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POLICY ON

ADVANCED PRACTICE

PROVIDERS

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ARTICLE 1

GENERAL

1.A. DEFINITIONS

Except as specifically defined below, the definitions that apply to the terms used in this Policy are set forth in Appendix A of the Medical Staff Bylaws:

(1) "ADVANCED PRACTICE PROVIDERS" ("APPs") means individuals who provide a medical level of care or perform surgical tasks consistent with granted clinical privileges, but who are required by law and/or the Hospital to exercise some or all of those clinical privileges under the supervision of a Supervising Physician. See Appendix A to this Policy.

(2) "ALLIED HEALTH PROFESSIONAL" means dependent practitioners who function under the direction of a Supervising Physician consistent with a defined scope of practice. Allied Health Professionals are not granted clinical privileges and are assessed and managed by Human Resources in accordance with Human Resources policies. Allied Health Professionals are **not** governed by this Policy.

(3) "PERMISSION TO PRACTICE" means the authorization granted to Advanced Practice Providers to exercise clinical privileges at the Hospital.

(4) "SUPERVISING PHYSICIAN" means a member of the Medical Staff with clinical privileges, who has agreed in writing to supervise an Advanced Practice Provider and to accept full responsibility for the actions of the Advanced Practice Provider while he or she is practicing in the Hospital.

(5) "SUPERVISION" means the supervision of an Advanced Practice Provider by a Supervising Physician that may or may not require the actual presence of the Supervising Physician, but that does require, at a minimum, that the Supervising Physician be readily available for consultation in accordance with the terms of the supervisory relationship.

1.B. DELEGATION OF FUNCTIONS

(1) When a function under this Policy is to be carried out by a member of Hospital management, by a Medical Staff member, or by a Medical Staff committee, the individual, or the committee through its chair, may delegate performance of the function to a qualified designee who is a practitioner or Hospital employee (or a committee of such individuals). Any such designee must treat and maintain all credentialing, privileging, and peer review information in a strictly confidential manner and is bound by all other terms, conditions, and requirements of the Medical Staff Bylaws and related policies. In addition, the delegating individual or committee is responsible for ensuring that the designee appropriately performs the function in

question. Any documentation created by the designee are records of the committee that is ultimately responsible for the review in a particular matter.

(2) When a Medical Staff member is unavailable or unable to perform a necessary function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

1.C. RIGHTS AND PREROGATIVES

(1) Advanced Practice Providers may attend meetings of the Medical Staff and of relevant clinical departments, without vote.

(2) The Leadership Council shall appoint one Advanced Practice Provider to the WakeMed Credentials Committee and one to the Committee for Professional Enhancement, both with vote, and may appoint Advanced Practice Providers to other Medical Staff and/or Hospital committees.

(3) Advanced Practice Providers may be appointed to serve on other Medical Staff committees, in the discretion of the Leadership Council, also with vote.

(4) All Advanced Practice Providers function in the Hospital under the supervision of a Supervising Physician appointed to the Medical Staff who is responsible for the activities of the Advanced Practice Provider in the Hospital.

(5) Section 6.A of this Policy addresses the ability of Advanced Practice Providers to admit inpatients, participate in patient consultations, perform inpatient rounds, participate in the provision of Emergency Department on-call coverage, and respond to calls from the floor regarding hospitalized patients. In addition, provisions in the Medical Staff Rules and Regulations address any necessary countersignature requirements that may pertain to Supervising Physicians.

ARTICLE 2

SCOPE AND OVERVIEW OF POLICY

2.A. SCOPE OF POLICY

(1) This Policy addresses those Advanced Practice Providers who are permitted to provide patient care services in the Hospital and are listed in the Appendices to this Policy.

(2) This Policy sets forth the credentialing process and the general practice parameters for these individuals, as well as guidelines for determining the need for additional categories of Advanced Practice Providers at the Hospital.

2.B. CATEGORIES OF ADVANCED PRACTICE PROVIDERS

(1) Only those specific categories of Advanced Practice Providers that have been approved by the Board shall be permitted to practice at the Hospital.

(2) Current listings of the specific categories of Advanced Practice Providers functioning in the Hospital are attached to this Policy in Appendix A. This Appendix may be modified or supplemented by action of the Board, after receiving the recommendation of the MEC, without the necessity of further amendment of this Policy.

2.C. ADDITIONAL POLICIES

The Board shall adopt a separate credentialing protocol for each category of Advanced Practice Provider that it approves to practice in the Hospital. These separate protocols shall supplement this Policy and shall address the specific matters set forth in Section 3.B of this Policy.

ARTICLE 3

GUIDELINES FOR DETERMINING THE NEED FOR

NEW CATEGORIES OF ADVANCED PRACTICE PROVIDERS

3.A. DETERMINATION OF NEED

(1) Whenever an Advanced Practice Provider in a category that has not been approved by the Board requests permission to practice at the Hospital, the Board shall refer the matter to the WakeMed Credentials Committee or appoint an ad hoc committee to evaluate the need for that particular category of Advanced Practice Provider and to make a recommendation to the MEC for its review and recommendation and then to the Board for final action.

(2) As part of the process of determining need, the Advanced Practice Provider shall be invited to submit information about the nature of the proposed practice, why Hospital access is sought, and the potential benefits to the community by having such services available at the Hospital.

(3) The WakeMed Credentials Committee or ad hoc committee may consider the following factors when making a recommendation to the MEC and the Board as to the need for the services of this category of Advanced Practice Providers:

(a) the nature of the services that would be offered;

(b) any state license or regulation which outlines the scope of practice that the Advanced Practice Provider is authorized by law to perform;

(c) any state "non-discrimination" or "any willing provider" laws that would apply to the Advanced Practice Provider;

(d) the business and patient care objectives of the Hospital, including patient convenience;

(e) the community's needs and whether those needs are currently being met or could be better met if the services offered by the Advanced Practice Provider were provided at the Hospital;

(f) the type of training that is necessary to perform the services that would be offered and whether there are individuals with more training currently providing those services;

(g) the availability of supplies, equipment, and other necessary Hospital resources;

(h) the need for, and availability of, trained staff to support the services that would be offered; and

(i) the ability to appropriately supervise performance and monitor quality of care.

3.B. DEVELOPMENT OF POLICY

(1) If the WakeMed Credentials Committee or ad hoc committee determines that there is a need for the particular category of Advanced Practice Provider at the Hospital, the committee shall recommend to the MEC and the Board a separate policy for the pertinent type of practitioner that addresses:

(a) any specific qualifications and/or training that they must possess beyond those set forth in this Policy;

(b) a detailed description of their authorized scope of practice or clinical privileges;

(c) any specific conditions that apply to their functioning within the Hospital beyond those set forth in this Policy; and

(d) any supervision requirements, if applicable.

(2) In developing such policies, the WakeMed Credentials Committee or ad hoc committee shall consult the appropriate department chair(s) and consider relevant state law and may contact applicable professional societies or associations. The committee may also recommend to the Board the number of Advanced Practice Providers that are needed in a particular category.

ARTICLE 4

QUALIFICATIONS, CONDITIONS, AND RESPONSIBILITIES

4.A. QUALIFICATIONS

4.A.1. Eligibility Criteria:

To be eligible to apply for initial and continued permission to practice at the Hospital, Advanced Practice Providers must:

(a) have, and maintain on a continuous basis, a current, unrestricted license, certification, and/or registration to practice in North Carolina that is not subject to probation and have never had a license, certification, or registration to practice revoked, denied, or suspended by any state licensing agency;

(b) where applicable to their practice, have a current, unrestricted DEA registration;

(c) be available on a continuous basis, either personally or by arranging appropriate coverage when unavailable, to respond to the needs of patients in a prompt, efficient, and conscientious manner. ("Appropriate coverage" means coverage by another individual with appropriate specialty-specific privileges as determined by the WakeMed Credentials Committee.) Compliance with this eligibility requirement means that the practitioner must document and certify that he or she is willing and able to:

(1) respond within 15 minutes, via phone, to an initial contact from the Hospital; and

(2) appear in person to attend to a patient within 45 minutes of being requested to do so, unless the clinicians involved have determined that another time frame is acceptable (or more quickly based upon (i) the acute nature of the patient's condition or (ii) as required for a particular specialty as recommended by the MEC and approved by the Board);

(d) have current, valid professional liability insurance coverage in such form and in amounts satisfactory to the Board;

(e) have never been convicted of, or entered a plea of guilty or no contest to, Medicare, Medicaid, or other federal or state governmental or private third-party payer fraud or program abuse, nor have been required to pay civil monetary penalties for the same;

(f) have never been, and are not currently, excluded, precluded, or debarred from participation in Medicare, Medicaid, or other federal or state governmental health care program;

(g) have never had clinical privileges or scope of practice denied, revoked, suspended, or terminated by any health care facility or health plan for reasons related to clinical competence or professional conduct;

(h) have never relinquished or resigned affiliation, clinical privileges, or a scope of practice during an investigation or in exchange for not conducting such an investigation;

(i) have never been convicted of, or entered a plea of guilty or no contest to, any felony; or to any misdemeanor relating to controlled substances, illegal drugs, insurance or health care fraud or abuse, child abuse, elder abuse, or violence;

(j) maintain continuous enrollment in the Medicare and Medicaid programs in the Hospital setting;

(k) satisfy all additional eligibility qualifications relating to their specific area of practice that may be established by the Hospital;

(l) document compliance with all applicable training and educational protocols or orientation requirements that may be adopted by the MEC or required by the Board, including, but not limited to, those involving electronic medical records, computerized physician order entry ("CPOE"), the privacy and security of protected health information, infection control, and patient safety;

(m) document compliance with any health screening requirements (i.e., TB testing, mandatory flu vaccines, and infectious agent exposures); and

(n) provide evidence of an appropriate relationship with a physician who is appointed to the Medical Staff (the "Supervising Physician") in each of the specialty areas in which they practice.

