BYLAWS, RULES AND REGULATIONS OF THE CLINICAL STAFF

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2634-J Capital Circle, N.E., Tallahassee, FL 32308

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BYLAWS, RULES AND REGULATIONS OF THE CLINICAL STAFF
APALACHEE CENTER, INC.

PREAMBLE

WHEREAS, Apalachee Center, Inc. (Apalachee) is a private, non-profit corporation organized under the laws of the State of Florida; and

WHEREAS, its purpose is to serve as a comprehensive, regional behavioral health care center in the Northwest region of the State of Florida; and

WHEREAS, it is recognized that the Clinical Staff is responsible for the overall quality of clinical services provided in the Agency, as well as the responsibility of accounting therefore to the Governing Body, and must accept and discharge this responsibility subject to the ultimate authority of the Governing Body; and

WHEREAS, the cooperative efforts of the Clinical Staff, Administration, and the Governing Body are necessary to fulfill the Agency's obligations to its consumers;

THEREFORE, the staff practicing in this Agency hereby establish a Clinical Staff Organization (CSO) in conformity with these bylaws.

DEFINITION OF TERMS

1. "Administration" means the departments and operations represented by the senior management staff of the Agency as determined by the Chief Executive Officer.

2. "Agency" means Apalachee Center, Inc. (Apalachee).

3. "Chief Executive Officer" (CEO) means the individual appointed by the Governing Body to act in its behalf in the overall management of the Agency.

4. "Chief Medical Officer" (CMO) means the physician appointed by the Chief Executive Officer to act in his/her behalf in the management of Clinical Staff affairs.

5. "Credentialing" shall mean the process of assessing and validating the qualifications of a licensed practitioner being considered to be permitted to provide or continue to provide patient care services within Apalachee. The process includes a series of activities carried out by the Human Resource Department and the Chief Medical Officer or their designees to collect relevant data that will serve as the basis for decisions regarding appointment and reappointments to the Clinical Staff, as well as delineation of clinical privileges.

6. "Governing Body" refers to the Governing Board of Directors, the official governing body of Apalachee Center, Inc.

7. "Licensed Practitioner of the Healing Arts" means fully licensed psychologists, Advanced

Practice Registered Nurse (APRN), Physician Assistants (PA), Licensed Clinical Social Workers (LCSW), Licensed Mental Health Counselors (LMHC), and Licensed Marriage and Family Therapists (LMFT).

8. "Clinical Staff" or "Clinical Staff Organization" means fully licensed physicians and practitioners of the healing arts permitted by law and privileged by the Agency to provide patient care services within the scope of their license and in accordance with individually granted clinical privileges. All physicians and APRNs employed or under contract with Apalachee to provide services to patients of Apalachee in an Apalachee facility shall be required to obtain and maintain privileges and/or clinical staff membership pursuant to these Bylaws. Physician services provided through a contract with an accredited provider will not be required to obtain privileges through Apalachee, provided the accredited provider provides Apalachee with a copy of the practitioner's current privileges prior to providing any patient services at Apalachee.

9. "Peer" shall mean an individual from the same or similar discipline and with similar types and degrees of clinical expertise or qualifications.

10. "Privileging" shall mean the process by which authorization is granted by the Governing Board of Directors, upon recommendation of the Chief Medical Officer and approval of the Chief Executive Officer or designee, to a practitioner to provide specific patient care services within defined limits, based upon an individual practitioner's license, certification, education, training, experience, competence, health status, and judgment in accordance with the Clinical Staff Bylaws.

11. "Attending practitioner" shall mean the psychiatrist or psychiatric APRN responsible for the oversight of the care and treatment of the patient.

ARTICLE I

NAME

The name of this organization shall be the "Clinical Staff Organization of Apalachee Center, Inc.".

ARTICLE II

PURPOSES OF THE CLINICAL STAFF

1. To ensure that all clients admitted to or treated in any of the facilities or services of the Agency receive the optimal feasible care consistent with available resources;

2. To ensure a high level of professional performance of all individuals authorized to practice in the Agency through the appropriate delineation of clinical privileges that each practitioner may exercise and through an ongoing review and evaluation of each practitioner's performance and competence;

3. To provide mechanisms for the appropriate clinical supervision of staff and an appropriate educational setting that will maintain quality standards and that will lead to performance improvement and advancement in professional knowledge and skill;

4. To initiate and maintain rules and regulations for the conduct of the Clinical Staff to ensure ethical conduct and professional practice of its members;

5. To provide a means whereby clinical/administrative issues may be discussed by the Clinical Staff with the Management Team, Chief Executive Officer, and Governing Body. The Chief Executive Officer, or Chief Medical Officer at the direction of the CEO, will communicate directly with the Governing Body to ensure ongoing accountability; and

6. To maintain a set of bylaws and rules and regulations of the Clinical Staff, subject to approval by the CEO and Governing Body, which create a framework for self-governance and accountability within which Clinical Staff members can act with a reasonable degree of freedom and confidence.

ARTICLE III

CATEGORIES OF THE CLINICAL STAFF

SECTION 1. CATEGORIES

The Clinical Staff shall be divided into Active, Consulting, Provisional categories.

SECTION 2. THE ACTIVE CLINICAL STAFF

The Active Clinical Staff shall consist of physicians and licensed practitioners of the healing arts employed by Apalachee and who have been granted privileges to serve patients of Apalachee. The Active Clinical Staff shall:

1. Transact all business of the Clinical Staff;

2. Be required to attend Clinical Staff meetings and committee assignments as provided in Article VIII of these bylaws and shall have exclusive voting privilege at those meetings;

3. Revise/approve the Clinical Staff Bylaws, Rules and Regulations;

4. Retain responsibility and authority for the continuous care and clinical supervision of each patient at Apalachee for whom he/she is providing services or case supervision, or make arrangements through the Chief Medical Officer for a suitable alternative (e.g., transfer, locum tenens, etc.) for such care and supervision;

5. Actively participate in performance improvement activities, including patient care audits, utilization review, peer review, monitoring and evaluation activities, root cause analyses,

and other Clinical Staff functions as may be required.

SECTION 3. THE CONSULTING CLINICAL STAFF

1. The Consulting Clinical Staff shall consist of physicians and licensed practitioners of the healing arts who are under contract with the Agency, and practitioners who have been approved to attend or consult regarding patients of the Agency on an ad hoc basis. Consulting staff are not eligible to hold office or exercise voting privileges but are encouraged to attend meetings of the Clinical Staff Organization as appropriate. Consulting Clinical Staff members may be assigned to serve as members of Clinical Staff committees or work groups at the approval of the Chief Medical Officer.

SECTION 4. THE PROVISIONAL CLINICAL STAFF

1. Locum tenens practitioners shall be maintained on provisional membership status during their placement at the Agency. Such members may practice under assigned privileges in accordance with these bylaws. During this time, Clinical Staff appointees shall not be permitted to hold office, exercise voting privileges, or serve in a Chairperson capacity on any of the Clinical Staff committees, except on approval by the Chief Medical Officer. During this provisional membership status, the practitioner shall be assigned to the Chief Medical Officer or his/her designee for administrative supervision / oversight.

2. Other responsibilities, privileges, and limitations shall be outlined elsewhere in these bylaws.

ARTICLE IV

MEMBERSHIP

SECTION 1. NATURE OF CLINICAL STAFF MEMBERSHIP

1. Membership on the Clinical Staff is a privilege extended only to professionally competent practitioners who continuously meet the qualifications, standards, and requirements set forth in these bylaws.

2. The Clinical Staff shall include fully licensed physicians and may include other licensed individuals permitted by law and by the Agency to provide patient care services independently in the Agency.

3. Each Clinical Staff member shall have delineated clinical privileges that allow the member to provide patient care services without direction or supervision within the scope of his/her license and in accordance with individually granted clinical privileges.

4. All members of the Clinical Staff and all others with individual clinical privileges shall be subject to review as part of the Agency's peer review and performance improvement processes.

SECTION 2. QUALIFICATIONS FOR MEMBERSHIP

1. Only physicians and practitioners of the healing arts licensed to practice in the State of Florida, who can document their background, experience, training and demonstrated competence, their adherence to the ethics of their profession with sufficient adequacy to assure Apalachee that any patient treated by them in the Agency will be given a high quality of care consistent with available resources, shall be qualified for membership on the Clinical Staff. No practitioner shall be qualified for membership on the Clinical Staff or to the exercise of particular clinical privileges in the Agency merely by virtue of the fact that he/she is duly licensed to practice in this or in any other state, or that he/she is a member of any professional organization, or that he/she had in the past, or presently has, such privileges at another organization.

2. The following shall occur at the time of initial assigning of clinical responsibilities:

   a. Current licensure, including all actions against the license, shall be verified and documented with the primary source;
   b. Relevant education, training, and experience shall be verified from the primary source;
   c. Current competence shall be verified from a knowledgeable source; and
   d. The applicant's ability to perform the clinical responsibilities shall be evaluated.

   In addition to the above criteria, the Agency collects and evaluates information on restriction of clinical responsibilities at other health care organizations, when appropriate.

   For physicians, the National Providers Data Bank (NPDB) is queried before finalizing the initial assignment of clinical responsibilities for information on adverse privilege actions taken by any organization. Additional information received from the NPDB query that the Agency may choose to use includes medical malpractice payments, licensure disciplinary actions, adverse actions affecting professional society membership, sanctions for Medicare and Medicaid, and adverse professional review actions taken by health care organizations against health care practitioners other than physicians and dentists.

3. The following licensure, certification, or registration qualifications for appointment to membership on the Clinical Staff shall apply:

   a. Physician: An M.D. or D.O. degree with valid state licensure; completed internship in general/family practice; board eligibility in area of practice or two years experience in health care treatment services.

   b. Psychiatrist: An M.D. or D.O. degree with a completed residency in an APA-approved psychiatry program; valid state licensure; or board eligibility in psychiatry.

   c. Psychologist: A Ph.D. degree in Psychology with valid state licensure (Chapter

490).

d. Advanced Practice Registered Nurse (APRN): A masters degree in Nursing; valid state licensure (Chapter 495); completed clinical practicum or supervised clinical experience in psychiatric / mental health nursing; or primary care certification in area of practice.

e. Physician Assistant (PA): Graduate of an approved physician assistant training program; valid state licensure (Chapter 458 or 459).

f. Licensed Clinical Social Worker (LCSW): A masters or doctoral degree in social work; valid state licensure (Chapter 491); two years of supervised experience.

g. Licensed Mental Health Counselor (LMHC): A masters or doctoral degree in Mental Health Counseling; valid state licensure (Chapter 490); two years of supervised experience.

h. Licensed Marriage and Family Therapist (LMFT): A masters or doctoral degree in Marriage and Family Therapy; valid state licensure (Chapter 490); two years of supervised experience.

4. The following criteria shall apply to membership qualifications and / or clinical privileges:

a. Verification from the Florida Department of Health of an unrestricted current license to practice; and clearance through AHCA background / screening;

b. Consideration of any adverse privilege actions by any organization via the NPDB, if applicable (initial and reappointment); and actions against a physician's medical license via the Federation of State Medical Boards (FSMB) (initial and reappointment);

c. Verification that the practitioner is not included on the HHS / OIG "List of Excluded Individuals / Entities" (www.hhs.gov/oig/cumsan/index.htm) (initial and reappointment);

d. Verification of medical school graduation and residency completion via the AMA Physician Masterfile, if applicable (initial); verification of a Physician's Board Certification from the American Board of Medical Specialties (ABMS), if applicable (initial);

e. Verification of a physician's foreign medical school graduation from the Education Commission for Foreign Medical Graduates (ECFMG);

f. The applicant's assurance (i.e., signed agreement) that he/she shall abide by the Clinical Staff Bylaws, and Rules and Regulations (initial and reappointment);

g. Evidence of adequate professional liability insurance coverage (initial and reappointment of non-contract or non-employee physicians).

h. Completion of relevant / applicable experience, training, and continuing education requirements (initial and reappointment);

i. Peer or supervisory attestations of current competence as documented on Applicant Reference Forms (initial), and/or Peer Review Reports, and/or Performance Evaluations (reappointment);

j. Availability of positive, relevant findings from the Agency's performance improvement and monitoring and evaluation processes, including the results of medication usage evaluation, clinical care evaluations, etc. (reappointment); and

k. Attendance at required Clinical Staff / committee meetings (reappointment);

5. Acceptance of membership on the Clinical Staff shall constitute the staff member's agreement to strictly abide by the principles of the individual's applicable professional code of ethics and the Clinical Staff Bylaws, Rules and Regulations, and Agency policies and procedures.

SECTION 3. CONDITIONS AND DURATION OF APPOINTMENT

1. Clinical Staff membership and delineated clinical privileges are granted by the Governing Board of Directors, based upon Chief Medical Officer recommendation or Chief Executive Officer or designee approval, in accordance with the bylaws, rules and regulations, and policies of the Clinical Staff and the Agency. Re-privileging and reappointments shall be made on a bi-yearly basis (i.e., there shall be no more than two years between assigning and reviewing or revising clinical privileges).

2. Appointment to the Clinical Staff shall confer on the appointee only such clinical privileges and responsibilities as have been granted in accordance with these bylaws.

3. Every application for staff appointment shall be signed by the applicant and shall contain the applicant's specific acknowledgment of every Clinical Staff member's obligations to: abide by the Clinical Staff bylaws, rules, and regulations; accept and fulfill committee and consultant assignments; provide staffing or coverage of areas vacated by leaves, vacations, illness, or death of another staff member; consent to inspection of records and documents; appear for interview if requested; pledge to provide continuous care for patients; and acknowledge any provisions in the Clinical Staff Bylaws for release and immunity from civil liability.

4. Each applicant for Clinical Staff membership shall be provided a copy of the Apalachee Clinical Staff Bylaws, Rules and Regulations and oriented to Agency policies and procedures and shall agree in writing that his/her activities as a member of the Clinical Staff will be bound by them.

5. Membership / privileges shall automatically terminate upon application expiration or employment / contract termination. Temporary privileges may be extended upon Chief Medical Officer or Chief Executive Officer approval during the pendency of a re-application process if it is determined that a disruption of important patient care would result from ceasing services.

SECTION 4. PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

1. All applications for membership on the Clinical Staff and for clinical privileges shall be submitted in writing on "Application for Clinical Staff" form, which are available from the Human Resources Department (application packet presented in Attachment 1). The application requires detailed information concerning: the applicant's professional qualifications; the names of at least two persons who have had experience in observing and working with the applicant and who can provide adequate information pertaining to the applicant's professional competence and ethical character; the applicant's membership status and/or whether clinical privileges have ever been revoked, suspended, reduced, or not renewed at any other hospital or institution; membership in local, state, or national medical societies; and licensure information including whether license to practice any profession in any jurisdiction has ever been suspended or terminated. The applicant shall further report all final judgments or settlements arising out of a professional liability action against applicant and shall describe the circumstances out of which such action arose. Each applicant is required to consent to the inspection of records and documents pertaining to his/her licensure, specific training, experience, current competence, and health status and will, if requested, appear for an interview. Action on an individual's application for appointment or for initial clinical privileges shall be withheld until such information is made available and is verified by the Human Resources Department and/or the Chief Medical Officer or his/her designee. Any application which fails to set forth all the information required above may be deemed incomplete.

2. The Human Resources Department (HR), in conjunction with the Chief Medical Officer or designee, will verify information about the applicant's licensure, training, experience, and current competence provided by the applicant with information from the primary source(s) whenever feasible. Any identified previous restriction on an applicant's clinical responsibilities (e.g., NPDB information on adverse clinical responsibility / privilege actions by a behavioral health care entity) must be flagged by HR and reviewed and evaluated by the Chief Medical Officer and/or Chief Executive Officer.

3. Upon verification of application completion by the Human Resources Department, applications will be reviewed by the Chief Medical Officer or designee and processed by the Governing Board of Directors within ninety (90) days of Human Resources Department verification.

4. The Chief Medical Officer or designee will review and approve applications and requests for clinical privileges / responsibilities in accordance with the criteria established in these bylaws. Upon recommendation for approval, disapproval, or revision / reduction in privileges, the application will be submitted to the Chief Executive Officer for approval.

