QUALITY MANAGEMENT/MEDICAL AFFAIRS COMMITTEE MEETING

May 20, 2019

Updated: May 16, 2019, 1:20:25 PM
QUALITY MANAGEMENT/MEDICAL AFFAIRS COMMITTEE CONFERENCE CALL
Monday, May 20, 2019 – 5:30 PM – 6:00 PM
Dial-in#: 1-877-336-1831 - Pass-code: 5309184#

Mission
To improve the health and well-being of all people in the communities we serve.

Vision
Heritage Valley Health System will be a leader among community health systems nationally. We will provide exceptional health services across a seamless delivery system, built upon collaborative relationships connecting physicians, employees and the community. We will address both prevention and treatment of disease throughout the continuum of life.

Values
Ethical behavior, responsibility, compassion, collaboration, proficiency, service excellence

Strategic Imperatives
Quality/Safety/Customer Experience, Human Resources, Information Technology, Market Expansion/Community Health, and Fiscal Responsibility

2019 Board Goals
1. Continue to increase Board’s knowledge through education sessions from outside experts (where appropriate) focused on Quality/Safety/Customer Experience, Governance, Strategy, Informatics and other emerging trends.
2. Achieve a 2% to 3% operating margin and 2% operating revenue growth (including all subsidiaries) for fiscal year 2019 and 2020, maintain the current bond ratings (AA- Fitch & A2 – Moody’s) and continue to improve financial & operating performance by evaluating and making necessary programmatic changes to specific unfavorably performing service lines during calendar year 2019 and 2020, while maintaining commitment to the community.
3. Evaluate, monitor, measure and report action oriented results against Board selected benchmark standards of clinical quality, customer experience and patient centered care, which have been set for appropriateness and continued delivery of high quality care.
4. Aggressively explore and evaluate various strategic and integrated relationships and affiliations for clinical and operational program excellence, for the most appropriate vision and relationship for Heritage Valley Health System today and well into the future.

CALL TO ORDER (5:30 p.m.)

APPROVAL OF MINUTES: April 15, 2019 (posted)

MEDICAL STAFF REPORTS

• Medical Executive Committee Report
  o May 13, 2019 (to be posted)

• General Medical Staff Meeting Report
  o May 13, 2019 (to be posted)

OPEN DISCUSSION

NEXT SCHEDULED MEETING (Meeting – June 17, 2019)

ADJOURNMENT (6:00 p.m.)
Minutes

HERITAGE VALLEY HEALTH SYSTEM, INC.
VALLEY MEDICAL FACILITIES, INC.
QUALITY MANAGEMENT/MEDICAL AFFAIRS COMMITTEE MEETING
April 15, 2019
Via Teleconference

PARTICIPANTS

Directors: Scott Elste; Lynn George, PhD; Jeffrey Hein, MD; Karen Jerome-Zapadka, MD; Richard Kim, MD (Vice-Chair); Michael Malkowski, MD; Norm Mitry; Dennis Pegden, PhD; Rebecca Pounds, DDS (Chair); and Robert Schillo, MD

Staff: Craig Barr; Michael Cratty, MD, PhD; Linda Homyk, RN; Sharon Loftus, Esq.; and Patty Cone

UNABLE TO PARTICIPATE

Sridhar Tayur

CALL TO ORDER

The teleconference was called to order by Chair, Rebecca Pounds, DDS, at 5:32 p.m.

APPROVAL OF MINUTES

By motion made, seconded and carried, the minutes of the teleconference held March 18, 2019, were approved as recorded.

MEDICAL STAFF REPORTS

Dr. Hein referred to the Heritage Valley Beaver and Heritage Valley Sewickley Medical Executive Committees’ Report from the April 8, 2019 meeting (available online prior to the meeting). The items listed below were reviewed and approved by the Medical Executive Committees (MEC).

I. REQUEST FOR A MEDICAL STAFF BYLAWS WAIVER

Dr. Hein explained that since the Pennsylvania Department of Health denied the request to merge the Medical Staffs, the HVB Medical Executive Committee is recommending that Dr. Karen Jerome-Zapadka serve an additional year as HVB Medical Staff President in order to provide steady leadership at HVB until the newly elected physicians can gain knowledge and experience. Therefore, the HVB Medical Executive Committee is requesting a waiver for the Medical Staff Bylaws Article 9 “Officers of the Medical Staff and Departments” Section 9.1-5 A “Terms of Elected Office” which states:

The President of the Medical Staff shall serve a two (2) year term, commencing on the first day of the medical staff year following his/her election, and shall serve until the end of his/her term and until a successor is elected. The President of the Medical Staff is not eligible again for election as president until he/she has ceased to hold that office for a period of two (2) years.

By motion made, seconded and carried the Committee approved the HVB Medical Executive Committee’s request for a waiver to Article 9, Section 9.1-5 A of the Medical Staff Bylaws, allowing Dr. Jerome-Zapadka to serve as Medical Staff President for an additional year.
II. MEDICAL STAFF LEADERSHIP AND MEC AT-LARGE SLATE OF NOMINEES FOR MAY, 2019 GENERAL MEDICAL STAFF MEETING ELECTION

The slate of nominees for the May 13, 2019 election was included in the packet as information. The Committee will be notified of the election outcome.

III. LEAVE OF ABSENCE REQUEST

<table>
<thead>
<tr>
<th>NAME</th>
<th>CAMPUS</th>
<th>PRACTICE ASSOCIATION</th>
<th>DEPARTMENT/SPECIALTY</th>
<th>LEAVE OF ABSENCE DATES</th>
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<td>Yakish, Lori, CRNA</td>
<td>HVB, HVS &amp; HVSC</td>
<td>NorthStar Anesthesia of Pennsylvania, LLC</td>
<td>Anesthesia</td>
<td>4/2/19 – 5/20/19</td>
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</tbody>
</table>

Dr. Hein presented the request for a leave of absence.

*By motion made, seconded and carried, the request for Leave of Absence listed above was approved as presented.*

IV. COMMITTEE REPORTS

A. Credentials Committee

1. Emergency Department Privilege Update

The Emergency Medicine Privilege Form was revised effective February 21, 2019 to remove the requirement that physicians board-certified or board-eligible in Emergency Medicine must maintain ACLS and PALS certification to hold deep sedation privileges. All Emergency Medicine physicians completed the revised form. This is not a change in privileges for the physicians. This agenda item was presented as information.

2. Revised HVHS Wound Care and Hyperbaric Medicine Privilege Form

   *(Attachment 1, 4 pages)*

Dr. Hein presented the revised HVHS Wound Care and Hyperbaric Medicine Privilege Form. There were no questions or concerns.

*By motion made, seconded and carried, the revised HVHS Wound Care and Hyperbaric Medicine Privilege Form was approved as presented.*

3. Initial Appointments

<table>
<thead>
<tr>
<th>NAME</th>
<th>CAMPUS</th>
<th>PRACTICE ASSOCIATION &amp; COLLABORATIVE/ SUPERVISING PHYSICIAN (IF APPLICABLE)</th>
<th>DEPT/SPECIALTY</th>
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<td>Badr, Ahmed, MD</td>
<td>HVB &amp; HVS</td>
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No questions were raised regarding the applicants for Initial Appointment.

*By motion made, seconded and carried, the Initial Appointments were approved as presented.*

4. Miscellaneous Items

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<tr>
<th>NAME</th>
<th>CAMPUS</th>
<th>DEPT. / SPECIALTY</th>
<th>↓ IN PRIV</th>
<th>↑ IN PRIV.</th>
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<td>Borland, Tad, DPM</td>
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<td>ACLS &amp; PALS</td>
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No questions were raised regarding the above Miscellaneous Items.

*By motion made, seconded and carried, the above Miscellaneous Items were approved as presented.*

V. GME REPORTS

A. HERITAGE VALLEY FAMILY PRACTICE AND Podiatric Residency Programs
   
   April 4, 2019 Meeting Minutes (Attachment 2, 2 pages)

B. HVB & HVS Emergency Departments
   
   Excerpt from the April 2, 2019 Meeting:
   “No Resident issues identified for the month of March.”

The GME Reports are informational.
The meeting schedule has been revised and posted as information. Dr. Pounds noted that the annual grievance report will be presented at the June meeting.

No other items were discussed.

The next meeting is scheduled for Monday, May 20, 2019.

The meeting was adjourned.

Respectfully submitted,
Patty Cone
Director, Medical Staff Support Services
HERITAGE VALLEY HEALTH SYSTEM AFFILIATED FACILITIES
MEDICAL STAFF
CLINICAL PRIVILEGES DELINEATION FORM
Wound Care and Hyperbaric Medicine

NAME _____________________________________________

☐ Initial privileges (initial appointment)
☐ Renewal of privileges (reappointment)

Facility Codes:
Heritage Valley Beaver = HVB
Heritage Valley Sewickley = HVS
Heritage Valley Health System Surgery Center = HVHS SC

☐ HVB  ☐ HVS  ☐ HVHS SC

Applicant: Applicants have the responsibility of producing information deemed adequate by the Heritage Valley Health System and Medical Staff(s) for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges. For reappointment applicants, information about the competence and clinical activity may come from the Heritage Valley Health System Peer Review Committee.

