

**ADVANCED PRACTICE PROVIDERS**

**MARY GREELEY MEDICAL CENTER**

**2025**

**November Updates**

# ADVANCED PRACTICE PROVIDERS (APP)

## MARY GREELEY MEDICAL CENTER

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## **ADVANCED PRACTICE PROVIDERS (APP)**

### **1.1 DEFINITION**

ADVANCED PRACTICE PROVIDER or APP means an individual, including licensed physician certified provider in psychology, certified registered nurse midwife, physician assistant, certified Psychiatric Mental Health Nurse Practitioner, and advanced registered nurse practitioner, who is privileged to provide certain patient care services by virtue of their professional credentials and documented current competencies within the limits established by the Board of Trustees, the Medical Staff, the applicable State Practice Acts, and the provisions of this manual. APPs are either Independent or Dependent as described below and are not eligible for Medical Staff membership.

- **INDEPENDENT ADVANCED PRACTICE PROVIDER:** For the purposes of this Manual, an independent advanced practice provider is an individual who is duly licensed and qualified to provide selected medically delegated functions within the setting of an interdisciplinary health care team which provides for physician consultation and referral. Independent Advanced Practice Providers include the following:
  - Certified Registered Nurse Anesthetist (CRNA)
  - Certified Nurse Midwife (CNM)
  - Advanced Registered Nurse Practitioner (ARNP)
  - Physician Resident
  - Certified Psychologist
  - Certified Psychiatric Mental Health Nurse Practitioner (PMHNP)
  - Physician Assistant (PA)
  
- **DEPENDENT ADVANCED PRACTICE PROVIDER:** For the purposes of this Manual, a dependent advanced practice provider is an individual who is duly qualified by training, experience and certification to provide specific patient care services under the supervision of a physician who is a member of the Medical Staff. Dependent Advanced Practice Providers include the following:
  - Physician Assistant (PA) in the first two years of practice as specified in Iowa Code 148C.3, subsection 2, Code 2023.
  - Surgical First Assist (SFA)

## 1.2 QUALIFICATIONS

The Board of Trustees, in consultation with the Medical Staff, shall determine the services to be provided in the Medical Center and the categories of APPs eligible to provide services in the Medical Center. APPs holding a license, certificate or such other legal credential as may be required by Iowa law, which authorize the APPs to provide certain professional services, are not eligible for Medical Staff membership. Such APPs are eligible to apply for clinical privileges in this Medical Center if they provide detailed information including, but not limited to:

- (a) a current, unrestricted license, certificate or other legal credential in a category of APPs which the Board of Trustees has identified as eligible to apply for clinical privileges; and
- (b) peer references familiar with the applicant's professional competence and ethical character;
- (c) requests for membership categories, departments and clinical privileges;
- (d) past or pending professional disciplinary action, voluntary or involuntary relinquishment of licensure or such DEA registration limitations, or related matters including voluntary or involuntary termination of Medical Staff membership, or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another hospital;
- (e) actions alleging fraud, abuse, or the violation of statutory or regulatory requirements governing the provision of professional services or reimbursement thereof;
- (f) the applicant's ability to carry out the responsibilities and prerogatives of the APP membership category and perform the clinical privileges applied for with reasonable skill and without exposing the applicant or others to significant health or safety risks;
- (g) evidence of professional liability insurance coverage with a company licensed or approved to do business in Iowa, together with information regarding professional liability claims, causes of action against the applicant and the status of outcome of such matters;
- (h) a current hospital ID card or a valid picture ID issued by a state or federal agency (e.g. driver's license or passport);

- (i) information as to details of any prior, or pending government agency or third party payor proceeding or litigation challenging or sanctioning applicant's patient admission, treatment, discharge, charging, collection, or utilization practices, including but not limited to Medicare and Medicaid fraud and abuse proceedings and convictions;
- (j) certification of the applicant's agreement to terms and conditions set forth in Section 1.2-2 of the Credentialing Policies regarding the effect of the application;
- (k) an acknowledgment that the applicant has received (or has been given access to) the APP Manual and the Medical Staff Bylaws, that they have received a summary explanation of the appointment requirements set forth therein and of the appointment process, and that they agree to be bound by the terms thereof, as they may be amended from time to time, if they are granted membership or clinical privileges and to be bound by the terms thereof without regard to whether or not they are granted membership and/or clinical privileges in all matters relating to consideration of this application; and
- (l) a background investigation check conducted by the Medical Center on initial privileging as outlined in Chapter III of the Bylaws.