Upon CEO approval, the recommendation will be presented to the Governing Board of Directors for final approval / disposition.

5. A two-member sub-committee of the Governing Board of Directors, appointed by the Board Chairperson, may review and approve applications between regularly-scheduled Board meetings. The sub-committee may also be used to process applications and make recommendations to the Governing Board of Directors at regularly-scheduled meetings in lieu of full Board review and processing of applications.

6. No applicant shall be granted or denied Clinical Staff membership or clinical privileges on the basis of age, sex, race, creed, religion, national original, or disability or on the basis of any criterion other than professional justification.

SECTION 5. REAPPOINTMENT PROCESS

1. A period of no more than two years shall pass between assigning and renewing or revising clinical responsibilities.

2. Credential files for licensed independent practitioners shall contain substantive information and indicate that clinical responsibilities are reviewed or revised at least every two years and are revised as needed, and a reappraisal is conducted at the time of renewal or revision of clinical responsibilities.

3. The reappraisal shall address current competence and shall include the following:

    a. Confirmation of adherence to organization policies and procedures, rules, or regulations;
    b. Relevant information from organization performance improvement activities when evaluating professional performance, judgment, and clinical or technical skills, when available;
    c. Any results of review of the person's clinical performance (e.g., peer review);
    d. Clinical performance in the organization that is outside acceptable standards;
    e. Relevant education, training, and experience, if changed since initial responsibilities;
    f. Verification of current licensure, including all actions against the license;
    g. A statement that the person can perform the care, treatment, and services he or she has been providing;
    h. Evaluation of restrictions on clinical responsibilities or privileges at a hospital(s) or other health care organization(s);
    i. For physicians, a query of the NPDB for information on adverse clinical responsibility or privilege actions taken by a health care entity.

4. Credentials files shall contain clear evidence that the full range of clinical responsibilities has been included in the reappraisal.

ARTICLE V

CLINICAL PRIVILEGES

SECTION 1. GENERAL

1. All physicians and licensed practitioners of the healing arts who are permitted by law and the Agency to provide patient care services independently in the Agency (i.e., without direction or supervision) shall have delineated clinical privileges, whether or not they are members of the Clinical Staff. Physicians providing services through a contract with an accredited provider shall be entitled to only practice within the scope of the privileges granted through the accredited provider.

2. Every practitioner at this Agency by virtue of Clinical Staff membership shall, in connection with such practice, be entitled to exercise only those clinical privileges specifically granted to him/her in accordance with the Clinical Staff Bylaws. The reappointment process shall include a mechanism designed to assure that individuals with privileges provide services within the scope of privileges granted.

3. Every application for Clinical Staff appointment must contain a "Request for Clinical Privileges" form, available from the Human Resources Department, identifying the specific clinical privileges desired by the applicant. The applicant shall have the burden of establishing his/her qualifications and competency in the clinical privileges he/she requests.

4. Privileges shall be granted on a biannual basis in the same manner as appointments (see Article IV, Section 5).

SECTION 2. DELINEATION OF CLINICAL PRIVILEGES

1. Scope: Clinical privileges shall be granted to each member of the Clinical Staff consistent with this Article. Except as provided in Sections 2 and 3 of this Article, every practitioner at the Center, by virtue of Clinical Staff membership or otherwise, shall be entitled to independently exercise only those privileges specifically granted by the Board of Directors, or to provide only those clinical services which are supervised as specified in subsection 3, General Conditions, of Section 3 below.

2. Basis for Initial Privileging Decisions: Delineation of clinical privileges shall be based upon the applicant's education, training, experience, and demonstrated current competence as reflected in reference letters, written inquiries, and any other authenticated sources of information. Each applicant shall have the primary burden of establishing his or her qualifications and competence in the clinical privileges requested. Appraisal of the applicant's skills by peers of the applicant, who are preferably professional staff members and who may also have the same privileges as those requested, should be an important part of the total evaluation of the applicant's competence.

3. Reappraisals of Clinical Privileges: Periodic redetermination of clinical privileges and their increase or curtailment shall be based upon the direct observation of care provided, a review of the records of patients treated at the Center, a review of other records documenting the evaluation of the member's participation in the delivery of treatment services, the results of performance improvement activities, consideration of the member's mental and physical health status, continuing education activities, and demonstrated current competence. Such periodic redetermination shall be processed in conjunction with the reappointment process, as described in Article IV, Section 5 of these bylaws.

4. Requests for Additional or Altered Privileges: All applications for additional or altered clinical privileges must be requested on a reappointment form. The reappointment form should include a listing of the type of clinical privileges desired and the applicant's relevant recent training and/or experience. These applications shall be processed in the same manner as the application for initial appointment.

SECTION 3. TEMPORARY CLINICAL PRIVILEGES

1. Circumstances: Temporary clinical privileges for licensed independent practitioners shall be granted on a case-by-case basis when there is an important patient care need that mandates an immediate authorization to practice, for a limited period of time while the full credentials information is verified and approved. Examples would include:

   a. The absence of a physician where a practitioner is needed to cover his/her caseload until he/she returns;

   b. The special skills of a practitioner are needed for the care of a patient that are not possessed by a current Apalachee Clinical Staff member;

   c. The delayed processing of a reappointment where discontinuation of service would result in a problem meeting an important patient care need that could not be managed by the remaining Clinical Staff members.

   Temporary clinical privileges may be granted to a qualified professional for a specific period not to exceed one hundred twenty (120) days, provided that the procedure described in subsection 2, below, has been followed.

2. Application and Review

   a. Upon receipt of a completed application and supporting documentation from an appropriately licensed, certified, or experienced professional, the Chief Medical Officer or Chief Executive Officer in the absence of the Chief Medical Officer may grant temporary privileges to such applicant who appears to have qualifications, ability, and judgment, consistent with Article IV, Sections 1-2a.

b. In lieu of written references, the Chief Medical Officer or designee shall interview the applicant and contact at least one person who:

i. has recently worked with the applicant;
ii. has directly observed the applicant's professional performance over a reasonable period of time; and
iii. provides reliable information regarding the applicant's current professional competence, ethical character, and ability to work well with others so as not to adversely affect care of patients.

c. In addition to the above qualifications, to assign temporary clinical responsibilities for new licensed independent practitioners, the licensed independent practitioner must have the following:

i. a complete application;
ii. no current or previously successful challenge to licensure or registration;
iii. not been subject to involuntary termination of professional or medical staff membership at another organization, when applicable to the discipline;
iv. not been subject to involuntary limitation, reduction, denial, or loss of clinical responsibilities when applicable to the discipline.

3. General Conditions

a. Upon assignment of temporary clinical privileges, the practitioner shall provide services under the supervision of the Chief Medical Officer or designee, and shall ensure that the Chief Medical Officer/designee is kept closely informed as to his or her activities with the Center.

b. Temporary privileges shall automatically terminate at the end of the designated period, unless terminated earlier by the Chief Medical Officer or Chief Executive Officer.

c. Requirements for supervision shall be imposed by the Chief Medical Officer or Chief Executive Officer, as may be appropriate under the circumstances, upon any applicant granted temporary privileges after consultation.

d. No one shall be entitled to the procedural rights afforded by Article VII if a request for temporary privileges is refused or if all or any portion of temporary privileges are terminated or suspended.

e. All persons requesting or receiving temporary privileges shall be bound by the bylaws, rules, and regulations of the professional staff.

SECTION 4. EMERGENCY PRIVILEGES

In the case of an emergency prior to the transfer of the patient to a more appropriate facility, any

member of the Clinical Staff, to the degree permitted by his/her license and regardless of service or staff status, shall be permitted and assisted to do everything possible to save the life of a patient, using every facility of the Agency necessary, including calling for any consultation necessary or desirable. An "emergency" is defined as a condition in which serious, permanent harm would result to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

SECTION 5. RESTRICTIONS OF CLINICAL PRIVILEGES

1. Only those privileges specifically approved by the Governing Board of Directors or temporarily approved by the Chief Medical Officer and/or Chief Executive Officer may be exercised by any given individual Clinical Staff member.

2. Individual privileges may be granted with the provision of supervision/proctoring of that specific activity.

3. All clinical privileges for employees and contract providers will be canceled at the time of termination of employment or contractual agreement.

SECTION 6. CATEGORIES AND CRITERIA FOR CLINICAL PRIVILEGES

Any staff member requesting to provide counseling, diagnosis, assessment, therapy, or any other direct treatment services in any form to patients must apply for clinical privileges, or be directly supervised. Privilege categorization encompasses discipline-specific clinical privileges and clinical privileges for specialized therapies. Staff, in conjunction with their appointment, must be privileged to provide discipline-specific clinical privileges. Clinical privileges for specialized therapies are dependent upon meeting the additional minimal criteria for each therapy requested.

1. Discipline-Specific Privileges and Criteria: Any professional requesting discipline-specific clinical privileges must comply with the following minimal criteria:

    a. Psychiatrist

        i. Privilege—General Psychiatric Practice, including psychiatric/mental status examination; assessment and treatment of psychiatric, emotional, and behavioral disorders and disabilities, treatment plan development, approval, and review; involuntary admission; and medication management.

            Criteria:
            1) Compliance with Clinical Staff membership criteria;
            2) Continuing education as required by the State Board of Medical Examiners and the State Medical Society;
            3) Valid DEA number;
            4) Demonstrated current proficiency within age / disability group(s) as exhibited through reference letters, peer review findings, and/or supervisory / proctor recommendation (e.g., Chief Medical Officer).

ii. Privilege — Order Special Treatment Procedures (Seclusion / Restraint)

Criteria:

1) Compliance with Clinical Staff membership criteria;
2) Continuing education as required by the State Board of Medical Examiners and the State Medical Society;
3) Demonstrated current proficiency as exhibited through reference letters, peer review findings, and/or supervisory / proctor recommendation.

iii. Privilege — Inpatient Admission / Treatment

Criteria:

1) Compliance with Clinical Staff membership criteria;
2) Staff / contract physician or signed letter of agreement with Apalachee;
3) A minimum of one-year of post-graduate experience in an inpatient psychiatric setting or equivalent experience with target population;
4) Continuing education as required by the State Board of Medical Examiners and the State Medical Society;
5) Demonstrated current proficiency as exhibited through reference letters, peer review findings, and/or supervisory recommendation.

b. Physician

i. Privilege — Medical Diagnosis And Treatment, to include assessments, histories, physicals, and general medical care, supervision and medication management.

Criteria:

1) Compliance with Clinical Staff membership criteria;
2) Continuing education as required by the State Board of Medical Examiners and the State Medical Society;
3) Valid DEA Number;
4) Demonstrated current proficiency within indicated age / disability group(s) as exhibited through reference letters, peer review findings, and/or supervisory / proctor recommendation (e.g., Chief Medical Officer).

c. Psychologist

i. Privilege — Psychological Evaluations and Treatment to include psychological testing, evaluation, assessments and therapy/counseling of individuals, couples, and families.

Criteria:

1) Compliance with Clinical Staff membership criteria;
2) Continuing education as required for state licensure and practice /specialty area certification, or as recommended by state or national organizations;
3) Demonstrated current proficiency within indicated age/disability group(s) as exhibited through reference letters, peer review findings, and/or supervisory/proctor recommendation.

ii. Privilege—Baker Act Evaluations per F.S. 394 and F.A.C. 65E-5 to include: completion of Professional Certificates (BA52), conduct second opinions for petitions for involuntary placement, conduct initial mandatory involuntary examinations of clients in the Central Receiving Facility (CRF), release clients in the CRF from a Baker Act if criteria for inpatient placement is not met.

Criteria:

1) Compliance with Clinical Staff membership criteria;
2) Continuing education as required for state licensure and practice / specialty area certification, or as recommended by state or national organizations;
3) Demonstrated current proficiency within indicated age/disability group(s) as exhibited through reference letters, peer review findings, and/or supervisory/proctor recommendation.

d. Advanced Practice Registered Nurse (APRN) - Psychiatric

i. Privilege— Psychiatric Practice – Execution of general psychiatric practice under the direction (i.e., Protocol) of an active medical staff psychiatrist, utilization of the nursing process, including psychiatric / mental status examination; assessment and treatment of psychiatric, emotional, and behavioral disorders and disabilities; treatment plan development, approval, and review and medication management within the framework of an approved physician protocol.

Criteria:

1) Compliance with Clinical Staff membership criteria;
2) Continuing education as required for state licensure and practice / specialty area certification, or as recommended by state or national organizations;
3) Valid DEA Number;
4) Demonstrated current proficiency within indicated age/disability group(s) as exhibited through reference letters, peer review findings, and/or supervisory/proctor recommendation.
5) Certification as a psychiatric nurse. Compliance with Medical Staff supervision criteria as specified in approved protocol, Chapter 495,

and F.A.C. 595.

ii. Privilege – Baker Act Evaluations per F.S. 394 and F.A.C. 65E-5 to include completion of Professional Certificates (BA52).

Criteria:
1) Compliance with Clinical Staff membership criteria;
2) Continuing education as required for state licensure and practice / specialty area certification, or as recommended by state or national organizations;
3) Demonstrated current proficiency as exhibited through reference letters, peer review findings, and/or supervisory / proctor recommendations.

iii. Privilege – Order Special Treatment Procedures (Seclusion / Restraint)

Criteria:
1) Compliance with Clinical Staff member criteria;
2) Continuing education as required for State licensure and practice / specialty area certification;
3) Demonstrated current proficiency as exhibited through reference letters, peer review findings, and/or supervisory / proctor recommendations.

iv. Privilege – Inpatient Admission / Treatment

Criteria:
1) Compliance with Clinical Staff membership criteria;
2) Staff / contract APRN or signed letter of agreement with Apalachee;
3) A minimum of one-year of post-graduate experience in an inpatient psychiatric setting or equivalent experience with target population;
4) Continuing education as required for State licensure and practice / specialty area certification;
5) Demonstrated current proficiency as exhibited through reference letters, peer review findings, and/or supervisory recommendations.

v. Privilege – Medication Assisted Treatment (MAT) for Opioid and Alcohol Use

Criteria:
1) Compliance with Clinical Staff membership criteria;
2) Staff / contract physician or signed letter of agreement with Apalachee;
3) Valid DEA Number;
4) DATA 2000 Waiver;

5) Continuing education as required for State licensure and practice / specialty area certification;
6) Demonstrated current proficiency as exhibited through reference letters, peer review findings, and/or supervisory recommendations.

e. Advance Practice Registered Nurse (APRN) – Primary Care

i. Privilege—Primary Care – Execution of the Medical Regimen Under the Direction (i.e., Protocol) of an Active Medical Staff Physician, Utilization of the Nursing Process, to include assessment, diagnosis, planning, implementation and evaluation of interventions; prescription, and medication monitoring within the framework of an approved physician protocol.

Criteria:
1) Compliance with Clinical Staff membership criteria;
2) Continuing education as required for state licensure and practice / specialty are certification, or as recommended by state or national organizations;
3) Valid DEA Number;
4) Demonstrated current proficiency within indicated age/disability group(s) as exhibited through reference letters, peer review findings, and/or supervisory/proctor recommendation.
5) Certification as an adult or family nurse. Compliance with Medical Staff supervision criteria as specified in approved protocol, Chapter 495, and F.A.C. 595.

f. Physician Assistant

i. Privilege – General Medical Regimen Under the direction (i.e., Protocol) of an active medical staff physician, including assessment, diagnosis, planning implementation and evaluation of interventions, prescriptions, monitoring, and medication management as indicated within the framework of an approved physician protocol.

Criteria:
1) Compliance with Clinical Staff membership criteria;
2) Continuing education as required for state licensure and practice / specialty area certification, or as recommended by state or national organizations;
3) Demonstrated current proficiency within indicated age / disability group(s) as exhibited through reference letters, peer review findings, and/or supervisory / proctor recommendation.
4) Compliance with Clinical Staff supervision criteria as specified in approved protocol, Chapter 458, and F.A.C. 64B8-30.

g. Licensed Clinical Social Worker

i. Privilege – Clinical Social Work**,** including evaluation, assessment, diagnosis and counseling/therapy of individuals, couples and families.

ii. Privilege – Baker Act Evaluations per F.S. 394 and F.A.C. 65E-5 to include completion of Professional Certificates (BA52).