Department Chair: Check the appropriate box for recommendation on the last page of this form and include your recommendation for focused professional practice evaluation. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Applicant Please Note:
• Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
• This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must adhere to Heritage Valley Health System’s organizational, regulatory, or accreditation requirements.

Basic Requirements for Wound Care:
1. Successful completion of an accredited residency in one of the following specialties:


   Or

2. Successful Completion of a hospital-affiliated formalized residency or clinical fellowship in Podiatry.

   And

Current certification and maintenance of specialty board certification per the Heritage Valley Medical Staff Bylaws.

Reappointments (Renewal of Privileges): Current demonstrated competence and an adequate volume of experience as established by the Heritage Valley Medical Executive Committee(s) with acceptable results reflective of the scope of privileges requested for the past 24 months based on results of Heritage Valley Peer Review Committee Ongoing Professional Practice Evaluation (OPPE) and outcomes. Completion of six (6) hours of AMA Category 1 CME in wound care in the past 24 months.
HERITAGE VALLEY HEALTH SYSTEM AFFILIATED FACILITIES
MEDICAL STAFF
CLINICAL PRIVILEGES DELINEATION FORM

Wound Care and Hyperbaric Medicine

NAME ____________________________________________

And

Evidence of current physical and mental ability to perform privileges requested is required.

Basic Requirements for Hyperbaric Medicine

Clinical Privileges to practice Hyperbaric Medicine may be granted to Medical Doctors or Doctors of Osteopathy that meet the above “Basic Requirements for Wound Care” and the following additional qualifications:

Completion of 40 hours of AMA category I CME in an Undersea and Hyperbaric Medical Society (UHMS) or American College of Hyperbaric Medicine-approved introductory course to Hyperbaric Medicine. The applicant must submit documentation of 40 hours of HBOT training.

And/Or

Successful completion of an ACGME-accredited undersea and hyperbaric medicine fellowship program or the equivalent in training and experience.

And/Or

Current subspecialty certification or active participation in the examination process with achievement of certification within 5 years leading to subspecialty certification in undersea and hyperbaric medicine by the American Board of Emergency Medicine or the American Board of Preventive Medicine.

Required current experience: Hyperbaric medicine/HBOT services reflective of the scope of privileges requested for at least 12 treatments during the past 12 months or completion of hyperbaric medicine training within the past 12 months.

Renewal of privileges: To be eligible to renew privileges in hyperbaric medicine, the applicant must meet the following criteria:

Current demonstrated competence and an adequate volume of experience (24 treatments) with acceptable results reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

And

The completion of 12 hours of AMA category I CME in Hyperbaric Medicine.

And

Evidence of current physical and mental ability to perform privileges requested is required.
HERITAGE VALLEY HEALTH SYSTEM AFFILIATED FACILITIES
MEDICAL STAFF
CLINICAL PRIVILEGES DELINEATION FORM
Wound Care and Hyperbaric Medicine

NAME

Exclusive Contract

If any privileges listed below are covered by an exclusive contract between the Heritage Valley Health System and selected practitioners, those practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience.

Core Competency for Wound Care:

☐ Evaluate, diagnose, treat, and provide consultation to adult patients with chronic nonhealing wounds. (Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative care services.) Preliminary review of diagnostic testing (including, but not limited to, laboratory, and radiology studies). Perform problem focused history and physicals for outpatient consultations. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

Core procedures list. It is assumed that all practitioners in wound care have experience with the core procedures listed below.

To the applicant: If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date. All procedures may be subject to monitoring and review in accordance with Heritage Valley Medical Staff Policy, Bylaws, and Peer Review.

- Debridement of wounds via the following modalities
  - Sharp
  - Enzymatic
  - Autolytic
  - Mechanical
  - Ultrasonic
- Application of skin-substitutes/tissue-engineered tissues
- Performance of simple skin biopsy
- Local anesthetic techniques
- Incision and drainage of abscesses
- Excision of skin and subcutaneous tumors, nodules, and lumps
- Application of simple and advanced wound dressings
- Use of compression for edema control
- Management of burns, superficial and partial thickness
- Wound culture techniques
- Suturing

Core Competency for Hyperbaric Medicine (MDs & DOs only):

☐ Supervision of HBO treatments for one or more of the following approved diagnoses:
  - Diabetic Foot Ulcers
  - Chronic Refractory Osteomyelitis
  - Soft Tissue Radionecrosis
  - Osteoradionecrosis
  - Vascular Insufficiency
  - Failed Flap or Graft
  - Sentinel and Hearing Loss

Other Procedures:

☐ Transcutaneous oxygen monitoring result interpretation (must show evidence of training)
HERITAGE VALLEY HEALTH SYSTEM AFFILIATED FACILITIES
MEDICAL STAFF
CLINICAL PRIVILEGES DELINEATION FORM

Wound Care and Hyperbaric Medicine

NAME

Acknowledgment of Practitioner

I have requested only those privileges for which I am qualified by education, training, current experience and demonstrated performance that I am qualified to perform and I understand that:

(a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

(b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Applicant’s Signature: __________________________ Date: __________________________

Department Chair/Vice-Chair Recommendation:

<table>
<thead>
<tr>
<th>Recommended</th>
<th>Not Recommended</th>
</tr>
</thead>
</table>

☑ Recommended with the following modification(s) and reason(s):

__________________________
__________________________

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Department Chair/Vice-Chair Signature: __________________________ Date: __________________________

FOR MEDICAL STAFF OFFICE USE ONLY

FORM APPROVED

WoundCare Director: 3/13/13, 12/32/13, 8/27/14, 3/20/19
H/V/S Medical Executive Committee: 6/11/13, 2/11/14, 6/6/14, 4/6/19
H/V/S Credentials Committee: 6/12/13, 2/12/14, 2/12/14, 4/6/19
Board of Directors: 6/27/13, 3/13/14, 9/18/14
H/V/S Medical Executive Committee: 6/12/13, 2/12/14, 2/12/14, 4/6/19

4
Minutes

Resident/Faculty Meeting Minutes
Thursday, April 4, 2019
Heritage Valley Beaver Small Dining Room

PRESENT
Shrey Bhatt, MD, Benjamin Boehme, DO, Victoria Chen, DO, Nihar Dholakia, MD, Praneeth Janaswamy, MD, Amy Liu, MD, Chris McKay, MD, Katie McKay, MD, Apeksha Patel, MD, Tam Tran, MD, Matt Ujevich, DO, Lauren Verstraete, DO, Chris Watterson, MD, Joy Wilser, MD, Justin Yan, DO

Stephen Hagberg, MD, Jonathan McKrell, MD,

ABSENT
Katie Conway, DO, Jeunilee Sampson, MD, Blessan Thomas, MD,
Vikram Arora, MD, Paul Bell, PhD Quynh Chu, MD, Robert Deacon, MD, Kevin Dumpe, MD, Lindsay Hepple, DO, James Lauer, MD, David Thimons, DO

Copied To: Michael Cretty, Tracy Royal, Alisa Powell

CALL TO ORDER:
Dr. Hagberg called the meeting to order at 7:08 a.m. in the Heritage Valley Beaver Small Dining Room.

ITEMS DISCUSSED:

Welcome New Chiefs - Dr. Hagberg wanted to welcome the new chief residents, Tam Tran, MD and Matthew Ujevich, DO who began their chief duties as of April 1, 2019. All issues can be discussed with the new chiefs and the chief e-mail will remain the same as previous.

Resident Issues – Dr. Tran stated that labs that are being done on patients in L&D are getting sent to the resident’s Alercripts task box. Dr. Tran stated that we are not the PCP for these patients. Dr. Hagberg stated he will check into this. It was also discussed that the front office clerks and residents please remind all patients to bring all their medication bottles with them to their appointments. Discussion took place as well regarding rooming patients at the FMC has become slower. Dr. Hagberg stated that there have been multiple time studies done over the last 5 years regarding this issue. It would be helpful to be able to identify the gap and where the delay in rooming the patient exists. Past issues have been patients coming in for their appointments with the wrong insurance information, or the patients sign in on the Kiosk machine and spell their names wrong or do not update their information. This causes a delay with the registration process for the front office clerks. In the virtual waiting room, the green flag goes up when registration check in is fully complete. Dr. Hagberg also stated that he felt this would make a good QI project for a resident moving forward and he would also speak with Alisa Powell regarding starting another time study. Dr. Tran stated that the “STOP” signs are not being placed on the resident’s desks as in the past. This process will begin again shortly. The hospital operators are asking that all residents please sign in and out as you still are unable to swipe in and out. This is a known issue that is being addressed. Dr. Ujevich wanted all the residents to be aware that Dr. Goltz will be hosting a dinner discussion on April 12th at the Wooden Angel beginning at 6:00 pm. Dr. Ujevich stated he feels all residents should make every attempt to be at this meeting and he will keep all residents posted regarding this event.
Committee Meeting Updates – No meetings for discussion at this time.

Wellness Workshop – Dr. Hagberg wanted to remind all residents that this workshop needs to begin at 2:00 pm prompt this Friday, April 5th, as there will also be outside speakers attending this workshop. Dr. Hagberg also wanted to remind everyone to submit their receipts to Holly for the items purchased for this wellness workshop.