4.A.2. Waiver of Eligibility Criteria:

(a) Any applicant who does not satisfy one or more of the threshold eligibility criteria outlined above may request that it be waived. The applicant requesting the waiver bears the burden of demonstrating (i) that he or she is otherwise qualified, and (ii) exceptional circumstances exist (e.g., when there is a demonstrated Hospital or Medical Staff need for the services in question). Exceptional circumstances generally do not include situations where a waiver is sought for the convenience of an applicant.

(b) In reviewing the request for a waiver, the WakeMed Credentials Committee may consider the specific qualifications of the individual in question, input from the relevant department chair, and the best interests of the Hospital and the communities it serves. Additionally, the WakeMed Credentials Committee may, in its discretion, consider the application form and other information supplied by the applicant. The WakeMed Credentials Committee's recommendation will be forwarded to the MEC. Any recommendation to grant a waiver must include the specific basis for the recommendation.

(c) The MEC will review the recommendation of the WakeMed Credentials Committee and make a recommendation to the Board regarding whether to grant or deny the request

for a waiver. Any recommendation to grant a waiver must include the specific basis for the recommendation.

(d) No individual is entitled to a waiver or to a hearing if the MEC recommends and/or the Board determines not to grant a waiver. A determination that an individual is not entitled to a waiver is not a "denial" of permission to practice or clinical privileges. Rather, that individual is ineligible to request permission to practice or clinical privileges. A determination of ineligibility is not a matter that is reportable to either the state board or the National Practitioner Data Bank.

(e) The granting of a waiver in a particular case does not set a precedent for any other individual or group of individuals.

(f) If a waiver is granted that does not specifically include a time limitation, the waiver is considered to be permanent and the individual does not have to request a waiver at subsequent recredentialing cycles.

4.A.3. Factors for Evaluation:

The six ACGME general competencies (patient care, medical knowledge, professionalism, system-based practice, practice-based learning, and interpersonal communications) will be evaluated as applicable, as part of a request for permission to practice, as reflected in the following factors:

(a) relevant training, experience, and demonstrated current competence, including medical/clinical knowledge, technical and clinical skills, clinical judgment, and an understanding of the contexts and systems within which care is provided;

(b) adherence to the ethics of their profession, continuous professional development, an understanding of and sensitivity to diversity, and responsible attitude toward patients, families, and their profession;

(c) ability to safely and competently perform the clinical privileges requested;

(d) good reputation and character;

(e) ability to work harmoniously with others, including, but not limited to, interpersonal and communication skills sufficient to enable them to maintain professional relationships with patients, families, and other members of health care teams; and

(f) recognition of the importance of, and willingness to support, the Hospital's and Medical Staff's commitment to quality care and a recognition that interpersonal skills and collegiality are essential to the provision of quality patient care.

4.A.4. No Entitlement to Medical Staff Appointment:

Advanced Practice Providers shall not be appointed to the Medical Staff or entitled to the rights, privileges, and/or prerogatives of Medical Staff appointment.

4.A.5. Non-Discrimination Policy:

No individual shall be denied permission to practice at the Hospital on the basis of national origin, race, gender, religion, sexual orientation, or physical or mental impairment that does not pose a direct threat to the health or safety of patients or others.

4.B. GENERAL CONDITIONS OF PRACTICE

4.B.1. Assumption of Duties and Responsibilities:

As a condition of permission to practice at the Hospital, all Advanced Practice Providers shall specifically agree to the following:

(a) to provide continuous and timely quality care to all patients in the Hospital for whom the individual has responsibility;

(b) to abide by all bylaws, rules and regulations, and policies of the Medical Staff and Hospital;

(c) to accept committee assignments and such other reasonable duties and responsibilities as may be assigned;

(d) to maintain and monitor a current e-mail address with Medical Staff Services, which will be the primary mechanism used to communicate all relevant information to the individual;

(e) to provide valid contact information in order to facilitate practitioner-to-practitioner communication, including, at least, a mobile phone number, valid answering service information, and/or other communication mechanism mandated by the MEC;

(f) to inform Medical Staff Services, in writing, as soon as possible but in all cases within 10 days, of any change in the practitioner's status or any change in the information provided on the practitioner's application form. This information will be provided with or without request, and will include, but not be limited to:

- changes in phone number and/or address;
- changes in licensure or certification status, DEA controlled substance authorization, or professional liability insurance coverage;
- adverse changes in professional liability insurance coverage;
- claims made, the filing of a professional liability lawsuit against the practitioner, and the disposition of any settlements;
- changes in the practitioner's status at any other hospital or health care entity as a result of peer review activities;

- changes in the practitioner's employment status at any medical group or hospital as a result of issues related to clinical competence or professional conduct;
- knowledge of a criminal investigation involving the practitioner, arrest, charge, indictment, conviction, or a plea of guilty or no contest in any criminal matter;
- exclusion or preclusion from participation in Medicare/Medicaid, Tricare, or any other payor, or any sanctions imposed;
- any changes in the practitioner's ability to safely and competently exercise clinical privileges or to perform the duties and responsibilities of permission to practice because of health status issues, including, but not limited to, a physical, mental, or emotional condition that could adversely affect the practitioner's ability to practice safely and competently, or impairment due to addiction, alcohol use, or other similar issue (all of which shall be referred for review under the Practitioner Health Policy);
- any referral to a state board health-related program; and
- any charge of, or arrest for, driving under the influence ("DUI") (which shall be referred for review under the Practitioner Health Policy);

(g) to immediately submit to an appropriate evaluation, which may include diagnostic testing (including, but not limited to, blood and/or urine test) and/or a complete physical, mental, and/or behavioral evaluation, if at least two Medical Staff Leaders (or one Medical Staff Leader and one member of the Administrative Team) are concerned with the individual's ability to safely and competently care for patients and request such testing and/or evaluation. The health care professional(s) to perform the testing and/or evaluations will be determined by the Medical Staff Leaders, and the Advanced Practice Provider will execute all appropriate releases to permit the sharing of information with the Medical Staff Leaders;

(h) to appear for personal or phone interviews in regard to an application for permission to practice as may be requested;

(i) to refrain from illegal fee splitting or other illegal inducements relating to patient referral;

(j) to refrain from assuming responsibility for diagnosis or care of hospitalized patients for which they are not qualified or without adequate supervision;

(k) to refrain from deceiving patients as to the individual's status as an Advanced Practice Provider and to always wear proper Hospital identification of his or her name and status;

(l) to seek consultation when appropriate;

(m) to participate in the performance improvement and quality monitoring activities of the Hospital;

(n) to complete, in a timely and legible manner, the medical and other required records, containing all information required by the Hospital, and to utilize the electronic medical record as required;

(o) to cooperate with all utilization oversight activities;

(p) to perform all services and conduct himself or herself at all times in a cooperative and professional manner;

(q) to satisfy applicable continuing education requirements as required by the relevant licensure board;

(r) to pay any applicable application fees, assessments, and/or fines;

(s) to strictly comply with the standards of practice applicable to the functioning of Advanced Practice Providers in the inpatient hospital setting, as set forth in Section 6.A of this Policy;

(t) to constructively participate in the development, review, and revision of clinical practice and evidence-based medicine protocols pertinent to his or her specialty (including those related to national patient safety initiatives and core measures), and to comply with all such protocols and pathways;

(u) to meet with Medical Staff Leaders and/or Administrative Team upon request, to provide information regarding professional qualifications upon written request, and to participate in collegial efforts as may be requested;

(v) to comply with all applicable training and educational protocols as well as orientation requirements that may be adopted by the MEC or required by the Board, including, but not limited to, those involving electronic medical records, computerized physician order entry ("CPOE"), the privacy and security of protected health information, infection control, and patient safety; and

(w) that, if there is any misstatement in, or omission from, the application, the Hospital may stop processing the application (or, if permission to practice has been granted prior to the discovery of a misstatement or omission, the permission may be deemed to be automatically relinquished). In either situation, there shall be no entitlement to the procedural rights provided in this Policy. The individual will be informed in writing of the nature of the misstatement or omission and permitted to provide a written response for consideration by the CQO. If the determination is made to not process an application or that appointment and privileges should be automatically relinquished pursuant to this provision, the individual may not reapply for a period of at least two years.