Criteria:
1) Compliance with Clinical Staff membership criteria;
2) Continuing education as required for state licensure and practice / specialty area certification, or as recommended by state or national organizations;
3) Demonstrated current proficiency as exhibited through reference letters, peer review findings, and/or supervisory / proctor recommendations.

h. Licensed Mental Health Counselor

i. Privilege – Mental Health Counseling**,** including evaluation, assessment, diagnosis and counseling / therapy of individuals, couples and families.

ii. Privilege – Baker Act Evaluations per F.S. 394 and F.A.C. 65E-5 to include completion of Professional Certificates (BA52).

Criteria:
1) Compliance with Clinical Staff membership criteria;
2) Continuing education as required for state licensure and practice / specialty area certification, or as recommended by state or national organizations;
3) Demonstrated current proficiency as exhibited through reference letters, peer review findings, and/or supervisory / proctor recommendations.

i. Licensed Marriage and Family Therapist

i. Privilege **–** Marriage And Family Therapy**,** including evaluation, assessment, diagnosis and counseling / therapy of individuals, couples and families.

ii. Privilege – Baker Act Evaluations per F.S. 394 and F.A.C. 65E-5 to include completion of Professional Certificates (BA52).

Criteria:
1) Compliance with Clinical Staff membership criteria;

2) Continuing education as required for state licensure and practice / specialty area certification, or as recommended by state or national organizations;
3) Demonstrated current proficiency as exhibited through reference letters, peer review findings, and/or supervisory / proctor recommendations.

2. Age / Disability-Specific Privileges:

a. Privilege – Child And Adolescents Treatment Services, treatment focusing on child and adolescent issues.
b. Privilege – Adult Treatment Services, treatment of individuals between the ages of 18 – 65 years of age.
c. 3. Privilege – Gerontological Treatment Services, treatment focusing on issues related to specific pathological processes of aging which impact the elderly (i.e., individuals 65 years of age and older).
d. Privilege – Forensic Treatment Services, treatment to a specific population which includes forensically involved individuals, and individuals found to be incompetent to proceed or not guilty by reason of insanity.
e. Privilege – Substance Abuse Treatment Services, treatment of individuals with substance abuse or co-occurring disorders.

Criteria:
i. Compliance with Clinical Staff membership criteria;
ii. Clinical privileges for a discipline-specific category of service;
iii. Completion of a minimum of one-year of supervised experience in the specified area of treatment including formal internships or equivalent clinical practice;
iv. Demonstrated current proficiency as exhibited through reference letters, peer review findings, and/or supervisory recommendation.

ARTICLE VI

CLINICAL STAFF STRUCTURE

SECTION 1. COMMITTEE MEETINGS

An organized system of Clinical Staff committees shall be maintained to carry out the business, duties, and functions of the Clinical Staff. The following standing committees shall be maintained:

1. Performance Improvement Committee (PIC)

a. Composition: At least one clinical staff member shall be appointed to the PIC by the Chief Medical Officer and / or Chief Operations Officer. Representatives from Clinical Operations, Performance Improvement, Administration, Safety, Facilities

Services, and Nursing Services shall be appointed by the Chief Executive Officer or Chief Operations Officer to also serve as member of the PIC. Other members shall be appointed at the discretion of the Chief Medical Officer / Chief Operations Officer to ensure appropriate multi-disciplinary and program / service / functional area representation or consultation.

b. Purpose Statement: The PIC shall coordinate performance improvement activities for the Clinical Staff. The PIC shall report to the Management Team and shall be responsible for the following Centerwide performance improvement functions:

i. Centerwide performance indicators and planned improvements;
ii. Environmental safety risk assessment and management activities;
iii. General adverse incident reporting and review;
iv. Medical record review and peer review;
v. Utilization review;
vi. Annual review and approval of the Agency's PI and UM Plans for submission to the Management Team and Governing Board of Directors;
vii. The development of procedures or recommended approval of policies related to client rights, privacy, and other clinical management issues;
viii. Review and approval of research proposals / projects involving human subjects;
ix. Serving as the organization's Ethics Committee for the purpose of providing consultation for staff members through case review and consultation in difficult situations when further help may be needed to make decisions; acting as a support for the Clinical and other health care staff, clients, and family members; developing, reviewing, and recommending policies on care and treatment; and educating staff, clients, and family members on these issues;
x. Annual review and approval or update of the organization-wide Safety Management Plan, including policies and procedures related to:

1) Safety;
2) Security;
3) Control of hazardous materials;
4) Emergency preparedness;
5) Life safety;
6) Medical equipment; and
7) Utility Systems

The PIC shall prepare written reports of its findings, conclusions, and recommendations.

2. Utilization Management (UM) Sub-Committee (of the PIC)

a. Composition: At least one Clinical Staff member shall be appointed to the UM Sub-Committee by the Chief Medical Officer. Representatives from Clinical Operations, Administration, PI / UM, and Insurance / Billing shall be appointed by

the CEO or COO to serve as members. Other members shall be appointed by the Chief Medical Officer / Chief Operations Officer to ensure multi-disciplinary and functional area representation.

b. Purpose Statement: The UM Sub-Committee shall report to the PIC and shall be responsible for oversight of the following UM-related functions and activities:

i. Annual review and approval of the Agency's UM Plan;
ii. Identification and analysis of patterns of care addressing over-utilization / under-utilization and inefficient scheduling of resources through concurrent or retrospective review; and monitoring of the Agency's resources;
iii. Ongoing development, review, and assessment of key utilization analysis reports.

3. Patient Safety (PS) Committee

a. Composition: At least one Clinical Staff member shall be appointed to the PS Committee by the Chief Medical Officer and/or Chief Operations Officer. Representatives from Clinical Operations, Pharmacy, Administration, Nursing, and PI / UM shall be appointed by the CEO or COO to serve as members. Other members shall be appointed by the Chief Medical Officer / Chief Operations Officer to ensure multi-disciplinary and functional area representation.

b. Purpose Statement: The PS Committee shall report to the Management Team and shall be responsible for the organization's efforts to continuously improve the safety and quality of care through risk-reduction activities and compliance with standards intended to reduce the risk of adverse outcomes. The PS Committee shall coordinate the following functions:

i. Organizational compliance with National Patient Safety Goals;
ii. Patient safety related Performance Indicators;
iii. Adverse Drug Reaction (ADR) processes;
iv. Failure Modes and Effects Analysis (FMEA):
v. Seclusion / restraint usage review and analysis;
vi. Medical equipment functional area;
vii. Review and approval of pharmacy, seclusion / restraint, and patient safety-related policies and procedures;
viii. Review and intensive analysis of significant patient safety-related incidents;
ix. Sentinel event report review;
x. Reviewing root cause analysis
xi. Evaluation and approval of protocols concerned with the use of investigational or experimental drugs; and
xii. Monitoring and surveillance of the environment of care and infection control functional areas; approval of the type and scope of infection control surveillance activities; and
xiii. Approval of actions to prevent or control infection, based on an evaluation

of the surveillance reports of infections and of the infection potential among patients and staff; and responsibility to institute any infection control surveillance, prevention, and control measures or studies when there is reason to believe that any patient or staff may be in danger, in accordance with Agency policy.

The PS Committee shall prepare written reports of its findings, conclusions, and recommendations.

4. Informational / Informal / Special Meetings / Performance Improvement Work Groups

Ad hoc meetings of the full Clinical Staff or a targeted task force may be called by the Chief Medical Officer and/or Chief Executive Officer as needed.

On at least an annual basis, the full Clinical Staff shall meet for the purpose of reviewing and approving the organization's (a) formulary / drug list, (b) medication use indicators, (c) lab protocols and standing orders, (d) designated lab company, and (e) Clinical Staff Bylaws.

Performance improvement work groups shall be formed at the direction of the Chief Medical Officer, the PI Committee, the PS Committee, or the Management Team to pursue opportunities for improvement. The Clinical Staff shall actively participate in a planned, systematic, organization –wide approach to designing, measuring, assessing, and improving its performance in accordance with PI plans and procedures.

SECTION 2. MINUTES

In accordance with Agency Policy 100-6, meeting minutes shall be taken at each Clinical Staff and committee meeting held, and shall include, at a minimum, the following:

1. Name and date of meeting;
2. Members present;
3. Members absent;
4. Other staff or individuals present;
5. Major areas of discussion;
6. Conclusions/recommendations;
7. Action taken/follow-up/evaluation.

SECTION 3. QUORUM

The presence of at least one-third (1/3) of a committee's membership shall constitute a quorum for purposes of amendment of these bylaws, rules and regulations, and for all other committee actions. A simple majority vote is required for action to be taken.

ARTICLE VII

ROLE AND RESPONSIBILITY OF CLINICAL STAFF MEMBERS

SECTION 1. CHIEF MEDICAL OFFICER

The Chief Medical Officer shall serve as the presiding officer of the Clinical Staff. Responsibilities of the Chief Medical Officer shall include:

1. Overseeing the work of all physicians and completing competency evaluations for applicable Clinical Staff members;
2. Assuring the appropriate implementation of continuing education and staff training activities for Clinical Staff Organization members;
3. Providing direct psychiatric services, as assigned;
4. Advising the Chief Executive Officer regarding the development and review of the Agency's programs, positions, and budgets that impact clinical services;
5. Overseeing clinical staff receipt of appropriate clinical/ medical supervision and consultation;
6. Overseeing patients' receipt of appropriate evaluation, diagnosis, treatment, medical screening, and clinical/psychiatric evaluation whenever indicated, in accordance with available resources;
7. Serving as a liaison for the Agency with community physicians, Agency physicians, and other professionals and agencies with regard to services; and
8. Overseeing the quality of treatment and related services provided by the Agency's staff through participation (directly or by designee) in the Agency's ongoing performance improvement programs and processes.

In the absence of the Chief Medical Officer, all duties/roles/responsibilities will be carried out by the Chief Executive Officer or other staff as determined by the Chief Executive Officer.

SECTION 2. PHYSICIAN

Within the scope of delineated clinical privileges, and in accordance with state statutes, a licensed physician shall be responsible for diagnosis and all medical care and treatment of assigned patients. Thus, the role and responsibilities of the physician include, without limitation:

1. Authenticate and evaluate medical histories, including alcohol and drug histories;
2. Perform, record, and evaluate physical examinations and make complete assessments of a patient's clinical needs;
3. Prescribe and administer diagnostic procedures, medication, and treatment as necessary or as required;
4. Provide therapeutic interventions and other approved services or treatment modalities;
5. Participate in multi-disciplinary team meetings; provide supervision as necessary or as required;
6. Actively participate in Clinical Staff meetings, performance improvement activities, and peer review activities, and provide in-service education to staff;

7. Document progress or lack of progress toward fulfillment of treatment plan goals and objectives;
8. Maintain accurate, complete, and appropriate patient records, treatment plans, and other required information;
9. Perform such other duties as may be assigned from time to time by the Chief Medical Officer. Physician members of the Clinical Staff shall have the primary authority and responsibility to supervise the medical treatment of patients. The physician member shall take measures to correct any form of treatment or handling of any patient under his or her care which he/she believes is against the best interests of the patient's health or welfare, and shall report to the Chief Medical Officer any practices which he or she believes may be detrimental to any patient.

SECTION 3. PSYCHIATRIST

Within the scope of delineated clinical privileges, and in accordance with state statutes, a licensed psychiatrist shall be responsible for diagnosis and all psychiatric care and treatment of assigned patients. The role and responsibilities of the psychiatrist shall include, without limitation:

1. Complete or supervise the diagnostic / psychiatric evaluations of patients;
2. Assure that each patient will have a strength – based treatment plan with appropriate goals and objectives;
3. Review each treatment case at regular intervals for evaluation of the course of treatment,
4. continued stay authorization, and revision of the treatment plan or discharge plan;
5. Consult with both staff and other agencies regarding diagnostic, medical, and treatment problems or patients;
6. Provide or prescribe diagnosis, care, therapies, interventions, or other approved treatment modalities for assigned caseload; maintain therapeutic environment;
7. Participate in multi-disciplinary team meetings; provide supervision, consultation, and education as necessary or as required;
8. Be accountable to the Chief Medical Officer for clinical and administrative functions;
9. Document progress or lack of progress toward fulfillment of treatment plan goals and objectives;
10. Maintain accurate, complete, and appropriate patient records, treatment plans, and other required information;
11. Actively participate in Clinical Staff meetings, performance improvement activities, and peer review activities, and provide in-service education to staff;
12. Perform such duties as may be assigned from time to time by the Chief Medical Officer (serve as Chair of a committee or task force, provide back-up coverage, on-call coverage, rounds, etc.).

Psychiatrist members of the Clinical Staff shall have the primary authority and responsibility for the psychiatric care and treatment of patients. The psychiatrist member shall take measures to correct any form of treatment or handling of any patient under his or her care which he/she believes is against the best interests of the patient's health or welfare, and shall report to the Chief Medical Officer any policies / protocols /practices which he or she believes warrant review by the Clinical Staff and/or Administration.

SECTION 4. CLINICAL PSYCHOLOGIST

Within the scope of delineated clinical privileges, the role and responsibilities of the psychologist shall include without limitation:

1. Conduct psychological testing and evaluation or assessment of intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning including evaluation of mental competency;
2. Provide counseling, psychoanalysis, psychotherapy;
3. Diagnose and treat mental, psychological or emotional disorders;
4. Participate in multi-disciplinary team meetings; provide supervision, consultation, and education as necessary or as required;
5. Be accountable to the Chief Operations Officer or designee for clinical and administrative functions;
6. Document progress or lack of progress toward fulfillment of treatment plan goals and objectives;
7. Maintain accurate, complete, and appropriate patient records, treatment plans, and other required information;
8. Participate in staff meetings as needed or required;
9. Actively participate in Clinical Staff meetings, performance improvement activities, and peer review activities, and provide in-service education to staff.

SECTION 5. ADVANCED PRACTICE REGISTERED NURSE (APRN) - Psychiatric

Within the scope of delineated clinical privileges and in accordance with state statutes, a licensed APRN shall be responsible for diagnosis and psychiatric care and treatment of assigned patients pursuant to a physician-approved protocol. The role and responsibilities of the APRN shall include, without limitation:

1. Complete the diagnostic / psychiatric evaluations of patients;
2. Assure that each patient will have a problem-oriented treatment plan with appropriate goals and objectives;
3. Review each treatment case at regular intervals for evaluation of the course of treatment, continued stay authorization, and revision of the treatment plan or discharge plan;
4. Consult with both staff and other agencies regarding diagnostic, medical, and treatment problems or patients;
5. Provide or prescribe diagnosis, care, therapies, interventions, or other approved treatment modalities for assigned caseload; maintain therapeutic environment;
6. Participate in multi-disciplinary team meetings; provide supervision, consultation, and education as necessary or as required;
7. Be accountable to his/her supervising physician and the Chief Medical Officer for clinical and administrative functions;
8. Document progress or lack of progress toward fulfillment of treatment plan goals and objectives;
9. Maintain accurate, complete, and appropriate patient records, treatment plans, and other

required information;

10. Actively participate in Clinical Staff meetings, performance improvement activities, and peer review activities, and provide in-service education to staff;
11. Perform such duties as may be assigned from time to time by the supervising psychiatrist or Chief Medical Officer (serve as Chair of a committee or task force, provide back-up coverage, on-call coverage, rounds, etc.)

APRN members of the Clinical Staff shall have the primary authority and responsibility for the psychiatric care and treatment of assigned patients within the scope of their approved protocol.

The APRN member shall take measures to correct any form of treatment or handling of any patient under his or her care which he/she believes is against the best interests of the patient's health or welfare, and shall report to the Chief Medical Officer any practices which he or she believes may be detrimental to any patient.