### 1.3 DELINEATION OF CATEGORIES OF APP ELIGIBLE TO APPLY FOR CLINICAL PRIVILEGES

For each eligible APP category, the mode of practice in the Medical Center setting (i.e., independent or dependent) and the clinical privileges and prerogatives that may be granted to qualified APPs in that category shall be identified. The Board of Trustees shall secure recommendations from the Medical Executive Committee as to the categories of APPs which should be eligible to apply for clinical privileges and as to the clinical privileges, prerogatives, terms and conditions which may be granted and apply to APPs in each category.

The delineation of categories of APPs eligible to apply for clinical privileges and the corresponding clinical privileges, prerogatives, terms, and conditions for each such APP category, when approved by the Medical Executive Committee and the Board of Trustees, shall be set forth in an addendum to this Manual. (Appendix II)

#### 1.4 PROCEDURE FOR GRANTING CLINICAL PRIVILEGES

An APP must apply and qualify for clinical privileges. Dependent APPs must identify a qualified member(s) of the active physician staff who has agreed to direct and supervise the dependent APP's medical services for their first two years. The supervising physician/designee must be able to be physically present at the hospital within 30 minutes. Applications for initial granting of clinical privileges and renewal thereof shall be submitted and processed in a manner parallel to that provided for practitioners in Sections One and Two of the Credentialing Policies of the Medical Staff Bylaws, unless otherwise specified herein. The Chief Nursing Officer reviews applications for initial credentialing and re-credentialing of all advanced practice nurses.

An APP who does not have licensure or certification in an APP category identified as eligible for clinical privileges in the manner required by Section 1.2 above may not apply for clinical privileges, but may submit a written request to the President, asking that the Board of Trustees consider identifying the appropriate category of APPs as eligible to apply for clinical privileges. The Board of Trustees may refer the request to the Medical Executive Committee for recommendation and the Board of Trustees shall consider such request.

Each APP shall be assigned to the clinical department appropriate to their occupational or professional training.

#### 1.5 NONDISCRIMINATION

No particular clinical privileges shall be denied on the basis of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression, or on the basis of any other criterion unrelated to the delivery of quality patient care in the Medical Center setting, to professional qualifications, the Medical Center's purposes, needs and capabilities, or community needs.

## 1.6 PREROGATIVES

The prerogatives which may be extended to an APP may include:

- (a) Provision of specified patient care services either as an independent or dependent APP consistent with the specific clinical privileges granted to the APP and within the scope of the APP's licensure or certification.
- (b) Serve on Medical Staff (non-voting member), Department, and Medical Center committees.
- (c) Attendance at meetings of the department to which they are assigned, as may be permitted by the Department Guidelines and in the Governance and Structure chapter of the Medical Staff Bylaws, and attendance at Medical Center education programs in their field of practice.

## 1.7 RESPONSIBILITIES

Each APP shall:

- (a) Provide their patients with care at the generally recognized professional level of quality and efficiency established by the Medical Staff and the Medical Center.
- (b) Retain appropriate responsibility within their area of professional competence for the care and supervision of each patient in the Medical Center for whom they are providing services.
- (c) Practice only within the scope of their privileges.
- (d) Participate in call responsibilities as defined by the department/supervising or collaborating physician and approved by the Medical Executive Committee.
- (e) Participate, as appropriate, in patient care audit and other quality review, evaluation, and monitoring activities required of APPs, in supervising APP with like privileges and in discharging such other functions as may be required from time to time.
- (f) Prepare and complete in timely fashion the medical and other required records for all patients they provide care to in the Medical Center in accordance with the same requirements applicable to practitioners in Section 6.4 of the Rules and Regulations chapter of the Medical Staff Bylaws.

- (g) Demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding of and sensitivity to diversity, and a responsible attitude toward patients, the profession, and society. Members of the APP staff must follow the Professionalism Policy outlined in the Rules and Regulations, Section 9.3-1 to 9.3-3 of the Medical Staff Bylaws.
- (h) Aid in educational programs for Medical Staff members, APPs, Medical Center personnel, patients, families, and the community upon request and as appropriate.
- (i) Cooperate with the Medical Staff in assisting the Medical Center in fulfilling its uncompensated or partially compensated patient care obligations.
- (j) Abide by all policies and standards of the Medical Center and Bylaws of the Medical Staff as applicable to their privileges and practice.
- (k) Abide by the same provisions established in Section IX of the Rules and Regulations chapter of the Bylaws pertaining to the protection of patients, employees, and practitioners from chemically impaired practitioners and disruptive practitioners.
- (l) Complete electronic health record training.