4.B.2. Burden of Providing Information:

(a) Advanced Practice Providers seeking permission to practice or renewal of permission to practice shall have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, character, ethics, and other qualifications, and for resolving any doubts about such qualifications.

(b) Advanced Practice Providers seeking permission or renewal of permission to practice have the burden of providing evidence that all the statements made and information given on the application are accurate.

(c) Complete Application: An application shall be complete when all questions on the application form have been answered, all supporting documentation has been supplied, all information has been verified from primary sources, and all application fees and applicable fines have been paid. An application shall become incomplete if the need arises for new, additional, or clarifying information at any time during the credentialing process. Any application that continues to be incomplete 30 days after the individual has been notified of the additional information required shall be deemed to be withdrawn.

(d) It is the responsibility of the individual seeking permission to practice or renewal of permission to practice to provide a complete application, including adequate responses from references. An incomplete application will not be processed.

4.C. APPLICATION

4.C.1. Information:

(a) The application forms for both initial and renewed permission to practice as an Advanced Practice Provider shall require detailed information concerning the applicant's professional qualifications. The Advanced Practice Provider application forms existing now and as may be revised are incorporated by reference and made a part of this Policy.

(b) In addition to other information, the applications shall seek the following:

(1) information as to whether the applicant's clinical privileges, scope of practice, permission to practice, and/or affiliation has ever been voluntarily or involuntarily relinquished, withdrawn, denied, revoked, suspended, reduced, subjected to probationary or other conditions, limited, terminated, or not renewed at any hospital, health care facility, or other organization, or is currently being investigated or challenged;

(2) information as to whether the applicant's license or certification to practice any profession in any state, DEA registration, or any state controlled substance license (if applicable) is or has ever been voluntarily or involuntarily relinquished, suspended, modified, terminated, restricted, or is currently being investigated or challenged;

(3) information concerning the applicant's professional liability litigation experience and/or any professional misconduct proceedings involving the applicant, in this state or any other state, whether such proceedings are closed or still pending, including the substance of the allegations of such proceedings or actions, the substance of the findings of such proceedings or actions, the ultimate disposition of any such proceedings or actions that have been closed, and any additional information concerning such proceedings or actions as the WakeMed Credentials Committee, MEC or Board may deem appropriate;

(4) current information regarding the applicant's ability to perform, safely and competently, the clinical privileges requested and the duties of Advanced Practice Providers; and

(5) a copy of government-issued photo identification.

(c) The applicant shall sign the application and certify that he or she is able to perform the clinical privileges requested and the responsibilities of Advanced Practice Providers.

4.C.2. Grant of Immunity and Authorization to Obtain/Release Information:

By requesting an application and/or applying for permission to practice, the individual expressly accepts the following conditions:

(a) Immunity:

The individual releases from any and all liability, extends immunity to, and agrees not to sue the Hospital or the Board, any member of the Medical Staff or the Board, their authorized representatives, and third parties who provide information for any matter relating to permission to practice, clinical privileges, or the individual's qualifications for the same. This immunity covers any actions, recommendations, communications, and/or disclosures involving the individual that are made or taken by the Hospital, its authorized agents, or third parties in the course of credentialing and peer review activities. This immunity also extends to any reports that are made to government regulatory and licensure boards or agencies pursuant to federal or state law.

(b) Authorization to Obtain Information from Third Parties:

The individual specifically authorizes the Hospital, Medical Staff Leaders, and their authorized representatives (1) to consult with any third party who may have information bearing on the individual's professional qualifications, credentials, clinical competence, character, ability to perform safely and competently, ethics, behavior, or any other matter reasonably having a bearing on his or her qualifications for initial and continued permission to practice at the Hospital, and (2) to obtain any and all communications, reports, records, statements, documents, recommendations, or disclosures of third parties that may be relevant to such questions. The individual also specifically authorizes third parties to release this information to the Hospital and its authorized representatives upon request. Further, the individual agrees to sign

necessary consent forms to permit a consumer reporting agency to conduct a criminal background check on the individual and report the results to the Hospital.

(c) Authorization to Release Information to Third Parties:

The individual also authorizes Hospital representatives to release information to (i) the Supervising Physician, (ii) other hospitals, health care facilities, managed care organizations, and their agents when information is requested in order to evaluate his or her professional qualifications for permission to practice, clinical privileges, scope of practice, and/or participation at the requesting organization/facility, and (iii) government regulatory and licensure boards or agencies pursuant to federal or state law.

(d) Authorization to Share Information among WakeMed Health System Entities:

The individual specifically authorizes WakeMed Entities (as defined below) to share with one another any information maintained in any format (verbal, written, or electronic) that involves the evaluation of the quality and efficiency of services ordered or performed by Practitioners, their professional qualifications, competence, conduct, health, experience, or patient care practices. This information and documentation may be shared at any time, including, but not limited to, any initial evaluation of an individual's qualifications, any periodic reassessment of those qualifications, or when a question is raised about the individual.

For purposes of this Section, a WakeMed Entity means:

(1) any entity which:

(i) directly or indirectly, through one or more intermediaries, is controlled by WakeMed; and

(ii) has a formal peer review/professional practice evaluation process and an established peer review committee, as evidenced by internal bylaws or policy.

Entities that are "controlled by WakeMed" for purposes of this definition include, but are not limited to, the following entities, as well as those individuals, committees, and boards who act on their behalf:

- WakeMed and its Hospitals;
- WakeMed Ambulatory Surgery Centers;
- Wake Specialty Physicians, LLC and its controlled affiliates ("WMSP");
- any joint ventures in which WakeMed has an interest of 50 percent or more; and
- any entity that is managed, via a written management services agreement, by one of the entities described in this subsection (1); and

(2) any entity or physician group not included in subsection (1) that provides patient care services and that:

(i) has a formal peer review/professional practice evaluation process and an established peer review committee, as evidenced by internal bylaws or policy; and

(ii) has appropriate information sharing provisions consistent with the WakeMed Information Sharing Policy in a professional services contract or separate agreement with WakeMed or a WakeMed Entity identified in subsection (1).

(e) Authorization to Share Information with Collaboratives:

The individual specifically authorizes WakeMed to share credentialing, peer review, and other information and documentation pertaining to the individual's clinical competence, professional conduct and health with entities with which WakeMed has a formal collaborative arrangement for the provision of clinical care (e.g., the Duke Collaborative). This information and documentation may be shared at any time, including, but not limited to, any initial evaluation of an individual's qualifications, any periodic reassessment of those qualifications, or when a question is raised about the individual.

(f) Procedural Rights:

The Advanced Practice Provider agrees that the procedural rights set forth in this Policy are the sole and exclusive remedy with respect to any professional review action taken by the Hospital.

(g) Legal Actions:

If, despite this Section, an individual institutes legal action challenging any credentialing, privileging, peer review, or other action affecting permission to practice, clinical privileges, or scope of practice, or any report that may be made to a regulatory board or agency, and does not prevail, he or she shall reimburse the Hospital and any member of the Medical Staff or Board involved in the action for all costs incurred in defending such legal action, including reasonable attorney's fees, expert witness fees, and lost revenues.

(h) Scope of Section:

All of the provisions in this Section are applicable in the following situations:

(1) whether or not permission to practice or clinical privileges is granted;

(2) throughout the term of any affiliation with the Hospital and thereafter;

(3) should permission to practice or clinical privileges be denied, revoked, reduced, restricted, suspended, and/or otherwise affected as part of the Hospital's professional review activities;

(4) as applicable, to any third-party inquiries received after the individual leaves the Hospital about his or her tenure as a member of the Advanced Practice Provider Staff; and

(5) as applicable, to any reports that may be made to government regulatory and licensing boards or agencies pursuant to federal or state law.

ARTICLE 5

CREDENTIALING PROCEDURE

5.A. PROCESSING OF INITIAL APPLICATION TO PRACTICE

5.A.1. Request for Application:

(a) Any individual requesting an application for permission to practice at the Hospital shall be sent information that (i) outlines the threshold eligibility criteria for permission to practice outlined earlier in this Policy, (ii) outlines the applicable criteria for the clinical privileges being sought, and (iii) provides access to the application form.

(b) An Advanced Practice Provider who is in a category of practitioners that has not been approved by the Board to practice at the Hospital shall be ineligible to receive an application. A determination of ineligibility does not entitle an Advanced Practice Provider to the procedural rights outlined in Article 8 of this Policy.

5.A.2. Initial Review of Application:

(a) A completed application form with copies of all required documents must be returned to Medical Staff Services accompanied by any required application fee.

(b) As a preliminary step, the application will be reviewed by Medical Staff Services to determine that all questions have been answered and that the individual satisfies all threshold criteria. Individuals who fail to return completed applications or fail to meet the eligibility criteria set forth in Section 4.A.1 of this Policy will be notified that they are not eligible for permission to practice at the Hospital and that their application will not be processed. A determination of ineligibility does not entitle an Advanced Practice Provider to the procedural rights outlined in Article 8 of this Policy, and is not reportable to any state agency or to the National Practitioner Data Bank.