Text Paging – Dr. Hagberg stated that the residents and faculty will be having text messages sent to personal phones vs. each resident having an individual pager. These texts will give you more information than just a phone number. One resident on Family Medicine and one resident on Maternal Child services will still carry a pager that will be assigned to this service only. This will make it easier for the nursing staff and operators at the hospital to contact the correct person. Preferred Method of Contact forms were given to all residents for completion.

LECOM Campus Students – Dr. Hagberg stated we will be having 3 third-year students from LECOM at HVB who will be doing a year’s worth of rotations. Each student will be doing 1 month of Family Medicine and the residents will supervise these students as you would any other student. These students will be added to the current student rotation list. These students will also be doing rotations with other specialties. There was also some discussion regarding these students utilizing the resident lounge as there may not be enough computers, etc. Drs. Tran and Ujevich will be discussing the options with the residents and report back to Dr. Hagberg.

Psych Consults – Dr. Hagberg also stated that whether you are called or not for a psychiatric patient consult, you need to see that patient. Please be aware that at times these patients do not show up on your consult lists. Also some of these patients may need seen more than once for medication management. Dr. Hagberg also stated you can see the patient in the room across from the nursing station and do not have to see them in their private rooms.

Ellwood City – Community Lab Event – Per Dr. Hagberg, Heritage Valley Beaver will be helping Ellwood City Hospital with their Community Lab Event held on April 27, 2019. The resident that is “on-call” (Dr. Blessing Thomas) will be notified of any critical labs that need to be addressed. This resident will not see the lab results or the patient but will address these critical labs with these patients as you would any patient with a critical lab. Patients that do not have a PCP will be given the Family Medicine Center’s phone number to call and make an appointment with us to establish as a patient.

Miscellaneous – MSK Clinic, Concussion Clinic, etc., will now be listed under Sports Care on the schedules for Dr. McKrell and the residents. Please be sure to document all numbers into the bean counting form as well as procedures outside of the core faculty will need to be documented and signed off by the attending overseeing your procedure. These cards will then need to be turned in once your procedure card is full. There will be a folder near Holly’s desk for these procedure cards.

There, being no further business, the next scheduled meeting is May 2, 2019.

Respectfully submitted,
Heidy Hayes
Residency Coordinator
Family Medicine Residency Program

4/5/19
The Heritage Valley Beaver and Heritage Valley Sewickley Medical Executive Committees (MEC) approved the following items and they are now submitted to QMMA and the Board of Directors for approval.

I. LEAVE OF ABSENCE REQUESTS – Action

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<thead>
<tr>
<th>NAME</th>
<th>CAMPUS</th>
<th>PRACTICE ASSOCIATION</th>
<th>DEPARTMENT/SPECIALTY</th>
<th>LEAVE OF ABSENCE DATE(S)</th>
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<td>NorthStar Anesthesia of Pennsylvania, LLC</td>
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<td>5/8/2019 – 6/16/2019</td>
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II. RETURN FROM LEAVE OF ABSENCE REQUEST – Action

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<td>NorthStar Anesthesia of Pennsylvania, LLC</td>
<td>Anesthesia</td>
<td>5/20/2019</td>
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III. COMMITTEE REPORTS

A. Clinical Quality Committee – Information

- The Pharmacy and Therapeutics Committee unanimously agreed to approve the addition of Andexanet alpha (Andexa®) to the Heritage Valley Health System Formulary restricted to developed protocol.
- The Pharmacy and Therapeutics Committee unanimously agreed to table the addition of Moxifloxacin – Ophthalmic (Viganox®) until ophthalmology provides more information why prefer over topical agent.
- The Pharmacy and Therapeutics Committee unanimously agreed to approve moving to the Thrombin-JMI preferential program.
- The Pharmacy and Therapeutics Committee unanimously agreed to approve removing IM route hydromorphone for inpatients, excluding ED.
- The Pharmacy and Therapeutics Committee unanimously agreed to approve exploring opportunities with Pharmedium, Inc.
CMS Service Line Quality Improvement Projects:

Improvement projects continue to be documented using the PDCA improvement methodology according to the 2019 reporting schedule.

The current focus of the quality improvement committee consists of ICU, Neonatal, PACU, Speech, and Family Medicine Residents.

Intensive Care Unit

- Ensuring 100% of patients in the CCU have an individualized and relevant plan of care
  - Ensures continuity of care
  - Well-informed patients and families
  - Reduces patient anxiety and promotes safety and quality
  - Initial results demonstrated variances in achieved improvements
  - PDCA cycle two places emphasis on one on one coaching
  - Each staff member will work with the team lead or lead practice nurse to develop a plan of care

Neonatal Unit

- Educate 100% of all new mothers on unsafe sleep situations and fall prevention
  - Process redesigned
    - Nursing print and reviews exit the care document “mother baby safety pledge” with the mother and the mother signs that she has reviewed the material
    - Safety pledge signing compliance 100%; hourly rounding 86%
  - Safe sleep education is provided by PCare
  - Verbal and written instructions on safe sleep are provided by nursing utilizing the pamphlet provided by the PA Department of Health.

Post Anesthesia Care Unit

- Effectively treat patients acute pain utilizing non-opioid therapies
  - Revised education materials for patients and staff regarding pain expectations and interventions
  - Educated physicians and surgeons on alternative pain therapies (Caldobor & Ofirmex)
  - Contact physician office preoperatively to collaborate on pain management
  - Worked with IT and SCM team to incorporate this education into the EMR

Speech Therapy

- Ensure safe feeding practices for patients
  - Assessed compliance with “no straw” orders
  - Nearly 30% of patients ordered no straw received a straw on their tray
  - Collaborative between speech therapy, dietary, and nursing to formulate a plan to ensure compliance
  - Speech therapist provided, unit based, educational sessions also planned for May 2019.

Family Medicine Residents

- Ensure accuracy of weight measurements in the ED
  - Accurate patient weight measurement is an important measure for patients with conditions such as heart failure or end stage renal disease
  - Measurements can be off by as much as 10-20 pounds depending on issues such as a verbal weight or a weight with clothes and shoes on
  - Accurate baseline assessment is vital to downstream processes
  - Many therapies such as antibiotic administration, IV fluid rehydration, and heparin rely on a strict and accurate weight-based calculation
  - Patients will be weighed in the ED while only wearing a gown for the most accurate initial weight measure possible.
  - Admitted patients will be weighed again wearing only a gown to ensure the most accurate weight throughout their stay
  - Medications will be administered based on accurate weight measurements and patients will be monitored throughout hospitalization to ensure proper treatments are being performed before discharging patient
HVHS Clinical Quality Committee
Physician Customer Experience FY19 Q4(QTD) Summary Slide

A. HVHS Inpatient Customer Experience (non-HCAhPS) scores:
HVHS score for FY19 Q4(QTD) is 88.3, achieved the 50th%, which is a score of 87.8. HVHS score for FY19 Q4(QTD) is 92.4, achieved the 90th%, which is a score of 90.4. The goal is the 90th% which is 90.4.

B. HVHS Inpatient Customer Experience (HCAhPS) scores:
HVHS score for FY19 Q4(QTD) is 78.3, below the 50th% which is a score of 81.0.
HVHS score for FY19 Q4(QTD) is 88.3, achieved the 75th% which is a score of 85.0. The goal is the 90th% which is 89.0.

C. HVHS Emergency Department Customer Experience (non-CAHPS) scores:
HVHS scores for FY19 Q4(QTD) is 84.7, below the 50th% which is a score of 86.4.
HVHS scores for FY19 Q4(QTD) is 88.2, achieved the 50th% which is a score of 89.0. The goal is the 90th% which is a score of 90.5.

Patient Safety Committees
(FY Q3, 2019)

- Sentinel Events: (0)
- Serious Events: (8)
  - Skin Integrity (1)
  - Medication Error (1)
  - Error r/t Procedure/Treatment/Test (2)
  - Complication r/t Procedure/Treatment/Test (4)
- Infrastructure Failures: (55)
- Incidents: (301)
- RCAs: (4)
Professional Practice Evaluation

- 34 total PPEC cases for Q1 of CY 2019; CYTD (34)
  - 8 Cases have been closed by the PPEC; 5 remain open
- Process Improvement Education in PPEC and Patient Safety
  - Anesthesia: Medication Labeling (education)

![Bar chart showing PPEC Closed, Open, and Monitored cases]

*Evaluated by Manager, Chair, & CMO does not rise to the level of PPEC*

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**UTILIZATION REVIEW**

Summary STANDARD UM Metrics April 2019Mtg

- **CMI**: HVHS Medicare CMI for FYTD 19 is 1.65 compared to budget at 1.61.
- **OBS Volume**: Observation volume is increasing both in numbers and % Total Admissions. HVHS Fy19 YTD saw 5,783 OBS patients compared to a budgeted volume of 4,607 which is 1,176 cases more than budget or 25.5% over budget.
- **OBS LOS**: Observation LOS is the same at 1.3
- **Acute LOS**: HVHS FYTD 19 acute LOS is 3.9 with a budget of 3.9
B. Credentials Committee

