BOARD OF COMMISSIONERS

JOINT CONFERENCE COMMITTEE MEETING
February 25, 2019

BROWARD HEALTH CORPORATE
Spectrum – SUITE 150
1700 NW 49 Street
Fort Lauderdale, Florida
BROWARD HEALTH MEDICAL STAFF
JOINT CONFERENCE COMMITTEE

Monday, February 25, 2019  5:30 p.m.

Spectrum, 1700 - Board Room, (Suite 150)

AGENDA

1. CALL TO ORDER

2. APPROVAL OF JOINT CONFERENCE MINUTES – October 30, 2018 Minutes

3. OLD BUSINESS
   A. Consideration of Revised On-Call Policy. Policy attached.
   B. Medical Staff Committee Service Stipend – Status.

4. NEW BUSINESS
   A. Consideration of 2017 Bylaw Revisions as Modified:  Clean and Redlines attached.

       Revised and restated Sec. 4.3 – Temporary Privileges.

       Revised and restated Sec. 2.8, 2.8.1, 2.8.2 and 3.3.5 re Provisional Membership Status and updates re: initial FPPE process.

       New Bylaw authorizing Medical Scribes.


       Revisions to Patient Contacts definition to insure capture of all applicable patient contacts for purposes of reappointment and Medical Staff membership category.

       Revisions to Sec. 2.14 to reflect Practitioner Health/Impaired Physician policy (currently being updated) will govern the handling and response to a circumstance or condition of potential impairment of a Practitioner.

       Revisions to Sec. 2.15 to reflect Disruptive Physician policy will govern the handling and response to a condition of potential impairment of a Practitioner.
Revisions to applicable Bylaw sections reflecting new title for Advanced Professional Registered Nursed (previously ARNPs) and current certificate or grandfathering provisions for licensure.

5. BUSINESS FROM THE FLOOR

6. ADJOURNMENT
Broward Health
Joint Conference Committee
October 30, 2018 Meeting Minutes

Date: October 30, 2018

Chairperson: Dr. William Jensen

Location: Broward Health Corporate Office, 1700 Spectrum Boardroom – Suite 150

Attendees:

Commissioners

Andrew Klein, Chair
Nancy Gregoire
Ray Berry
Stacy Angier

Broward Health Executive

Beverly Capasso, President/CEO
Gino Santorio, COO
Alan Goldsmith, CFO
Andrew Ta, M.D., Chief Medical Officer

Facility CEO's

Alice Taylor, CEO, BHN
Jonathan Watkins, CEO BHIP
Jonathan Turton, CEO BHMC
Jared Smith, CEO BHCS

Medical Staff Members

Narendra Maheshwari, M.D., Chief BHN
William Jensen, D.O., Chief BHIP
Guy Zingaro, M.D., Chief BHCS
Michael Morrison, M.D., Chief BHMC
Howard Lewkowitz, M.D., Immediate Past Chief, BHIP
Mohamad El Kassem, M.D., BHCS
Evan Boyar, M.D., Secretary-Treasurer, BHN
Israel Penate, M.D., Vice-Chief, BHCS
Kutty Chandran, M.D., BHCS
Lou Yogel, M.D., Immediate Past Chief, BHMC
Sunil Kumar, M.D., Secretary-Treasurer, BHMC
Gary Lehr, M.D., Vice-Chief, BHN

Other Attendees:
Amy J. Galloway, Legal Counsel Medical Staffs
Patricia Alfero, Board Liaison

I.   ELECTION OF NEW CHAIR

Motion made and duly approved to move as Agenda item 1(a) the election of a new Chair for the Joint Conference Committee. In accord with the Bylaws of the Medical Staff establishing a rotating chair between a Broward Health Commissioner and Medical Staff committee member, a Motion was made and duly approved to elect Dr. William Jensen as Chair.

II. CALL TO ORDER

Dr. Jensen called the meeting to order at 5:40 p.m.

III. INTRODUCTION

Introductions were made by the above identified individuals in attendance.

IV. APPROVAL OF MINUTES

The minutes of the October 26, 2017 meeting were reviewed. Motion made and duly approved to accept the October 26, 2017 minutes.

V. OLD BUSINESS

Dr. Jensen updated the Committee on the status of scheduling the next Bylaws meeting to address revisions to the Medical Staff Bylaws that were previously approved by Joint Conference Committee September 22, 2016, approved by vote of the Medical Staff but not approved by the Board and such other matters as may need to be addressed by the Bylaws Committee. Dr. Jensen further advised that a meeting would be coordinated with the CMO and Medical Staffs promptly.

   Informational item, no approval required.

VI. NEW BUSINESS
A. Status of Unilaterally Adopted On-Call Policy

Several physician members addressed the Committee and relayed the Medical Staff’s strong objections to the On-Call policy that was unilaterally adopted by the Board in November of 2017. Dr. Morrison advised that without Medical Staff involvement in the establishment of on-call panels patient care and safety is at risk; with a stretched thin call roster and new physicians that are insufficiently vetted as to the scope of their actual practice. It was also pointed out to the Committee that to grow the Broward Health (also referred to as “BH”) system and ensure sufficient depth of specialist coverage, all call, including specialist call, should be open and inclusive of all qualified Medical Staff members. The message sent by the unilaterally adopted on-call policy, particularly the unilateral reservation of the right to assign call only to employed physicians, is unwelcoming and detrimental to bringing on new, talented community physician members. The lack of qualified physicians to cover specialist call and the attendant inability to obtain timely call coverage contracts also erodes physician support and physician membership which, in turn, necessitates utilizing expensive locums physician coverage. Frequently the locums physicians are brought on thru the temporary privileges process which increases the risk of inadequate vetting of the actual scope of the locums physician’s practices and whether they can support the specialist consulting needs of the hospital. Members of the Medical Staff also reiterated that the current On-Call policy violates the Medical Staff Bylaws and the process contained therein for establishing call panels. It was pointed out that in 2015 this Committee had unanimously approved the opening of specialty call panels, and no proposal was ever presented back to this Committee or to the Bylaws committee to pursue another direction.

Gino Santorio spoke to the issue of the call policy not being appropriately circulated through the Medical Staff and the desire to partner with the Medical Staff in revising the policy. BH Executive team acknowledged that closing call to just one specialist group can detrimentally affect available supply and continuity of call.

After full discussion, the following motion was duly made and approved:

A working committee of Chiefs of Staff or their designee, the four CEOs, the CMO and BH COO will collaborate to improve the policy to address the concerns raised and present a revised policy to the Monitor for review within 60 days. The Board will thereafter duly consider the proposed revised policy.

B. Medical Staff Committee Service Stipend

Several Medical Staff members addressed the Committee about the effect of BH de-funding Medical Staff committee service in the name of compliance. Gino Santorio addressed the barriers and challenges in establishing commercial reasonableness to co-fund the committee service stipend. Mr. Santorio also discussed the impact of
current in-hospital group contracts that require committee service without additional compensation as an obstacle to establishing commercial reasonableness. The Medical Staff members stressed this is not a “money” issue as the stipend is nominal but, rather, a matter of respect and recognition of the service and dedication of the Medical Staff supporting the obligations of the four hospitals and improving patient care. It was pointed out that even a nominal stipend is incentive for encouraging new members to get involved. The Medical Staff members also noted this is just another example of the physicians being caught up in the morass and delay of the contract and compliance process.

After discussion, the Board members advised they will recommend that the Management Team evaluate the performance and quality of work of the current FMV vendors and, if necessary, make recommendations to the Board to issue an RFP for FMV services. The Executive members of the Committee noted that they will pursue appropriate communications with the current FMV vendors to determine if commercial reasonableness can be established for BH to participate in funding Medical Staff committee service stipends.

C. Unpaid Compensation to Physicians with PPUC Contracts

BH Executive CFO and COO presented the current situation to the Committee, which involves both teaching and non-teaching physicians with PPUC contracts not being paid on claims submitted to TCA going back many months. Confusion and unclear billing policies have led to a very high denial rate for claims involving teaching physicians who amend a Resident note on a date that differs from the DOS (allegedly creating a compliance problem in determining the date the patient was seen) and physicians who utilize mid-levels in their practice (as authorized by the Bylaws) but whose claims are denied by TCA interpreting the PPUC contracts as not authorizing mid-levels participation in the performance of the PPUC services as a member of the care team. Some of the physicians affected have tens of thousands of dollars in unpaid claims and have gone months without payment.