(c) Medical Staff Services shall oversee the process of gathering and verifying relevant information and confirming that all references and other information or materials deemed pertinent have been received. Once an application is complete, it shall be transmitted, along with all supporting documentation, to the applicable department chair.

5.A.3. Department Chair Procedure:

(a) Medical Staff Services shall transmit the complete application and all supporting materials to the appropriate department chair or the individual to whom the chair has assigned this responsibility. If an individual has applied to both WakeMed Raleigh and WakeMed Cary, the application shall be forwarded to both department chairs. Each chair shall prepare a written report (on a form provided by Medical Staff Services)

regarding whether the applicant has satisfied all of the qualifications for permission to practice and the clinical privileges requested.

(b) As part of the process of making this report, the department chair(s) has the right to meet with the applicant and the Supervising Physician to discuss any aspect of the application, qualifications, and requested clinical privileges. The department chair(s) may also confer with experts within the department and outside of the department in preparing the report (e.g., other physicians, relevant Hospital department heads, nurse managers).

(c) The department chair(s) shall be available to answer any questions that may be raised with respect to that individual's report and findings.

(d) In addition to review by the department chair, all individuals who are seeking permission to practice as advanced practice nurses shall also be evaluated by the Chief Nursing Officer.

5.A.4. WakeMed Credentials Committee Procedure:

(a) The WakeMed Credentials Committee shall review the reports from the appropriate department chair(s) and the Chief Nursing Officer (when applicable) and the information contained in references given by the applicant and from other available sources. The WakeMed Credentials Committee shall examine evidence of the applicant's character, professional competence, qualifications, prior behavior, and ethical standing and shall determine whether the applicant has established and satisfied all of the necessary qualifications for the clinical privileges requested.

(b) The WakeMed Credentials Committee may use the expertise of any individual on the Medical Staff or in the Hospital, or an outside consultant, if additional information is required regarding the applicant's qualifications. If the applicant has applied to both WakeMed Raleigh and WakeMed Cary, the department chair from each Hospital may be invited to meet with the WakeMed Credentials Committee to answer any questions raised by an individual department chair's report, or questions raised by the two department chair reports considered together by the Committee. The WakeMed Credentials Committee may also meet with the applicant and, if necessary, the Supervising Physician. The appropriate department chair(s) may participate in this interview.

(c) After determining that an applicant is otherwise qualified for permission to practice and privileges, the Chair of the WakeMed Credentials Committee, in consultation with the CMO, may require the applicant to undergo a physical, mental, and/or behavioral examination by a physician(s) satisfactory to the WakeMed Credentials Committee if there is any question about the applicant's ability to perform the privileges requested. The results of this examination shall be made available to the committee for its consideration. Failure of an applicant to undergo an examination within a reasonable time after being requested to do so in writing by the WakeMed Credentials Committee

shall be considered a voluntary withdrawal of the application and all processing of the application shall cease. The cost of the health assessment will be borne by the applicant.

(d) The WakeMed Credentials Committee may recommend specific conditions. These conditions may relate to behavior (e.g., personal code of conduct) or to clinical issues (e.g., general consultation requirements, appropriate documentation requirements, proctoring, completion of education requirements). The WakeMed Credentials Committee may also recommend that permission to practice be granted for a period of less than two years in order to permit closer monitoring of an individual's compliance with any conditions.

(e) The WakeMed Credentials Committee's recommendation will be forwarded to the MEC.

5.A.5. MEC Procedure:

(a) At its next meeting, after receipt of the written findings and recommendation of the WakeMed Credentials Committee, the MEC shall:

(1) adopt the findings and recommendations of the WakeMed Credentials Committee as its own; or

(2) refer the matter back to the WakeMed Credentials Committee for further consideration and responses to specific questions raised by the MEC; or

(3) set forth in its report and recommendation clear and convincing reasons, along with supporting information, for its disagreement with the WakeMed Credentials Committee's recommendation.

(b) If the MEC's recommendation is favorable to the applicant, the Committee shall forward its recommendation to the Board, through the CEO, including the findings and recommendation of the WakeMed Credentials Committee. The MEC's recommendation must specifically address the clinical privileges requested by the applicant, which may be qualified by any probationary or other conditions or restrictions relating to such clinical privileges.

(c) If the MEC's recommendation is unfavorable and would entitle the applicant to the procedural rights set forth in this Policy, the MEC shall forward its recommendation to the CEO, who shall notify the applicant of the recommendation and his or her procedural rights. The CEO shall then hold the MEC's recommendation until after the individual has completed or waived the procedural rights outlined in this Policy.

5.A.6. Board Action:

(a) Expedited Review: The Board may delegate to a committee, consisting of at least two Board members, action on applications if there has been a favorable recommendation from the WakeMed Credentials Committee and the MEC (or their designees) and there is no evidence of any of the following:

(1) a current or previously successful challenge to any license, certification, or registration;

(2) an involuntary termination, limitation, reduction, denial, or loss of permission to practice, clinical privileges, or scope of practice at any other hospital or other entity; or

(3) an unusual pattern of, or an excessive number of, professional liability actions resulting in a final judgment against the applicant.

Any decision reached by the Board committee to appoint and grant the clinical privileges requested shall be effective immediately and shall be forwarded to the Board for ratification at its next meeting.

(b) Full Board Review: When there has been no delegation to a Board committee, upon receipt of a recommendation that the applicant be granted permission to practice and clinical privileges requested, the Board may:

(1) grant the applicant permission to practice and clinical privileges as recommended; or

(2) refer the matter back to the WakeMed Credentials Committee or MEC or to another source inside or outside the Hospital for additional research or information; or

(3) reject or modify the recommendation.

(c) If the Board determines to reject a favorable recommendation, it should first discuss the matter with the Chair of the WakeMed Credentials Committee and the President of the Medical Staff. If the Board's determination remains unfavorable to the applicant, the CEO shall promptly send special notice to the applicant that the applicant is entitled to request the procedural rights as outlined in this Policy.

(d) Any final decision by the Board to grant, deny, revise, or revoke permission to practice and/or clinical privileges will be disseminated to appropriate individuals and, as required, reported to appropriate entities.

5.B. CLINICAL PRIVILEGES

5.B.1. General:

The clinical privileges recommended to the Board for Advanced Practice Providers will be based upon consideration of the following factors:

(a) education, relevant training, experience, and demonstrated current competence, including medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal and communication skills, and professionalism with patients, families and other members of the health care team and peer evaluations relating to the same;

(b) ability to perform the privileges requested competently and safely;

(c) information resulting from ongoing and focused professional practice evaluation and performance improvement activities, as applicable;

(d) adequate professional liability insurance coverage for the clinical privileges requested;

(e) the Hospital's available resources and personnel;

(f) any previously successful or currently pending challenges to any licensure or registration, or the voluntary or involuntary relinquishment of such licensure or registration;

(g) any information concerning professional review actions or voluntary or involuntary termination, limitation, reduction, or loss of appointment or clinical privileges at another hospital;

(h) practitioner-specific data as compared to aggregate data, when available;

(i) morbidity and mortality data, when available; and

(j) professional liability actions, especially any such actions that reflect an unusual pattern or excessive number of actions.

5.B.2. FPPE to Confirm Competence and Professionalism:

All new clinical privileges for Advanced Practice Providers, regardless of when they are granted (initial permission to practice, renewal of permission to practice, or at any time in between), will be subject to focused professional practice evaluation ("FPPE") in order to confirm competence. The FPPE process for these situations is outlined in the FPPE Policy to Confirm Practitioner Competence and Professionalism.

5.C. TEMPORARY CLINICAL PRIVILEGES

5.C.1. Request for Temporary Clinical Privileges:

(a) Applicants: Temporary privileges for an applicant for initial permission to practice may be granted by the CEO, upon recommendation of the President of the Medical Staff or the department chair, and the Chair of the WakeMed Credentials Committee, when an Advanced Practice Provider has submitted a completed application and the application is pending review by the MEC and the Board. Prior to temporary privileges being granted in this situation, the credentialing process must be complete, including, where applicable, verification of current licensure, relevant training or experience, current competence, ability to exercise the privileges requested, and compliance with criteria, and consideration of information from the National Practitioner Data Bank and from a criminal background check. In order to be eligible for temporary privileges, an individual must demonstrate that there are no current or previously successful challenges to his or her licensure or registration and that he or she has not been subject to involuntary

termination of membership, or involuntary limitation, reduction, denial, or loss of clinical privileges at another health care facility.

(b) Locum Tenens: The CEO, upon recommendation of the President of the Medical Staff or the relevant department chair, may grant temporary privileges to an Advanced Practice Provider serving as a locum tenens for an individual who is on vacation, attending an educational seminar, or ill, and/or otherwise needs coverage assistance for a period of time. Prior to temporary privileges being granted in this situation, the verification process must be complete, including, where applicable, verification of current licensure, relevant training or experience, current competence, ability to exercise the privileges requested, compliance with criteria, and consideration of information from the National Practitioner Data Bank and from a criminal background check. In order to be eligible for temporary privileges, an individual must demonstrate that there are no current or previously successful challenges to his or her licensure or registration and that he or she has not been subject to involuntary termination of membership, or involuntary limitation, reduction, denial, or loss of clinical privileges at another health care facility.