1. Revised HVHS Podiatry Privilege Form – Action  
   (Attachment 1, 9 pages)

2. Initial Appointments - Action

<table>
<thead>
<tr>
<th>NAME</th>
<th>CAMPUS</th>
<th>PRACTICE ASSOCIATION &amp; COLLABORATIVE/ SUPERVISING PHYSICIAN (IF APPLICABLE)</th>
<th>DEPARTMENT/ SPECIALTY</th>
<th>STAFF STATUS</th>
<th>ANTICIPATED EFFECTIVE DATE</th>
<th>EXPEDITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blahovec, Lyndanne, DO</td>
<td>HVB &amp; HVS</td>
<td>HVMG Hospitalist (Non-Employed)</td>
<td>Medicine/Hospitalist</td>
<td>Associate</td>
<td>Temporary Privileges Granted 5/1/19</td>
<td>Y</td>
</tr>
<tr>
<td>Christou, Antonios, MD</td>
<td>HVB &amp; HVS</td>
<td>AGH Medical Oncology</td>
<td>Medicine/Medical Oncology</td>
<td>Associate</td>
<td>5/20/19</td>
<td>Y</td>
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<tr>
<td>Min, Zaw, MD</td>
<td>HVB &amp; HVS</td>
<td>Allegheny Health Network</td>
<td>Internal Medicine/Infectious Disease</td>
<td>Consulting/ Telemedicine</td>
<td>5/20/19</td>
<td>Y</td>
</tr>
<tr>
<td>Patel, Alpa, DO</td>
<td>HVB &amp; HVS</td>
<td>HVMG Hospitalist (Non-Employed)</td>
<td>Medicine/Hospitalist</td>
<td>Associate</td>
<td>Temporary Privileges Granted 4/23/19</td>
<td>Y</td>
</tr>
</tbody>
</table>
3. Miscellaneous Items - Action

<table>
<thead>
<tr>
<th>NAME</th>
<th>CAMPUS</th>
<th>DEPARTMENT/SPECIALTY</th>
<th>CHANGE IN STATUS</th>
<th>EXPEDITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruton, Jill, DO</td>
<td>HVB, HVS &amp; HVSC</td>
<td>Anesthesia</td>
<td>Associate to Active</td>
<td>Y</td>
</tr>
<tr>
<td>Hennessey, David, MD</td>
<td>HVB &amp; HVS</td>
<td>Pediatrics</td>
<td>Courtesy to Emeritus (HVB)</td>
<td>Y</td>
</tr>
</tbody>
</table>

IV. GME REPORTS - Information

A. HERITAGE VALLEY FAMILY PRACTICE AND PODIATRIC RESIDENCY PROGRAMS
   No report. Next meeting scheduled for June 6, 2019.

B. HVB & HVS EMERGENCY DEPARTMENTS
   Excerpt from the May 7, 2019 Meeting:
   “No Resident issues identified for the month of April.”
HERITAGE VALLEY HEALTH SYSTEM AFFILIATED FACILITIES
MEDICAL STAFF
CLINICAL PRIVILEGES DELINEATION FORM

PODIATRY

NAME ________________________________

☐ Initial privileges (initial appointment)
☐ Renewal of privileges (reappointment)

Applicant Please Note:
- If you choose Type I Core Privileges, please review Type I Core Procedures and choose as applicable.
- If you choose Type II Core Privileges, please review Type I and Type II Core Procedures and choose as applicable.
- If you choose Type III Core Privileges, please review Type I, Type II and Type III Core Procedures and choose as applicable.
- If you choose Type IV Core Privileges, please review Type I, Type II, Type III and Type IV Core Procedures and choose as applicable.
- Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must adhere to Heritage Valley Health System’s organizational, regulatory, or accreditation requirements.

Applicants have the responsibility of producing information deemed adequate by the Heritage Valley Health System and Medical Staff(s) for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges. For reappointment applicants, information about the competence and clinical activity may come from the Heritage Valley Health System Peer Review Committee.

Department Chair: Check the appropriate box for recommendation on the last page of this form and include your recommendation for focused professional practice evaluation. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Basic Requirements:
Successful completion of a podiatric surgical residency accredited by the Council on Podiatric Medical Education (CPME).

And

Current certification and maintenance of specialty board certification, unless exempted by the Heritage Valley Medical Staff Bylaws. Podiatrists who have recently completed their residency training may become members of the Medical Staff if they have satisfied all of the requirements to sit for the certifying exam as defined by the American Board of Podiatric Surgery (ABPS), have active participation in the examination process and thereafter obtain certification within the earlier of (i) the time frame mandated by the American Board of Podiatric Surgery (ABPS) or (ii) within 5 years of the completion of residency training. If a podiatrist fails to obtain board certification in the required time frame, such podiatrist will be ineligible for privileges and podiatrists who are members of the Medical Staff will be deemed to have voluntarily relinquished his or her privileges effective as of the expiration of the time frame.

And

Reappointments (Renewal of Privileges): Current demonstrated competence and an adequate volume of experience as established by the Heritage Valley Medical Executive Committee(s) with acceptable results reflective of the scope of privileges requested for the past 24 months based on results of Heritage Valley Peer Review Committee Ongoing Professional Practice Evaluation (OPPE) and outcomes.

And

Evidence of current physical and mental ability to perform privileges requested is required.
HERITAGE VALLEY HEALTH SYSTEM AFFILIATED FACILITIES
MEDICAL STAFF
CLINICAL PRIVILEGES DELINEATION FORM

PODIATRY

NAME ____________________________

Exclusive Contract
If any privileges listed below are covered by an exclusive contract between the Heritage Valley Health System
and selected practitioners, those practitioners who are not a party to the contract are not eligible to request the
privilege(s), regardless of education, training, and experience.

Please select facility(ies) of involvement:
☐ Heritage Valley Beaver
☐ Heritage Valley Sewickley
☐ Heritage Valley Surgery Center

Qualifications for podiatry (type I)

Initial privileges: To be eligible to apply for privileges in podiatry (type I), the applicant must meet the following criteria:
The applicant must demonstrate successful completion of podiatric surgical residency accredited by the Council on Podiatric
Medical Education (CPME).

AND

Required current experience: At least 24 type I podiatric procedures, reflective of the scope of privileges requested, during
the past 24 months or successful completion of an accredited training program within the past 12 months.

Renewal of privileges: To be eligible to renew privileges in podiatry (type I), the applicant must meet the following criteria:
Current demonstrated competence and an adequate volume of experience (type I podiatric procedures) as established by the
Heritage Valley Medical Executive Committee(s) with acceptable results, reflective of the scope of privileges requested, for
the past 24 months based on results of Heritage Valley Peer Review Committee Ongoing Professional Practice Evaluation
(OPPE) and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all
applicants for renewal of privileges.

Core privileges: Podiatric (type I)

☐ Conduct, evaluate, diagnose, provide consultation to, order diagnostic studies for, and treat the foot by mechanical,
medical, or superficial surgical means on patients of all ages. The core privileges in this specialty include the privileges
and Type I procedures on the attached procedures list and such other procedures that are extensions of the same
techniques and skills.
HERITAGE VALLEY HEALTH SYSTEM AFFILIATED FACILITIES
MEDICAL STAFF
CLINICAL PRIVILEGES DELINEATION FORM

PODIATRY

NAME ________________________________

Please select facility(ies) of involvement:

☐ Heritage Valley Beaver
☐ Heritage Valley Sewickley
☐ Heritage Valley Surgery Center

Qualifications for podiatry (type II)

Initial privileges: To be eligible to apply for privileges in podiatry (type II), the applicant must meet the following criteria:
The applicant must demonstrate successful completion of at least a 24-month podiatric surgical residency (PSE-24) accredited by the CPME.

AND

Current board certification or active participation in the examination process leading to board certification in forefoot surgery by the American Board of Foot and Ankle Surgeons (ABFAS) or the American Board of Podiatric Medicine (ABPM).

AND

Required current experience: At least 24 type II podiatric procedures, reflective of the scope of privileges requested, during the past 24 months or successful completion of a CPME-accredited podiatric surgery residency within the past 12 months.

Renewal of privileges: To be eligible to renew privileges in podiatry (type II), the applicant must meet the following criteria:
Current demonstrated competence and an adequate volume of experience (type II podiatric procedures) as established by the Heritage Valley Medical Executive Committee(s) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of Heritage Valley Peer Review Committee Ongoing Professional Practice Evaluation (OPPE) and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Core privileges: Podiatric (type II)

☐ Cauterize, evaluate, and treat patients of all ages with pediatric problems/conditions of the forefoot, midfoot, and non-reconstructive hindfoot. The core privileges in this specialty include the Type I and Type II procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.
HERITAGE VALLEY HEALTH SYSTEM AFFILIATED FACILITIES
MEDICAL STAFF
CLINICAL PRIVILEGES DELINEATION FORM

PODIATRY

NAME

Please select facility(ies) of involvement:

☐ Heritage Valley Beaver
☐ Heritage Valley Sewickley
☐ Heritage Valley Surgery Center

Qualifications for podiatry (type III)

Initial privileges: To be eligible to apply for privileges in podiatry (type III), the applicant must meet the following criteria:
The applicant must demonstrate successful completion of a 36-month podiatric surgical residency accredited by the CPME.

AND

Current board certification or active participation in the examination process leading to certification in forefoot surgery and reconstructive rearfoot and ankle surgery by the American Board of Foot and Ankle Surgeons (ABFAS).

AND

Required current experience: At least 24 type III podiatric procedures reflective of the scope of privileges requested during the past 24 months or successful completion of a CPME-accredited podiatric surgery residency within the past 12 months.