SECTION 6. ADVANCED PRACTICE REGISTERED NURSE (APRN) - Medical

Within the scope of delineated clinical privileges, the role and responsibilities of the APRN shall include, without limitation:

1. Review intake material of new patients to determine compliance with applicable regulations and standards, special medical needs and medical history, including past and current medications;
2. Complete medical / nursing and nutritional assessments on patient admissions;
3. Provide and monitor general medical care and treatment for patients; implement treatment plan in accordance with approved protocols;
4. Provide routine medical / first aid and preventive health care to patients and carry out appropriate physician's orders;
5. When warranted, supervise the development and revision of:
    a. the medical / nursing care component of the patient's treatment plan to reflect current status; and
    b. the nursing interventions and services which are indicated to meet the needs of patients;
6. Provide general nursing care, including approved therapeutic services or other approved treatment modalities;
7. When applicable, supervise nurses in the performance of their duties;
8. Administer treatment of medication, both oral and parenteral, or coordinate and monitor the administration of prescribed treatments and medications, with full knowledge of therapeutic indications, toxic reactions, and recommended dosages, and obtain clarification of any perceived in inconsistencies;
9. Provide specific information and observations to the treatment team and assist in formulating plans to meet the medical needs of each patient;
10. Document progress or lack of progress toward fulfillment of treatment team goals and objectives;
11. Maintain accurate, complete, and appropriate patient records, treatment plans, and other required information;

12. Participate in staff meetings as necessary or as required;
13. Actively participate in Clinical Staff meetings, performance improvement activities, and peer review activities, and provide in-service education to staff.

SECTION 7. PHYSICIANS ASSISTANT (PA)

Within the scope of delineated clinical privileges, the role and responsibilities of the PA shall include, without limitation:

1. Review intake material of new patients to determine compliance with applicable regulations and standards, special medical needs and medical history, including past and current medications;
2. Complete medical assessments on patient admissions;
3. Provide and monitor general medical care and treatment for patients; implement treatment plan in accordance with approved protocols;
4. Provide routine medical / first aid and preventive health care to patients and carry out appropriate physician's orders;
5. Administer treatment of medication, both oral and parenteral, or coordinate and monitor the administration of prescribed treatments and medications, with full knowledge of therapeutic indications, toxic reactions, and recommended dosages, and obtain clarification of any perceived in inconsistencies;
6. Provide specific information and observations to the treatment team and assist in formulating plans to meet the medical needs of each patient;
7. Document progress or lack of progress toward fulfillment of treatment team goals and objectives;
8. Maintain accurate, complete, and appropriate patient records, treatment plans, and other required information;
9. Participate in staff meetings as necessary or as required;
10. Actively participate in Clinical Staff meetings, performance improvement activities, and peer review activities, and provide in-service education to staff.

SECTION 8. LICENSED CLINICAL SOCIAL WORKER (LCSW)

Within the scope of delineated clinical privileges, the role and responsibilities of the LCSW shall include without limitation:

1. Evaluate, assess, diagnose and treat emotional and mental disorders and dysfunctions (whether cognitive, affective or behavioral) and substance use disorders;
2. Provide counseling and therapy;
3. Participate in multi-disciplinary team meetings; provide supervision, consultation, and education as necessary or as required;
4. Be accountable to the Chief Operations Officer or designee for clinical and administrative functions;
5. Document progress or lack of progress toward fulfillment of treatment plan goals and objectives;
6. Maintain accurate, complete, and appropriate patient records, treatment plans, and other

required information;
7. Participate in staff meetings as needed or required;
8. Actively participate in Clinical Staff meetings, performance improvement activities, and peer review activities, and provide in-service education to staff.

SECTION 9. LICENSED MENTAL HEALTH COUNSELOR (LMHC)

Within the scope of delineated clinical privileges, the role and responsibilities of the LMHC shall include without limitation:

1. Evaluate, assess, diagnose and treat emotional and mental disorders and dysfunctions (whether cognitive, affective or behavioral) and substance use disorders;
2. Provide counseling and therapy;
3. Participate in multi-disciplinary team meetings; provide supervision, consultation, and education as necessary or as required;
4. Be accountable to the Chief Operations Officer or designee for clinical and administrative functions;
5. Document progress or lack of progress toward fulfillment of treatment plan goals and objectives;
6. Maintain accurate, complete, and appropriate patient records, treatment plans, and other required information;
7. Participate in staff meetings as needed or required;
8. Actively participate in Clinical Staff meetings, performance improvement activities, and peer review activities, and provide in-service education to staff.

SECTION 10. LICENSED MARRIAGE AND FAMILY THERAPIST (LMFT)

Within the scope of delineated clinical privileges, the role and responsibilities of the LMFT shall include without limitation:

1. Evaluate, assess, diagnose and treat emotional and mental disorders and dysfunctions (whether cognitive, affective or behavioral) and substance use disorders;
2. Provide counseling and therapy;
3. Participate in multi-disciplinary team meetings; provide supervision, consultation, and education as necessary or as required;
4. Be accountable to the Chief Operations Officer or designee for clinical and administrative functions;
5. Document progress or lack of progress toward fulfillment of treatment plan goals and objectives;
6. Maintain accurate, complete, and appropriate patient records, treatment plans, and other required information;
7. Participate in staff meetings as needed or required;
8. Actively participate in Clinical Staff meetings, performance improvement activities, and peer review activities, and provide in-service education to staff.

ARTICLE VIII

RULES AND REGULATIONS OF INPATIENT SERVICES

The following rules and regulations of inpatient services shall apply to admission and/or treatment of patients within Apalachee inpatient service units (EPH/BEACH, PATH, SRT, and PCC):

1. A patient may only be admitted and discharged by a psychiatrist, physician, or psychiatric APRN.

2. The admitting practitioner shall complete all admission orders at the time of admission.

3. A "Consent to Treatment" signed by or on behalf of each patient admitted to the inpatient unit shall be obtained at the time of admission. The appropriate nursing staff shall notify the admitting or attending practitioner whenever such consent has not been obtained.

4. The admitting or attending practitioner shall be responsible for completion of a formal psychiatric evaluation for each EPH/BEACH and PATH patient within twenty-four (24) hours of admission. Within 24 hours of PCC admission, the admitting or attending practitioner shall be responsible for completion of the Detox Admission Note documenting presenting problem/reason for admission, previous psychiatric and substance use history, mental status and Summary/Plan. If a client is admitted and discharged within 24 hours, a combined psychiatric evaluation (for EPH/BEACH and PATH) or Detox Admission Note (for PCC) / discharge summary may be utilized to cover all required applicable elements of each document.

5. The attending practitioner shall be responsible for the diagnosis, treatment, and care of assigned patients and for preparation and authentication of a complete and legible medical record for each patient. Its contents shall be pertinent, current, and shall contain sufficient information to justify the admission and diagnosis, to delineate the multi-disciplinary treatment plan, and to accurately document services to be provided and treatment results. The attending practitioner is responsible for approving the treatment plan and discharge / continuing care plan.

6. All patients admitted to EPH/BEACH must be seen by the attending practitioner within 24 hours of admission and assessed on a daily basis thereafter, with a daily Physician / APRN note entered in the patient's electronic health record to substantiate active treatment. PATH clients must be seen by the attending practitioner within 24 hours of admission and receive ongoing psychiatric services as medically necessary during treatment (at least weekly unless otherwise determined and documented by the attending practitioner). PCC patients shall be seen by the attending practitioner within 24 hours of admission, and receive ongoing services on a frequency determined by the attending practitioner in accordance with medical necessity. The practitioner must document this contact in the electronic health record. All inpatient / residential patients on a precautionary status ("every fifteen minutes" or "one-to-one") shall be seen and evaluated by the attending

practitioner on a daily basis for ongoing monitoring and assessment. A daily order must be written in the patient's chart by the practitioner to continue the precautionary status. Also, any patient who has been in seclusion or restraint during the last 24 hours must be seen. All patients must be seen by the attending practitioner for discharge planning purposes prior to release.

7. Inpatient unit psychiatric **on-call/rounds** coverage and documentation requirements shall include:

   a. Weekend on-call is from 5:00 AM – 5:00 PM Saturday and Sunday. The following requirements apply:

      i. EPH/BEACH: On-site medical rounds must occur daily on Saturday, Sunday, and holidays. All patients must be seen by the physician /APRN and a progress note entered into the Electronic Health Record to document the service provided and the patient's status, to support daily active treatment, and to fulfill Baker Act requirements, if applicable. Nursing staff must be consulted regarding any problem or patient need and appropriate follow-up taken or initiated. The attending practitioner is also responsible for completion of the following, as applicable: Diagnosis form (at the time of admission/discharge); review and sign off on medication orders; medication consent forms, Medicare Certification forms; Baker Act Forms; and discharge medication orders through Order Connect.

         The following documentation is required for all admissions to EPH/BEACH during the on-call time period:

         1) Psychiatric Evaluation

      ii. PATH/SRT/PCC: On-site medical rounds must be completed on Saturday, Sunday, and holidays. All patients within PATH and PCC must be assessed who are identified by nursing or Medical staff as problematic, high-risk, on a precautionary status level (e.g., 1:1), eligible for discharge or must be evaluated to fulfill any applicable Baker Act or Marchman Act requirements. Also, any patient who has been in seclusion or restraint during the last 24 hours must be seen. A progress note must be entered into the Electronic Health Record regarding patient status, services provided, etc. to reflect the nature of all patient contacts or psychiatric / medical services provided. The physician / APRN is also responsible for completion of the following, as applicable: Admission / Discharge Diagnosis form; review and sign off on medication orders; medication consent forms; Baker Act Forms; and discharge medication orders through Order Connect.

         The following documentation is required for all admissions to PATH/SRT/PCC during the on-call period:

1) Psychiatric Evaluation for PATH and SRT admissions; or
2) Detox Admission Note for all PCC admissions

b. Weekday on-call begins at 5:00 PM, Monday through Sunday, and ends at 5:00 AM the next day. The Clinical Staff member must provide telephone consultation to the units as requested. On occasion, the on-call or back-up physician would be expected to complete a direct, face-to-face evaluation on-site, such as in cases when the unit is at or near capacity, to release a patient from a Baker Act status, if appropriate, and during other psychiatric emergencies requiring direct, on-site services by the Medical Staff member. If an order for seclusion or restraint is issued for an EPH/BEACH, PATH / SRT or CRF patient, the attending practitioner must complete and document a face-to-face evaluation within one (1) hour of placement. If the Psychiatrist is not in the facility, the Registered Nurse can conduct the face to face evaluation and contact the Psychiatrist to review the results and obtain orders.

8. A multi-disciplinary treatment planning process shall be carried out in accordance with unit procedures under the attending practitioner's direction and supervision. The attending practitioner shall be responsible for implementation of any clinical pathways / protocols in effect within Inpatient Services (e.g., suicide / homicide risk reduction protocol, close observation levels, etc.) unless otherwise modified or exempted for a particular patient; documentation shall be maintained in Physician / APRN progress notes or orders accordingly.

9. The attending practitioner shall be responsible for each patient's general medical condition (i.e., physical health) and for the care of any medical problem that may arise during inpatient treatment. The services of a consulting family practice/medical physician or other practitioner shall be utilized as appropriate under the overall direction of the attending practitioner (e.g., consultation regarding abnormal lab values, physical health complaints, etc.).

10. The medical history and physical examination shall be performed by an authorized/privileged practitioner of the Apalachee Clinical Staff.

11. A complete medical history and physical exam must be completed for each patient within twenty-four (24) hours of admission using the Physical Examination in the Electronic Health Record. Unless otherwise ordered by the attending practitioner, a patient shall not be discharged prior to completion of the medical exam and appropriate disposition of the relevant treatment recommendations. In cases where a patient is identified for discharge within 24 hours of admission, the discharge order shall be written contingent upon completion of the medical exam. If the patient refuses, or the attending practitioner decides to discharge the patient prior to completion of the exam, the discharge order and/or chart must include documentation of the rationale / variance from standard protocol and disposition.

12. If a Physical Examination was previously completed within the patient's electronic health record (i.e., a Physical Examination from a previous inpatient admission), several responses will carry forward into a new Physical Examination. The clinical staff member completing the Physical Examination must review the responses and add or update any information and findings as necessary (including a summary of the patient's condition and course of care during the interim time period). The Physical Examination must be completed and documented within the patient's electronic health record within 24 hours.

13. All treatment orders must be written clearly, legibly, and completely, or entered into the Electronic Health Record. Orders which are illegible or improperly written will not be carried out until rewritten or understood by the licensed nurse. The use of "renew", "repeat", "range" and "continued" orders shall not be acceptable. All medication orders must include the symptoms or indication for use. Dangerous or confusing abbreviations, acronyms, and symbols shall not be used in medical records or orders. An official "Do Not Use" listing of abbreviations shall be maintained in the Client Record Handbook. The list of prohibited abbreviations, acronyms, and symbols must be implemented for all patient-specific communications (e.g., progress notes), not just for orders.

14. The prescribing of medications/treatment shall be carried out by those practitioners with appropriate licenses and clinical privileges.

15. The Clinical Staff member responsible for the care of a given patient shall make every effort to explain the risks, side effects, and benefits of all medication and treatment procedures to the patient and/or to his/her legally authorized representative. It shall be the supervising/attending practitioner's responsibility to verbally review the medication consent form and the appropriate medication information sheet with the patient and /or guardian prior to or concurrent with initiating the drug therapy. The Medication Consent Form shall be utilized to facilitate and document informed consent. In cases where patients are not deemed competent to consent to treatment, involuntary proceedings shall be initiated by the responsible physician for court-ordered treatment and/or the appointment of a guardian advocate.

16. All standing orders shall be approved annually by the Clinical Staff and the review/approval/update shall be recorded in Clinical Staff meeting minutes.

17. All orders for treatment shall be documented. A verbal order* shall be recorded directly onto an order sheet in the patient's chart whenever possible, or the Electronic Health Record (transcribing from a piece of paper onto the chart introduces an opportunity for error). All orders dictated over the telephone shall be signed by the appropriately authorized person to whom dictated, with the name of the practitioner per his/her own name. Within inpatient units, the order should be reviewed and validated (i.e., signed and dated with time of day) by an appropriately privileged physician / APRN within 24 hours on the CSU / SRT and 48 hours on all other units. It is preferable for the physician / APRN who issued the order to sign it, but, if that is not possible, the order should be validated by any appropriately privileged practitioner of the Apalachee Clinical Staff. Telephone orders for Seclusion/Restraint must be taken by a registered nurse. On the

CSU (PATH) and SRT; telephone orders may only be accepted by an R.N. For other inpatient and residential programs, telephone orders may be accepted by an R.N. or an L.P.N. Elements to be included in verbal orders are:

a. Name of patient;
b. Drug name;
c. Dosage form (e.g., tablets)
d. Exact strength or concentration(s);
e. Dose, frequency, and route;
f. Quantity and/or duration;
g. Reason for administration if a newly prescribed drug is ordered;
h. Specific instructions for use;
i. Age and weight of patient, if appropriate;
j. Name of prescriber.

*Note: Verbal orders shall be avoided when possible. When verbal orders are unavoidable, the following steps shall be taken: medication order recipients should repeat the drug name and dosage order to the prescriber and request or provide correct spelling, using aids such as "B as in bravo", "M as in Mike", etc. Numbers should be spelled out; for example, "16" should be stated as "one, six" to avoid confusion with the number 60. Abbreviations should be avoided; for example, "l tab TID" should be stated as "take/give one tablet three times daily". The prescriber should provide confirmation as to the accuracy of the read back.

18. Medication orders, changes, and discontinuation must be clearly documented in the patient record noting rationale, purpose, and practice. An assessment for the presence of medication side effects, including Tardive Dyskinesia, must be completed and appropriately documented, including actions taken in response to adverse side effects, or reason for inaction.

19. Evidence of appropriate ongoing monitoring of medication must be documented in accordance with Clinical Staff protocols. Such lab tests must be reviewed by the responsible physician/APRN and such review documented in the patient record. Abnormal lab values must be addressed by the responsible physician/APRN and appropriately documented in the clinical record. Critical lab results must be reviewed within one (1) hour of receipt.