Discussion ensued as to the lack of clarity in the documentation process and guidelines to be followed. Dr. Kumar lead the discussion for the Medical Staff members, advising that his practice has been affected and he has researched the issue. Dr. Kumar explained how the amendment of the Resident note (a legitimate part of the teaching process) does not preclude a determination of the date of service. It was also pointed out that no training has been undertaken as to any current applicable policy; nor had any applicable billing or documentation policy been provided to the affected physicians. The question was raised that if such a policy exists, why was no training or corrective action taken by either the billing company or the compliance team when this initially became an issue; despite repeated efforts on the part of the physicians to try and resolve this issue.

Commissioner Berry volunteered to work with the Executive CFO to address this problem and the Executive COO advised that Patty Phalen has been directed to revise
the current billing guidelines policy (that has not been shared with the affected physicians) and train on the new policy. It was also recognized by the Committee that the PPUC contracts must be amended to reflect the legitimate use of physician extenders.

The Committee supported the initiative outlined by Commissioner Berry and no formal motion was taken up by the Committee on this matter.

**D. Contract Flow Process and Improvement of the FMV Process**

Because of the overlap in Agenda items D and E, these agenda items were addressed together.

Dr. Zingaro led the discussion about the contract flow process currently utilized by BH and the detrimental effect on physician contracting which spirals into physicians leaving the system and incurring the brunt of delay and bottleneck at every level of the system; ultimately affecting patient care. Board members also provided their input as to the dysfunction of the current contracting process and the attendant delays.

Discussion ensued about the FMV process results and the inability to support service lines because the FMV results for many specialties, in the opinion of the Medical Staff members, are not accurate compared to rates being offered at other hospitals in the community. Dr. Lehr updated the Committee on the initiative undertaken by the Department of Surgery at BHN to obtain its own independent FMV for general surgery and shared the results, which established the FMV values BH obtained were approximately 40% lower than the another well respected FMV Company utilized by the Department of Surgery. Discussion ensued about the criticality of any FMV Company receiving full and complete data to reach an accurate determination and the barriers to that happening when the FMV Company is denied access to the hospital CEO’s and the input of the physicians actually performing the services. Discussion further ensued about the general lack of confidence that the FMV vendors are receiving sufficient data and information to provide valid FMV results.

The Committee was reminded of the Chief of Staff contracts as example of the failure of the contracting process, with the Chiefs serving for many months (and in the case of the Chief of Staff at BHN over a year) without even being presented with a contract.

Upon Motion duly made and approved, the Committee supports the issuance of a RFP for FMV company services; a workshop on improving the contract flow process and quarterly meetings of the Joint Conference to stay ahead and on top of the important issues addressed by the Committee at this meeting.

**VI. ADJOURNMENT**

There being no business from the floor, the Chair thanked everyone for attending and the meeting was adjourned at 8:15.
Authentication of the Minutes
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Scope

This policy applies to all Broward Health-affiliated hospitals.

Purpose

To establish a policy and procedure for the establishment of physician on-call rotational panels and lists, as applicable, for emergent medical examination, treatment, care, inpatient consultations, observation consultations and specialty urgent and emergency consultations as required by the Emergency Department to provide for appropriate examination and treatment for individuals who have been found to have an emergency medical condition following a medical screening examination ("Call Coverage").

Policy

This policy establishes guidelines, criteria, and review and approval processes that shall be followed to establish Call Coverage panels ("Call Coverage Panels") for qualified physicians who are members of the Medical Staff on a fair, equitable and non-exclusionary basis.

In recognition of the fact that Broward Health’s employment agreements with employed physicians may require its employed physicians to provide Call Coverage for those diseases, infirmities, and injuries within the scope of his or her applicable specialty of practice ("Specialty"), all employed physicians who are otherwise qualified per this policy shall be included on a Call Coverage Panel for his or her given Specialty.

If required, the Call Coverage Management Team, as defined herein, shall submit to the CEO or designated department a request to obtain a FMV & Commercial Reasonableness Report for the establishment of a Call Coverage Panel that includes on an open and non-exclusionary basis both employed and non-employed qualified physicians. The request shall specify: (i) the number of times that physicians on call were called and the number of times such physicians responded to such calls each month for the last year; (ii) the response time of the physicians when they responded to the calls described in subsection (i); (iii) the number of times that physicians on call received in-person requests and the number of times physicians responded to such in-person requests each month for the last year; (iv) the response time of the physicians when the physicians responded to in-person requests described in subsection (iii); (v) designate for such responses and information provided per (i) – (iii) above, a delineation of whether such call responsibilities were performed by employed or non-employed physicians and (vi) the Broward Health facility/facilities for which the request is being made ("Call Coverage Request").

Upon receipt of a complete Call Coverage Request, the CEO or the designated department shall proceed to obtain a FMV & Commercial Reasonableness Report. The Call Coverage Management Team and executive officers of the applicable Broward Health facility shall provide all information and documentation requested by the independent appraisers to facilitate the receipt of the FMV & Commercial Reasonableness Report. The results of that report shall be provided to the Call Coverage Management Team with any confidential information redacted as determined by the Chief Medical Officer.

Call Coverage Panels for any of Broward Health’s clinical specialties shall be provided exclusively by employed physicians within a Specialty only if Broward Health determines that the inclusion of qualified non-employed physicians on such Call Coverage Panel cannot be determined to be Commercially Reasonable and consistent with Fair Market Value.

Broward Health shall, on an ongoing basis, monitor, review, evaluate and assess its Call Coverage arrangements as outlined in this policy. Participation in Call Coverage Panels shall comply with Applicable Federal and State Requirements, including the Federal Anti-Kickback Statute and the Physician Self-Referral Law (Stark).
Procedure

A. Determination of Call Coverage Need:
1. In order to meet the needs of Broward Health patients and to comply with applicable regulatory requirements, the Broward Health Chief Medical Officer (“CMO”), the Regional Chief Executive Officer for the applicable Broward Health facility (“Regional CEO”), the Regional Chief Medical Officer for the applicable Broward Health facility (“Regional RMO”) and the Chief of Staff and applicable Department or Section Chair for the applicable Broward Health facility (“Medical Staff Representatives”) (collectively, “Call Coverage Management Team”), will consult and determine whether a Call Coverage Panel is required for each Specialty or Department within the applicable Broward Health facility.
2. As part of the establishment of Call Coverage Panels, the Call Coverage Management Team will insure that the Medical Staff Office maintains an emergency Call Coverage Panel.

B. Establishment of Call Coverage Schedules:
1. As approved herein, each Specialty within a Broward Health facility may have only one (1) Call Coverage Panel, which shall include Call Coverage for uninsured patients and patients with insurance coverage and all specialty urgent and emergency consultations as required by the Emergency Department and Trauma Center.
2. Coordination of the Call Coverage Schedule:
   a. The Medical Staff Office Manager or designee shall be responsible for establishing, posting and distributing the monthly Call Coverage schedule. The Call Coverage schedule shall be made available no later than 30 days in advance of the month for which the schedule applies.
   b. No physician shall be permitted to change the Call Coverage schedule, including removing himself or herself from the Call Coverage schedule or placing himself or herself on the Call Coverage schedule, without prior written consent of the Regional CMO.
3. Qualified Physicians:
   a. In order to be a Qualified Physician, the physician shall be appropriately credentialed and a member of the Medical Staff in good standing, with the requisite training or certification in the clinical Specialty, as determined by the credentialing process.
      i. In determining whether a physician is a Qualified Physician, the MSO shall consult with the Call Coverage Management Team to determine whether a particular Specialty has additional criteria that must be met for a physician to be considered a Qualified Physician. The Call Coverage Management Team shall maintain a current list of Broward Health system-wide, Specialty-specific criteria, developed by, at minimum, the Broward Health Chief Operating Officer (“COO”), CMO, Regional Chief Medical Officers, Department Chair and, if applicable, Division Chief, Chiefs of Staff and Vice President of Quality and Case Management, in consultation with the Legal Department and Compliance Department, which criteria shall be provided to the MSO and the MEC of each hospital.
   b. The MSO shall publicize the opportunity to participate in the Call Coverage Panel by posting the information in the MSO, on Broward Health intranet and internet
sites, and in places frequented by physicians in the Broward Health facilities. The posting shall include information about the application process for participating in Call Coverage Panels.

c. The MSO shall timely review each application received by a physician to participate in the Call Coverage Panel and shall determine whether each such physician applicant meets the qualification requirements set forth in Section B.3.a above, such that the physician is a Qualified Community Physician.

d. The MSO shall provide the results of its review to the Call Coverage Management Team. If the Call Coverage Management Team determines a physician is not qualified, it will specify the reasons for the denial in a written response to the physician applicant. Such denials may be appealed in writing by the physician applicant to the CMO and the Chief Compliance Officer of Broward Health.

e. The MSO shall provide the contact information to the Call Coverage Management Team for each physician applicant it determines is a Qualified Physician. The Regional CEO and Regional RMO shall maintain a list of all such Qualified Physicians (“QCP List”).

f. Before providing Call Coverage services, Broward Health shall enter into a written call coverage agreement for all non-employed Qualified Physicians (“Call Coverage Agreement”) pursuant to Broward Health contracting policies and procedures, including its Physician Financial Arrangement Policy, Policy No. GA-004-441.