Renewal of privileges: To be eligible to renew privileges in podiatry (type III), the applicant must meet the following criteria:
Current demonstrated competence and an adequate volume of experience (type III podiatric procedures) as established by the Heritage Valley Medical Executive Committee(s) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of Heritage Valley Peer Review Committee Ongoing Professional Practice Evaluation (OPPE) and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Core privileges: Podiatric (type III)

☐ Conduct, evaluate, diagnose, provide consultation to, and order diagnostic studies for patients and treat the forefoot, midfoot, rearfoot, reconstructive and nonreconstructive hindfoot and related structures by medical or surgical means.
The core privileges in this specialty include Type I, Type II and Type III procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.
HERITAGE VALLEY HEALTH SYSTEM AFFILIATED FACILITIES
MEDICAL STAFF
CLINICAL PRIVILEGES DELINEATION FORM

PODIATRY

NAME

Please select facility(ies) of involvement:
☐ Heritage Valley Beaver – (Type IV privileges associated with Podiatry Residency Program faculty only)

Qualifications for podiatry (type IV)

Initial privileges: To be eligible to apply for privileges in podiatry (type IV), the applicant must meet the following criteria:
Successful completion of a 36-month podiatric surgical residency accredited by the CPME.

AND

Successful completion of a 12-month foot and ankle surgery fellowship accredited by the CPME or AAOS.

AND

Current board certification or active participation in the examination process leading to certification in forefoot surgery and reconstructive rearfoot and ankle surgery by the American Board of Foot and Ankle Surgeons (ABFAS).

AND

Required current experience: At least 24 type IV podiatric procedures, reflective of the scope of privileges requested, during the past 24 months or successful completion of an accredited podiatric surgical fellowship within the past 12 months.

Renewal of privileges: To be eligible to renew privileges in podiatry (type IV), the applicant must meet the following criteria:
Current demonstrated competence and an adequate volume of experience (type IV podiatric procedures) as established by the Heritage Valley Medical Executive Committee(s) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of Heritage Valley Peer Review Committee Ongoing Professional Practice Evaluation (OPPE) and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Core privileges: Podiatric (type IV)

☐ Co-admit, or Admit (Per Medical Staff Policy #7), evaluate, and treat patients of all ages with podiatric problems/conditions of the ankle, including procedures involving osteotomies, arthrodesis, and open repair of fractures of the ankle joint. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include Type I, Type II, Type III, and Type IV procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.
Special Non-core Privileges (See Specific Criteria)
Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant.

☐ Non-core privileges: Extracorporeal shock wave therapy (orthotripsy)

Initial privileges: Successful completion of a CPME-accredited training program in podiatric surgery. Applicants must have also completed an orthotripsy course that included shock wave machine training and observed cases.

AND

Required current experience: Demonstrated current competence and evidence of the performance of at least 10 orthotripsy procedures in the past 12 months or completion of training in the past 12 months.

Renewal of privileges: Current demonstrated competence and an adequate volume of experience as established by the Heritage Valley Medical Executive Committee(s) with acceptable results for orthotripsy, for the past 24 months based on results of Heritage Valley Peer Review Committee Ongoing Professional Practice Evaluation (OPPE) and outcomes.

☐ Non-core privileges: Fluoroscopy

Initial privileges: Requires certificate of completion of the HVHS one hour fluoroscopy training session.

Renewal of privileges: Proof of participation in a one hour annual fluoroscopy training session.

☐ Non-core privileges: Administration of sedation and analgesia

Privileges are per the requirements of the current Heritage Valley Health System Policy and Procedure for Sedation and Analgesia by Non-anesthesiologists.
HERITAGE VALLEY HEALTH SYSTEM AFFILIATED FACILITIES
MEDICAL STAFF
CLINICAL PRIVILEGES DELINEATION FORM

PODIATRY

NAME

Core procedures list
This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the applicant: Please check the procedures that you wish to request.

Type I—podiatric

☐ Soft-tissue surgery involving a nail or plantar wart excision, avulsion of toenail, excision or destruction of nail matrix or skin lesion, removal of superficial foreign body, and treatment of corns and calluses
☐ Ordering and interpretation of diagnostic tests related to pediatric patients and application or prescription of foot appliances, orthotic, shoe modifications, and special footwear
☐ Prescribing medications commonly used in the practice of podiatry

Type II—podiatric

☐ Anesthesia (topical, local, and regional blocks)
☐ Debridement of superficial ulcer or wound
☐ Digital exostectomy
☐ Digital resections
☐ Digital/side amputation
☐ Excision of benign bone cysts and bone tumors of the foot
☐ Excision of sesamoids
☐ Excision of skin lesion of the foot and ankle
☐ Excision of soft tissue mass (neuroma, ganglion, and fibroma)
☐ Hallux valgus repair with or without metatarsal osteotomy (including first metatarsal cuneiform joint)
☐ Implantation of arthroplasty forefoot
☐ Incision and drainage/wide debridement of soft tissue infection
☐ Incision of onychia
☐ Metatarsal excision
☐ Metatarsal exostectomy
☐ Metatarsal osteotomy
☐ Midtarsal and tarsal exostectomy (including posterior calc spur)
☐ External neurolysis/decompression (including tarsal tunnel)
☐ Osteomlasty
☐ Open/closed reduction, digital fracture
☐ Open/closed reduction, metatarsal fractures
☐ Plantar fasciotomy with or without excision of calc spur
☐ Removal of foreign body
☐ Skin graft/Substitutes
☐ Syndactylyization of digits
☐ Tenectomy/capsulotomy, digit
HERITAGE VALLEY HEALTH SYSTEM AFFILIATED FACILITIES
MEDICAL STAFF
CLINICAL PRIVILEGES DELINEATION FORM

PODIATRY

☐ Trapeziectomy, capsulotomy, metatarsal and phalangeal joint
☐ Treatment of deep-wound infections, osteomyelitis

Type III—pediatric

☐ Ankle arthroscopy
☐ Ankle stabilization procedures
☐ Arthrodesis of tarsal joints, not to include ankle
☐ Excision of accessory ossicles, midfoot and rearfoot
☐ Excision of benign bone cyst or bone tumors, rearfoot
☐ Neurolysis of nerves not to include ankle
☐ Open/closed reduction of foot fracture other than digital or metatarsal, and excluding talus and calcaneus
☐ Osteotomies of the foot, not to include ankle
☐ Tarsal coalition repair
☐ Tendon repair such as debridement and tenodesis tendon transfer of ankle.
☐ Tendon lengthening including Achilles and Gastric Recession

Type IV—pediatric (Type IV privileges associated with Podiatry Residency Program faculty and Fellowship Trained only)

☐ Ankle fusion
☐ Arthroplasty with or without implants to the ankle
☐ Charcot reconstruction of the ankle to include external fixation
☐ External Fixation of the ankle and tibia
☐ Major tendon surgery of the foot and ankle, such as tendon transposition and transfers above the ankle
☐ Open and closed reduction fractures of the ankle, excluding pilon fractures
☐ Osteotomies of the ankle and distal tibia
☐ Surgical treatment of osteomyelitis of ankle
☐ Treatment of traumatic injury, to include significant dislocation of the foot and ankle which may require external fixation
☐ Plastic surgery techniques involving split thickness skin grafts
HERITAGE VALLEY HEALTH SYSTEM AFFILIATED FACILITIES
MEDICAL STAFF
CLINICAL PRIVILEGES DELINEATION FORM

PODIATRY

NAME ________________________________

Acknowledgment of Practitioner

I have requested only those privileges for which I am qualified by education, training, current experience and demonstrated performance that I am qualified to perform and I understand that:

(a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

(b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Applicant’s Signature __________________________ Date: ______________

Department Chair/Vice-Chair Recommendation:

☐ Recommended ☐ Not Recommended

☐ Recommended with the following modification(s) and reason(s):

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above:

Department Chair/Vice-Chair Signature __________________________ Date: ______________

FOR MEDICAL STAFF OFFICE USE ONLY

FORM APPROVED

| HVB Department of Surgery: 05/09/14, 11/05/14, 3/04/15, 11/2/16, 2/15/17, 5/1/19 | HVB Medical Executive Committee: 07/09/14, 12/1/15, 3/13/17, 5/13/19 |
| HVS Department of Surgery: 07/09/14, 10/12/15, 10/3/16, 3/11/17, 4/11/19 | HVS Medical Executive Committee: 07/09/14, 12/26/15, 3/13/17, 6/13/19 |
| HVB & HVS Credentials Committees: 07/09/14, 2/04/15, 3/1/17, 5/1/19 | Board of Directors: 07/24/14, 3/19/15, 5/29/17 |
The Heritage Valley Beaver and Heritage Valley Sewickley Medical Staffs held their General Medical Staff Meeting on May 13, 2019. The following items were approved and are now submitted to QMMA and the Board of Directors.