20. Clinical Staff members will participate in monitoring and evaluating the use of medications with regard to: medication dosage, side effects of medications, polypharmacy, and any other issues/areas of study identified by the Performance Improvement Committee, Patient Safety Committee, Chief Medical Officer, or Management Team.

21. The attending practitioner shall document the need for continued treatment after specific periods of stay as identified by the Utilization Management Plan. This documentation must contain adequate written information defining reasons for continued inpatient treatment. A simple re-confirmation of the patient's diagnosis is not sufficient. The

attending practitioner must complete the Physician Certification form for all Medicare (including Medicare HMOs) clients admitted to EPH upon admission, on or before day 12, and every 30 days thereafter until the patient's discharge from EPH.

22. The attending practitioner is responsible for requesting consultation from a qualified consultant when indicated. He/she will provide necessary information to the consultant. In-house consultations may be made freely between the various program components, subject to review by normal supervisory process. Emergency (stat) in-house consultations will be completed within twenty-four (24) hours; medical (elective) consultations will be completed within three (3) days, and routine, administrative consults within five (5) days.

23. Special treatment procedures (e.g., seclusion and restraint) shall be carried out in accordance with Agency policies and/or unit procedures. PRN (i.e., "as needed") orders shall not be utilized. If an order for seclusion or restraint is issued for a CRF, PATH, SRT or EPH/BEACH patient, the attending practitioner/RN must complete a progress note to document the face-to-face evaluation within one (1) hour of placement initiation. The role of the attending practitioner shall be to:

    a. review with staff the physical and psychological status of the individual;
    b. determine whether restraint or seclusion should be continued;
    c. supply staff with guidance in identifying ways to help the individual regain control in order for restraint or seclusion to be discontinued; and
    d. supply an order. (Orders are limited to the time frames cited in policy.)

    If the Practitioner is not in the facility, the Registered Nurse may conduct the face-to-face evaluation and contact the unit Psychiatrist to review the results and obtain orders.

24. Laboratory and diagnostic procedures will be ordered in accordance with established Clinical Staff protocols and at the discretion of the attending practitioner in accordance with the special needs of the patient. Laboratory results must be reviewed, dated, timed and signed by the attending practitioner. Critical lab results must be reviewed within one (1) hour of receipt.

25. At least two (2) client identifiers shall be used whenever administering medications, taking blood samples and/or other specimens for clinical testing, or providing waived testing (e.g., glucose monitoring). Room assignment is not an acceptable patient identifier.

26. ECT shall not be performed in this Agency. If it appears appropriate for a patient, a referral will be made to applicable hospitals.

27. Lobotomies or other surgical procedures for intervention or alteration of a mental, emotional, or behavioral disorder shall not be performed at this Agency.

28. EPH/BEACH, PATH and SRT patients shall be discharged only upon psychiatrist / physician / psychiatric APRN order. Generally, this should be reserved for the attending practitioner, with exceptions consistent with established or agreed upon Clinical Staff

protocols.

29. A discharge order shall include discharge date, diagnoses, and medication(s).

30. Within fifteen (15) days of inpatient unit discharge, a Discharge Summary must be entered into the Electronic Health Record, by the attending practitioner for EPH patients.

31. In the event of a patient's death, the above format for discharge summary will be followed in preparing a final summary statement and shall be entered into the record, taking note of the circumstances leading to death and/or autopsy report.

32. The record must be complete (i.e., all forms entered and completed/finalized, all required information documented, and signatures entered) within thirty (30) days of discharge.

33. All diagnoses shall be recorded on the Diagnosis form in the Electronic Heath Record upon admission, discharge and at any point a change or addition is warranted. All psychiatric diagnoses shall be made from the current edition of the Diagnostic and Statistical Manual of Mental Disorders. All physical diagnoses shall be made from the current edition of the International Classifications of Diseases.

34. The attending and/or on-call practitioners must sign-off and finalize all draft documents in records on a daily basis.

35. Confidentiality of records will be stringently protected. Written consent of the patient is required for release of any information, the only exceptions being a court order or as otherwise specified in Agency policy.

36. All records are the property of the Agency and shall not be removed from the facility (unless otherwise approved as specified in Agency policy).

37. Members of the Clinical Staff shall take an active role in the development of policies and standards of patient care through the mechanism of the Clinical Staff organization.

38. Clinical Staff members will take responsibility for arranging back-up coverage when an emergency affects them during their regular duty hours or following approval by the Chief Medical Officer or designee for scheduled leave. All Clinical Staff members shall be expected to assume additional medical responsibility when a colleague is on vacation or sick leave, or as otherwise directed by the Chief Medical Officer.

39. The attending practitioner shall be responsible for “hand-off” communication when transferring responsibility for a patient to another practitioner, including: up-to-date information regarding the patient’s care, treatment, and services, condition, and any recent or anticipated changes. There shall be an opportunity for questioning between the giver and receiver of information.

ARTICLE IX

RULES AND REGULATIONS OF NON-INPATIENT SERVICES

The following rules and regulations shall apply to admission and treatment of patients within Apalachee outpatient, psychosocial rehabilitation, and residential service (i.e., non-inpatient) programs:

1. An attending practitioner (i.e., psychiatrist / psychiatric APRN / LCSW / LMHC / LMFT / Psychologist) will be assigned to all patients in accordance with Clinical Staff/programmatic protocols. Practitioners will also be assigned to all outpatient clients receiving medication services in accordance with programmatic procedures.

2. Admissions to outpatient/psychosocial rehabilitation / residential programs (i.e., non-inpatient) shall be approved by the program's supervising/assigned Clinical Staff member or the program/clinical supervisor through established admission certification processes. Planned discharges from an outpatient/psychosocial rehabilitation program shall be approved by the program/clinical supervisor via established treatment team/program staffing processes or completion of the Transfer/Discharge Summary Form. High risk clients, as defined by Agency policy 500-34, must be staffed with a practitioner prior to discharge.

3. The attending practitioner will complete a psychiatric evaluation within thirty (30) days of admission unless a psychiatric evaluation was completed within an Apalachee inpatient unit for assigned outpatient clients. The evaluation must consist of identifying data; the chief complaint or reason for admission; a description and history of present illness; past psychiatric history; past medical and drug usage history (including detailed allergies); family history; educational/vocational; social; a complete mental status examination; assets; diagnosis; and the initial treatment plan, including short-term and long-range goals. For medication management-only cases, the attending practitioner shall be responsible for completion of the Treatment Plan.

4. A physical examination and history shall be generally required within thirty (30) days of outpatient admission for all clients determined by standard medical practice to be in need of a physical examination to be able to provide the proper care and treatment of the individual. Residential clients shall receive a physical examination prior to or concurrent with the admission (i.e., within 7 days of admission). If, within thirty (30) days prior to admission to the residential program, a complete physical history has been performed, a signed copy of the report may be scanned into the patient’s electronic health record and shall be considered to constitute an appropriate health assessment.

5. The attending practitioner shall be responsible for the diagnosis, treatment, and care of assigned patients and for preparation and authentication of a complete and legible medical record for each patient. Its contents shall be pertinent, current, and shall contain sufficient information to justify the admission and diagnosis, to delineate the multidisciplinary

treatment plan, and to accurately document services provided and treatment results. The attending practitioner is responsible for approving the treatment plan and discharge / continuing care.

6. All physicians' / APRNs' orders must be written clearly, legibly, and completely or entered into the Electronic Health Record. Orders which are illegible or improperly documented will not be carried out until rewritten or understood by the pharmacist or licensed nurse. The use of "renew", "repeat", and "continued orders" shall not be acceptable. Dangerous or confusing abbreviations, acronyms, and symbols shall not be used in medical records or orders. An official "Do Not Use" listing of abbreviations shall be maintained in the Client Record Handbook. The list of prohibited abbreviations, acronyms, and symbols must be implemented for all patient-specific communications (e.g., progress notes), not just for orders.

7. The prescribing of medications / treatment shall be carried out by those physicians / APRNs with appropriate licenses and clinical privileges. Cases being managed by an APRN involving prescription of a drug outside the scope of APRN authorization / protocol shall require ongoing communication / case collaboration between the MD and APRN. The attending practitioner must approve all medications administered to a residential client.

8. The Clinical Staff member responsible for the care of a given patient shall make every effort to explain the risks, side effects, and benefits of all medication and treatment procedures to the patient and/or to his/her legally authorized representative. It shall be the attending practitioner's responsibility to verbally review the medication consent form and the appropriate medication information sheet with the patient and /or guardian prior to or concurrent with initiating the drug therapy. The Medication Consent Form shall be utilized to facilitate and document informed consent. In cases where patients are not deemed competent to consent to treatment, involuntary proceedings shall be initiated by the responsible physician for court-ordered treatment and/or the appointment of a guardian advocate.

9. All standing orders shall be approved annually by the Clinical Staff and the review, approval / update shall be recorded in Medical Staff meeting minutes.

10. All orders for treatment shall be clearly documented. A verbal order* shall be recorded directly onto an order sheet in the patient's chart whenever possible, or the electronic health record (transcribing from a piece of paper into the chart introduces an opportunity for error). All orders dictated over the telephone shall be signed by the appropriately authorized person to whom dictated, with the name of the practitioner per his/her own name. Within non-inpatient units, the order should be reviewed and validated (i.e., signed and dated with time of day) by the responsible practitioner within seventy-two (72) hours. It is preferable for the practitioner who issued the order to sign it, but, if that is not possible, the order should be validated by any appropriately privileged member of the Apalachee Clinical Staff. Telephone orders for medication must be taken by a licensed nurse or pharmacist.

*Note: Verbal orders shall be avoided when possible. When verbal orders are unavoidable, the following steps shall be taken: medication order recipients should repeat the drug name and dosage order to the prescriber and request or provide correct spelling, using aids such as "B as in bravo", "M as in Mike", etc. Numbers should be spelled out; for example, "16" should be stated as "one, six" to avoid confusion with the number 60. Abbreviations should be avoided; for example, "1 tab TID" should be stated as "take/give one tablet three times daily".

11. Medication orders, changes, and discontinuation must be clearly documented in the patient's record noting rationale, purpose, and practice. An assessment for the presence of medication side effects, including Tardive Dyskinesia, must be completed at least annually and appropriately documented, including actions taken in response to adverse side effects, or reason for inaction.

12. Evidence of appropriate ongoing monitoring of medication must be documented in accordance with Clinical Staff protocols. Such lab tests must be reviewed by the responsible physician/APRN and such review documented in the patient record. Abnormal lab values must be addressed by the attending practitioner and appropriately documented in the clinical record. Critical lab values must be reviewed within one (1) hour of receipt.

13. Clinical Staff members will participate in monitoring and evaluating the use of medications with regard to: medication dosage; Tardive Dyskinesia and other side effects of medications, polypharmacy, and any other issues / areas of study identified by the Performance Improvement Committee, Patient Safety Committee, or Clinical Staff.

14. The attending practitioner shall be responsible for ensuring adequate medical record documentation which supports the need for continued stay and treatment. This documentation must contain adequate written information supporting reasons for continued stay and treatment. A simple re-confirmation of the patient's diagnosis is not sufficient.

15. Adequate physician / APRN documentation of treatment and care must be maintained. At least quarterly, Physician / APRN progress notes should be made which document treatment provision, client progress or lack of progress, and plans for revision or continuation of treatment. The APRN is to refer to the supervising psychiatrist for consultation / evaluation any client deemed necessary for additional medical management.

16. The attending practitioner is responsible for requesting consultation from a qualified consultant when indicated. He/she will provide necessary information to the consultant in writing. All such requests will be documented in the patient's treatment plan. In-house consultations may be made freely between the various program components subject to review by normal supervisory process. Emergency (stat) in-house consultations will be completed within twenty-four (24) hours; medical (elective) consultations will be completed within three (3) days, and routine administrative consults within five (5) days.

17. Laboratory and diagnostic procedures will be ordered in accordance with established Clinical Staff protocols and at the discretion of the attending practitioner in accordance with the special needs of the patient. Laboratory results must be reviewed, dated, timed and signed by the attending practitioner. Critical lab values must be reviewed within one (1) hour of receipt.

18. For those clients prescribed psychotropic medications, an annual EKG must be pursued if clinically indicated.

19. At least two (2) client identifiers shall be used whenever administering medications, taking blood samples and other specimens for clinical testing, or providing waived testing (e.g., glucose monitoring).

20. All diagnoses shall be recorded on the Diagnosis form in the Electronic Heath Record upon admission, discharge and at any point a change or addition is warranted. All psychiatric diagnoses shall be made from the current edition of the Diagnostic and Statistical Manual of Mental Disorders. All physical diagnoses shall be made from the current edition of the International Classifications of Diseases.

21. Confidentiality of records will be stringently protected. Written consent of the patient is required for release of any information, the only exception being a court order or as otherwise specified in Agency policy.

22. All records are the property of the Agency and shall not be removed from the facility (unless otherwise approved as specified in Agency policy).

23. Diagnostic procedures and x-rays will be ordered at the discretion of the attending practitioner.

24. For medication management-only cases (i.e., for those cases in which the physician / APRN is serving as "case manager"), the Transfer / Discharge Summary form shall be completed by the attending practitioner.

25. The record must be complete (i.e., all forms entered and completed/finalized, all required information documented, and signatures entered) within thirty (30) days of discharge.

26. Members of the Clinical Staff shall take an active role in the development of policies and standards of patient care through Clinical Staff Organization committee participation.

27. Clinical Staff members will take responsibility for arranging back-up coverage when an emergency affects them during their regular duty hours or following approval by the Chief Medical Officer or designee for scheduled leave. All Clinical Staff members shall be expected to assume additional medical responsibility when a colleague is on vacation or sick leave, or as otherwise directed by the Chief Medical Officer.

28. The attending practitioner shall be responsible for "hand-off" communication when transferring responsibility for a patient to another practitioner, including: up-to-date information regarding the patient's care, treatment, and services, condition, and any recent or anticipated changes. There shall be an opportunity for questioning between the giver and receiver of information.

ARTICLE X

CORRECTIVE ACTION

SECTION 1. GENERAL PROCEDURES

1. Whenever the activities or professional conduct of any practitioner with clinical privileges are considered to be below the standards or aims of the Clinical Staff or to be disruptive to the operation of the Agency, requests for corrective action against any such practitioner may be brought to the attention of the Chief Medical Officer and/or Chief Executive Officer by any person having knowledge thereof. Requests for corrective action shall be in writing, shall be made to the Chief Medical Officer, and shall be supported by reference to the specific activities or conduct which constitute the grounds for the request. Depending on the nature and seriousness of the allegations, the Chief Medical Officer and the Chief Executive Officer may require that the practitioner in question be suspended with/without compensation for a specific time period, from all or specific Agency/clinical privilege activity until the matter can be fully investigated.

2. The normal procedure upon receipt of such request will be for the Chief Medical Officer to immediately advise the Chief Executive Officer of the situation and to investigate the matter. The practitioner against whom corrective action has been requested shall have an opportunity for an interview with the Chief Medical Officer. At such interview he/she shall be informed of the charges against him/her and shall be invited to discuss, explain, or refute them.

3. If the practitioner declines the opportunity for an interview, the Chief Medical Officer shall complete the investigation and forward the findings and recommendations to the Chief Executive Officer. The Chief Executive Officer's final decision, in writing, will be given or mailed to the practitioner involved.

4. Whenever the activities or professional conduct of the Chief Medical Officer are considered to be below the standards or aims of the Clinical Staff or to be disruptive to the operation of the Agency, corrective action requests may be brought to the attention of the Chief Executive Officer by any member of the Clinical Staff. Requests for corrective action shall be made in writing and shall be supported by reference to the specific activities or conduct which constitute the grounds for the request. A copy of the complaint will be immediately forwarded to the Chief Medical Officer. The Chief Executive Officer's final decision, in writing, will be given or mailed to the Chief Medical Officer.