C. Call Coverage and Emergency Consultation Compensation:

1. Employed Physicians:
   a. Employed physicians are required to provide Call Coverage and Emergency Consultations per the terms of their employment agreements. Accordingly, they do not receive separate stipends for Call Coverage or Emergency Consultations.
   b. Broward Health, and not the employed physician, may bill for the professional services provided by employed physicians during their Call Coverage periods or during an Emergency Consultation.

2. Qualified non-employed Physicians:
   a. Call Coverage:
      i. Qualified non-employed Physicians may receive a stipend for Call Coverage, based upon the FMV & Commercial Reasonableness Report and their Call Coverage Agreement with Broward Health. Each Qualified Community Physician shall enter into a Call Coverage Agreement with Broward Health and follow the Broward Health policies and procedures related to physician arrangements prior to providing Call Coverage services.
      ii. Qualified non-employed Physicians may bill for the professional services provided to patients during their Call Coverage shifts.

   b. Emergency Consultations:
      i. Physicians do not receive a stipend for Emergency Consultations. However, Qualified non-employed Physicians may bill for the professional services provided to patients during an Emergency Consultation.

D. Response Times:

1. Call Coverage:
   a. Emergency Department: Physicians who provide Call Coverage for the Emergency Department shall respond to requests from Broward Health personnel in thirty (30) minutes or less, unless a shorter time frame is specified in the physician’s Employment Agreement or Call Coverage Agreement.
b. All Other Specialties: Physicians who provide Call Coverage for all other Specialties shall respond in an appropriate and timely manner to requests from Broward Health personnel for professional services, within the time frame specified in the physician’s Employment Agreement or Call Coverage Agreement.

2. In-patient Emergency Consultations: Physicians who are called for an Emergency Consultation shall respond in an appropriate and timely manner.

E. Failure to Respond:

1. Call Coverage and Emergency Consultations: If the responsible on-call physician fails to respond to a page from Broward Health personnel, Broward Health personnel will follow Broward Health Policy NUR-001-003, Chain of Command.

2. Failure to appropriately respond as provided in this policy may result in corrective action, including corrective action under Applicable Federal and State Law, the terms of the physician’s Employment Agreement or Call Coverage Agreement, as applicable, Broward Health’s Enforcement of Disciplinary Standards Policy, Policy No. GA-003-238 for employed physicians, and the requirements of the Medical Staff. Such corrective action may include, without limitation, termination of the physician’s Call Coverage Agreement, Emergency Consultation Agreement, or Employment Agreement, or removal from the Call Coverage Panel or from the Emergency Consultation list.

F. Removal:

1. A physician may be removed from a Call Coverage Panel or from an Emergency Consultation QCP List for any reason set forth in the physician’s Employment Agreement, Call Coverage Agreement, or Emergency Consultation Agreement or upon termination of such agreement, for any reason. Such determination shall be made by the Call Coverage Management Team.

2. Reinstatement of a physician to a Call Coverage Panel or to the Emergency Consultation QCP List shall occur pursuant to the conditions and processes set forth in the physician’s Employment Agreement or Call Coverage Agreement.

II.

III. Document

Broward Health will retain all documents relating to this policy for a period of seven (7) years after their creation. Documents may be considered a public record under Chapter 119, Florida Statutes and may be subject to disclosure, unless otherwise exempted.

IV. Exceptions

Any exceptions to this policy must be approved in advance and in writing by the Executive Vice President, Chief Operating Officer; Vice President, Chief Compliance and Privacy Officer; General Counsel; and Regional Chief Executive Officer.

V. Interpretation and Administration of Policy

This policy will be assessed at least annually (and more frequently, if appropriate) and revised or updated as necessary. Within 30 days of the effective date of any revisions or additions to this policy, a description of the revisions will be communicated to all affected responsible persons at Broward Health and a copy of the revised policy will be made available. The Chief Compliance Officer and Internal Audit will monitor Broward Health's adherence to this policy and make routine, but no less than quarterly, reports to the Board.

Administration and Interpretation of this policy is the responsibility of the Chief Compliance Officer.
VI. **Related Policies**
   A. Enforcement of Disciplinary Standards Policy, Policy No. GA-004-238
   B. Chain of Command, Policy No. NUR-001-003

VII. **References**

VIII. **Definitions**

   See Policies and Procedures Glossary, Policy No. GA-004-237, for all definitions.
A. Revised and restated Section 4.3 – Temporary Privileges

4.3 TEMPORARY PRIVILEGES

Temporary clinical privileges may be granted to Licensed Independent Practitioner applicants who meet the qualifications outlined herein to meet an important patient care, treatment or service need at the facility where they have applied for privileges. A request for temporary privileges shall be made in writing. An applicant shall not be entitled to the procedural rights of fair hearing or appeal afforded by these Bylaws because of his/her inability to obtain temporary privileges or because of any cessation or termination of temporary privileges.

4.3.1 QUALIFICATIONS

Prior to temporary privileges being granted, an applicant must demonstrate that he/she:

4.3.1.1. submitted a complete application

4.3.1.2. possesses a current license within the State of Florida;

4.3.1.3. holds a current and unrestricted DEA registration that has not been acted against. Assuming no action has been taken by the DEA, this requirement can be waived if the privileges the applicant seeks do not require DEA prescribing authority and the applicant does not intend to prescribe any drug requiring DEA prescribing authority;

4.3.1.4. evidence of ability to perform the temporary privileges requested;

4.3.1.5. current competence related to the temporary privileges requested;

4.3.1.6. documentation of compliance with the Financial Responsibility requirements as set forth in Section 2.1.13 of these Bylaws;

4.3.1.7. has no issues on NPDB;

4.3.1.8. has no current or prior actions against a health care license in any jurisdiction;

4.3.1.9. has not had an involuntary termination of privileges at any healthcare facility or any other peer review actions.

Qualifications for temporary privileges shall be verified from a primary source or designated agent of the primary source, and documented. The National Practitioner Data Bank shall be queried prior to the granting of temporary privileges. Additionally, the applicant's status as an Ineligible Person shall be verified, which verification shall include review of the applicable CMS and regulatory exclusion reports, including but not limited to the OIG and SAM lists. If the applicant is excluded from such participation, temporary privileges shall not be granted. Any exclusion subsequent to having been
granted temporary privileges shall result in immediate termination of such privileges. Any applicant whose application raises any concerns that require further review is not eligible for temporary privileges. When applying for temporary privileges, each applicant shall agree to be bound by the Medical Staff Bylaws, Rules and Regulations, departmental rules and regulations, and applicable Medical Staff approved policies.

4.3.2 APPROVAL PROCESS FOR TEMPORARY PRIVILEGES

After verification by Centralized Credentialing Department and approval of the Department Chair or his or her designee, the CEO, or his or her designee, and the Chief of Staff, or his or her designee, shall jointly have the authority to grant temporary privileges to a qualified applicant. Such privileges shall be limited to a maximum period of 120 days. Temporary privileges shall automatically terminate at the end of the specific period for which they were granted, without the Hearing and Appeal rights set forth in these Bylaws. Temporary privileges shall be specifically delineated, and may include the privilege to admit patients. Temporary privileges may not be renewed or extended. Temporary privileges may be suspended or revoked by the Chief of Staff in conjunction with the hospital CEO and such suspension or revocation shall not entitle the Practitioner to the procedural rights of fair hearing or appeal afforded by these Bylaws.