I. BEAVER AND SEWICKLEY ELECTIONS
Elections were held at the May 13, 2019 General Medical Staff Meeting for Medical Staff Leadership and Medical Executive Committee Members At-Large. Dr. Hein explained that in order to elect Dr. Jerome-Zapadka for an additional 1-year term, a request for a temporary waiver to the Bylaws Article 9, Officers of the Medical Staff and Departments, Section 9.1-5, Terms of Elected Office, which only permits the President of the Medical Staff to serve two years, was granted by the Board of Directors. There being no additional nominations from the floor, the nominations were closed. Each Medical Staff Member who was eligible to vote was provided with a ballot of nominees. The Medical Staff voted, the ballots were counted, and the following physicians were elected:

<table>
<thead>
<tr>
<th>Elected Position</th>
<th>Term</th>
<th>Elected</th>
</tr>
</thead>
<tbody>
<tr>
<td>HVB President</td>
<td>1 year</td>
<td>Karen Jerome-Zapadka, M.D.</td>
</tr>
<tr>
<td>HVS President</td>
<td>2 years</td>
<td>Robert Schillo, M.D.</td>
</tr>
<tr>
<td>HVB &amp; HVS Vice-President</td>
<td>2 years</td>
<td>Matthew T. Wheeler, M.D.</td>
</tr>
<tr>
<td>HVB &amp; HVS Secretary/Treasurer</td>
<td>2 years</td>
<td>Jackie Roth, M.D.</td>
</tr>
<tr>
<td>HVB Medical Executive Members at Large</td>
<td>2 years</td>
<td>William Bader, M.D.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stephen Hagberg, M.D.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kyle Kutrovac, M.D.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Matthew Woodske, M.D.</td>
</tr>
<tr>
<td>HVS Medical Executive Members at Large</td>
<td>2 years</td>
<td>Michael Karp, M.D.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Joe Montibeller, M.D.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chris O’Donnell, M.D.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Michael Sherry, M.D.</td>
</tr>
</tbody>
</table>

II. BYLAWS COMMITTEE REPORT
A. HVB & HVS Bylaws Revisions
The Heritage Valley Beaver and Heritage Valley Sewickley Medical Staffs voted in favor of the revisions to the Medical Staff Bylaws.

Note that deletions are indicated by strikethrough and additions are highlighted, underlined, and bold.
CURRENT BYLAWS

ARTICLE 4 CATEGORIES OF THE MEDICAL STAFF

4.6 ACTIVE STAFF (LIMITED)

4.6-1 Qualifications

The Active Staff (Limited) shall consist of physicians, dentists and podiatrists who:

A. use hospitals for inpatient management of their patient at the Hospital, but who wish to maintain limited inpatient privileges as set forth in this section;
B. admit at least 15 patients per year to the service of a hospitalist or active staff member;
C. actively participate in Medical Staff functions and responsibilities, such as committee assignments; and
D. at initial appointment and with each reappointment time, provide evidence of clinical performance in such form as may be required by the Credentials Committee, other committee or Board, in order to allow for an appropriate assessment of continued qualifications for Medical Staff appointment and clinical privileges. Active Staff (Limited) members will not be subject to OPPE and FPPE requirements.

4.6-2 Privileges

Members of the Active Staff (Limited) may:

A. vote in all general and special meetings of the Medical Staff and applicable department and committee meetings, hold office, serve on the Medical Staff committees, and serve as chairpersons of such committees;
B. admit patients to the service of a hospitalist perform histories and physicals for those patients, and provide consultations about the care of their patients to a hospitalist;
C. refer patients to the Hospital’s diagnostic facilities; and
D. review these hospitalized patients and review their medical records, but not make entries regarding inpatient care or actively participate in the provision or management of inpatient care except to provide consultations for those patients when requested to do so by a hospitalist.

4.6-3 Responsibilities

Active Staff (Limited) members must:

A. attend Medical Staff and department meetings;
B. serve on Medical Staff committees, as assigned;
C. participate in the professional practice evaluation and performance improvement processes;
D. pay all staff dues, application fees, and assessments;
E. provide telephone on-call coverage for the Emergency Department solely for the purpose of accepting follow-up care for unassigned patients requiring admission or to assist in arrangements for follow-up care for patients to be discharged from the Emergency Department; and
F. upon request, accept and assume follow-up inpatient care for a reasonable number of unassigned patients who present to either Hospital’s Emergency Department.

PROPOSED BYLAWS

ARTICLE 4 CATEGORIES OF THE MEDICAL STAFF

4.6 ACTIVE STAFF (LIMITED)

4.6-1 Qualifications

The Active Staff (Limited) shall consist of physicians, dentists and podiatrists who:

A. use hospitals for inpatient management of their patient at the Hospital, but who wish to maintain limited inpatient privileges as set forth in this section;
B. admit at least 15 patients per year to the service of a hospitalist or active staff member;
C. actively participate in Medical Staff functions and responsibilities, such as committee assignments; and
D. at initial appointment and with each reappointment time, provide evidence of clinical performance in such form as may be required by the Credentials Committee, other committee or Board, in order to allow for an appropriate assessment of continued qualifications for Medical Staff appointment and clinical privileges. Active Staff (Limited) members will not be subject to OPPE and FPPE requirements.

4.6-2 Privileges

Members of the Active Staff (Limited) may:

A. vote in all general and special meetings of the Medical Staff and applicable department and committee meetings, hold office, serve on the Medical Staff committees, and serve as chairpersons of such committees;
B. admit patients to the service of a hospitalist perform histories and physicals for those patients, and provide consultations about the care of their patients to a hospitalist;
C. refer patients to the Hospital’s diagnostic facilities; and
D. review these hospitalized patients and review their medical records, but not make entries regarding inpatient care or actively participate in the provision or management of inpatient care except to provide consultations for those patients when requested to do so by a hospitalist. Access to the Hospital’s facilities for diagnostic testing and treatment shall include the ability to sign written or verbal orders pertaining to inpatient diagnostic testing or treatment.

4.6-3 Responsibilities

Active Staff (Limited) members must:

A. attend Medical Staff and department meetings;
B. serve on Medical Staff committees, as assigned;
C. participate in the professional practice evaluation and performance improvement processes;
D. pay all staff dues, application fees, and assessments;
E. provide telephone on-call coverage for the Emergency Department solely for the purpose of accepting follow-up care for unassigned patients requiring admission or to assist in arrangements for follow-up care for patients to be discharged from the Emergency Department; and
F. upon request, accept and assume follow-up inpatient care for a reasonable number of unassigned patients who present to either Hospital’s Emergency Department.
B. HVB & HVS Advanced Practice Professional (APP) Staff and Dependent Allied Professional (DAP) Staff Rules and Regulations

The Heritage Valley Beaver and Heritage Valley Sewickley Medical Staffs voted in favor of the revisions to the HVB & HVS APP and DAP Rules and Regulations proposed below:

Note that deletions are indicated by strikethrough and additions are highlighted, underlined, and bold.
C. Medical Staff Policy Revisions

1. Policy #3 – Proctoring

The Heritage Valley Beaver and Heritage Valley Sewickley Medical Staffs voted in favor of the modification of the Proctoring Policy to include only hands-on proctors. All other proctors will be processed in the same manner as vendors.

<table>
<thead>
<tr>
<th>Subject: Proctoring</th>
<th>Effective Date: June 12, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus: Heritage Valley Beaver</td>
<td>Revised Date:</td>
</tr>
<tr>
<td>Heritage Valley Sewickley</td>
<td>Reviewed Date: 5/14, 5/16, 6/17, 6/18</td>
</tr>
</tbody>
</table>

**POLICY**

It is the Policy of Heritage Valley Health System (HVHS) to conduct appropriate assessment of clinical competency of the Medical Staff and to promote safety and high quality of care to our patients.

Proctoring may be used for an individual practitioner who is unable to meet the competency measurements required as identified on the privileging form for a particular procedure or for an individual practitioner whose clinical or technical skill needs further assessment as determined by the Credentials Committee/Medical Executive Committee (MEC)/Professional Practice Evaluation Committee.

For each proctoring situation, the group recommending proctoring must specify the:

- number of cases, admissions or procedures
- duration of proctoring to be imposed
- method of proctoring

The individual practitioner is responsible for obtaining a proctor who is acceptable to the Credentials Committee/MEC unless the Credentials Committee/MEC is requiring a proctoring period for further assessment of clinical performance, in which case a proctor would be assigned.

The proctor must agree to undertake the responsibility of proctoring accordingly and report back to the Credentials Committee/MEC. The proctor assigned must be fully privileged in the area or procedure for which he/she is proctoring and have the skills and training necessary to appropriately assess clinical ability or provide necessary training.

The cost of proctoring is generally the responsibility of the practitioner receiving the proctoring or his/her practice. HVHS may elect to, but is not obligated to compensate the proctor for the service. The proctor shall not bill the patient for this service.

The proctor will be a physician.

The proctor must complete a written evaluation report (Attachment 1) for each case and submit it at the end of the proctoring period. The written evaluation should be directed to the Credentials Committee/MEC. All proctoring information is confidential.

Training provided by a vendor or expert observer is not considered proctoring and does not meet the intent of this policy.
PURPOSE OF POLICY

To ensure a proctor meets the basic minimum requirements to act as a proctor, including verification of his/her credentials and documentation of demonstration of competency for privileges for which he/she is acting as a proctor.

DEFINITIONS

Proctor: A physician who provides direct observation that allows for the focused evaluation of current physician competency in carrying out actual clinical care and takes both cognitive and procedural abilities into account. This proctor will be credentialed to practice medicine at an HVHS hospital, and may intervene to avoid potential imminent patient harm.