(c) Visiting: Temporary privileges may also be granted in other limited situations by the CEO, upon recommendation of the President of the Medical Staff, when there is an important patient care, treatment, or service need, under the following circumstances:

(1) the temporary privileges are needed (i) for the care of a specific patient; (ii) when a proctoring or consulting practitioner is needed, but is otherwise unavailable; or (iii) when necessary to prevent a lack or lapse of services in a needed specialty area;

(2) the following factors are considered and/or verified prior to the granting of temporary privileges: current North Carolina licensure, relevant training or experience, current competence (verification of good standing in the individual's most recent hospital affiliation), current professional liability coverage acceptable to the Hospital, existence of an appropriate Supervising Physician relationship with a member of the Medical Staff, and results of a query to the National Practitioner Data Bank, and from OIG queries; and

(3) the grant of clinical privileges in these situations will not exceed 60 days.

The verifications for such grants of privileges shall generally be accomplished in advance; however, in an emergency situation, where life-threatening circumstances exist, the verifications listed above may be completed immediately after the grant of privileges. In exceptional situations, this period of time may be extended in the discretion of the CEO and the President of the Medical Staff. Any individual currently granted permission to practice in good standing at another WakeMed Hospital, with a grant of clinical privileges relevant to the request for visiting privileges, shall be immediately authorized to exercise a grant of visiting privileges upon the completion of a query to the National Practitioner Data Bank.

(d) Compliance with Bylaws and Policies: Prior to temporary privileges being granted, the individual must agree in writing to be bound by all applicable bylaws, rules and regulations, and policies, procedures, and protocols.

(e) Time Frames and Automatic Expiration: Temporary privileges will be granted for a specific period of time, not to exceed 120 days, and will expire at the end of the time period for which they are granted.

5.C.2. Withdrawal of Temporary Clinical Privileges:

The CEO, CMO, or CQO may withdraw temporary privileges for any reason, at any time, after consulting with the President of the Medical Staff, the Chair of the WakeMed Credentials Committee, or the department chair.

5.D. PROCESSING APPLICATIONS FOR RENEWAL TO PRACTICE

5.D.1. Submission of Application:

(a) The grant of permission to practice will be for a period not to exceed two years. A request to renew clinical privileges will be considered only upon submission of a completed renewal application.

(b) Approximately four months prior to the date of expiration of an Advanced Practice Provider's clinical privileges, Medical Staff Services will notify the individual of the date of expiration and provide the individual with a renewal application electronically. A completed renewal application must be returned to Medical Staff Services accompanied by any reapplication fee within 30 days.

(c) Individuals who submit applications in a timely manner shall have the renewal processing fee waived. For all other applications, renewal processing fees must be paid prior to the application being fully processed. In addition, failure to submit a complete application at least three months prior to the expiration of the individual's current term may result in automatic expiration of clinical privileges at the end of the then current term, unless the application can still be processed in the normal course, without extraordinary effort on the part of Medical Staff Services and the Medical Staff Leaders.

(d) Once an application for renewal of clinical privileges has been completed and submitted, it will be evaluated following the same procedures outlined in this Policy regarding initial applications.

5.D.2. Renewal Process for Advanced Practice Providers:

(a) The procedures pertaining to an initial request for clinical privileges, including eligibility criteria and factors for evaluation, will be applicable in processing requests for renewal for these practitioners.

(b) As part of the process for renewal of clinical privileges, the following factors will be considered:

(1) an assessment prepared by the applicable department chair;

(2) an assessment prepared by the Supervising Physician(s);

(3) an assessment prepared by a peer, if possible;

(4) an assessment prepared by the applicable Hospital supervisor (i.e., OR Supervisor, Nursing Supervisor), if possible;

(5) results of the Hospital's performance improvement and ongoing and focused professional practice evaluation activities, taking into consideration, when applicable, practitioner-specific information compared to aggregate information concerning other individuals in the same or similar specialty (provided that, other practitioners will not be identified);

(6) resolution of any verified complaints received from patients or staff; and

(7) any focused professional practice evaluations.

ARTICLE 6

CONDITIONS OF PRACTICE

6.A. STANDARDS OF PRACTICE FOR THE UTILIZATION OF ADVANCED PRACTICE PROVIDERS IN THE INPATIENT SETTING

(1) Advanced Practice Providers are permitted to function in the inpatient Hospital setting under the supervision and oversight of the Supervising Physician. As a condition of being granted permission to practice at the Hospital, all Advanced Practice Providers specifically agree to abide by the standards of practice set forth in this Section. In addition, as a condition of being permitted to utilize the services of Advanced Practice Providers in the Hospital, all Medical Staff members who serve as Supervising Physicians to such individuals also specifically agree to abide by the standards set forth in this Section.

(2) The following standards of practice apply to the functioning of Advanced Practice Providers in the inpatient Hospital setting:

(a) Exercise of Clinical Privileges. Advanced Practice Providers may exercise those clinical privileges as have been granted pursuant to their approved delineation of clinical privileges.

(b) Admitting Privileges. Advanced Practice Providers are not granted inpatient admitting privileges and therefore may not admit patients independent of the Supervising Physician. However, an Advanced Practice Provider is permitted to write inpatient admission orders on behalf of a Supervising Physician who has inpatient admitting privileges and may examine the patient, gather data, order tests, and generate other documentation to help facilitate the admission.

(c) Consultations on Hospitalized Inpatients. It shall be within the discretion of the Medical Staff member requesting the consultation whether an Advanced Practice Provider may respond to and independently perform a requested consultation. However, when contacted by the requesting Medical Staff member, the Supervising Physician (or his/her covering physician) must personally perform the requested consultation. The Advanced Practice Provider may examine the patient, gather data, order tests, and generate documentation to facilitate the consultation; however, the Supervising Physician must personally see the patient and perform the requested consultation in accordance with the time frames set forth in the Medical Staff Rules and Regulations.

(d) Emergency On-Call Coverage. Advanced Practice Providers may not independently participate in the emergency on-call roster (formally, or informally by agreement with their Supervising Physicians), in lieu of the Supervising Physician. It shall be within the discretion of the Emergency Department personnel requesting assistance whether it is appropriate to

contact an Advanced Practice Provider prior to contacting the Supervising Physician. However, when contacted by the Emergency Department, the Supervising Physician (or his/her covering physician) must personally respond to all calls in a timely manner, in accordance with requirements set forth in these Bylaws. Following discussion with the Emergency Department, the Supervising Physician may direct an Advanced Practice Provider to see the patient, gather data, order tests, and generate documentation for further review by the Supervising Physician. However, the Supervising Physician must still personally see the patient when requested by the Emergency Department physician.

(e) Calls Regarding Supervising Physician's Hospitalized Inpatients. It shall be within the discretion of the Hospital personnel requesting assistance whether it is appropriate to contact an Advanced Practice Provider or the Supervising Physician. Advanced Practice Providers may not independently respond to calls from the floor or special care units regarding hospitalized inpatients that were specifically directed to the Supervising Physician. The Supervising Physician must personally respond to all calls that have been specifically directed to him or her in a timely manner.

(f) Daily Inpatient Rounds for Attending Physicians. An Advanced Practice Provider is permitted to perform daily inpatient rounds; however, all inpatients must also be visited daily by the Supervising Physician (or a designated physician) either in person or via technology-enabled direct communication and evaluation (i.e., telemedicine) when mandated by a specific departmental or Hospital policy, and/or when clinically necessary on the basis of the patient's condition.

Exceptions to the above Standards of Practice may be granted by the MEC to a practitioner in a particular clinical situation, upon demonstration of good cause shown. When the MEC grants such an exception, the committee will follow the same process as set forth in Section 4.A.2 of this Policy.

6.B. OVERSIGHT BY SUPERVISING PHYSICIAN

(1) Any activities permitted to be performed at the Hospital by an Advanced Practice Provider shall be performed only under the supervision or direction of a Supervising Physician.

(2) Advanced Practice Providers may function in the Hospital only so long as they maintain an appropriate relationship with a Supervising Physician who is currently appointed to the Medical Staff. In addition, should the Medical Staff appointment or clinical privileges of the Supervising Physician be revoked or terminated, the Advanced Practice Provider's permission to practice at the Hospital and clinical privileges shall be automatically relinquished (unless the individual will be supervised by another approved physician on the Medical Staff).

(3) The Supervising Physician shall be kept apprised of issues related to clinical competence, performance, and/or professional conduct that involve any Advanced Practice Provider with whom the Supervising Physician has a supervisory relationship. Supervising Physicians will specifically be copied on all correspondence that an Advanced Practice Provider receives from Medical Staff leadership regarding the same.

