's Privileges.

An APP's authorized Privileges within any Clinical Service is also subject to any rules and regulations of that Clinical Service and to the authority of the relevant Clinical Service Chief.

Obligations of Sponsoring Physicians

Any physician sponsoring a PA or APRN must:

- a. be a member of the Medical Staff and comply with the requirements for supervision of the APP's performance of medical decision-making and privileges granted pursuant to the collaborative practice agreement and/or active practice request form;

- b. accept full responsibility for the proper conduct of the APP within the Hospital, in accordance with the Medical Staff Bylaws, Medical Staff Rules and Regulations and other policies, and for the correction and resolution of any problems that may arise;
- c. be immediately available in person or by telephone to provide further guidance when the APP performs any task or function. An alternate physician in the same department who knows the APP can serve in this function;
- d. maintain ultimate responsibility for directing the course of the patient's medical treatment;
- e. assure that the APP provides care in accordance with accepted medical standards;
- f. provide active and ongoing overview of the APP's activities in the Hospital to ensure that directions and advice are being implemented;
- g. abide by all Medical Staff and Hospital Bylaws, polices and rules governing the use and practice of APPs in the Hospital;
- h. as applicable, countersign all H&Ps, orders, discharge summaries, and other medical record entries made by an APP as required by the Medical Staff Rules and Regulations;
- i. at least annually, review the active practice request form and/or collaborative practice agreement and determine if any amendments are necessary; and
- j. immediately notify the Medical Staff Office in the event any of the following occur:
 - 1. the scope or nature of the Sponsoring Physician's professional arrangement with the APP changes;
 - 2. the Sponsoring Physician's approval to supervise the APP is revoked, limited, or otherwise altered by action of the applicable state licensing board;
 - 3. notification is given of investigation of the APP or of the Sponsoring Physician's supervision of the APP by the state licensing board; or
 - 4. the Sponsoring Physician's professional liability insurance coverage is changed insofar as coverage of the acts of the APP is concerned or the APP's professional liability insurance is changed.

Limitations of APPs

- A. No Entitlement to Medical Staff Appointment and Rights.
APPs shall not be appointed to the Medical Staff or entitled to the rights, Privileges, and/or prerogatives of Medical Staff appointment unless otherwise provided for under this Policy. APPs are not eligible to vote in meetings of or to hold office on the Medical Staff. APPs' practice at the Hospital at the discretion of the Board and as such may be denied access and/or terminated at will by the Board.
- B. No Entitlement to Medical Staff Fair Hearing Process.

APPs shall be entitled to the due process defined by the Fair Hearing Process of Article VIII of the Medical Staff Bylaws. Rather, all hearing and appeal rights to which APPs shall be entitled shall be in accordance with Credentialing Procedures Article d. of this Policy.

Credentialing Procedures

- A. Appointment Procedure.

1. Each individual applying for APP staff membership shall file, with the Medical Staff Office, an application on a form provided by the Hospital and agree to abide by the terms of the Medical Staff Bylaws and related manuals, rules and regulations, policies and procedure manuals of the Medical Staff and those of the Hospital, as well as this Policy.
2. For each APP category approved by the Board to act in the Hospital, there will be specific qualifications and Privileges delineated. Individuals applying for APP staff membership are entitled to provide all services for which they are granted Privileges, within their license.
3. The initial appointment process will be similar in process to that of the Medical Staff as outlined in the Credentialing Procedures of the Medical Staff (the "Credentialing Procedures"), Section 1.2 (B), Subsection 1. The relevant Credentials Committee will review each application and make a report of its recommendation for appointment along with written delineation of Privileges to the Executive Committee, which shall then make a report of its recommendation for appointment along with written delineation of Privileges to the Board. No APP shall exercise Privileges unless and until said person is granted such Privileges.
4. Each new APP member will spend a minimum of three (3) months in a Provisional staff position. During the provisional period, an evaluator from the APP Active staff will be appointed by the relevant Clinical Service Chief. The evaluator will review the clinical practice of the Provisional APP member which may include direct observation of clinical activities and chart and record review. The evaluator will provide a written review to the Credentials Committee.