Proctoring: An objective and focused evaluation of a practitioner’s clinical competency. Proctoring may include but is not limited to pre and post procedure assessment, patient selection, observation of procedural skill, assessment of clinical judgment.

PROCEDURES

Proctor Credentialing:

An appropriately licensed practitioner who is not an applicant for medical staff appointment may be granted temporary privileges for the care of one or more specific patients, or for a particular procedure or group of procedures for a focused review when concerns are raised relative to a practitioner’s current clinical competence, practice behavior and/or ability to perform any of his/her privileges. Written approval must be obtained from the Chairperson of the department where the privileges will be exercised, the President of the Medical Staff, and the President of the Hospitals.

Temporary privileges may not exceed 120 days.

1. The following items are sent to the Proctor via e-mail or fax:
   - Application for Appointment and Clinical Privileges which includes a request for:
     - Letter from practitioner’s primary practice facility indicating that they are currently in good standing with their primary practice hospital, possess the clinical privileges to perform the procedures for which they wish to advise our medical staff, and that they previously have successfully performed the procedure(s) that they will be proctoring at HVHS. The letter should be submitted from their primary practice facility directly to HVHS.
     - Certificate of Malpractice Insurance
     - Current Curriculum Vitae
     - Notarized copy of government issued ID
     - Signed Confidentiality Agreement
     - Evidence of 2-step PPD testing, chest x-ray, or report of negative blood assay for mycobacterium tuberculosis (BAMT) such as a quantiferon blood test within the past 12 months
   - Completed HVHS department specific Privilege Form
   - Completed Criminal Background Check Form
   - Current HVHS Bylaws, Rules and Regulations and Policies
   - Signed Bylaws Acknowledgement Form
2. When the completed Application for Appointment and Clinical Privileges (including all attachments), HVHS department specific Privilege Form, Criminal Background Check Form, and Bylaws Acknowledgement Form are received by the Medical Staff Office, the Medical Staff Support Services Personnel performs the following:
   • Verification of All Licenses
   • Verification of Board Certification
   • Verification of DEA
   • Verification of ECFMG (if applicable)
   • AMA or AOA Profile query
   • NPDB query
   • OIG Sanction Database query
   • OMAP Medcheck List query
   • Criminal Background Check

3. To ensure the practitioner meets the credentialing criteria for those privileges requested, privileges are reviewed by the Chairperson of the department where the privileges will be exercised.

4. Once all of the verifications are returned, the Medical Staff Office Support Personnel will type an approval memo that will include:
   • Name of physician being proctored
   • Current primary hospital affiliation and status
   • Qualifications (Board Certification)
   • HVHS facility at which the case will take place
   • If Proctoring is Procedural, Case Number, Type of Procedure, Date of Procedure, Operating Surgeon (given by the operating room)
   • Specific documentation collected and source (Summary Profile)

The memo is signed by the President of the Hospitals, President of the Medical Staff and Department Chairperson.

President, Medical Staff
Heritage Valley Beaver
Date

President, Medical Staff
Heritage Valley
Sewickley
Date

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**Proctor Evaluation Form**

(Attach box of Where facility where the practitioner is being proctored)

- Heritage Valley Hospital
- Heritage Valley Surgery Center
- Heritage Valley Health System

<table>
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<tr>
<th>Observed Physician:</th>
<th>Proctor: (print name)</th>
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<tbody>
<tr>
<td>Procedure(s) Performed</td>
<td></td>
</tr>
<tr>
<td>Medical Record:</td>
<td>Observation Date:</td>
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</table>

**PLEASE ANSWER ALL OF THE FOLLOWING**

<table>
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<tr>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
</table>
| **Intra-operative Management:**
- Was the physician's surgical technique appropriate? (This includes skill in handling suture, manual dexterity, accurate identification and use of materials, instrument care and equipment).
- Appropriate (demonstration, behavior/interaction appropriate).
- Surgical judgment, completeness of procedure. Conformity with accepted practice.
- Ability to position and resect the tool appropriately.
| | | |
| **Procedures performed consistent with consent:**
- Port placement (catheter)
- Surgical staples, a clinical technique
- Use of cameras (robotic)
| | | |
| **Intra-operative complications (if any) recognized and managed appropriately:**
| | | |

I have reviewed the privileges requested by this practitioner. Based on my knowledge and observations:

- I would recommend clinical privileges as requested.
- I would recommend additional proctoring. (COMMENT BELOW)
- I would NOT recommend clinical privileges as requested. (COMMENT BELOW)

**Comments:**

---

Proctor Signature: 
Date: 
Time: 

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2. Policy #8 – FPPE Policy to Confirm Practitioner Competence and Professionalism

The Heritage Valley Beaver and Heritage Valley Sewickley Medical Staffs voted in favor of the modification of this policy to change references to Adjunct Staff to Community Staff.

Subject: FPPE Policy to Confirm Practitioner Competence and Professionalism (New Members/New Privileges)  Effective Date: 01/01/17
Campus: Heritage Valley Beaver  Revised Date: 06/17, 06/18
Heritage Valley Sewickley
Policy Number: 8  Reviewed Date: 06/17, 06/18
Community Staff

FPPE POLICY TO CONFIRM
PRACTITIONER COMPETENCE AND PROFESSIONALISM

(NEW MEMBERS/NEW PRIVILEGES)

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FPPE POLICY TO CONFIRM
PRACTITIONER COMPETENCE AND PROFESSIONALISM

(NEW MEMBERS/NEW PRIVILEGES)

1. **Scope of Policy.** All Practitioners who are granted clinical privileges at a Heritage Valley Health System hospital (the “Hospital”) are subject to focused professional practice evaluation (“FPPE”) to confirm their:

   (a) clinical competence to exercise the clinical privileges that have been granted to them; and

   (b) professionalism, which includes (i) the ability to work with others in a professional manner that promotes quality and safety; and (ii) the ability to satisfy all other responsibilities of Practitioners who are granted clinical privileges at the Hospital (i.e., “citizenship” responsibilities).

2. **Definitions.**

   (a) “FPPE” means a time-limited period during which a Practitioner’s professional performance is evaluated. All initially-granted clinical privileges, whether at the time of initial appointment, reappointment, or during the term of appointment, shall be subject to FPPE. A flow chart that depicts the FPPE process to confirm competence and professionalism is attached as Appendix A.

   (b) “Practitioner” means any individual who has been granted clinical privileges and/or membership by the Board, including, but not limited to, members of the Medical Staff and Advanced Practice Professionals.

   (c) “PPE Support Staff” means the clinical and non-clinical staff who support the professional practice evaluation (“PPE”) process, the ongoing professional practice evaluation process and the FPPE process described in this Policy. This may include, but is not limited to, staff from the Quality Department, Medical Staff Office, and/or Patient Safety Department.

3. **FPPE Clinical Activity Requirements.**

   3.A **Development of Clinical Activity Requirements.** Each Department is responsible for recommending the following FPPE clinical activity requirements:

   (1) **For New Practitioners:**

      (a) the number and types of procedures or cases that will be reviewed to confirm a new Practitioner’s competence to exercise the core and special privileges in his or her specialty;

      (b) how those reviews are to be documented; and
(c) the expected time frame in which the evaluation will be completed; and

For Practitioners with Existing Clinical Privileges Who Are Requesting New Privileges:

(a) the number of cases that must be reviewed to confirm a Practitioner’s competence to exercise a new privilege that is granted during a term of appointment or at reappointment;

(b) how those reviews are to be documented; and

(c) the expected time frame in which the review will be completed.

In developing such recommendations, Departments may consult with the PPE Support Staff, the Chairperson of the Professional Practice Evaluation Committee (“PPEC”), and the Chief Medical Officer. The FFPE clinical activity requirements shall be reviewed by the Credentials Committee and approved by the Medical Executive Committee.

3.B Mechanism for FFPE Review. The FFPE clinical activity requirements will utilize at least one of the following review mechanisms in order to confirm competence:

(1) retrospective chart review by internal or external reviewers;

(2) concurrent proctoring or direct observation of procedures or patient care practices; and/or

(3) discussion with other individuals also involved in the care of the Practitioner’s patients.

In addition, review of available Ongoing Professional Practice Evaluation (“OPPE”) data and other quality data may be used to confirm competence.

4. FFPE for Professionalism. In addition to assessing clinical competence, the FFPE process will also assess a Practitioner’s professionalism. Examples of the types of professionalism criteria that may be used include:

(a) cooperation with the FPPE clinical activity requirements for the Practitioner’s specialty;

(b) compliance with the Medical Staff Professionalism Policy, including appropriate interactions with nursing, other hospital personnel, the Practitioner’s colleagues, and patients and their families;

(c) compliance with medical record documentation requirements, including those related to use of CPOE and the EHR;

(d) timeliness and quality of response to consultation and ED call requests;
(e) completion of any orientation program requirements (e.g., patient safety modules; EHR training);

(f) patient satisfaction scores; and

(g) compliance with protocols that have been adopted by the Medical Executive Committee or the Practitioner’s Department.

The data and information to be reviewed in order to assess professionalism shall be recommended by the PPEC, reviewed by the Credentials Committee, and approved by the Medical Executive Committee.