## 1.8 TERMINATION OF PRIVILEGES

1.8-1 The APP's privileges shall be automatically suspended for 30 days, without recourse to the right of review set forth in Section 1.9 of this Manual, when:

- (a) the Medical Staff membership of the sole supervising physician(s) is terminated, whether voluntary or involuntary, or when that member no longer is a member of the Active Medical Staff; or
- (b) the supervising physician no longer agrees to act as the supervising physician, for any reason, or the relationship between the APP and the supervising physician is otherwise terminated, regardless of the reason.
- (c) there is any action of fraud, abuse, or the violation of statutory or regulatory requirements governing the provision of professional services or reimbursement thereof.

- (d) there is any action of government agency or third party payor proceeding or litigation challenging or sanctioning APP's patient admission, treatment, discharge, charging, collection, or utilization practices, including but not limited to Medicare and Medicaid fraud and abuse proceedings and convictions.

If, during the above 30-day suspension period, the APP is able to establish a supervising relationship with an approved member of the active Medical Staff, the automatic suspension shall be removed. If the APP is unable to establish a supervising relationship within 30 days, their privileges shall then be automatically terminated without recourse to the right of review.

1.8-2 The APP's privileges shall automatically terminate, without recourse to the right of review set forth in Section 1.9 of this Manual, when:

- (a) the contract between the Medical Center and the supervising physician in a Medical Administrative position pursuant to Section 3.5 in the Governance and Structure chapter of the Bylaws is terminated; or
- (b) the APP's certificate or license expires, is revoked or suspended; or
- (c) the APP fails to maintain the requisite professional liability insurance coverage.

The APP's privileges may also be suspended pending an investigation by the Chair of the department to which the APP is assigned, by the Chief of Staff, or by the Medical Center President, acting with proper cause. The APP has the right of review as discussed in Section 1.9.

## 1.9 RIGHT OF REVIEW

Nothing in the Medical Staff Bylaws shall be interpreted to entitle an APP to the fair hearing rights applicable to members of the Medical Staff in Sections Three and Four of the Credentialing Policies of the Bylaws. However, an APP shall have the right to challenge any action, except for automatic termination under 1.8 of this Manual, that would constitute grounds for a hearing under Section 4.2 of the Credentialing Policies of the Medical Staff Bylaws by filing a written request for review within 15 days of such action with the Chair of the Department to which the APP has been assigned and has clinical privileges.

Upon receipt of such a request for review, the Department Chair or Supervising physician shall conduct an investigation that affords the affected APP an opportunity for an interview before a departmental review committee, which shall be appointed by the Chair. The committee shall include, for the purpose of this interview, the Department Chair or Supervising physician, an APP holding the same or similar license or certificate as the affected APP if available; the President or his/ her designee; and such other hospital or Medical Staff members as the Department Chair or Supervising physician deems appropriate under the circumstance. The interview shall not constitute a "hearing" and shall not be conducted according to the procedural rules applicable to hearings granted to members of the Medical Staff. Before the interview, the affected APP shall be informed of the general nature of the circumstances giving rise to the action or proposed action, and at the interview, the APP may present information relevant thereto. A record of the findings of such interview shall be made by detailed minutes, tape recording or other means to be determined in the discretion of the Department Chair or Supervising physician. A report of the findings and recommendations shall be made by the Department Chair or Supervising physician to the Medical Executive Committee, which shall make a recommendation to the Board of Trustees, whose decision shall be final and binding.

In no case shall clinical privileges or staff appointment survive the termination of any contract between the hospital and an APP for the provision of professional or administrative services, nor shall termination of privileges pursuant to termination of the contract entitle the APP to any hearing and appeal procedures or right of review that is not specifically provided for in the contract. Specific contractual terms shall in all cases be controlling in the event that they conflict with provisions in the Medical Center or Medical Staff Bylaws, or this APP Manual.

The right of review shall not apply to persons whose applications for APP membership and privileges at the Medical Center are denied.