5. EPH Practitioner: Pursuant to F.S.458.337 and 459.016, any disciplinary actions pertaining to EPH services taken under subsection (3) of 395.0193 (EPH Licensure) shall be reported in writing to the Division of Health Quality Assurance of the Agency for Health Care Administration (AHCA) within thirty working days after its initial occurrence, regardless of the pendency of appeals to the Governing Board of Apalachee. The notification shall identify the disciplined practitioner, the action taken, and the reason for such action. All final disciplinary actions taken under subsection (3) of 395.0193, if different from those which were reported to AHCA within thirty days after the initial occurrence shall be reported within ten working days to the Division of Health Quality Assurance of AHCA in writing and shall specify the disciplinary action taken and the specific grounds therefore.

SECTION 2: SUMMARY RESTRICTION OR SUSPENSION

1. Criteria for Initiation: Whenever a staff member's conduct exhibits any dependency on drugs or alcohol, or appears to require that immediate action be taken to protect the life or well-being of a patient(s), or to reduce a substantial and imminent likelihood of significant impairment of the life, health, or safety of any patient or other person in the Center, the Chief Medical Officer may summarily restrict or suspend the professional staff membership status or clinical privileges of such member. Unless otherwise stated, such summary restriction or suspension shall become effective immediately upon imposition, and the Chief Medical Officer shall promptly give written notice to the member and the Chief Executive Officer. The summary restriction or suspension may be limited in duration and shall remain in effect for the period stated or, if none, until resolved as set forth herein.

2. Procedural Rights: Unless the Chief Medical Officer promptly terminates the summary restriction or suspension, the member shall be entitled to the procedural rights afforded by Article XI.

3. Transition of Care: Unless otherwise indicated by the terms of the summary restriction or suspension, the patient(s) under the care of the affected member shall be promptly assigned to another member by the program manager or by the Chief Medical Officer, considering, where feasible, the preference of the patient in the choice of a substitute member.

SECTION 3. AUTOMATIC SUSPENSION OR LIMITATION OF CLINICAL PRIVILEGES

In any of the following circumstances, subsections 1 through 5 below, the member's clinical privileges or membership status may be automatically suspended or restricted as described. If such suspension or restriction does not exceed fourteen (14) days in duration, such action shall be final, and the affected member shall not be entitled to request a hearing, nor exercise any other procedural rights provided in Article XI of these bylaws.

1. Licensure or Certification: Revocation, Suspension, Restriction, or Probation: Whenever a member's license, certification, or other legal credential authorizing practice in this state

is revoked, suspended, restricted, or made subject to probation by a state agency, his or her Clinical Staff membership status and clinical privileges shall be automatically revoked, suspended, restricted, or made subject to probation in a similar manner as of the date such action becomes effective and throughout its term.

2. Controlled Substances: Revocation, Limitation, Suspension, or Probation: Whenever a member's DEA certificate is revoked, limited, suspended, or made subject to probation, the member shall automatically and correspondingly be divested of the right to prescribe medications covered by the certificate, or shall be subject to the same terms of probation, as of the date such action becomes effective and throughout its term.

3. Patient Records: Members of the Clinical Staff are required to complete patient records within such reasonable time as prescribed by the Clinical Staff rules and regulations. If the patient records are not completed within this time period, patient records personnel shall notify the Chief Medical Officer. A limited suspension, in the form of withdrawal of admitting, clinical, or consulting privileges until records are completed, shall be imposed by the Chief Medical Officer five (5) days after a notice has been sent to the member concerning such delinquency, or other such action as required by the Center's policies and procedures manual (i.e., Client Records Handbook). Clinical care of any patient shall be transferred, when necessary, to another member to ensure continuity of care. Three (3) such suspensions within any twelve (12) month period shall be brought to the attention of the Chief Executive Officer for such action as may be warranted. The suspension shall continue until lifted by the Chief Medical Officer.

4. Professional Liability Insurance: For failure to maintain the amount of professional liability insurance required under these bylaws or the Clinical Staff rules and regulations, a member's appointment and clinical privileges, after written notice of delinquency, shall be automatically and immediately suspended and shall remain so suspended until the member provides evidence to the Chief Medical Officer that he/she has secured professional liability coverage in the amounts required. A failure to provide such evidence within sixty (60) days after the date of the notice shall be deemed to be a voluntary resignation of membership in the Clinical Staff Organization and/or relinquishment of all clinical privileges.

5. Chief Executive Officer (CEO) Deliberation: As soon as practical after action is taken or is warranted as described in this section, the CEO and Chief Medical Officer shall convene to review and consider the facts, and may recommend such further corrective action as may be deemed appropriate. The imposition of such further corrective action, only to the extent that it differs from and is more severe than the suspension or limitation initially imposed, may be reviewed pursuant to Article XI of these bylaws. Otherwise, members who have had their clinical privileges automatically suspended under this section shall not be entitled to any hearings or appellate reviews pursuant to Article XI.

ARTICLE XI

HEARING AND APPELLATE REVIEW PROCEDURES

SECTION 1. RIGHT TO HEARING AND TO APPELLATE REVIEW

1. When any practitioner receives notice of a decision of the Chief Executive Officer which will adversely affect his/her appointment or status as a member of the Clinical Staff or his/her exercise of clinical privileges, he/she shall be entitled to a hearing before the Chief Medical Officer and Chief Executive Officer within seven (7) days.

2. Within seven (7) days after the conclusion of the hearing, the Chief Executive Officer shall make his/her decision in the matter and shall inform the concerned practitioner. The Chief Executive Officer's decision shall be final.

ARTICLE XII

IMMUNITY FROM LIABILITY

The following shall be express conditions to any practitioner's application for, or exercise of, clinical privileges at this Agency:

First, that any act, communication, report, recommendation, or disclosure, with respect to any such practitioner, performed or made in good faith and without malice and at the request of an authorized representative of this Agency for the purpose of achieving and maintaining quality patient care, shall be privileged to the fullest extent permitted by law.

Second, that such privilege shall extend to members of the Clinical Staff, Governing Body, Chief Medical Officer, Chief Executive Officer and his/her representatives, and to third parties who supply information to any of the foregoing authorized to release, receive, or act upon the same.

Third, that there shall, to the fullest extent permitted by law, be absolute immunity from civil liability arising from any such act, communication, report, recommendation or disclosure, even where information involved would otherwise be deemed privileged.

Fourth, that such immunity shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with, but not limited to, the following:

1. Applications for appointment or clinical privileges;
2. Periodic reappraisals for reappointment or clinical privileges;
3. Corrective action, including summary suspension;
4. Hearings and appellate reviews;
5. Medical care evaluations, utilization review, peer review;
6. Performance Improvement reporting;
7. National Practitioners Data Bank / HHS / OIG reporting and/or querying;

8. Other program, departmental, service, or committee activities related to quality patient care and professional conduct.

ARTICLE XIII

AMENDMENTS

These bylaws may be amended after submission of a proposed amendment at any regular or special meeting of the Clinical Staff. A proposed amendment shall be referred to the Chief Medical Officer, who shall report on it at the next regular meeting or at a special meeting called for such purpose. Amendments shall be effective when approved by the Chief Medical Officer, Chief Executive Officer, and Governing Body.

ARTICLE XIV

ADOPTION

These bylaws, together with the appended rules and regulations, shall be adopted at any regular or special meeting of the Clinical Staff, shall replace any previous bylaws, rules, and regulations, and shall become effective when approved by the Chief Medical Officer, Chief Executive Officer, and Governing Body.

ARTICLE XV

REVIEW AND ACCOUNTABILITY

These bylaws, rules, and regulations shall be reviewed by the Clinical Staff at least biennially and revised as needed. The bylaws shall be submitted to the Governing Body on at least a biennial basis for review and approval. Quarterly Performance Improvement / Risk Management Reports shall be provided at regular meetings of the Governing Body. If significant changes are made in the bylaws, rules, and regulations or Agency policies, members of the Clinical Staff and other individuals with clinical privileges shall be provided with copies of revised texts of the written materials.

Dated this _____ day of _____, 2022.

_____

Chief Medical Officer: Generoso Masangkay, M.D.

_____

Chief Executive Officer: Jay A. Reeve, Ph.D.

_____

Chairperson, Governing Board of Directors: Steve Lanier

ATTACHMENTS

APALACHEE CENTER, INC.
CLINICAL STAFF ORGANIZATION
Application for Appointment to the Clinical Staff

Application Date: ____/____/_____

_____ _____ _____ _____
Last Name First Name Middle Name Degree

Clinical Staff Category Requested:

□ **Active** The Active Staff shall consist of Physicians and Licensed Independent Practitioners of the Healing Arts employed or on contract with Apalachee who have been granted privileges to serve patients of Apalachee. Active Clinical Staff shall be expected to actively participate in patient care and teaching programs, serve on committees, and participate in improvement, utilization review, department, and Clinical Staff meetings / activities.

□ **Consulting** The Consulting Staff shall consist of Physicians and Licensed Independent Practitioners of the Healing Arts who are employed or under contract with Apalachee on a part-time basis or who have been approved to treat patients of Apalachee on an ad hoc or consulting basis (e.g., Family Practice Practitioners). Consulting Staff may be eligible to serve on Clinical Staff committees, and are expected, but not required, to attend department, committee, or Clinical Staff meetings. Consulting Staff are ineligible to vote on Clinical Staff matters or hold Clinical Staff office.

□ **Provisional** The provisional Clinical Staff shall consist of Locum Tenens.

□ ***Please submit a copy of your current Vita / Résumé.*** □ ***Please attach a Photocopy of a government issues <u>PHOTO ID</u> issued by a State or Federal Agency (e.g., Driver's License or Passport)***

1. **Mailing Address**

_____
Street Address □ Home □ Office

_____ _____ _____ (___)_____-_____
City State Zip Code Telephone Number

2. **Identifying Information**

□ Male □ Female Federal ID#:_____ Social Security Number: _____

Date of Birth: ____/____/____ Place of Birth (City/State/County):_____

Home Street Address

_____ _____ _____ (___)_____-_____
City State Zip Code Telephone Number

3. **Licensure / Registration**

Florida License Number: _____ Expiration Date: ____/____/_____

Other State Licenses: □ N/A

State: _____ License No.: _____ Expiration Date: ____/____/_____

State: _____ License No.: _____ Expiration Date: ____/____/_____

State: _____ License No.: _____ Expiration Date: ____/____/_____

DEA Registration No.: _____ Date Issued: ____/____/____ Expiration Date: ____/____/_____

Medicare No.:_____ Date Issued:____/____/____ Expiration Date: ____/____/_____

Medicaid No.:_____ Date Issued:____/____/____ Expiration Date: ____/____/_____

□ ***Please attach a copy of your state license and DEA Registration.***

4. **Certification** - please check: □ American Board of Psychiatry & Neurology
□ American Osteopathic Board of Neurology & Psychiatry
□ Not Certified

Type: _____ Certificate #: _____ Cert. Date: ____/____/___
Type: _____ Certificate #: _____ Cert. Date: ____/____/___
Board Eligible: General Psychiatry □ Yes □ No □ N/A Date: ____/____/___
Child Psychiatry □ Yes □ No □ N/A Date: ____/____/___
If not certified, give current status:

□ ***Please submit a copy of Board Certification(s), Board Diplomate Certification(s), or letter of Board eligibility from American Board of Medical Specialties (Psychiatrists only)***

5. **Undergraduate Education**

_____ _____ ____/____/____ _____
College or University Field of Study Graduation Date Degree

_____ _____ _____ _____
Street Address City State Zip Code

6. **Medical / Graduate School**

_____ _____ ____/____/____ _____
College or University Field of Study Graduation Date Degree

_____ _____ _____ _____
Street Address City State Zip Code

□ ***Please submit a copy of your diploma and transcripts.*** □ ***Please include a copy of your Education Council for Foreign Medical Graduates (ECFMG) Certificate if applicable.***

7. **Postgraduate Education — Please provide copies of certificates, diplomas, or other proof of completion.**

_____ _____ _____
a. Internship Department or Specialty Inclusive Dates

_____ _____
Institution Name of Supervisor

_____ _____ _____
b. Residency Department or Specialty Inclusive Dates

_____ _____
Institution Name of Supervisor

Residency Accredited By: □ Accreditation Council for Graduate Medical Education (ACGME);
□ Royal College of Physicians and Surgeons of Canada; □ Not Accredited

_____ _____ _____
c. Fellowship Department or Specialty Inclusive Dates

_____ _____
Institution Name of Supervisor

8. **Continuing Education** — □ Please attach a list of continuing education activities you have participated in during the past 24 months.

9. **Membership in Professional Societies or National Registers of Health Service Providers** — Please list current memberships and □ provide copies of current membership card(s), if applicable.

_____
_____
_____

10. **Membership and Fellowship in Specialty Organizations**

_____ _____
Name of Organization Inclusive Dates

_____ _____ _____ _____
Street Address City State Zip Code

_____ _____
Name of Organization Inclusive Dates

_____ _____ _____ _____
Street Address City State Zip Code

11. **Professional References** — List three physicians or practitioners who have personal knowledge of your clinical ability, ethical character, health status, and ability to work well with others. One such reference must be the individual with the most recent organizational responsibility for your performance.

Name	Title	Telephone Number
		(_____)_____-_____

Address	City	State	Zip Code

Name	Title	Telephone Number
		(_____)_____-_____

Address	City	State	Zip Code

Name	Title	Telephone Number
		(_____)_____-_____

Address	City	State	Zip Code

□ ***Please submit three (3) Apalachee letters of reference from practitioners (in your specialty) who are sufficiently acquainted with you to serve as a reference of character and competence.***

12. **Hospital Affiliations** — List current and previous hospital affiliations in chronological order (present to past).

Name of Hospital	Category of Appointment/Privileges	Inclusive Dates

Street Address	City	State	Zip Code

Name of Hospital	Category of Appointment/Privileges	Inclusive Dates

Street Address	City	State	Zip Code

13. **Academic Affiliations** - List current or, if not current, previous affiliations.

Name of Institution	Rank/Title	Inclusive Dates

Name of Institution	Rank/Title	Inclusive Dates

14. **Professional Liability Insurance** — List the malpractice carrier providing liability coverage for your activity at Apalachee (for non-Apalachee staff).

Carrier Name: _____ Policy Number: _____

Amount of Coverage: $_____ Effective Date: ____/____/____ Expiration Date: _____/_____/____

□ ***A certificate of insurance must be submitted with this application unless you are covered by the Apalachee malpractice insurance program.*** □ n/a

a. Have any malpractice claims been filed against you in the last five years? □ Yes □ No

b. Have any judgments been rendered against you or have any settlements been made on your behalf for professional liability cases, including lawsuits or claims, in the last five years? □ Yes □ No

c. Has your malpractice insurance ever been terminated by action of an insurance agency? □ Yes □ No
If "Yes", what company?

If the answer to any of the above questions is "Yes", please explain on a separate sheet. Statements regarding liability claims or settlements must include the following information: 1) description of patient; 2) brief history and chief complaints; 3) procedures and treatments performed, along with hospital course; 4) specific allegations of negligence; and 5) resolution of claim (pending, settled without payment, or settled with payment and amount).