5. **Notice of FPPE Requirements.** When notified that a request for privileges has been granted, Practitioners shall be informed of the relevant FPPE clinical activity requirements and of their responsibility to cooperate in satisfying those requirements. Practitioners will also be informed that the FPPE process will be used to assess their professionalism, as described above. The Credentials Committee and Medical Executive Committee may modify the FPPE requirements for a particular applicant if the applicant’s credentials indicate that additional or different FPPE may be required.

6. **Participation in FPPE for New Members/New Privileges by Partners.** Consistent with the conflict of interest guidelines set forth in the Medical Staff Bylaws, partners and other individuals who are affiliated in practice with a Practitioner may participate in the FPPE process for new members/new privileges described in this Policy through chart review, proctoring, direct observations, and/or discussions with others involved in the patient’s care. Such individuals shall comply with the standard procedures that apply to all other individuals who participate in the FPPE process, such as the use of Hospital forms and the requirements related to confidentiality. (As set forth in the Professional Practice Evaluation Policy (Peer Review), partners may also participate in reviews under that Policy, but they may not be the sole reviewers.)

7. **Review of FPPE Results.**

7.A **Review by PPE Support Staff.** Information gathered for purposes of FPPE shall be reported to the PPE Support Staff, which shall compile the information and prepare it for subsequent review. If any such information suggests that a concern may exist that requires expedited review, the PPE Support Staff shall notify the Chairpersons of the Credentials Committee and the Leadership Council, who shall work together to determine whether a concern exists such that the matter should be referred for processing under the Professional Practice Evaluation Policy (Peer Review), the Professionalism Policy, or the Medical Staff Bylaws.

7.B **Review by the Department Chair.**

(1) At the conclusion of the expected time frame for completion of the FPPE, the relevant Department Chair shall review the results of a Practitioner’s FPPE and provide a report to the Credentials Committee. The report shall address whether:
(a) the Practitioner fulfilled all the clinical activity requirements;

(b) the results of the FPPE confirmed the Practitioner’s clinical competence;

(c) the results of the FPPE confirmed the Practitioner’s professionalism and/or

(d) additional FPPE is required to make an appropriate determination regarding clinical competence and/or professionalism.

(2) In addition, the Department Chair may engage in a collegial discussion with a Practitioner where the FPPE indicates that competence and professionalism are confirmed, but where there is nonetheless an opportunity for the Practitioner to improve upon an aspect of his/her clinical care or citizenship responsibilities.

7.C Review by Credentials Committee. Based on the Department Chair’s assessment and report, and its own review of the FPPE results and all other relevant information, the Credentials Committee will make one of the following recommendations to the Medical Executive Committee:

(1) Competence and Professionalism Are Confirmed. The FPPE process has confirmed clinical competence and professionalism, and no changes to clinical privileges or the Practitioner’s conditions of practice are necessary;

(2) Extend FPPE Due to Questions. Some questions exist and additional FPPE is needed to confirm clinical competence and/or professionalism, what additional FPPE is needed, and the time frame for it;

(3) Extend FPPE Due to Inactivity. The time period for FPPE should be extended because the individual did not fulfill the FPPE clinical activity requirements, thus preventing an adequate assessment of the individual’s clinical competence or professionalism. Although exceptions may be made for certain low volume Practitioners based on a need for services in their specialties or coverage requirements, generally the time frame for initial FPPE shall not extend beyond 12 months after the initial granting of privileges;

(4) Performance Improvement Plan or Other Intervention is Necessary. Some concerns exist about the Practitioner’s competence to exercise some or all of the clinical privileges granted or the Practitioner’s professionalism, and the details of the Performance Improvement Plan (or other intervention) that should be pursued with the Practitioner in order to adequately address the concerns. Prior to making such a recommendation to the Medical Executive Committee, the Credentials Committee will obtain the input of the Practitioner as set forth in Section 7.E of this Policy. In developing a proposed Performance Improvement Plan, the Credentials Committee may also request input or assistance from the PPEC (for clinical issues) or the Leadership Council (for behavioral issues);
(5) **Change to Privileges or Membership is Necessary.** More significant concerns exist about a Practitioner and the changes that should be made to the Practitioner's clinical privileges or membership (e.g., mandatory concurring consultation requirement imposed; suspension; revocation), subject to the procedural rights outlined in the Medical Staff Bylaws. Prior to making such a recommendation to the Medical Executive Committee, the Credentials Committee will obtain the input of the Practitioner as set forth in Section 7.E of this Policy; or

(6) **Transfer to Adjunct Community Staff or the Automatic Relinquishment of Certain Privileges Due to inactivity.** The individual shall either: (i) be transferred to the Adjunct Community Staff for failure to meet FPPE clinical activity requirements for all privileges, or (ii) automatically relinquish specific clinical privileges for which the individual failed to meet the applicable requirements. Such transfer or automatic relinquishment shall be subject to the procedural rights outlined in Section 8 of this Policy. Exceptions may be granted based on the need for services in the Practitioner's specialty or coverage requirements.

7.D **Review by Medical Executive Committee.** At its next regular meeting after receipt of the written findings and recommendation of the Credentials Committee, the Medical Executive Committee shall:

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

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

(3) state its reasons in its report and recommendation, along with supporting information, for its disagreement with the Credentials Committee's recommendation.

As needed, the Medical Executive Committee may obtain additional input from the Practitioner as set forth in Section 7.E of this Policy before making a decision. If the recommendation of the Medical Executive Committee would entitle the Practitioner to request a hearing pursuant to the Medical Staff Bylaws, the Medical Executive Committee shall forward its recommendation to the Chief Executive Officer, who shall proceed as set forth in the Medical Staff Bylaws.

7.E **Input by Practitioner.**

(1) **General.** The Practitioner shall provide input in writing, responding to any specific questions posed in the request. Upon the request of either the Practitioner or the committee conducting the review, the Practitioner may also provide input by meeting with appropriate individuals to discuss the issues. The
committee requesting input may ask the Practitioner to provide a copy of or access to medical records from the Practitioner's office. Failure to provide such copies or access will be viewed as a failure to provide requested input.

(2)  **Failure to Provide Requested Input.** If the Practitioner fails to provide input within the time frame specified in the request, the Practitioner will be required to meet with the Leadership Council to discuss why the requested input was not provided. Failure of the Practitioner to either meet with the Leadership Council or provide the requested information prior to the meeting will result in the automatic relinquishment of the Practitioner’s clinical privileges until the information is provided. The Leadership Council may extend any time frame set forth in this section and establish a new deadline, if it determines that a Practitioner would be unable to comply due to: (1) illness; (2) previously scheduled travel; or (3) other extenuating circumstances.

8.  **Review of Transfer to Adjunct Community Staff Category or Automatic Relinquishment of Privileges for Failure to Satisfy Clinical Activity Requirements.** If a determination is made by the Medical Executive Committee that an individual shall be transferred to the **adjunct community** staff category or shall automatically relinquish clinical privileges for failure to fulfill FPPE clinical activity requirements, the Practitioner shall not be entitled to the hearing and appeal rights outlined in the Medical Staff Bylaws. Rather, the Practitioner shall be entitled to the rights outlined in this section.

8.A  **Notice.** The Practitioner shall be notified in writing before a report of the transfer or automatic relinquishment is made to the Board. The notice shall inform the Practitioner of the reasons for the action and that the Practitioner may request, within 10 days, a meeting with the Department Chair, the Credentials Committee, and the Chief Medical Officer (or designees).

8.B  **Meeting with Department Chair, Credentials Committee, and Chief Medical Officer.** The individual shall have an opportunity to explain or discuss extenuating circumstances related to the reasons for failing to fulfill the FPPE requirements. No counsel may be present at the meeting. Minutes shall be kept.

8.C  **Written Report and Recommendation.** At the conclusion of the meeting, the Credentials Committee shall make a written report and recommendation. The report shall include the minutes of the meeting held with the individual. After reviewing the Credentials Committee’s recommendation and report, the Medical Executive Committee may:

1. adopt the Credentials Committee’s recommendation as its own and forward it to the Board;
2. send the matter back to the Credentials Committee with specific concerns or questions; or
3. make a recommendation to the Board that is different than the Credentials Committee’s and outline the specific reasons for its disagreement.
8.D **Final Board Decision.** The decision of the Board shall be final, with no right to further hearing or appeal under the Medical Staff Bylaws.

8.E **Decision Not an Adverse Action.** A decision that a Practitioner will be transferred to a **Adjunct Community** Staff category or will automatically relinquish his or her clinical privileges for failure to satisfy clinical activity requirements is not an adverse action that must be reported to the National Practitioner Data Bank or any state licensing board.

8.F **Delegation of Functions.** 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 one or more qualified designees.

Adopted by the Medical Executive Committee on October 14, 2016.

Adopted by the Board on December 15, 2016, with the Policy effective on January 1, 2017.
D. Documents Reviewed – No Changes Recommended

- HVB & HVS Medical Staff Rules & Regulations
- HVB & HVS Independent Allied Professional Staff Rules and Regulations
- Medical Staff Policies:
  - #1 Disaster Privileging and Oversight
  - #2 Criminal Background/Clearance Process
  - #4 Medical Staff Professionalism
  - #5 Practitioner Health and Wellness
  - #6 Delinquent Medical Records
  - #7 History and Physical (H&P) Performed by a Podiatrist
  - #9 Ongoing Professional Practice Evaluation
  - #10 Professional Practice Evaluation (Peer Review)