4.3.3 SPECIFIC CASE PRIVILEGES

After receipt of a written request for specific case or class of privileges, a Practitioner qualified as described in Article IV, Section 4.3.1 may be granted specific case privileges by the CEO of the Hospital, or his or her designee, upon conferring with the Chief of Staff, Vice-Chief or Department Chair, or his or her respective designee, if the Practitioner has a specific skill required in the treatment of a specific patient or class of patients that cannot otherwise be met by a privileged Practitioner. Specific Case privileges granted under this section may be granted for up to four separate patient encounters, during a twelve-month period. A patient encounter is defined as the length of a patient’s stay or 120 days, whichever is less. A Practitioner who intends to continue to practice beyond the scope of specific case privileges should diligently pursue the granting of full privileges and Medical Staff membership.

4.3.4 DISASTER AND/OR EMERGENCY PRIVILEGES

Disaster situations shall be described in the Disaster/Emergency Preparedness Plan of Broward Health. The granting of any privileges following a disaster in furtherance of said Plan shall be made based on the hospital policy entitled “Credentialing Volunteer Practitioners in the Event of a Disaster”.

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B. Revisions to Provisional Membership Category and related FPPE sections

Revised and restated Sections 2.8, 2.8.1, 2.8.2 and 3.3.5

2.8. PROVISIONAL STATUS, INITIAL PRACTICE EVALUATION AND PROCTORING

The Medical Staff shall have a process to evaluate the privilege-specific competence of a Practitioner who does not have documented evidence of competently performing the requested privilege at the Hospital. This process may also be used when a question arises regarding a currently privileged Practitioner's competence or qualifications to provide safe, quality patient care. This process of focused professional practice evaluation shall be for a time-limited period during which the Medical Staff evaluates the Practitioner's professional performance. Focused professional practice evaluation may entail the use of one or more types of evaluation, including but not limited to chart review, monitoring of clinical practice patterns, simulation, clinical proctoring, external peer review, and discussion with other individuals involved in the care of each patient (e.g., consulting physicians, assistants at surgery, nursing or administrative personnel). Clinical proctoring is an objective evaluation of an individual's actual clinical competence by a monitor or proctor appointed by the Medical Staff and who is responsible to the Medical Staff. When an initial applicant seeks clinical privileges, or an individual with existing clinical privileges seeks new privileges, or when the Medical Staff determines the clinical competence be evaluated for any other reason, the individual may be proctored or observed while providing the services for which the privileges are requested. In most instances, proctors act as monitors to evaluate the technical and cognitive skills of another Practitioner and do not directly participate in patient care, have no physician/patient relationship with the patient being treated, and do not receive a fee from the patient.

2.8.1. For initial appointment/initial clinical privileges: Upon appointment to the Medical Staff as a Provisional Member, a focused professional practice evaluation shall be implemented at the Provisional Member’s primary facility for all initially requested privileges. This initial focused professional practice evaluation shall be undertaken for a specified number and type of cases, procedures, or treatments as determined by the applicable department and carried out by one or more Department members approved by the Chairperson of the Department to which the Provisional Member is affiliated. In the event the Provisional Member does not have sufficient activity to complete the focused professional practice evaluation at his or her designated primary facility then said evaluation can include activity undertaken at other Broward Health facilities at which the Provisional Member is on Medical Staff. The purpose of the evaluation is to determine the individual’s eligibility for advancement from provisional status to such other applicable category of Medical Staff membership and to evaluate the competence and qualifications to exercise the clinical privileges provisionally granted. If a proctor is assigned, the proctor shall complete a proctoring report with comments on the individual’s performance.
Each proctoring report will be evaluated when the case is completed in order to be aware of any undesirable trend or pattern that may be developing. At any time after completion of the initial focused professional practice evaluation and conclusion of the first year of provisional appointment, the provisional member may request a change in status as delineated in 3.3.5. Advancement shall be based upon a favorable recommendation of the individual's Department Chairperson based on the Chairperson's review of the proctoring reports, if any, chart reviews, peer review, and any other results of focused professional practice evaluation and a favorable recommendation of the Credentials and Qualifications Committee and Medical Executive Committee, and reported to the Board for consideration. Unless excused for good cause by the Medical Executive Committee, and the Board, an individual's failure to complete the required number of cases needed to complete focused professional practice evaluation shall be deemed a voluntary relinquishment of membership and clinical privileges; such individual shall not be entitled to the hearing and appeal rights under these Bylaws. Failure to advance to a non-provisional category of membership due to performance issues shall entitle the individual to the hearing and appeal rights under these Bylaws.

2.8.2. For individuals with existing privileges who are requesting new privileges: A period of focused professional practice evaluation shall be implemented for all initially requested privileges. Medical Staff members or other individuals with existing clinical privileges who are requesting new privileges will be subject to focused professional practice evaluation by one or more appropriate member(s) of the Medical Staff as approved by the Chairperson of the Department to which the individual is affiliated. In the event new privileges are requested for which there are no other Medical Staff members or other individuals with existing clinical privileges and competence to proctor and evaluate someone in the new area of practice, the Credentials and Qualifications Committee, and the Medical Executive Committee shall have the option to specify other means of review to determine competence, including but not limited to reports of completion of an accredited training program, evaluations from competent instructors, external peer review, and/or evidence of proctoring or performance of the requested privileges competently at another hospital or facility at which the individual is privileged. If a proctor is assigned, the proctor shall complete a proctoring report with comments on the individual's performance. Each proctoring report will be evaluated when the case is completed in order to be aware of any undesirable trend or pattern that may be developing. The individual's Department Chairperson shall review the proctoring reports, if any, chart reviews, peer review, and any other results of focused professional practice evaluation and provide a report to the Credentials and Qualifications Committee, the Medical Executive Committee and the Board of Commissioners.

3.3.5. PROVISIONAL MEDICAL STAFF

The Provisional staff category shall consist of new Medical Staff members who have been approved by the appropriate Department, Credentials and Qualifications Committee, Medical Executive Committee, and the Board of Commissioners, but have not yet qualified for Active-Primary, Active Non-Primary or Courtesy Staff appointment. Provisional staff members shall be permitted to admit patients and exercise such clinical privileges as provided within these Bylaws.
A member shall be appointed to the Provisional category for 24-months. Successful completion of the focused professional practice evaluation must be completed before he or she is eligible to become an Active-Primary or Active Non-Primary or such other applicable category of Medical Staff membership, with the exception of Non-Clinical Affiliate category. At any time after the completion of the initial focused professional practice evaluation and the conclusion of the initial year of provisional appointment, a provisional member may request appointment to another category of Medical Staff membership. Any Provisional member who does not meet the requirements for Active-Primary or Active Non-Primary membership after the completion of the 24-month reappointment may request appointment to another category of Medical Staff membership for which the individual is qualified.

At the time a provisional member requests appointment to another category of Medical Staff membership or, if the individual does not make any such request, no later than the completion of the 24-month reappointment of provisional status, the performance of each provisional member shall be evaluated by the Department in which he has privileges and the Department Chairperson shall communicate the results of the evaluation to the Credentials and Qualifications Committee. If the Provisional member has demonstrated clinical competence and is otherwise qualified for continued staff membership the member shall be assigned to the appropriate category, upon recommendation of the Credentials and Qualifications Committee, MEC and the Board. Any Provisional member who has not qualified for assignment to another appropriate category of Medical Staff membership by the end of the 24-month reappointment will be deemed to have voluntarily resigned from the Medical Staff for failure to meet the requirements of Medical Staff membership and such a result shall not be reportable to the NPDB or any applicable licensing board. If a Provisional member attains medical staff membership at more than one hospital of Broward Health, he or she must designate the hospital at which he or she is primarily involved as his or her primary facility. Provisional members must pay annual dues at all facilities at which Member holds privileges and satisfy the meeting attendance requirements only at their primary facility.

C. Proposed New Bylaw authorizing the use of Medical Scribes

Medical Scribes

A Practitioner / Licensed Independent Practitioner is authorized to use scribes for Medical Record documentation in the Practitioner’s presence and under his or her direct supervision (Supervising Practitioner”), in accordance with the following criteria:

1. Each scribe must be employed by or be an independent contractor of the Supervising Practitioner. The Supervising Practitioner must complete a registration with the Medical Staff Office. The registration process will include confirmation that the scribe has completed medical record documentation training, completion of EMR and/or CPOE training required of all members of the Medical Staff and or employees of Broward Health who access and document in the Medical Record, including any attestations of HIPAA, HITECH and other patient confidentiality standards. The scribe must also complete an orientation program administered by Broward Health Human Resources.
2. The Supervising Practitioner is responsible for all acts of the scribe and the scribe can only act under the direct, “real time” supervision of the Supervising Practitioner. The scribe is not permitted to make any independent assessment or evaluation, provide clinical care or enter orders in the Medical Record.