15. **Disciplinary Actions** (If the answer to any of the following is "Yes", please explain on a separate sheet)

Have you ever entered a plea of guilty to, or has there ever been a judicial finding of guilty to a felony? □ Yes □ No

Have you ever entered a plea of guilty to, or has there ever been a judicial finding of guilty to a misdemeanor involving moral turpitude or to a misdemeanor committed in the course of practice? □ Yes □ No

Has any license or certificate of yours or your DEA number or its equivalent ever been denied, suspended, revoked, limited, or otherwise acted against? □ Yes □ No

Has your membership in any local, state, or national professional organization ever been revoked, suspended, reduced, not renewed, or challenged? □ Yes □ No

Have you ever been subject to disciplinary action in any regulatory board, hospital or professional organization or are you currently under investigation for any actions? □ Yes □ No

Have you ever been allowed to resign your position or privileges rather than face any charge or investigation on the part of the Medical Staff? □ Yes □ No

Have you ever agreed to limit your clinical privileges in exchange for promise by an organization or entity not to initiate disciplinary action or to sanction you? □ Yes □ No

Have your Medical Staff appointment and/or clinical privileges ever been denied, withdrawn, revoked, suspended, not renewed, or reduced other than automatic suspension of admitting privileges due to failure to complete medical records or due to poor quality medical records, at any health care facility? □ Yes □ No

Have you ever entered into a consent agreement, entered a plea of guilty, or found guilty of fraud or abuse involving payment of health care claims by any health care payer or been sanctioned by any third party payer of health care claims of professional review organization, governmental entity, or agency? □ Yes □ No

Have you ever been suspended or excluded from recovering payment under Medicare or Medicaid programs? □ Yes □ No

16. **Health Status** (If the answer to any of the following is "No", please explain on a separate sheet)
Do you have the ability to safely perform the essential functions for the clinical privileges being requested with or without accommodation? □ Yes □ No

Do you attest to the absence of present illegal drug use? □ Yes □ No

Applicant's Consent and Release

In applying for appointment, reappointment, or clinical privileges to the Clinical Staff of Apalachee, I expressly accept these conditions during the processing and considerations of my application, regardless of whether or not I am granted appointment or clinical privileges:

1. I release employees of Apalachee, the Agency and its representatives, and any third parties, as defined in the Clinical Staff Bylaws, from any and all civil liability which might arise from any acts, communications, reports, recommendations, or disclosures involving me concerning activities; including investigations, reviews, monitoring or evaluation, relating to my professional qualifications, credentials, clinical competence, clinical performance, character, mental or emotional stability, physical condition, ethics, behavior, or any other matter that might directly or indirectly have an effect on my competence, on patient care, or on the orderly operation of the Agency or any other hospital or health care facility, including otherwise privileged or confidential information. It is understood that the foregoing release from liability shall be limited to acts done or communications, reports, recommendations, and disclosures made in good faith without malice.

2. Any act, communication, report, recommendation, or disclosure with respect to myself, made in good faith and at the request of an authorized representative of the Agency or any other hospital or health care facility anywhere at any time for the purposes set forth in (1) above, shall be privileged to the fullest extent permitted by law. Such privileges shall extend to employees of the Agency, the Agency and its representatives, and to any third parties, as these terms are defined in the Clinical Staff Bylaws, who either supply or are supplied information and to any of the foregoing authorized to receive, release, or act upon same.

3. The Agency and its representatives are specifically authorized to consult with the appointees to the clinical staffs of other hospitals or health care facilities or the management of such hospitals or facilities with which I am or have been associated, and with others who may have information bearing on my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical conditions, ethics, behavior or any other matter, as well as to inspect all records and documents that may be material to such questions. I grant immunity to any and all hospitals, health care facilities, third parties, individuals, institutions, organizations or their representatives who, in good faith, supply oral or written information, records or documents to the Agency, in response to any inquiry emanating from the Agency or its authorized representatives.

4. I understand and agree that I have the burden of producing adequate information for proper evaluation of my professional qualifications, credentials, clinical competence, mental or emotional stability, physical condition, ethics, behavior, or any other matter that might directly or indirectly have an effect on my competence, performance, patient care, or orderly operations of the Agency and for resolving any reasonable doubts about such qualifications.

5. I acknowledge my obligation to the Clinical Staff to provide continuous care and supervision to all patients within the Agency for whom I have responsibility.

6. I agree to abide by all such Bylaws, Rules, and Regulations of the Clinical Staff and policies of Apalachee as shall be in force during the time I am appointed to the Clinical Staff of the Agency, and to any amendments thereto of which I have been duly notified. In addition, I agree to protect and keep confidential all personal or proprietary information or records that are stored manually or by electronic data processing.

7. I agree to accept committee assignments and such other reasonable duties and responsibilities as shall be assigned to me by the Clinical Staff.

8. I have received and read a copy of such Clinical Staff Bylaws and Rules and Regulations of the Clinical Staff as are in force at the time of my application and I agree to be bound by the terms thereof in all matters relating to consideration of my application without regard to whether or not I am granted appointment to the Clinical Staff and/or clinical privileges.

9. I have not requested privileges for any procedure for which I am not qualified, competent, eligible or certified. Furthermore, I realize that certification by a Board does not necessarily qualify me to perform certain procedures. However, I believe that I am qualified to perform all procedures for which I have requested privilege.

10. I acknowledge that any misstatements or inaccuracies in or omissions from this application constitutes cause for denial of appointment or reappointment or cause for summary dismissal from the Clinical Staff. All information submitted by me in the application is correct and complete.

11. I am willing to appear for personal interviews in regard to my application and consent to inspection of records and documents needed to process my application.

12. I certify that I am in good standing with State of Florida licensing authorities and am eligible to participate in the Medicaid and Medicare Program pursuant to Florida Statutes and Federal Law and Rules.

Signature: _____ Date: ___/____/_____

Enclosures Required as Applicable

1. Photocopy of DATA 2000 waiver
2. Current Vita/Résumé
3. Photocopy of State License
4. Photocopy of DEA Registration
5. Photocopies of certifications
6. Photocopy of Diploma
7. Photocopy of Transcripts (Graduate)
8. Photocopy of ECFMG, if applicable
9. Photocopies of Postgraduate Education Diplomas or Proof of (a) Internship, (b) Residency and (c) Fellowship Completion
10. List of Continuing Education Activities (past 2 years)
11. Photocopies of Professional Membership Cards
12. Three (3) Apalachee Reference Forms
13. Certificate of Professional Liability Insurance (Non-Staff/Contract Only)
14. Delineation of Clinical Privileges Form
15. APRN/PA Protocol (APRN/PA)
16. Photocopy of Government Issued Photo ID Issued by State or Federal Agency (e.g., Driver's License or Passport Photo)

APALACHEE CENTER, INC.

Clinical Staff Organization

APPLICANT PEER REFERENCE FORM

Applicant Name: _____ Date: _____/_____/_____

1. Are you able to recommend this applicant based on his/her:

   A. Professional Competence (including clinical judgment and technical skills): □ Yes □ No

   Comments: _____

   _____

   B. Professional and Personal Ethics: □ Yes □ No

   Comments: _____

   _____

   C. Health Status: □ Yes □ No

   Comments: _____

   _____

   D. Specialized Knowledge, Ability to Obtain and Interpret Information, and Understanding of the Range of Treatment in Terms of Needs of Clients:

   Child / Adolescent: □Yes □No □Unknown
   Adult: □Yes □No □Unknown
   Geriatric: □Yes □No □Unknown
   Forensic: □Yes □No □Unknown
   Substance Abuse □Yes □No □Unknown

   Comments: _____

   _____

2. Have you personally observed this applicant's care of patients? □ Yes □ No

   Comments: _____

   _____

3. Would you be willing to have him/her responsible for the care of you and your family? □ Yes □ No

   Comments: _____

   _____

4. Has the applicant ever been the subject of any disciplinary action to your knowledge? □ Yes □ No

   Comments: _____

   _____

5. Has the applicant ever had his/her membership status and/or privileges revoked, reduced, or not renewed in your facility? □ Yes □ No

   Comments: _____

   _____

6. To your knowledge, has the applicant's license to practice in any jurisdiction ever been suspended or terminated? □ Yes □ No

   Comments:_____

   _____

7. In your opinion, was the applicant's overall clinical judgment and technical skills:

   □ Less Than Adequate □ Competent □ Outstanding

   Comments: _____

   _____

8. **Regarding the attached list of privileges requested:**

   □ I have personal knowledge of the applicant and consider him/her competent in all the clinical areas or procedures requested.

   □ I do not have personal knowledge relating to his/her competence in the clinical areas or procedures requested.

   □ I recommend further experience or supervision.

   □ I am not able to recommend the applicant for the following clinical privileges. (Specify privileges and check [✓] the one which best describes the reason for your opinion).

   Privileges:

   Reasons: □ A. Not performed or managed frequently enough at this facility to justify full privileges.
   □ B. Borderline or unacceptable performance (please describe below).
   □ C. Other (please describe below).

   Comments: _____

   _____

   _____

Name and Credentials of Respondent (please print):

Signature of Respondent: _____ Date: _____/_____/_____

Title: _____ Phone: (_____) _____-_____

PLEASE RETURN TO:
Apalachee Center, Inc.
Human Resource Office
2634-J Capital Circle, N.E.
Tallahassee, FL 32308

APALACHEE CENTER, INC.

Clinical Staff Organization

APPLICATION FOR MEMBERSHIP / PRIVILEGES

DOCUMENTATION CHECKLIST: **PHYSICIAN**

Applicant:	Date Sent: _____/_____/_____
Address:	Date Returned: _____/_____/_____
Staff Contact (if applicable):	

The following checked (✓) items are needed to process your application. Please return the documentation at your earliest convenience to: **Human Resource Department,** Apalachee Center, Inc. 2634-J Capital Circle, N.E., Tallahassee, FL 32308

	1. Signed Clinical Staff Organization (CSO) Application
	2. Photocopy of Driver's License or Passport Photo
	3. Copy of Current Medical License
	4. DEA Registration Certificate
	5. Copy of Current Vita / Résumé
	6. Applicant Peer Reference Forms: ☐One ☐Two ☐Three
	7. Apalachee Employment Application (Employees Only)
	8. Certificate of Liability Insurance (Non-Staff/Contract only)
	9. Copy of Graduate School (Medical Degree) Diploma
	10. Copy of Internship Certificate
	11. Copy of Residency Certificate
	12. Copy of Educational Council for Foreign Medical Graduates Certificate, if applicable
	13. Certificate of Board Certification, if applicable
	14. Continuing Medical Education (CME) Credit Documentation: Year-_____
	15. Background / Screening Packet: ☐ Livescan ☐Local Law Enforcement Check ☐ DCF Affidavit of Good Moral Character ☐ AHCA Affidavit of Compliance with Background Screening Requirements
	16. Drug Screening (Employees Only)
	17. Pharmacy Signature Card
	18. Other: _____
	19. Other: _____

cc: Chief Medical Staff Officer
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APALACHEE CENTER, INC.

Clinical Staff Organization

APPLICATION FOR MEMBERSHIP / PRIVILEGES

DOCUMENTATION CHECKLIST: **LICENSED PRACTITIONER OF THE HEALING ARTS**

Applicant:	Date Sent: _____/_____/_____
Address:	Date Returned: _____/_____/_____
Staff Contact (if applicable):	

The following checked (✓) items are needed to process your application. Please return the documentation at your earliest convenience to: **Human Resource Department,** Apalachee Center, Inc. 2634-J Capital Circle, N.E., Tallahassee, FL 32308

	1. Signed Clinical Staff Organization (MSO) Application
	2. Photocopy of Driver's License or Passport Photo
	3. Copy of Current Medical License
	4. Copy of Current Vita / Résumé
	5. Applicant Peer Reference Forms: ☐One ☐Two ☐Three
	6. Apalachee Employment Application (Employees Only)
	7. APRN/PA Protocol (APRN/PA)
	8. Certificate of Liability Insurance (Non-Staff/Contract only)
	9. Continuing Education (CME) Credit Documentation: Year-_____
	10. Background / Screening Packet: ☐Live scan ☐Local Law Enforcement Check ☐DCF Affidavit of Good Moral Character ☐AHCA Affidavit of Compliance with Background Screening Requirements
	11. Drug Screening (Employees Only)
	12. Pharmacy Signature Card (APRN/PA)
	13. Other: _____
	14. Other: _____

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APALACHEE CENTER, INC.

Delineation of Privileges

Application: **PHYSICIAN**

_____ _____

Name Degree

I hereby request clinical privileges in the indicated categories within assigned Units/Departments of Apalachee Center and attest to meeting all necessary criteria for approval.

Units / Departments: ☐Inpatient ☐Outpatient ☐Residential

Please check (✓) the following procedures which you wish authorization to perform:

A. Discipline-specific privileges:

Psychiatrist

☐ 1. **Privilege—GENERAL PSYCHIATRIC PRACTICE**, including psychiatric/mental status examination; assessment and treatment of psychiatric, emotional, and behavioral disorders and disabilities, treatment plan development, approval, and review; involuntary admission; and medication management.

CRITERIA

a. Compliance with Clinical Staff membership criteria;
b. Continuing education as required by the State Board of Medical Examiners and the State Medical Society;
c. Valid DEA Number
d. Demonstrated current proficiency within age / disability group(s) as exhibited through reference letters, peer review findings, and/or supervisory / proctor recommendation (e.g., Chief Medical Officer).

☐ 2. **Privilege — ORDER SPECIAL TRATMENT PROCEDURES** (Seclusion / Restraint)

CRITERIA

a. Compliance with Clinical Staff membership criteria;
b. Continuing education as required by the State Board of Medical Examiners and the State Medical Society;
c. Demonstrated current proficiency as exhibited through reference letters, peer review findings, and/or supervisory / proctor recommendation.

☐ 3. **Privilege — INPATIENT ADMISSION / TREATMENT**

CRITERIA

a. Compliance with Clinical Staff membership criteria;
b. Staff / contract physician or signed letter of agreement with Apalachee;
c. A minimum of one-year of post-graduate experience in an inpatient psychiatric

setting or equivalent experience with target population;
d. Continuing education as required by the State Board of Medical Examiners and the State Medical Society;
e. Demonstrated current proficiency as exhibited through reference letters, peer review findings, and/or supervisory recommendation.

☐ 4. Other: _____

Physician

☐ 1. **Privilege — <u>MEDICAL DIAGNOSIS AND TREATMENT</u>**, to include assessments, histories, physicals, and general medical care, supervision and medication management.

<u>CRITERIA</u>
a. Compliance with Clinical Staff membership criteria;
b. Continuing education as required by the State Board of Medical Examiners and the State Medical Society;
c. Valid DEA Number;
d. Demonstrated current proficiency within indicated age / disability group(s) as exhibited through reference letters, peer review findings, and/or supervisory / proctor recommendation (e.g., Chief Medical Officer).

☐ 2. Other: _____

<u>B. Age / disability-specific privileges:</u>

☐ 1. **Privilege** – **<u>CHILD AND ADOLESCENTS TREATMENT SERVICES,</u>** treatment focusing on child and adolescent issues.

☐ 2. **Privilege** – **<u>ADULT TREATMENT SERVICES,</u>** treatment of individuals between the ages of 18 – 65 years of age.

☐ 3. **Privilege** – **<u>GERONTOLOGICAL TREATMENT SERVICES</u>**, treatment focusing on issues related to specific pathological processes of aging which impact the elderly (i.e., individuals 65 years of age and older).

☐ 4. **Privilege** – **<u>FORENSIC TREATMENT SERVICES</u>**, treatment to a specific population which includes forensically involved individuals, and individuals found to be incompetent to proceed or not guilty by reason of insanity.

☐ 5. **Privilege** – **<u>SUBSTANCE ABUSE TREATMENT SERVICES,</u>** treatment of individuals with substance abuse or co-occurring disorders.

<u>CRITERIA</u>
a. Compliance with Clinical Staff membership criteria;

b. Clinical privileges for a discipline-specific category of service;
c. Completion of at least one year of supervised experience in the age / disability group, including formal internships or equivalent clinical practice;
d. Demonstrated current proficiency within indicated age / disability group (s) appropriate use, as exhibited through reference letters, peer review findings, and/or supervisory review/recommendation.

_____ Date:_____/_____/_____

Applicant's Signature

Approval of Privileges:

_____ Date: _____/_____/_____

Chief Medical Officer

APALACHEE CENTER, INC.

Delineation of Privileges

Application: **LICENSED PRACTITIONER OF THE HEALING ARTS**

_____ _____

Name Degree

I hereby request clinical privileges in the indicated categories within assigned Units/Departments of Apalachee Center and attest to meeting all necessary criteria for approval.

Units / Departments: □Inpatient □Outpatient □Residential

Please check (✓) the following procedures which you wish authorization to perform:

A. Discipline-specific privileges:

Psychologist

□1. **Privilege – PSYCHOLOGICAL EVALUATIONS AND TREATMENT,** including psychological testing, evaluation, assessments and counseling/therapy.