#### 1.10 ADVANCED PRACTICE PROVIDER FILES

The APP shall have the same rights as the Medical Staff as pertains to the access to and review of their credentials file and the correction, deletion or addition of information in the file as has been granted to the Medical Staff in Section 10.5 of the Governance and Structure chapter of the Medical Staff Bylaws (see Appendix II).

#### 2.0 MEDICAL AND SURGICAL ASSISTANTS

Medical and Surgical Assistants are persons who are not employees of the hospital, and who are not members of the Medical Staff or of the APP

Staff, but who work from time to time in the hospital and are employed by and responsible to members of the Medical Staff, and work under the Medical Staff member's direction and supervision. Supervising Medical Staff members shall show proof of liability insurance in the amount of not less than that determined by the Medical Center Board of Trustees, covering the medical or surgical assistant involved. All Medical and Surgical Assistants who request privileges to provide services in the hospital under the direction and supervision of a Medical Staff member shall do so through the Human Resources Department. Applicants shall submit information pertaining to their educational background and their experience and training in their specialty. Medical and Surgical Assistants shall participate in the Medical Center orientation and the competency review processes. Medical and Surgical Assistants shall be governed by the sections on Termination of Privileges and Right of Review set forth in this APP Manual.

## 2.1 STUDENTS

Students who are currently enrolled in an accredited physician assistant or nurse practitioner (NP, CNM, CRNA) training program may be granted permission to observe, assess and/or treat patients in the hospital under the direction and supervision of a member of the Active physician staff or APP staff, pursuant to the process set forth in Section 2.7 of the Rules and Regulations chapter of the Medical Staff Bylaws. The supervising physician of the APP must approve the student assignment. Students should only perform privileges within the scope of their education. In all other particulars, students shall be governed by the provisions of this APP Manual.

## 3.0 AMENDMENTS

### 3.0-1 PROCESS

During the biennial review, this APP Manual may be amended or repealed, in whole or in part, by the following processes:

- (a) Proposals for amendments to this APP Manual may be made by any member of the APP staff or the Active Medical Staff to the Medical Executive Committee for the Committee's review and recommendation to the full Medical Staff. If the Committee fails to make a recommendation to the full Medical Staff within sixty (60) days of receipt of the proposed amendment, the proposed amendment may be presented to the full Medical Staff without a Committee recommendation.

- (b) Adoption of an amendment to this APP Manual shall require the affirmative vote of a majority of the Active Medical Staff members in good standing present at a regular or special staff meeting at which a quorum is present, provided that a copy of the proposed amendment was made available to each staff member entitled to vote thereon at least two weeks in advance of the meeting. The Medical Staff's adopted amendment shall be forwarded to the Board of Trustees for its action. Amendments adopted by the Medical Staff shall become effective following approval by the Board of Trustees.

### 3.0-2 ACTION ON ADVANCED PRACTICE PROVIDER MANUAL CHANGE

If a quorum, as defined in the Governance and Structure chapter of the Medical Staff Bylaws, is present for the purpose of enacting a change in the APP Manual proposed during the biennial review, the change will require an affirmative vote of 2/3 of the active members of the Medical Staff voting in person or 50% plus one by written ballot.

### 3.0-3 APPROVAL

APP Manual changes adopted by the Medical Staff shall become effective following approval by the Board of Trustees.

### 3.0-4 EXCLUSIVITY

The mechanism described herein shall be the sole method for the initiation, adoption, amendment or repeal of the APP Manual.

ADOPTED by the Medical Staff on June 3, 2025.

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Chief of Staff

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Secretary

APPROVED by the Board of Trustees on June 24, 2025.

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Chair

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Secretary

New: 1994

Revised: 11/96, 2/99, 4/01, 7/03, 5/05, 6/07, 6/09, 6/11, 6/13, 6/15, 6/17, 6/19, 6/23, 6/25

## **ADVANCED PRACTICE PROVIDERS**

### **APPENDIX I**

#### **ADVANCED PRACTICE PROVIDERS CREDENTIALS FILES**

##### **1.0 INSERTION OF ADVERSE INFORMATION**

Any person may provide information regarding the conduct, performance or competence of any APP, pursuant to Section 10.5-1 of the Governance and Structure chapter of the Medical Staff Bylaws. When adverse information is presented for insertion in the APP member's credentials file, the respective Department Chair, Credentials Committee, Chief of Staff and the President shall review this request.