3. All entries in the Medical Record entered by the scribe must identify the scribe, be designated as “scribed” entries, and be authenticated by the Supervising Practitioner. The Supervising Practitioner’s authentication shall confirm the Supervising Practitioner was present at the time the entries were made, that he or she has reviewed and confirmed the accuracy of the scribed entries and be dated and timed.

4. Duties to be performed by the scribe are limited to: (i) assisting the Supervising Practitioner in navigating the EMR; (ii) locating information in the Medical Record for the Supervising Practitioner’s review such as lab results or prior; (iii) entering information in the Medical Record at the direction of the Supervising Practitioner (for example charting in real time the Supervising Practitioner’s consult with another provider or the Supervising Practitioner’s assessment and evaluation of a patient); (iv) recording the Supervising Practitioner’s notes; (v) recording the Supervising Practitioner’s diagnosis; and (vi) recording the Supervising Practitioner’s instructions for patient discharge and/or follow up care in the Medical Record.
A. Revised and restated Section 4.3 – Temporary Privileges

4.3 TEMPORARY PRIVILEGES

Temporary clinical privileges may be granted to Licensed Independent Practitioner applicants who meet the qualifications outlined herein to meet an important patient care, treatment or service need at the facility where they have applied for privileges. A request for temporary privileges shall be made in writing. An applicant shall not be entitled to the procedural rights of fair hearing or appeal afforded by these Bylaws because of his/her inability to obtain temporary privileges or because of any cessation or termination of temporary privileges.

4.3.1 QUALIFICATIONS

Prior to temporary privileges being granted, an applicant must demonstrate that he/she:

4.3.1.1 submitted a complete application

4.3.1.2 possesses a current license within the State of Florida;

4.3.1.3 holds a current and unrestricted DEA registration that has not been acted against. Assuming no action has been taken by the DEA, this requirement can be waived if the privileges the applicant seeks do not require DEA prescribing authority and the applicant does not intend to prescribe any drug requiring DEA prescribing authority;

4.3.1.4 evidence of ability to perform the temporary privileges requested;

4.3.1.5 current competence related to the temporary privileges requested;

4.3.1.6 documentation of compliance with the Financial Responsibility requirements as set forth in Section 2.1.13 of these Bylaws;

4.3.1.7 has no issues on NPDB;

4.3.1.8 has no current or prior actions against a health care license in any jurisdiction;

4.3.1.9 has not had an involuntary termination of privileges at any healthcare facility or any other peer review actions.

Qualifications for temporary privileges shall be verified from a primary source or designated agent of the primary source, and documented. The National Practitioner Data Bank shall be queried prior to the granting of temporary privileges. Additionally, the applicant’s status as an Ineligible Person shall be verified, which verification shall include review of the applicable CMS and regulatory exclusion reports, including but not limited to the OIG and SAM lists. If the applicant is excluded from such participation, temporary privileges shall not be granted. Any exclusion subsequent to having been
granted temporary privileges shall result in immediate termination of such privileges. Any applicant whose application raises any concerns that require further review is not eligible for temporary privileges. When applying for temporary privileges, each applicant shall agree to be bound by the Medical Staff Bylaws, Rules and Regulations, departmental rules and regulations, and applicable Medical Staff approved policies.

4.3.2 APPROVAL PROCESS FOR TEMPORARY PRIVILEGES

After verification by Centralized Credentialing Department and approval of the Department Chair or his or her designee, by the Credentials and Qualifications Committee, the CEO, or his or her designee, and the Chief of Staff, or his or her designee, shall jointly have the authority to grant temporary privileges to a qualified applicant. Such privileges shall be limited to a maximum period of 120 days. Temporary privileges shall automatically terminate at the end of the specific period for which they were granted, without the Hearing and Appeal rights set forth in these Bylaws. Temporary privileges shall be specifically delineated, and may include the privilege to admit patients. Temporary privileges may not be renewed or extended. Temporary privileges may be suspended or revoked by the Chief of Staff in conjunction with the hospital CEO and such suspension or revocation shall not entitle the Practitioner to the procedural rights of fair hearing or appeal afforded by these Bylaws.

4.3.3 SPECIFIC CASE PRIVILEGES

After receipt of a written request for specific case or class of privileges, a Practitioner qualified as described in Article IV, Section 4.3.1 may be granted specific case privileges by the CEO of the Hospital, or his or her designee, upon conferring with the Chief of Staff, Vice-Chief or Department Chair, or his or her respective designee, if the Practitioner has a specific skill required in the treatment of a specific patient or class of patients that cannot otherwise be met by a privileged Practitioner. Specific Case privileges granted under this section may be granted for up to four separate patient encounters, during a twelve-month period. A patient encounter is defined as the length of a patient’s stay or 120 days, whichever is less. A Practitioner who intends to continue to practice beyond the scope of specific case privileges should diligently pursue the granting of full privileges and Medical Staff membership.

4.3.4 DISASTER AND/OR EMERGENCY PRIVILEGES

Disaster situations shall be described in the Disaster/Emergency Preparedness Plan of Broward Health. The granting of any privileges following a disaster in furtherance of said Plan shall be made based on the hospital policy entitled “Credentialing Volunteer Practitioners in the Event of a Disaster”.

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4.3.5—EXPEDITED PRIVILEGES

Expeditied privileges are available to a Practitioner/Licensed Independent Practitioner applicant initially seeking appointment to a Broward Health facility who is qualified as described in Article IV, Section 4.3.1 and to Practitioner/Licensed Independent Practitioner applicants who currently hold privileges at another Broward Health facility who have been presented to the Credentials and Qualifications Committee with complete applications (no gaps or outstanding information to receive or verify) and who meet the following criteria:

There are no current or prior disciplinary actions as to licensure or registration and no issues on NPDB;

There are no current or prior peer review investigations or action taken by a health care facility adverse to the applicant’s privileges;

For applicants that are privileged at another Broward Health facility, the applicant is not the subject of any ongoing or proposed FPPE proceeding.

4.4.1 Expedited Privileges—Approval Process

Upon approval by the Credentials and Qualifications Committee and the Medical Executive Committee, the applicant will be presented to the Board in accordance with its process for expedited review.

B. Revisions to Provisional Membership Category and related FPPE sections

Revised and restated Sections 2.8, 2.8.1, 2.8.2 and 3.3.5

2.8. PROVISIONAL STATUS, INITIAL PRACTICE EVALUATION AND PROCTORING

The Medical Staff shall have a process to evaluate the privilege-specific competence of a Practitioner who does not have documented evidence of competently performing the requested privilege at the Hospital. This process may also be used when a question arises regarding a currently privileged Practitioner’s competence or qualifications to provide safe, quality patient care. This process of focused professional practice evaluation shall be for a time-limited period during which the Medical Staff evaluates the Practitioner’s professional performance. Focused professional practice evaluation may entail the use of one or more types of evaluation, including but not limited to chart review, monitoring of clinical practice patterns, simulation, clinical proctoring, external peer review, and discussion with other individuals involved in the care of each patient (e.g., consulting physicians, assistants at surgery, nursing or administrative personnel). Clinical proctoring is an objective evaluation of an individual’s actual clinical competence by a monitor or proctor appointed by the Medical Staff and who is responsible to the Medical Staff. When an initial applicant seeks clinical
privileges, or an individual with existing clinical privileges seeks new privileges, or when the Medical Staff determines the clinical competence be evaluated for any other reason, the individual may be proctored or observed while providing the services for which the privileges are requested. In most instances, proctors act as monitors to evaluate the technical and cognitive skills of another Practitioner and do not directly participate in patient care, have no physician/patient relationship with the patient being treated, and do not receive a fee from the patient.