6.C. QUESTIONS REGARDING AUTHORITY OF AN ADVANCED PRACTICE PROVIDER

(1) Should any Medical Staff member or Hospital employee who is licensed or certified by the state have any question regarding the clinical competence or authority of an Advanced Practice Provider, either to act or to issue instructions outside the physical presence of the Supervising Physician in a particular instance, the Medical Staff member or Hospital employee shall have the right to require that the Advanced Practice Provider's Supervising Physician validate, either at the time or later, the instructions of the Advanced Practice Provider. Any act or instruction of the Advanced Practice Provider shall be delayed until such time as the staff member or Hospital employee can be certain that the act is clearly within the scope of the Advanced Practice Provider's activities as permitted by the Board.

(2) Any question regarding the clinical practice or professional conduct of an Advanced Practice Provider shall be immediately reported to the President of the Medical Staff, the relevant department chair, the CMO, or the CQO, who shall undertake such action as may be appropriate under the circumstances. The individual to whom the concern has been reported may also discuss the matter with the Supervising Physician and the Supervising Physician will receive a copy of all correspondence provided to the Advanced Practice Provider regarding the same.

6.D. RESPONSIBILITIES OF SUPERVISING PHYSICIAN

(1) Physicians who wish to utilize the services of an Advanced Practice Provider in their clinical practice at the Hospital must notify Medical Staff Services of this fact in advance and must ensure that the individual has been appropriately credentialed in accordance with this Policy before the Advanced Practice Provider participates in any clinical or direct patient care of any kind in the Hospital.

(2) The Supervising Physician will remain responsible for all care provided by the Advanced Practice Provider in the Hospital.

(3) Supervising Physicians who wish to utilize the services of an Advanced Practice Provider in the inpatient setting specifically agree to abide by the standards of practice set forth in Section 6.A above.

(4) The number of Advanced Practice Providers acting under the supervision of one Supervising Physician, as well as the care they may provide, will be consistent with applicable state statutes and regulations and any other policies adopted by the Hospital. The Supervising Physician will make any appropriate filings with the relevant state board

regarding the supervision and responsibilities of the Advanced Practice Provider, to the extent that such filings are required.

(5) It will be the responsibility of the Supervising Physician to ensure that the Advanced Practice Provider maintains professional liability insurance in amounts required by the Board. The insurance must cover any and all activities of the Advanced Practice Provider in the Hospital. The Supervising Physician will furnish evidence of such coverage to the Hospital. The Advanced Practice Provider will act in the Hospital only while such coverage is in effect.

ARTICLE 7

QUESTIONS INVOLVING ADVANCED PRACTICE PROVIDERS

7.A. INITIAL COLLEGIAL LEADERSHIP EFFORTS AND PROGRESSIVE STEPS

(1) This Policy encourages the use of initial collegial leadership efforts and progressive steps by Medical Staff Leaders and the Administrative Team, in consultation with Supervising Physicians, to address questions relating to an individual's clinical practice, professional conduct, and/or health. The goal of these efforts is to arrive at voluntary, responsive actions by the individual to resolve questions that have been raised. Medical Staff Leaders and the Administrative Team have been authorized by the MEC, Leadership Council, and Committee for Professional Enhancement to engage in initial collegial leadership efforts and progressive steps and all of these activities are undertaken on behalf of these committees as part of their professional practice evaluation functions.

(2) Initial collegial leadership efforts include activities such as:

(a) informal mentoring, coaching, or counseling of the Advanced Practice Provider, and, if necessary, the Supervising Physician by a Medical Staff Leader (e.g., advising an individual of policies regarding appropriate behavior, communication issues, emergency call obligations, or the timely and adequate completion of medical records); and

(b) sharing comparative data, including any variations from clinical practice or evidence-based protocols or guidelines, in order to assist the individual with conforming his or her practice to appropriate norms.

There is no expectation that these efforts be documented, though documentation may be created in the discretion of the Medical Staff Leader and maintained in the individual's confidential file.

(3) Progressive steps are defined as follows:

(a) addressing minor performance issues through Informational Letters;

(b) sending an Educational Letter that describes opportunities for improvement and provides specific guidance and suggestions;

(c) facilitating a Formal Collegial Intervention (i.e., a planned, face-to-face meeting between an individual and one or more Medical Staff Leaders), which may also include the Supervising Physician, in order to directly discuss a matter and the steps needed to be taken to resolve it; and

(d) developing a Performance Improvement Plan, which may include a wide variety of tools and techniques that can result in a constructive and successful resolution of the concern.

All progressive steps shall be documented in a constructive manner and included in an individual's confidential file. Any written responses to any of these progressive steps by the individual shall also be included in the individual's confidential file.

(4) All of these efforts are fundamental and integral components of the Hospital's professional practice evaluation activities, and are confidential and protected in accordance with state law.

(5) Initial collegial leadership efforts and progressive steps are encouraged, but are not mandatory, and shall be within the discretion of the appropriate Medical Staff Leaders and the Administrative Team. When a question arises, the Medical Staff Leaders and/or the Administrative Team may:

(a) address it pursuant to the informal leadership efforts and progressive steps provisions of this Section;

(b) refer the matter for review in accordance with the Professional Practice Evaluation Policy, Professionalism Policy, Practitioner Health Policy, and/or other relevant policy; or

(c) refer it to the MEC for its review and consideration in accordance with Section 7.D of this Article.

(6) Should any recommendation be made or an action taken that entitles an Advanced Practice Provider to a hearing in accordance with this Policy, the individual is entitled to be accompanied by legal counsel at that hearing. However, Advanced Practice Providers do not have the right to be accompanied by counsel when the Medical Staff Leaders and the Administrative Team are engaged in initial collegial leadership efforts or other progressive steps. These efforts are intended to resolve issues in a constructive manner and do not involve the formal hearing process. In addition, there shall be no recording (audio or video) or transcript made of any meetings that involve informal leadership efforts or progressive steps activities.

7.B. PROFESSIONAL PRACTICE EVALUATION ACTIVITIES

Professional practice evaluation activities shall be conducted in accordance with the Professional Practice Evaluation Policy, Professionalism Policy, Practitioner Health Policy, and/or other relevant policy. Matters that are not satisfactorily resolved through initial collegial leadership efforts or other progressive steps, or through one of these policies, shall be referred to the MEC for its review in accordance with Section 7.D below. Such interventions and evaluations, however, are not mandatory prerequisites to MEC review.

7.C. ADMINISTRATIVE SUSPENSION

(1) The President of the Medical Staff, the relevant department chair, the Chair of the WakeMed Credentials Committee, the CQO, the CMO, the CEO, and the MEC will each have the authority to impose an administrative suspension of all or any portion of the clinical privileges of any Advanced Practice Provider whenever a question has been raised about such individual's clinical care or professional conduct.

(2) An administrative suspension will become effective immediately upon imposition, will immediately be reported in writing to the CEO, the President of the Medical Staff, the CMO, and the CQO and will remain in effect unless or until modified by the CEO or the MEC. The imposition of an administrative suspension does not entitle an Advanced Practice Provider to the procedural rights set forth in Article 8 of this Policy.

(3) Upon receipt of notice of the imposition of an administrative suspension, the CEO and President of the Medical Staff will promptly forward the matter to the MEC, which will review and consider the question(s) raised and thereafter make a recommendation to the Board.

7.D. INVESTIGATIONS

7.D.1. Initiation of Investigation:

When a question involving clinical competence or professional conduct of an Advanced Practice Provider is referred to, or raised by, the MEC, the MEC will review the matter and determine whether to conduct an investigation, to direct the matter to be handled pursuant to another policy, or to proceed in another manner.

7.D.2. Investigative Procedure:

(a) The MEC will either investigate the matter itself, request that the WakeMed Credentials Committee conduct the investigation, or appoint an ad hoc committee to conduct the investigation ("investigating committee"). The investigating committee will not include relatives or financial partners of the Advanced Practice Provider or, where applicable, the Advanced Practice Provider's Supervising Physician. Whenever the questions raised concern the clinical competence of the individual under review, the ad hoc committee shall include a peer of the individual (e.g., an Advanced Practice Provider in a similar discipline).

(b) The investigating committee will have the authority to review relevant documents and interview individuals. It will also have available to it the full resources of the Medical Staff and the Hospital. The investigating committee may also request written input from, or a meeting with, the Supervising Physician as part of the investigation process.

(c) The investigating committee will also have the authority to use outside consultants, if needed.

(d) The investigating committee may require a physical, mental, and/or behavioral examination of the individual by a health care professional(s) acceptable to it. The individual being investigated shall execute a release (in a form approved or provided by the investigating committee) allowing (i) the investigating committee (or its representative) to discuss with the health care professional(s) conducting the examination the reasons for the examination; and (ii) the health care professional(s) conducting the examination to discuss and provide documentation of the results of such examination directly to the investigating committee. The cost of such health examination shall be borne by the individual.

(e) The individual will have an opportunity to meet with the investigating committee before it makes its report. Prior to this meeting, the individual will be informed, in writing, of the general questions being investigated. The investigating committee may also ask the individual to provide written responses to specific questions related to the investigation and/or a written explanation of his or her perspective on the events that led to the investigation for review by the investigating committee prior to the meeting.