B. Reappointment.

1. After the initial provisional period, APP staff members will be considered for reappointment at intervals of not greater than two (2) years. At least ninety (90) days prior to the expiration date, an application for reappointment will be delivered or mailed from the Medical Staff Office and must be completed and submitted to the Credentials Committee prior to the end of the current appointment term.
2. All APPs will be required to participate in the Ongoing Professional Practice Evaluation process, an annual evaluation as well as competency verification. Quality of services provided by the APPs are monitored and evaluated regularly through assignment to a Clinical Service or through the quality improvement and risk management system of the Hospital. An evaluation form will be completed by a peer and the Sponsoring Physician (if applicable), and considered during the reappointment process. The relevant Clinical Service Chief will review each application and forward a report to the Credentials Committee.
3. The reappointment process will be similar in process to that of the Medical Staff, as outlined in the Credentialing Procedures, Section 1.2(B), Subsection 3. After receiving recommendations from the Credentials Committee, the Executive Committee will make recommendations regarding reappointment and specific Privileges to the Board.
4. Reappointment as an APP staff member is at the discretion of the Board and may be denied by the Board either on its own action or upon recommendation by the

Credentials Committee and/or the Executive Committee; provided however, that the applicant may have the right to appear before the Executive Committee prior to denial of appointment or requested Clinical Privileges in accordance with Credentialing Procedures Article d. of this Policy.

C. Conditions of Appointment and Reappointment.

1. Appointment and reappointment as an APP member is at the discretion of the Board and may be denied by the Board either on its own action or upon recommendation by the Credentials Committee and/or the Executive Committee; provided however, that the applicant may have the right to due process in accordance with Credentialing Procedures Article d. of this Policy.
2. APP members may only engage in acts within the Clinical Privileges specifically granted by the Board.
3. Patients cared for by APP staff member shall be under the daily direction and supervision of a physician on the Active Medical Staff pursuant to requirements for supervision of the APPs performance of medical decision-making and privileges pursuant to the Active Practice Request Form and/or Collaborative Practice Agreement.
4. No individual may be a member of the APP staff if he/she is excluded involuntarily or otherwise ineligible for participation in any federal health care program, funded in whole or in part, by the federal government, including Medicare and Medicaid.

D. Procedural Rights.

1. In the event that the Board receives a recommendation made by the Executive Committee or the Board determines on its own action to: (1) deny an APP staff applicant's initial appointment or requested Clinical Privileges, (2) deny an APP staff member's reappointment or requested Clinical Privileges, or (3) deny, limit or terminate an APP staff member's Clinical Privileges (an "Adverse APP Action"), the individual shall be notified of the recommendation or proposed action. The procedural rights pursuant to this Credentialing Procedures Article d. shall not apply to individuals whose Clinical Privileges are adversely affected secondary to a denial, suspension, or termination of their employment with the Hospital, or as otherwise set forth under Automatic Relinquishment of Clinical Privileges Article of this Policy. The notice shall include a general statement of the reasons for the Adverse APP Action and, if the reasons are due to the APP staff member's clinical competence or quality of care, shall advise the individual that the individual may request a meeting with the Executive Committee prior to final action by the Board, by submitting a written request to the Chief of Staff within ten (10) days following the date of the notice. However, if the Adverse APP Action has been taken by the Board following Adverse APP Action by the Executive Committee, the APP may not request such a hearing, regardless of whether the APP exercised his or her hearing rights of the Adverse APP Action taken by the Executive Committee.
2. Upon receipt of a timely request for a hearing, the Chief of Staff shall appoint a person to act as a hearing officer to conduct a hearing using the same procedures for hearings as are contained within Article VIII (Fair Hearing) of the Medical Staff Bylaws. Said hearing officer shall not have a personal stake in the outcome of the

hearing, shall be unbiased with respect to both the Hospital and the APP, and shall be capable of understanding, interpreting, and objectively weighing the evidence presented at the hearing. Said hearing shall be scheduled to take place no later than thirty (30) days following the Chief of Staff's receipt of a timely request for a hearing. Written notice of the date of the hearing shall be provided to the individual requesting the hearing no later than fifteen (15) days prior to the date of the hearing.