2.8.1. For initial appointment/initial clinical privileges: Upon appointment to the Medical Staff as a Provisional Member, a focused professional practice evaluation shall be implemented at the Provisional Member’s primary facility for all initially requested privileges. This initial focused professional practice evaluation shall be undertaken for a specified number and type of cases, procedures, or treatments as determined by the applicable department and carried out by one or more Department members approved by the Chairperson of the Department to which the Provisional Member is affiliated. In the event the Provisional Member does not have sufficient activity to complete the focused professional practice evaluation at his or her designated primary facility then said evaluation can include activity undertaken at other Broward Health facilities at which the Provisional Member is on Medical Staff. The purpose of the evaluation is to determine the individual’s eligibility for advancement from provisional status to such other applicable category of Medical Staff membership and to evaluate the competence and qualifications to exercise the clinical privileges provisionally granted. If a proctor is assigned, the proctor shall complete a proctoring report with comments on the individual’s performance. Each proctoring report will be evaluated when the case is completed in order to be aware of any undesirable trend or pattern that may be developing. At any time after completion of the initial focused professional practice evaluation and conclusion of the first year of provisional appointment, the provisional member may request a change in status as delineated in 3.3.5. Advancement shall be based upon a favorable recommendation of the individual’s Department Chairperson based on the Chairperson’s review of the proctoring reports, if any, chart reviews, peer review, and any other results of focused professional practice evaluation and a favorable recommendation of the Credentials and Qualifications Committee and Medical Executive Committee, and reported to the Board for consideration. Unless excused for good cause by the Medical Executive Committee, and the Board, an individual’s failure to complete the required number of cases needed to complete focused professional practice evaluation shall be deemed a voluntary relinquishment of membership and clinical privileges; such individual shall not be entitled to the hearing and appeal rights under these Bylaws. Failure to advance to a non-provisional category of membership due to performance issues shall entitle the individual to the hearing and appeal rights under these Bylaws.

2.8.2. For individuals with existing privileges who are requesting new privileges: A period of focused professional practice evaluation shall be implemented for all initially requested privileges. Medical Staff members or other individuals with existing clinical privileges who are requesting new privileges will be subject to focused professional practice evaluation by one or more appropriate member(s) of the Medical Staff as approved by the Chairperson of the Department to which the individual is affiliated. In the event new privileges are requested for which there are no other Medical Staff members or other individuals with existing clinical privileges and competence to proctor and evaluate someone in the new area of practice, the Credentials and Qualifications Committee, and the Medical Executive Committee shall have the option to
specify other means of review to determine competence, including but not limited to reports of completion of an accredited training program, evaluations from competent instructors, external peer review, and/or evidence of proctoring or performance of the requested privileges competently at another hospital or facility at which the individual is privileged. If a proctor is assigned, the proctor shall complete a proctoring report with comments on the individual’s performance. Each proctoring report will be evaluated when the case is completed in order to be aware of any undesirable trend or pattern that may be developing. The individual’s Department Chairperson shall review the proctoring reports, if any, chart reviews, peer review, and any other results of focused professional practice evaluation and provide a report to the Credentials and Qualifications Committee, the Medical Executive Committee and the Board of Commissioners.

3.3.5. PROVISIONAL MEDICAL STAFF

The Provisional staff category shall consist of new Medical Staff members who have been approved by the appropriate Department, Credentials and Qualifications Committee, Medical Executive Committee, and the Board of Commissioners, but have not yet qualified for Active-Primary, Active Non-Primary or Courtesy Staff appointment. Provisional staff members shall be permitted to admit patients and exercise such clinical privileges as provided within these Bylaws.

A member shall be appointed to the Provisional category for 24-months. Successful completion of the focused professional practice evaluation must be completed before he or she is eligible to become an Active-Primary or Active Non-Primary or such other applicable category of Medical Staff membership, with the exception of Non-Clinical Affiliate category. At any time after the completion of the initial focused professional practice evaluation and the conclusion of the initial year of provisional appointment, a provisional member may request appointment to another category of Medical Staff membership. Any Provisional member who does not meet the requirements for Active-Primary or Active Non-Primary membership after the completion of the 24-month reappointment may request appointment to another category of Medical Staff membership for which the individual is qualified.

At the time a provisional member requests appointment to another category of Medical Staff membership or, if the individual does not make any such request, no later than the completion of the 24-month reappointment of provisional status, the performance of each provisional member shall be evaluated by the Department in which he has privileges and the Department Chairperson shall communicate the results of the evaluation to the Credentials and Qualifications Committee. If the Provisional member has demonstrated clinical competence and is otherwise qualified for continued staff membership the member shall be assigned to the appropriate category, upon recommendation of the Credentials and Qualifications Committee, MEC and the Board. Any Provisional member who has not qualified for assignment to another appropriate category of Medical Staff membership by the end of the 24-month reappointment will be deemed to have voluntarily resigned from the Medical Staff for failure to meet the requirements of Medical Staff membership and such a result shall not be reportable to the NPDB or any applicable licensing board. If a Provisional member attains medical staff membership at more than one hospital of Broward Health, he or she must designate the
hospital at which he or she is primarily involved as his or her primary facility. Provisional members must pay annual dues at all facilities at which Member holds privileges and satisfy the meeting attendance requirements only at their primary facility.

C. Proposed New Bylaw authorizing the use of Medical Scribes

Medical Scribes

A Practitioner / Licensed Independent Practitioner is authorized to use scribes for Medical Record documentation in the Practitioner's presence and under his or her direct supervision (Supervising Practitioner*), in accordance with the following criteria:

1. Each scribe must be employed by or be an independent contractor of the Supervising Practitioner. The Supervising Practitioner must complete a registration with the Medical Staff Office. The registration process will include confirmation that the scribe has completed medical record documentation training, completion of EMR and/or CPOE training required of all members of the Medical Staff and or employees of Broward Health who access and document in the Medical Record, including any attestations of HIPAA, HITECH and other patient confidentiality standards. The scribe must also complete an orientation program administered by Broward Health Human Resources.

2. The Supervising Practitioner is responsible for all acts of the scribe and the scribe can only act under the direct, "real time" supervision of the Supervising Practitioner. The scribe is not permitted to make any independent assessment or evaluation, provide clinical care or enter orders in the Medical Record.

3. All entries in the Medical Record entered by the scribe must identify the scribe, be designated as "scribed" entries, and be authenticated by the Supervising Practitioner. The Supervising Practitioner's authentication shall confirm the Supervising Practitioner was present at the time the entries were made, that he or she has reviewed and confirmed the accuracy of the scribed entries and be dated and timed.

4. Duties to be performed by the scribe are limited to: (i) assisting the Supervising Practitioner in navigating the EMR; (ii) locating information in the Medical Record for the Supervising Practitioner's review such as lab results or prior; (iii) entering information in the Medical Record at the direction of the Supervising Practitioner (for example charting in real time the Supervising Practitioner's consult with another provider or the Supervising Practitioner's assessment and evaluation of a patient); (iv) recording the Supervising Practitioner's notes; (v) recording the Supervising Practitioner's diagnosis; and (vi) recording the Supervising Practitioner's instructions for patient discharge and/or follow up care in the Medical Record.
1. Revisions to Patient Contacts definition:

**Patient Contact:** The term, "Patient Contact," will refer to any combination of inpatient admissions, emergency department encounters, ambulatory surgery cases, invasive procedures, consultation and evaluation for any in-patient or out-patient, all history and physicals, progress notes and discharge summaries.

2. Revisions to Sec. 2.14 to reflect Medical Staff adopted Practitioner Health/Impaired Physician Policy (currently being updated) will govern.

2.14. ACTIONS INVOLVING AN IMPAIRED PRACTITIONER OR OTHER IMPAIRED INDIVIDUAL WITH CLINICAL PRIVILEGES

The Medical Staff, through its Medical Executive Committees and as approved by the UMSC, has adopted a Medical Staff approved Practitioner Health/Impaired Physician Policy that addresses the handling and response to a circumstance or condition of impairment or potential impairment of a Practitioner and the Medical Staff shall comply with its Impaired Physician policy. The policy may be amended by UMSC, subject to the approval of the Board, and shall be uniform and applicable to all four Medical Staffs and hospitals.