After this review, a decision will be made by the respective Department Chair, Credentials Committee, Chief of Staff and the President to:

- (a) Not insert the information;
- (b) Insert the information with a notation that no further review is warranted; or
- (c) Insert the information with a notation that a request has been made to the Medical Executive Committee for an investigation as outlined in Section 10.5-2 of the Governance and Structure chapter of the Medical Staff Bylaws.

The process for review and action of unacceptable behavior is outlined in Section 9.3 of the Rules and Regulations Chapter of the Medical Staff Bylaws.

##### **1.1 REVIEW OF ADVERSE INFORMATION AT THE TIME OF REAPPRAISAL AND REAPPOINTMENT**

Prior to recommendation on reappointment, the Credentials Committee, as part of its reappraisal function, shall review any adverse information in the credentials file pertaining to a member. Following this review, the Credentials Committee shall determine whether documentation in the file warrants further action.

- (a) If it does not appear that an investigation and/or adverse action on reappointment is warranted because of the adverse information, the Credentials Committee shall so inform the Medical Executive Committee.

- (b) If an investigation and/or adverse action on reappointment is warranted, the Credentials Committee shall so inform the Medical Executive Committee.

No later than 60 days following final action on reappointment, the Medical Executive Committee shall, except as provided in this Section:

- (a) Initiate a request for corrective action, based on such adverse information and on the Credentials Committee's recommendation relating thereto; or
- (b) Cause the substance of such adverse information to be summarized and disclosed to the member.

The member shall have the right to respond thereto in writing, and the Medical Executive Committee may elect to remove the adverse information on the basis of such response.

If the adverse information is not used as the basis for a request for corrective action, or disclosed to the member as provided in this Section, it shall be removed from the file and discarded, unless the Medical Executive Committee, by a majority vote, determines that the information is required for continuing evaluation of the members.

## 1.2 CONFIDENTIALITY

The records of the Medical Staff and its Committees responsible for the evaluation and improvement of the quality of patient care provided in the Medical Center shall be maintained as confidential. Access to such records shall be limited to duly appointed officers and Committees of the Medical Staff for the sole purpose of discharging Medical Staff responsibilities, subject to the requirement that confidentiality be maintained. Information shall be disclosed or available to the Board of Trustees of the Medical Center or its designee to allow the Board of Trustees to discharge its lawful obligations and responsibilities and shall be maintained as confidential.

Information in the credentials file of any member may be disclosed with the member's consent, to any authorized Medical Staff or Medical Center, or to any professional licensing board. However, any disclosure without the member's consent outside of the Medical Staff or the Medical Center shall require the authorization of the Chief of Staff, the concerned Department Chair, and the President or their designee following legal counsel.

### 1.3 MEMBER'S ACCESS TO FILE

An APP member shall be granted access to their credentials file, subject to the following provisions:

- (a) Timely notice of this request shall be made by the member to the Chief of Staff, or their designee;
- (b) The member may review and receive a copy of their application and other documents provided by or addressed personally to the member. A written summary of all other information including, but not limited to, materials such as peer review committee findings, letters of reference, proctoring reports and complaints, shall be prepared for the member if requested in writing. This summary shall disclose the substance, but not the sources, of the information summarized;
- (c) The review by the member shall take place during normal working hours, in the presence of an officer or designee of the Medical Staff or Medical Center administration.

### 1.4 CORRECTIONS, DELETIONS AND ADDITIONS TO THE CREDENTIALS FILE

- (a) When a member has reviewed their file as provided under Section 10.5-4 of the Governance and Structure chapter of the Bylaws, they may request, in writing, that the Chief of Staff make a correction or deletion of information in their credentials file. The request shall include a statement of the basis for the action requested.
- (b) The Chief of Staff shall review such a request within a reasonable time and shall recommend to the Medical Executive Committee, after such review, whether or not to make the correction or deletion requested. The Medical Executive Committee then, by a majority vote, shall either ratify or initiate action contrary to this recommendation.
- (c) The member shall be notified promptly, in writing, of the decision of the Medical Executive Committee.
- (d) A member shall have the right to add to their own credentials file, upon written request to the Medical Executive Committee, a statement responding to any information contained in the file, regardless of any action taken pursuant to this Section.