(f) At the meeting, the individual will be invited to discuss, explain, or refute the questions that gave rise to the investigation. No recording (audio or video) or transcript of the meeting shall be permitted or made. A summary of the interview will be prepared. This meeting is not a hearing, and none of the procedural rules for hearings will apply. The individual being investigated will not have the right to be accompanied by legal counsel at this meeting.

(g) The investigating committee will make a reasonable effort to complete the investigation and issue its report within 30 days of the commencement of the investigation, provided that an outside review is not necessary. When an outside review is necessary, the investigating committee will make a reasonable effort to complete the investigation and issue its report within 30 days of receiving the results of the outside review. These time frames are intended to serve only as guidelines.

(h) At the conclusion of the investigation, the investigating committee will prepare a report with its findings, conclusions, and recommendations.

7.D.3. Recommendation:

(a) The MEC may accept, modify, or reject any recommendation it receives from an investigating committee. Specifically, the MEC may:

(1) determine that no action is justified;

(2) issue a letter of guidance, counsel, warning, or reprimand;

(3) impose conditions for continued permission to practice;

(4) impose a requirement for monitoring, proctoring, or consultation;

(5) impose a requirement for additional training or education;

(6) recommend reduction of clinical privileges;

(7) recommend suspension of clinical privileges for a term;

(8) recommend revocation of clinical privileges; or

(9) make any other recommendation that it deems necessary or appropriate.

(b) A recommendation by the MEC that would entitle the individual to request a hearing will be forwarded to the CEO, who will promptly inform the individual by special notice. The CEO will hold the recommendation until after the individual has completed or waived a hearing and appeal.

(c) If the MEC makes a recommendation that does not entitle the individual to request a hearing, it will take effect immediately and will remain in effect unless modified by the Board.

7.E. AUTOMATIC RELINQUISHMENT/ACTIONS

(1) An Advanced Practice Provider's clinical privileges shall be automatically relinquished, without entitlement to the procedural rights outlined in this Policy, in the following circumstances:

(a) the Advanced Practice Provider no longer satisfies any of the threshold eligibility criteria set forth in Section 4.A.1 or any additional threshold credentialing qualifications set forth in the specific Hospital policy relating to his or her discipline;

(b) the Advanced Practice Provider is arrested, charged, indicted, convicted, or enters a plea of guilty or no contest to any felony; or to any misdemeanor involving (i) controlled substances; (ii) illegal drugs; (iii) Medicare, Medicaid, or insurance or health care fraud or abuse; (iv) child abuse; (v) elder abuse; or (vi) violence against another (DUIs will be reviewed in accordance with the Practitioner Health Policy);

(c) the Advanced Practice Provider fails to provide information pertaining to his or her qualifications for clinical privileges in response to a written request from the CEO, the CQO, the CMO, the WakeMed Credentials Committee, the Leadership Council, the Committee for Professional Enhancement, the MEC, or any other committee authorized to request such information;

(d) the Advanced Practice Provider fails to complete or comply with training or educational requirements that are adopted by the MEC or required by the Board, including, but not limited to, those pertinent to electronic medical records, computerized physician order entry ("CPOE"), the privacy and security of protected health information, infection control, patient safety, or general orientation requirements;

(e) the Advanced Practice Provider fails to attend a special meeting at the request of a Medical Staff Leader to discuss a concern with clinical practice or professional conduct, provided Special Notice of the meeting has been provided at least three days in advance;

(f) a determination is made that there is no longer a need for the services of a particular discipline or category of Advanced Practice Provider;

(g) an Advanced Practice Provider fails, for any reason, to maintain an appropriate relationship with a Supervising Physician as defined in this Policy; or

(h) any Advanced Practice Provider employed by the Hospital has his or her employment terminated.

(2) Requests for reinstatement.

(a) Requests for reinstatement following the expiration of a license/certification/registration, controlled substance authorization, and/or insurance coverage will be processed by Medical Staff Services. If any questions or concerns are noted, Medical Staff Services will refer the matter for further review in accordance with (b) below.

(b) All other requests for reinstatement will be reviewed by the Leadership Council. If the Leadership Council makes a favorable recommendation on reinstatement, the Advanced Practice Provider may immediately resume clinical practice at the Hospital. This determination will then be forwarded to the WakeMed Credentials Committee, the MEC, and the Board for ratification. If, however, any of these individuals has any questions or concerns, those questions will be noted and the reinstatement request will be forwarded to the full WakeMed Credentials Committee, MEC, and Board for review and recommendation.

7.F. LEAVE OF ABSENCE

(1) An Advanced Practice Provider may request a leave of absence by submitting a written request to Medical Staff Services. The request must state the beginning and ending dates of the leave, which shall not exceed one year, and the reasons for the leave.

(2) Except for maternity leaves, Advanced Practice Providers must report to the CQO anytime they are away from patient care responsibilities for longer than 30 days and the reason for such absence is related to their physical or mental health or otherwise to their ability to care for patients safely and competently. Under such circumstances, the CQO and/or CMO, in consultation with the President of the Medical Staff, may trigger an automatic medical leave of absence.

(3) Requests for reinstatement must be made at least 30 days prior to the conclusion of the leave of absence. Individuals requesting reinstatement must submit a written summary

of their professional activities during the leave, and any other information that may be requested by the Hospital. Requests for reinstatement will then be reviewed by the Leadership Council. If the Leadership Council makes a favorable recommendation on reinstatement, the Advanced Practice Provider may immediately resume practice. This determination will then be forwarded to the WakeMed Credentials Committee, the MEC, and the Board for ratification. If, however, any of the individuals reviewing the request has any questions or concerns, those questions will be noted and the reinstatement request will be forwarded to the full WakeMed Credentials Committee, MEC, and Board for review and recommendation. In the event the MEC determines to take action that would entitle the individual to the procedural rights set forth in Article 8, the individual will be given special notice.

(4) If the leave of absence was for health reasons (except for maternity leaves), the request for reinstatement must be accompanied by a report from the individual's physician indicating that the individual is physically and/or mentally capable of resuming a hospital practice and safely exercising the clinical privileges requested and the reinstatement will be processed in accordance with the Practitioner Health Policy.

7.G. ACTION AT ANOTHER WAKEMED HOSPITAL

(1) Each WakeMed Hospital will share information regarding the implementation or occurrence of any of the following actions with all other WakeMed Hospitals at which an individual maintains Medical Staff appointment, clinical privileges, or any other permission to care for patients:

(a) **automatic relinquishment or resignation** of appointment or clinical privileges for any reason set forth in the Credentials Policy or other Medical Staff policies (except for those relinquishments or resignations that result from incomplete medical records or the failure to provide requested information in a timely manner);

(b) **voluntary agreement to modify clinical privileges** or **to refrain from exercising** some or all clinical privileges for a period of time for reasons related to the individual's clinical competence, conduct or health;

(c) participation in a **Performance Improvement Plan** under the Professional Practice Evaluation Policy or Medical Staff Professionalism Policy;

(d) a grant of **conditional membership or privileges** (either at initial appointment or reappointment), or conditional continued membership or clinical privileges; and/or

(e) any **denial, suspension, revocation, or termination** of appointment and/or clinical privileges.

(2) Upon receipt of notice that any of the actions set forth in Paragraph (1) have occurred at any WakeMed Hospital, that action will either:

(a) automatically and immediately take effect at the WakeMed Hospital receiving the notice; or

(b) be cause for the WakeMed Hospital receiving the notice to determine that the individual no longer satisfies the eligibility criteria set forth in this Policy and has therefore automatically relinquished his or her appointment and privileges.

The automatic effectiveness of any such action, or an automatic relinquishment based on such action, will not entitle the individual to any additional procedural rights (including advance notice, additional peer review, formal investigation, hearing, or appeal) other than what occurred at the WakeMed Hospital taking the original action.

(3) The Board may waive the automatic effectiveness of an action or an automatic relinquishment at the receiving WakeMed Hospital based on a recommendation to do so from the MEC at that Hospital. However, the automatic effectiveness or relinquishment will continue until such time as a waiver has been granted and the practitioner has been notified in writing of such. Waivers are within the discretion of the Board and are final. They will be granted only as follows:

(a) based on a finding that the granting of a waiver will not affect patient safety, quality of care, or Hospital operations; and

(b) after a full review of the specific circumstances and any relevant documents (including peer review documents) from the WakeMed Hospital where the action first occurred. The burden is on the affected practitioner to provide evidence showing that a waiver is appropriate.

The denial of a waiver pursuant to this Section will not entitle the individual to any procedural rights, including advance notice, additional peer review, formal investigation, hearing, or appeal.

ARTICLE 8

PROCEDURAL RIGHTS FOR ADVANCED PRACTICE PROVIDERS

Advanced Practice Providers shall not be entitled to the hearing and appeals procedures set forth in the Medical Staff Credentials Policy. Any and all procedural rights to which these individuals are entitled are set forth in this Article.