3. Revisions to Sec. 2.15 re Disruptive Conduct to mirror changes to Sec. 2.14 re Impaired Physician

2.15. ACTIONS IN RESPONSE TO DISRUPTIVE CONDUCT

It is the policy of the Medical Staff to support a work environment of that supports teamwork, respect and courtesy in the treatment of all individuals involved in the delivery of health care, patients and their families. To that end, the Medical Staff, through its Medical Executive Committees and approved by UMSC, has adopted a Medical Staff approved policy addressing disruptive behavior and unprofessional conduct governing Medical Staff members and the Medical Staff shall comply with this policy. The policy may be amended by UMSC, subject to the approval of the Board, and shall be uniform and applicable to all four Medical Staffs and hospitals.
4. Revisions to Bylaw Sections reflecting new title for APRNs

   a. Revise definition:

   Allied Health Professional (AHP): An individual who is not a Practitioner as defined herein, but who is qualified by academic and clinical training to function in a medical support role and who may provide service under the direction and supervision of a member of the Medical Staff or who may independently provide services, as requested by a member of the Medical Staff. An Allied Health Professional provides direct patient care services in the Hospital while exercising judgment within the areas of documented professional competence and consistent with applicable law. AHPs are designated by the Board to be credentialed through the Medical Staff system and are granted clinical privileges as either a dependent or independent healthcare professional as defined in these Bylaws. The Board has determined the following categories of individuals eligible for clinical privileges as an AHP: physician assistant (PA), anesthesiology assistant (AA), advanced professional registered nurse (APRN), certified registered nurse anesthetist (CRNA), and certified nurse midwife (CNM).

   b. Revise Secton 3.6 re APRN title:

3.6. ALLIED HEALTH PROFESSIONALS

   The term, “Allied Health Professional” (AHP) refers to individuals, other than those defined as a Practitioner, who provide direct patient care services in the Hospital under a defined degree of supervision, exercising judgment within the areas of documented professional competence and consistent with applicable law. Categories of AHPs eligible for clinical privileges shall be approved by the Board and shall be credentialed through the same processes as a Medical Staff member, as described in Article II, and shall be granted clinical privileges as either a dependent or independent healthcare professional as defined by State law and in these Bylaws. Although AHPs are credentialed as provided in these Bylaws in Article II, only independent AHPs are eligible to be granted privileges. They may provide patient care services only to the extent of the clinical privileges that have been granted. The Board has determined the following categories of individuals eligible for clinical privileges as an AHP: physician assistant (PA), anesthesiology assistant (AA), advanced professional registered nurse (APRN), certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM).

   Other categories of dependent healthcare professionals who are not hospital employees but who provide patient care services in support of, or under the direction of a Medical Staff member shall have their qualifications and ongoing competence verified and maintained through a process administered by the Hospital. Categories of dependent healthcare professionals subject to such
Hospital processes, policies and procedures shall include, without limitation, Health Care Industry Representatives (HCIRs), operating room nurses and technicians, perfusionists, surgical first assistants, clinical assistants, autotransfusionists, orthotists/prosthetists, registered and practical nurses, dental technicians, lactation consultants, doulas, and medical assistants. Hospital policies and procedures shall govern the actions and patient care services provided by dependent healthcare professionals. These categories of dependent healthcare professionals are not considered Allied Health Practitioners. Although a Medical Staff member may provide employment, sponsorship, and supervision of a non-hospital-employed dependent healthcare professional through the terms of a sponsorship agreement, which shall impose binding responsibilities upon the Medical Staff member, these Bylaws shall not apply to such dependent healthcare professionals. Dependent healthcare professionals are listed here only to distinguish them from AHPs.²

A Medical Staff member who fails to fulfill the responsibilities as outlined in the Rules and Regulations and/or in a sponsorship agreement for the supervision of an AHP or a dependent healthcare professional shall be subject to appropriate actions provided by these Bylaws.

c. Revise title of Section 3.6.1 and include National Advanced Practice Certificate and grandfathering requirements:

3.6.1. REQUIREMENTS FOR ALLIED HEALTH PROFESSIONALS

As permitted by state law, AHPs shall be responsible and accountable at all times to a member of the Medical Staff, and shall be under the supervision and direction of a member of the Medical Staff. The terms of the accountability of the AHP to the Medical Staff member and the terms for supervision of the AHP by a Medical Staff member shall be documented in a sponsorship agreement between the AHP and the sponsoring Medical Staff member. In addition to a complete application, as defined in these Bylaws, a sponsorship agreement shall be on file at the Hospital. The sponsorship agreement and requests for clinical privileges shall contain all of the following information:

3.6.1.1. Name of the sponsoring Medical Staff member(s);

3.6.1.2. Evidence of compliance with state licensing standards and for APRNs evidence of attaining National Advance Practice
Certificate unless grandfathered from such attainment as authorized by Florida law. ³

3.6.1.3. Completed sponsoring Medical Staff member’s evaluation;

3.6.1.4. Requested clinical privileges shall specify the degree of supervision required for the performance of each clinical privilege, and shall be signed by the sponsoring Medical Staff member(s);

3.6.1.5. Signed agreement by the sponsoring Medical Staff member(s) to provide required supervision and accept responsibility for the patient care services provided by the AHP; and,

3.6.1.6. Requests for initial sponsorship and additional sponsorship must be recommended by the Department Chairperson of the requested sponsor, the Credentials and Qualifications Committee, and the Medical Executive Committee, and approved by the Board of Commissioners.
1. Revisions to Patient Contacts definition:

**Patient Contact**: The term, "Patient Contact," will refer to any combination of inpatient admissions, emergency department encounters, ambulatory surgery cases, invasive procedures, consultations and evaluation for any in-patient or out-patient, such procedure which includes, but is not limited to, all written history and physicals, progress notes and discharge summaries.

2. Revisions to Sec. 2.14 to reflect Medical Staff adopted Practitioner Health/Impaired Physician Policy (currently being updated) will govern.

2.14. ACTIONS INVOLVING AN IMPAIRED PRACTITIONER OR OTHER IMPAIRED INDIVIDUAL WITH CLINICAL PRIVILEGES

The Medical Staff, through its Medical Executive Committees and as approved by the UMSC, has adopted a Medical Staff approved Practitioner Health/Impaired Physician Policy that addresses the handling and response to a circumstance or condition of impairment or potential impairment of a Practitioner and the Medical Staff shall comply with its Impaired Physician policy in the investigation and response to such a circumstance of impairment or suspected impairment, as defined in the policy. The policy may be amended by UMSC, subject to the approval of the Board, and shall be uniform and applicable to all four Medical Staffs and hospitals.¹

2.14.1. EDUCATION

Medical Staff members and Allied Health Professionals, as appropriate, shall be educated about illness and impairment recognition issues specific to physicians and Allied Health Professionals, including education about warning signs.² Warning signs may include, but are not restricted to, perceived problems with judgment or speech, alcohol odor, emotional outbursts, behavior changes and mood swings, diminishment of motor skills, unexplained drowsiness or inattentiveness, progressive lack of attention to personal hygiene, or unexplained frequent illnesses.

2.14.2. TREATMENT/REHABILITATION/MONITORING AND/OR REINSTATEMENT GUIDELINES

¹ AMA Definition of Impairment: §456.076, F.S.; 42 C.F.R. §12114; Regional Administrative Policy RA-013-005
² MS-11.01.01
If it is determined that the individual suffers from an impairment that could be reasonably accommodated through rehabilitation or medical/psychological treatment, the following criteria and processes shall apply with respect to recommendations for treatment, rehabilitation, monitoring, and/or reinstatement:

2.14.2.1. An individual with impairment shall not be reinstated until it is established, to the Medical Staff's satisfaction, that the individual has successfully completed a rehabilitation program in which the Medical Staff has confidence, or has received treatment for a medical or psychological impairment such that the condition is under sufficient control.

2.14.2.2. The Medical Staff is not required to extend membership or privileges to an individual with impairment, and may monitor, test, or order any appropriate requirements of the individual in order to consider or grant privileges or membership to the individual.

2.14.2.3. Upon sufficient proof that the individual who has been found to be suffering from impairment has completed a program or received treatment as described above, the Medical Staff, in its discretion, may consider the impaired individual for reinstatement of Medical Staff membership or clinical privileges.

2.14.2.4. In considering an impaired individual for reinstatement, the Hospital and Medical Staff leadership must consider patient care interests paramount.

2.14.2.5. The Medical Staff must first obtain a letter from the physician director of the rehabilitation program where the impaired individual was treated, or the physician directing the impaired individual's medical or psychological treatment. The impaired individual must authorize the release of this information consistent with state and federal law. The following information shall be requested in providing guidance to the physician director regarding the content of the letter:

2.14.2.5.1. Whether the impaired individual is participating in the program or treatment;

2.14.2.5.2. Whether the impaired individual is in compliance with all of the terms of the program or treatment plan;

3 42 C.F.R. §2.1; §456.059, F.S.
2.14.2.5.3. Whether the impaired individual attends AA/NA meetings regularly (if appropriate);

2.14.2.5.4. To what extent the impaired individual’s behavior and conduct are monitored;

2.14.2.5.5. Whether, in the opinion of the treating physician, the impaired individual is rehabilitated or the medical/psychological impairment is under control;

2.14.2.5.6. Whether an after-care program has been recommended to the impaired individual (if appropriate), and if so, a description of the after-care program; and,

2.14.2.5.7. Whether, in the opinion of the treating physician, the impaired individual is capable of resuming practice and providing continuous, competent care to patients.