3. Within twenty (20) days after the deadline for submitting written summaries pursuant to Article VIII of the Medical Staff Bylaws, as such deadline may be extended in accordance with such section, the hearing officer shall make his or her findings and recommendations regarding the Adverse APP Action and shall prepare a written report of such and forward such written report, together with the hearing record, to the body (either the Executive Committee or the Board) that took the Adverse APP Action (the "APP Acting Body", such as Director of APP and a member of the APP Credentials Committee). The report shall include a statement of the basis for the hearing officer's recommendations. A copy of the report shall be provided contemporaneously to the APP.
4. Within a reasonable time after receipt of the hearing officer's report, the APP Acting Body shall reconsider the Adverse APP Action in light of the hearing officer's report and then the APP Acting Body shall affirm, modify, or reverse the Adverse APP Action. The decision shall be in writing and shall include a statement as to its basis.
5. If, after receiving the hearing officer's report, the APP Acting Body takes action on the application that is not a reversal of the Adverse APP Action, the APP may, within five (5) days of receiving notice of the APP Acting Body's action, appeal the decision directly to the APP Acting Body. The notice of appeal shall be in writing and directed to the Chief of Staff. If the Executive Committee is the APP Acting Body, such appeal must be made to the Executive Committee and shall not be made to the Board.
6. Within a reasonable time after the Chief of Staff's receipt of notice of appeal, the APP Acting Body shall meet personally with the APP for the purpose of allowing the APP to make his or her appeal.
The APP may not call witnesses at such meeting, but upon at least three (3) days written notice to the APP Acting Body, may have an attorney or advisor present at such meeting. The APP Acting Body may have an attorney present at such meeting. The appeal shall be a discussion of the testimony and documentary evidence presented to the hearing officer.
7. Within a reasonable time after hearing the APP's appeal, the APP Acting Body shall issue a written report affirming, modifying, or reversing the Adverse APP Action. A copy of such report shall be considered final and shall be promptly sent to the APP.

Automatic Relinquishment of Clinical Privileges

An APP's Clinical Privileges shall be automatically relinquished without entitlement to any hearing or appeal rights, under the following circumstances:

- A. If the Sponsoring Physician's Medical Staff appointment or Clinical Privileges are revoked or terminated for any reason (unless another physician on the Medical Staff has agreed to be the Sponsoring Physician);

- B. The APP's license expires, is revoked, or is suspended;
- C. The APP no longer satisfies any of the threshold eligibility criteria set forth above;
- D. The APP is indicted, convicted, or enters a plea of guilty or no contest pertaining to any felony, or any misdemeanor involving (i) controlled substances; (ii) illegal drugs; (iii) alcohol; (iv) Medicare, Medicaid, or insurance or health care fraud or abuse; or (v) violence against another;
- E. The APP fails to provide information pertaining to his or her qualifications for the Clinical Privileges in response to a written request from the Credentials Committee or the Executive Committee; or
- F. a determination is made by the Board that there is no longer a need for the services that are being provided by the APP.

Leave of Absence

- A. An APP may request a leave of absence, for a period not to exceed one (1) year, by submitting a written request to the relevant Clinical Service Chief. The Clinical Service Chief will determine whether a request for a leave of absence shall be granted.
- B. Except for maternity leaves, APP must report to the relevant Clinical Service Chief any time they are away from patient care responsibilities for longer than thirty (30) consecutive days and the reason for such absence is related to their physical or mental health or to their ability to care for patients safely and competently. Under such circumstances, the Clinical Service Chief, in consultation with the Chief of Staff and the CEO of the Hospital, may trigger an automatic leave of absence.
- C. Individuals requesting reinstatement from a leave of absence shall submit a written summary of their professional activities during the leave, and any other information that may be requested by the Hospital, at least thirty (30) days prior to the conclusion of the leave of absence. If the leave of absence was for health reasons, the request for reinstatement must be accompanied by a report from the individual's physician indicating that the individual is physically and/or mentally capable of resuming practice and safely exercising the Clinical Privileges requested.
- D. Requests for reinstatement shall be reviewed by the relevant Clinical Service Chief, the Chair of the Credentials Committee, the Chief of Staff, and the CEO of the Hospital. If all of these individuals make a favorable recommendation on reinstatement, the APP may immediately resume clinical practice at the Hospital. This determination shall then be forwarded to the Credentials Committee, the Executive Committee, and the Board for ratification. If, however, any of the individuals reviewing the request have any questions or concerns, such questions or concerns shall be noted and the reinstatement request shall be forwarded to the Credentials Committee, Executive Committee, and the Board for review and recommendation. If a request for reinstatement is not granted, for reasons related to clinical competence or professional conduct, the individual shall be entitled to the procedural rights set forth in Credentialing Procedures Article d. of this Policy.
- E. The Credentials Committee and the Executive Committee may recommend the imposition of specific conditions upon reinstatement from a leave of absence. The conditions may be related to behavior or clinical issues.