8.A.1. Notice of Rights:

(a) An Advanced Practice Provider is entitled to request a hearing whenever the MEC makes one of the following recommendations on the basis of concerns related to clinical competence and/or professional conduct:

(1) denial of requested clinical privileges;

(2) revocation of clinical privileges;

(3) suspension of clinical privileges for more than 30 days (other than administrative suspension);

(4) mandatory concurring consultation requirement (i.e., the consultant must approve the course of treatment in advance); or

(5) denial of reinstatement from a leave of absence if the reasons relate to clinical competence or professional conduct.

(b) In the event that a recommendation set forth in (a) above is made, the individual will receive special notice of the recommendation. The special notice will include a general statement of the reasons for the recommendation and will advise the individual that he or she may request a hearing.

(c) The rights and procedures in this Section will also apply if the Board, without a prior adverse recommendation from the MEC, makes a recommendation not to grant clinical privileges or that the privileges previously granted be restricted, terminated, or not renewed. In this instance, all references in this Article to the MEC will be interpreted as a reference to the Board.

(d) If the Advanced Practice Provider wants to request a hearing, the request must be in writing, directed to the CEO, within 30 days after receipt of written notice of the adverse recommendation.

(e) The hearing will be convened as soon as is practical, but no sooner than 30 days after the notice of the hearing, unless an earlier hearing date has been specifically agreed to by the parties.

8.A.2. Hearing Committee:

(a) If a request for a hearing is made in a timely manner, the CEO, in conjunction with the President of the Medical Staff, shall appoint a Hearing Committee composed of up to three individuals (including, but not limited to, individuals appointed to the Medical Staff, Advanced Practice Providers, Hospital management, individuals not connected to the Hospital, or any combination of these individuals) and a Presiding Officer, who may be legal counsel to the Hospital. The Hearing Committee shall not include anyone who previously participated in the recommendation, any relatives or practice partners of the Advanced Practice Provider, or any competitors of the affected individual.

(b) As an alternative to the Hearing Committee described in paragraph (a) of this Section, the CEO, in conjunction with the President of the Medical Staff, may instead appoint a Hearing Officer to perform the functions that would otherwise be carried out by the Hearing Committee. The Hearing Officer shall preferably be an attorney at law. The Hearing Officer may not be in direct economic competition with the individual requesting the hearing and shall not act as a prosecuting officer or as an advocate to either side at the hearing. If the Hearing Officer is an attorney, he or she shall not represent clients who are in direct economic competition with the affected individual. In the event a Hearing Officer is appointed instead of a Hearing Committee, all references in this Article to the Hearing Committee shall be deemed to refer instead to the Hearing Officer, unless the context would clearly otherwise require.

(c) The hearing shall be convened as soon as is practical, but no sooner than 30 days after the notice of the hearing, unless an earlier hearing date has been specifically agreed to by the parties.

8.A.3. Hearing Process:

(a) A record of the hearing will be maintained by a stenographic reporter or by a recording of the proceedings. Copies of the transcript will be available at the individual's expense.

(b) The hearing will last no more than six hours, with each side being afforded approximately three hours to present its case, in terms of both direct and cross-examination of witnesses.

(c) At the hearing, a representative of the MEC will first present the reasons for the recommendation. The Advanced Practice Provider will be invited to present information to refute the reasons for the recommendation.

(d) Both parties will have the right to present witnesses. The Presiding Officer will permit reasonable questioning of such witnesses.

(e) The Advanced Practice Provider and the MEC may be represented at the hearing by legal counsel. However, while counsel may be present at the hearing, counsel will not call, examine, or cross-examine witnesses or present the case, nor will Hospital legal counsel present the case on behalf of the MEC.

(f) The Advanced Practice Provider will have the burden of demonstrating, by clear and convincing evidence, that the recommendation of the MEC was arbitrary, capricious, or not supported by substantial evidence. The quality of care provided to patients and the smooth operation of the Hospital will be the paramount considerations.

(g) The Advanced Practice Provider and the MEC will have the right to prepare a post-hearing memorandum for consideration by the Hearing Committee. The Presiding Officer will establish a reasonable schedule for the submission of such memo randa.

8.A.4. Hearing Committee Report:

(a) Within 20 days after the conclusion of the proceeding or submission of the post-hearing memoranda, whichever date is later, the Hearing Committee will prepare a written report and recommendation. The Hearing Committee will forward the report and recommendation, along with all supporting information, to the CEO. The CEO will send a copy of the written report and recommendation by special notice to the Advanced Practice Provider and to the MEC.

(b) Within ten days after notice of such recommendation, the Advanced Practice Provider and/or the MEC may make a written request for an appeal. The request must include a statement of the reasons, including specific facts, which justify an appeal.

(c) The grounds for appeal will be limited to an assertion that there was substantial failure to comply with this Policy during the hearing, so as to deny a fair hearing, and/or that the recommendation of the Hearing Committee was arbitrary, capricious, or not supported by substantial evidence.

(d) The request for an appeal will be delivered to the CEO by special notice.

(e) If a written request for appeal is not submitted timely, the appeal is deemed to be waived and the recommendation and supporting information will be forwarded to the Board for final action. If a timely request for appeal is submitted, the CEO will forward the report and recommendation, the supporting information and the request for appeal to the Board. The Chair of the Board will arrange for an appeal.

8.A.5. Appellate Review:

(a) An Appellate Review Committee appointed by the Chair of the Board will consider the record upon which the adverse recommendation was made. New or additional written information that is relevant and could not have been made available to the Hearing Committee may be considered at the discretion of the Appellate Review Committee. This review will be conducted within 30 days after receiving the request for appeal.

(b) The Advanced Practice Provider and the MEC will each have the right to present a written statement on appeal.

(c) At the sole discretion of the Appellate Review Committee, the Advanced Practice Provider and a representative of the MEC may also appear personally to discuss their position.

(d) Upon completion of the review, the Appellate Review Committee will provide a report and recommendation to the full Board for action. The Board will then make its final decision based upon the Board's ultimate legal responsibility to grant privileges and to authorize the performance of clinical activities at the Hospital.

(e) The Advanced Practice Provider will receive special notice of the Board's action. A copy of the Board's final action will also be sent to the MEC for information.

ARTICLE 9

HOSPITAL EMPLOYEES

(A) Except as provided below, the employment of an Advanced Practice Provider by the Hospital shall be governed by the Hospital's employment policies and manuals and the terms of the individual's employment relationship and/or written contract. To the extent that the Hospital's employment policies or manuals, or the terms of any applicable employment contract, conflict with this Policy, the employment policies, manuals and descriptions and terms of the individual's employment relationship and/or written contract shall apply.

(B) Except as noted in (A), Hospital-employed Advanced Practice Providers are bound by all of the same conditions and requirements in this Policy that apply to non-Hospital employed Advanced Practice Providers.

(C) A request for clinical privileges, on an initial basis or for renewal, submitted by an Advanced Practice Provider who is seeking employment or who is employed by the Hospital shall be processed in accordance with the terms of this Policy and the Medical Staff leadership shall determine whether the individual is qualified for the privileges requested. A report regarding each practitioner's qualifications shall then be made to Hospital management or Human Resources (as appropriate) to assist the Hospital in making employment decisions.

(D) If a concern about an employed Advanced Practice Provider's clinical competence or professional conduct originates with the Medical Staff, the concern may be reviewed and addressed in accordance with Articles 7 and 8 of this Policy, after which a report will be provided to Hospital management or Human Resources (as appropriate). This provision does not preclude Hospital management or Human Resources from addressing an issue in accordance with the Hospital's employment policies/manuals or in accordance with the terms of any applicable employment contract.

ARTICLE 10

AMENDMENTS

(A) Proposed amendments to this Policy shall be presented to the MECs of both WakeMed Raleigh and WakeMed Cary.

(B) This Policy may then be amended by a majority vote of the members of each MEC present and voting at any meeting of that Committee where a quorum exists. Notice of all proposed amendments shall be provided to each voting staff member of the Medical Staff at least 14 days prior to the MEC meeting, and any voting staff member may submit written comments to the MEC.

(C) If there is any disagreement between the MECs for the two Hospitals with respect to an amendment(s), a joint meeting shall be scheduled to discuss and resolve the disagreement.

(D) No amendment shall be effective unless and until it has been approved by both MECs.

ARTICLE 11

ADOPTION

This Policy is adopted and made effective upon approval of the Board, superseding and replacing any and all other Bylaws, Rules and Regulations of the Medical Staff or Hospital policies pertaining to the subject matter thereof.

WakeMed Raleigh

Adopted by the Medical Staff: February 3, 2019

Approved by the Board: March 5, 2019

WakeMed Cary

Adopted by the Medical Staff: February 3, 2019

Approved by the Board: March 5, 2019

APPENDIX A

Those individuals currently practicing as Advanced Practice Providers at WakeMed Raleigh are as follows:

Anesthesiology Assistants

Certified Nurse Midwives

Certified Registered Nurse Anesthetists

Nurse Practitioners

Certified Nurse Specialists

Physician Assistants

Those individuals currently practicing as Advanced Practice Providers at WakeMed Cary are as follows:

Anesthesiology Assistants

Certified Nurse Midwives

Certified Registered Nurse Anesthetists

Nurse Practitioners

Certified Nurse Specialists

Physician Assistants