2.14.2.6. The Medical Staff has the right to require opinion(s) from other physician consultants of its choice.

2.14.2.7. Assuming all of the information received indicates that the individual is sufficiently in recovery or rehabilitated or the medical/psychological condition is under control, the Medical Staff shall take the following additional precautions when restoring clinical privileges:

2.14.2.7.1. The impaired individual must identify a physician or peer who is willing to assume responsibility for the care of his/her patients in the event of his/her inability or unavailability;

2.14.2.7.2. The individual shall be required to sign a release for the Medical Staff to obtain periodic reports from the rehabilitation program, after-care program, or treating physician — for a period of time specified by the Medical Executive Committee — stating that the individual is continuing treatment or therapy, as appropriate, and that his/her ability to treat and care for patients in the Hospital is not impaired.

2.14.2.8. The individual must agree to submit to an alcohol or drug-screening test (if appropriate to the impairment) at the request
of the Chief Executive Officer, the Chief of Staff, or the Chairperson of the individual's Medical Staff Department(s).

2.14.2.9. As a condition of reinstatement, the impaired individual's credentials shall be re-verified from the primary source and the verification documented, in accordance with the procedures in these Bylaws. Minimally, licensure, DEA, and professional liability insurance shall be verified. Additionally, the Hospital shall query the National Practitioner Data Bank, the OIG Sanction Report, and the GSA List. The Hospital may also re-verify any other qualification or competence if there is reasonable belief that it may have been adversely affected by the circumstances related to the impairment.

2.14.2.10. If at any point during the process of investigation, treatment, rehabilitation, monitoring, and/or reinstatement, the individual refuses or fails to comply with these procedures, he/she may be subject to a summary suspension from the Medical Staff and afforded due process as defined in the provisions of the Medical Staff Bylaws, unless the individual's contract with Broward Health states otherwise, such as when automatic termination is the penalty stated in the contract.

2.14.2.11. If at any time during the diagnosis, treatment, rehabilitation, and/or monitoring phase of this process it is determined that the individual is unable to safely perform the privileges he/she has been granted, the matter shall be forwarded to the Medical Executive Committee for appropriate corrective action that includes strict adherence to any state or federally mandated reporting requirements.4

2.14.2.12. All requests for information concerning the impaired individual shall be forwarded to the Regional Chief Executive Officer for response. Information concerning an individual seeking referral or referred for assistance shall be maintained with confidentiality, except as limited by law, ethical obligation, or when the safety of a patient is threatened.5

4 MS.11.01.01; §395.0191(6), F.S.
5 MS.11.01.01
2.15. ACTIONS IN RESPONSE TO DISRUPTIVE CONDUCT

It is the policy of the Medical Staff to support a work environment of that supports teamwork, respect and courtesy in the treatment of all individuals involved in the delivery of health care, patients and their families. To that end, the Medical Staff, through its Medical Executive Committees and approved by UMScnified Medical Staff Committee, has adopted a Medical Staff approved policy addressing disruptive behavior and unprofessional conduct governing Medical Staff members and the Medical Staff shall comply with this policy in the investigation and response to a circumstance of disruptive conduct by a Practitioner. The policy may be amended by UMSc, subject to the approval of the Board, and shall be uniform and applicable to all four Medical Staffs and hospitals.

4. Revisions to Bylaw Sections reflecting new title for APRNs

a. Revise definition:

**Allied Health Professional (AHP):** An individual who is not a Practitioner as defined herein, but who is qualified by academic and clinical training to function in a medical support role and who may provide service under the direction and supervision of a member of the Medical Staff or who may independently provide services, as requested by a member of the Medical Staff. An Allied Health Professional provides direct patient care services in the Hospital while exercising judgment within the areas of documented professional competence and consistent with applicable law. AHPs are designated by the Board to be credentialed through the Medical Staff system and are granted clinical privileges as either a dependent or independent healthcare professional as defined in these Bylaws. The Board has determined the following categories of individuals eligible for clinical privileges as an AHP: physician assistant (PA), anesthesiology assistant (AA), advanced professional registered nurse practitioner (APRNRNP), certified registered nurse anesthetist (CRNA), and certified nurse midwife (CNM).

b. Revise Secton 3.6 re APRN title:

3.6. ALLIED HEALTH PROFESSIONALS

The term, “Allied Health Professional” (AHP) refers to individuals, other than those defined as a Practitioner, who provide direct patient care services in the Hospital under a defined degree of supervision, exercising judgment within the areas of documented professional competence and consistent with applicable law. Categories of AHPs eligible for clinical privileges shall be approved by the Board and shall be credentialed through the same processes as a Medical Staff.
member, as described in Article II, and shall be granted clinical privileges as either a dependent or independent healthcare professional as defined by State law and in these Bylaws. Although AHPs are credentialed as provided in these Bylaws in Article II, only independent AHPs are eligible to be granted privileges for Medical-Staff membership. They may provide patient care services only to the extent of the clinical privileges that have been granted. The Board has determined the following categories of individuals eligible for clinical privileges as an AHP: physician assistant (PA), anesthesiology assistant (AA), advanced professional registered nurse practitioner (APRNP), certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM).

Other categories of dependent healthcare professionals who are not hospital employees but who provide patient care services in support of, or under the direction of a Medical Staff member shall have their qualifications and ongoing competence verified and maintained through a process administered by the Hospital. Categories of dependent healthcare professionals subject to such Hospital processes, policies and procedures shall include, without limitation, Health Care Industry Representatives (HCIRs), operating room nurses and technicians, perfusionists, surgical first assistants, clinical assistants, autotransfusionists, orthotists/prosthetists, registered and practical nurses, dental technicians, lactation consultants, doulas, and medical assistants. Hospital policies and procedures shall govern the actions and patient care services provided by dependent healthcare professionals. These categories of dependent healthcare professionals are not considered Allied Health Practitioners. Although a Medical Staff member may provide employment, sponsorship, and supervision of a non-hospital-employed dependent healthcare professional through the terms of a sponsorship agreement, which shall impose binding responsibilities upon the Medical Staff member, these Bylaws shall not apply to such dependent healthcare professionals. Dependent healthcare professionals are listed here only to distinguish them from AHPs.6

A Medical Staff member who fails to fulfill the responsibilities as outlined in the Rules and Regulations and/or in a sponsorship agreement for the supervision of an AHP or a dependent healthcare professional shall be subject to appropriate actions provided by these Bylaws.

c. Revise title of Section 3.6.1 and include National Advanced Practice Certificate and grandfathering requirements:

3.6.1. REQUIREMENTS FOR DEPENDENT ALLIED HEALTH PROFESSIONALS

6 CMS Conditions of Participation 482.12(e); HR.01.02.01; HR.01.02.05; HR.01.02.07; HR.01.06.04; HR.01.07.01.
As permitted by state law, AHPs shall be responsible and accountable at all times to a member of the Medical Staff, and shall be under the supervision and direction of a member of the Medical Staff. The terms of the accountability of the dependent AHP to the Medical Staff member and the terms for supervision of the dependent AHP by a Medical Staff member shall be documented in a sponsorship agreement between the AHP and the sponsoring Medical Staff member. In addition to a complete application, as defined in these Bylaws, a sponsorship agreement shall be on file at the Hospital. The sponsorship agreement and requests for clinical privileges shall contain all of the following information:

3.6.1.1. Name of the sponsoring Medical Staff member(s);

3.6.1.2. Evidence of compliance with state licensing standards and for APRNs evidence of attaining National Advance Practice Certificate unless grandfathered from such attainment as authorized by Florida law. (e.g., physician assistants must register his or her sponsor with the State of Florida);\(^7\)

3.6.1.3. Completed sponsoring Medical Staff member’s evaluation;

3.6.1.4. Requested clinical privileges shall specify the degree of supervision required for the performance of each clinical privilege, and shall be signed by the sponsoring Medical Staff member(s);

3.6.1.5. Signed agreement by the sponsoring Medical Staff member(s) to provide required supervision and accept responsibility for the patient care services provided by the AHP; and,

3.6.1.6. Requests for initial sponsorship and additional sponsorship must be recommended by the Department Chairperson of the requested sponsor, the Credentials and Qualifications Committee, and the Medical Executive Committee, and approved by the Board of Commissioners.

\(^7\)§456, F.S.