Release and Immunity

By applying for appointment and Clinical Privileges, the APP applicant accepts the following conditions and intends to be legally bound by them, regardless of whether or not permission to practice and/or clinical duties or Clinical Privileges are ultimately granted. These conditions shall remain in effect for the duration of any term of permission to practice granted:

- A. To the fullest extent permitted by law, the APP applicant extends absolute immunity to release from any and all liability, and agrees not to sue the Hospital, its Medical Staff, their representatives, and appropriate third parties for any matter relating to clinical duties, or Clinical Privileges or qualifications for the same. This includes any actions, recommendations, reports, statements, communications, or disclosures involving the APP, which are representatives, or appropriate third parties;
- B. The APP authorizes the Hospital, its Medical Staff, and their authorized representatives to consult with any third party who may have information bearing on professional qualifications, credentials, clinical competence, character, ability to perform safely and competently, ethics, behavior, or any other matter reasonably having a bearing on the APP's qualifications for initial and continued permission to practice and to obtain any and all communications, reports, records, statements, documents, recommendations or disclosures of said third parties that may be relevant to such questions. In addition, the APP shall provide specific authorization for these third parties to release the information to the Hospital, its Medical Staff and their authorized representatives upon request; and
- C. The APP authorizes the Hospital, its Medical Staff, and their authorized representatives to release such information to other hospitals, health care facilities, managed care entities, and their agents, who solicit such information for the purpose of evaluating the APP's qualifications pursuant to a request for permission to practice and clinical duties or Clinical Privileges, participating provider status, or other credentialing matters.

Amendment

This Policy may be amended by a majority vote of the Credentials Committee, with approval of the Executive Committee and the Board.

Miscellaneous

- A. **Time Limits.** Time limits referred to in this Policy 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.
- B. **Delegation of Functions.** When a function is to be carried out by a person in a particular office or by a committee, the person, or the committee through its chair, may delegate performance of the function to one or more qualified designees.

Schedule A

Categories of Advanced Practice Providers

- Advanced Practice Registered Nurse (APRN)
- Certified Nurse Midwife (CNM)
- Certified Nurse Specialist (CNS)
- Certified Registered Nurse Anesthetists (CRNA)

Attachments:No Attachments

Note: The University of Kansas Health System policies are maintained electronically and are subject to change. Printed copies may not reflect the current official policy.

Approval Signatures

| Step Description | Approver | Date |
|-----------------------------------|---|---------|
| | Jennifer Palmer: Health System Policy Administrator | 07/2023 |
| Executive Committee Medical Staff | Casey Watts: Interim Manager, Medical Staff Affairs | 07/2023 |
| | Casey Watts: Interim Manager, Medical Staff Affairs | 06/2023 |
| | Casey Watts: Interim Manager, Medical Staff Affairs | 06/2023 |

Applicability

The Univ of Kansas Hospital, The Univ of Kansas Hospital - Ambulatory Clinics, The Univ of Kansas Hospital - Home Infusion, The Univ of Kansas Hospital - Marillac Campus, The Univ of Kansas Hospital - Specialty Surgery, The Univ of Kansas Hospital - Strawberry Hill, The Univ of Kansas Hospital- Indian Creek Campus