□2. **Privilege – BAKER ACT EVALUATIONS per F.S. 394 and F.A.C. 65E-5** to include: completion of Professional Certificates (BA52), conduct second opinions for petitions for involuntary placement, conduct initial mandatory involuntary examinations of clients in Evaluation & Admissions, release clients in Evaluation & Admissions from a Baker Act if criteria for inpatient placement is not met.

CRITERIA

a. Compliance with Clinical Staff membership criteria;
b. Continuing education as required for state licensure and practice / specialty area certification, or as recommended by state or national organizations;
c. Demonstrated current proficiency as exhibited through reference letters, peer review findings, and/or supervisory / proctor recommendations; and

Advanced Practice Registered Nurse – Psychiatric

□ **Privilege – GENERAL PSYCHIATRIC PRACTICE UNDER THE DIRECTION (i.e.,Protocol) OF AN ACTIVE MEDICAL STAFF PSYCHIATRIST, UTILIZATION OF THE NURSING PROCESS,** including psychiatric / mental status examination; assessment and treatment of psychiatric, emotional, and behavioral disorders and disabilities; treatment plan development, approval, and review and medication management within the framework of an approved physician protocol.

CRITERIA

a. Compliance with Clinical Staff membership criteria;
b. Continuing education as required for state licensure and practice / specialty area certification, or as recommended by state or national organizations;
c. Valid DEA Number;
d. Demonstrated current proficiency as exhibited through reference letters, peer review findings, and/or supervisory / proctor recommendations; and
e. Certification as a psychiatric nurse. Compliance with Medical Staff supervision criteria as specified in approved protocol, Chapter 495, and F.A.C. 595.

☐ **Privilege – <u>BAKER ACT EVALUATIONS</u> per F.S. 394 and F.A.C. 65E-5** to include completion of Professional Certificates (BA52).

<u>CRITERIA</u>

a. Compliance with Clinical Staff membership criteria;
b. Continuing education as required for state licensure and practice / specialty area certification, or as recommended by state or national organizations;
c. Demonstrated current proficiency as exhibited through reference letters, peer review findings, and/or supervisory / proctor recommendations.

☐ **Privilege – <u>ORDER SPECIAL TREATMENT PROCEDURES</u> – (SECLUSION / RESTRAINT)**

<u>CRITERIA</u>

a. Compliance with Clinical Staff membership criteria;
b. Continuing education as required for State licensure and practice / specialty area certification;
c. Demonstrated current proficiency as exhibited through reference letters, peer review findings, and/or supervisory / proctor recommendation.

☐ **Privilege – <u>INPATIENT ADMISSION / TREATMENT</u>**

<u>CRITERIA</u>

a. Compliance with Clinical Staff membership criteria;
b. Staff / contract physician or signed letter of agreement with Apalachee;
c. A minimum of one-year of post-graduate experience in an inpatient psychiatric setting or equivalent experience with target population;
d. Continuing education as required for State licensure and practice / specialty area certification;
e. Demonstrated current proficiency as exhibited through reference letters, peer review findings; and/or supervisory recommendation.

☐ **Privilege – <u>MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID AND ALCOHOL USE DISORDERS</u>**

<u>CRITERIA</u>

a. Compliance with Clinical Staff membership criteria;
b. Staff / contract physician or signed letter of agreement with Apalachee;
c. Valid DEA Number;
d. DATA 2000 waiver;
d. Continuing education as required for State licensure and practice / specialty area certification;
e. Demonstrated current proficiency as exhibited through reference letters, peer review findings; and/or supervisory recommendation.

Advanced Practice Registered Nurse – Medical

☐ **Privilege – <u>GENERAL MEDICAL REGIMEN UNDER THE DIRECTION (i.e., Protocol) OF AN ACTIVE CLINICAL STAFF PHYSICIAN, UTILIZATION OF THE NURSING PROCESS</u>**, including assessment, diagnosis, planning implementation and evaluation of interventions, prescriptions, monitoring, and medication management as indicated within the framework of an approved physician protocol.

<u>CRITERIA</u>
a. Compliance with Clinical Staff membership criteria;
b. Continuing education as required for state licensure and practice / specialty area certification, or as recommended by state or national organizations;
c. Valid DEA Number;
d. Demonstrated current proficiency within indicated age / disability group(s) as exhibited through reference letters, peer review findings, and/or supervisory / proctor recommendation.
e. Compliance with Clinical Staff supervision criteria as specified in approved protocol, Chapter 495, and F.A.C. 595.

Physicians Assistant

☐1. **Privilege – <u>GENERAL MEDICAL REGIMEN UNDER THE DIRECTION (i.e., Protocol) OF AN ACTIVE CLINICAL STAFF PHYSICIAN</u>**, including assessment, diagnosis, planning implementation and evaluation of interventions, prescriptions, monitoring, and medication management as indicated within the framework of an approved physician protocol.

C<u>RITERIA</u>
a. Compliance with Clinical Staff membership criteria;
b. Continuing education as required for state licensure and practice / specialty area certification, or as recommended by state or national organizations;
c. Demonstrated current proficiency within indicated age / disability group(s) as exhibited through reference letters, peer review findings, and/or supervisory / proctor recommendation.
d. Compliance with Clinical Staff supervision criteria as specified in

approved protocol, Chapter 458, and F.A.C. 64B8-30.

Licensed Clinical Social Worker

□1. **Privilege – <u>CLINICAL SOCIAL WORK</u>,** including evaluation, assessment, diagnosis and counseling/therapy of individuals, couples and families.

□2. **Privilege – <u>BAKER ACT EVALUATIONS</u> per F.S. 394 and F.A.C. 65E-5** to include completion of Professional Certificates (BA52).

<u>CRITERIA</u>

a. Compliance with Clinical Staff membership criteria;

b. Continuing education as required for state licensure and practice / specialty area certification, or as recommended by state or national organizations;

c. Demonstrated current proficiency as exhibited through reference letters, peer review findings, and/or supervisory / proctor recommendations.

Licensed Mental Health Counselor

□1. **Privilege – <u>MENTAL HEALTH COUNSELING</u>,** including evaluation, assessment, diagnosis and counseling / therapy of individuals, couples and families.

□2. **Privilege – <u>BAKER ACT EVALUATIONS</u> per F.S. 394 and F.A.C. 65E-5** to include completion of Professional Certificates (BA52).

<u>CRITERIA</u>

a. Compliance with Clinical Staff membership criteria;
b. Continuing education as required for state licensure and practice / specialty area certification, or as recommended by state or national organizations;
c. Demonstrated current proficiency as exhibited through reference letters, peer review findings, and/or supervisory / proctor recommendations.

Licensed Marriage and Family Therapist

□1. **Privilege – <u>MARRIAGE AND FAMILY THERAPY</u>,** including evaluation, assessment, diagnosis and counseling / therapy of individuals, couples and families.

□2. **Privilege – <u>BAKER ACT EVALUATIONS</u> per F.S. 394 and F.A.C. 65E-5** to include completion of Professional Certificates (BA52).

<u>CRITERIA</u>

a. Compliance with Clinical Staff membership criteria;
b. Continuing education as required for state licensure and practice / specialty area certification, or as recommended by state or national organizations;

c. Demonstrated current proficiency as exhibited through reference letters, peer review findings, and/or supervisory / proctor recommendations.

B. Age / Disability-Specific privileges:

☐ 1. **Privilege** – **CHILD AND ADOLESCENTS TREATMENT SERVICES,** treatment focusing on child and adolescent issues.

☐ 2. **Privilege** – **ADULT TREATMENT SERVICES,** treatment of individuals between the ages of 18 – 65 years of age.

☐ 3. **Privilege** – **GERONTOLOGICAL TREATMENT SERVICES**, treatment focusing on issues related to specific pathological processes of aging which impact the elderly (i.e., individuals 65 years of age and older).

☐ 4. **Privilege** – **FORENSIC TREATMENT SERVICES**, treatment to a specific population which includes forensically involved individuals, and individuals found to be incompetent to proceed or not guilty by reason of insanity.

☐ 5. **Privilege** – **SUBSTANCE ABUSE TREATMENT SERVICES,** treatment of individuals with substance abuse or co-occurring disorders.

CRITERIA

a. Compliance with Clinical Staff membership criteria;
b. Clinical privileges for a discipline-specific category of service;
c. Completion of a minimum of one-year of supervised experience in the specified area of treatment including formal internships or equivalent clinical practice;
d. Demonstrated current proficiency as exhibited through reference letters, peer review findings, and/or supervisory recommendation.

_____ Date: _____/_____/_____

Applicant's Signature

Approval of Privileges:

_____ Date: _____/_____/_____

Chief Medical Officer

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APALACHEE CENTER, INC.
Application for Reappointment to the Clinical Staff

1. **Basic Data**

Last Name _____ First Name _____ M.I. _____ Degree _____

Mailing Street Address □ Home □ Office _____

City _____ State _____ Zip Code _____ ( ) - Telephone Number

2. **Privileges / Appointment Information**

Present Clinical Staff Category: □ Active □ Consulting □ Provisional

Requesting change in Clinical Staff Category: □ Yes □ No

Expiration Date of Current Appointment: 6 / 30 /____

3. **Status Update Information**

*If you answer "Yes" to any of the following questions, please provide a detailed explanation on a separate piece of paper.

Since your last appointment:	***No***	***Yes****	***N/A***
1. Have you had any change(s) in your license to practice in any state?			
2. Have you been charged or convicted of any misdemeanor or felony charge?			
3. Has your narcotics registration certificate been called into question, suspended, or revoked?			
4. Have you been the subject of professional disciplinary charges, hearings, or dispositions in state(s) in which you are licensed to practice?			
5. Have you been granted staff privileges at any other health facilities? If so, please provide the name(s) and address (es) of these facilities and privileges granted.			
6. Have you been the subject of staff privileges inquiries or action at any other facilities?			
7. Have you taken or been granted a leave of absence with respect to your Medical Staff privileges at any health facility?			
8. Have you voluntarily resigned from the Clinical Staff of a health care facility?			
9. Have your privileges been curtailed, suspended, revoked, or changed at any health care facility?			
10. Has your specialty board status changed?			
11. Have you had a change in your health status that would affect your clinical skills/competency?			

12. Have you had a change in your ability to safely perform the essential functions of your clinical privileges?			
13. Have you changed professional liability insurance carriers and/or the extent of liability insurance coverage since your last appointment to the clinical Staff?			
14. Have you been named as a party in any professional liability lawsuits since you last applied for appointment to the Clinical Staff?			
15. Have you or your professional corporation been involved in any settlements or judgments of professional liability lawsuits since you last applied for appointment to the Clinical Staff?*			
16. Since your last appointment to the Clinical Staff, has your professional liability carrier excluded any practices or procedures from stated coverage?			

All applications are to be accompanied by a current certificate of insurance, if applicable.

4. **Medical Staff Responsibilities**

   a. Have you maintained compliance with continuing education requirements since your last application for privileges/appointment? □ Yes □ No □ N/A

   b. Have you fulfilled your responsibilities for active participation in Clinical Staff meetings or work groups?

   □ Yes □ No □ N/A

   c. Have you maintained compliance with Apalachee medical record requirements? □ Yes □ No □ N/A

If "No" to any of these items, please provide a brief explanation and include corrective action taken and/or planned:

_____

_____

_____

The information furnished in this application is correct and complete. I understand that any misrepresentation or inaccuracy may serve as the basis for an automatic rejection of my application for reappointment to the clinical staff. By signing this application, I hereby authorize the release of any and all information deemed necessary for a complete evaluation of my qualifications for reappointment to the medical staff. I hereby authorize the chairperson of my department and those listed as references to provide candid and accurate information necessary to facilitate a thorough review of my application for reappointment to the clinical staff.

Applicant's Consent and Release

In applying for appointment, reappointment, or clinical privileges to the Clinical Staff of Apalachee, I expressly accept these conditions during the processing and considerations of my application, regardless of whether or not I am granted appointment or clinical privileges:

1. I release employees of Apalachee, the Agency and its representatives, and any third parties, as defined in the Clinical Staff Bylaws, from any and all civil liability which might arise from any acts, communications, reports, recommendations, or disclosures involving me concerning activities; including investigations, reviews, monitoring or evaluation, relating to my professional qualifications, credentials, clinical competence, clinical performance, character, mental or emotional stability, physical condition, ethics, behavior, or any other matter that might directly or indirectly have an effect on my competence, on patient care, or on the orderly operation of the Agency or any other hospital or health care facility, including otherwise privileged or confidential information. It is understood that the foregoing release from liability shall be limited to acts done or communications, reports, recommendations, and disclosures made in good faith without malice.

2. Any act, communication, report, recommendation, or disclosure with respect to myself, made in good faith and at the request of an authorized representative of the Agency or any other hospital or health care facility anywhere at any time for the purposes set

forth in (1) above, shall be privileged to the fullest extent permitted by law. Such privileges shall extend to employees of the Agency, the Agency and its representatives, and to any third parties, as these terms are defined in the Clinical Staff Bylaws, who either supply or are supplied information and to any of the foregoing authorized to receive, release, or act upon same.

3. The Agency and its representatives are specifically authorized to consult with the appointees to the Clinical Staffs of other hospitals or health care facilities or the management of such hospitals or facilities with which I am or have been associated, and with others who may have information bearing on my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical conditions, ethics, behavior or any other matter, as well as to inspect all records and documents that may be material to such questions. I grant immunity to any and all hospitals, health care facilities, third parties, individuals, institutions, organizations or their representatives who, in good faith, supply oral or written information, records or documents to the Agency, in response to any inquiry emanating from the Agency or its authorized representatives.

4. I understand and agree that I have the burden of producing adequate information for proper evaluation of my professional qualifications, credentials, clinical competence, mental or emotional stability, physical condition, ethics, behavior, or any other matter that might directly or indirectly have an effect on my competence, performance, patient care, or orderly operations of the Agency and for resolving any reasonable doubts about such qualifications.

5. I acknowledge my obligation to the Clinical Staff to provide continuous care and supervision to all patients within the Agency for whom I have responsibility.

6. I agree to abide by all such Bylaws, Rules, and Regulations of the Clinical Staff and policies of Apalachee as shall be in force during the time I am appointed to the Clinical Staff of the Agency, and to any amendments thereto of which I have been duly notified. In addition, I agree to protect and keep confidential all personal or proprietary information or records that are stored manually or by electronic data processing.

7. I agree to accept committee assignments and such other reasonable duties and responsibilities as shall be assigned to me by the Clinical Staff.

8. I have received and read a copy of such Clinical Staff Bylaws and Rules and Regulations of the Clinical Staff as are in force at the time of my application and I agree to be bound by the terms thereof in all matters relating to consideration of my application without regard to whether or not I am granted appointment to the Clinical Staff and/or clinical privileges.

9. I have not requested privileges for any procedure for which I am not qualified, competent, eligible or certified. Furthermore, I realize that certification by a Board does not necessarily qualify me to perform certain procedures. However, I believe that I am qualified to perform all procedures for which I have requested privilege.

10. I acknowledge that any misstatements or inaccuracies in or omissions from this application constitute cause for denial of appointment or reappointment or cause for summary dismissal from the Clinical Staff. All information submitted by me in the application is correct and complete.

11. I am willing to appear for personal interviews in regard to my application and consent to inspection of records and documents needed to process my application.

12. I certify that I am in good standing with State of Florida licensing authorities and am eligible to participate in the Medicaid Program pursuant to Florida Statutes and Federal Law and Rules.

Signature: _____ Date: _____/_____/_____

Enclosures Required

1. Photocopy of State License
2. Photocopy of DEA Registration, if applicable
3. Certificate of Professional Liability Insurance (non-staff / contract only)
4. List of Continuing Education Activities (Past 2 Years)
5. Delineation of Clinical Privileges Form
6. APRN/PA Protocol (APRN/PA)

To Be Completed by the Chief of Medical Staff

1. Is the applicant's overall clinical performance satisfactory as evidenced by PI findings (e.g., Peer Review, Medical Record Review, UR, M.U.E., etc.) or supervisory review: □ Yes □ No □ N/A

   Comments: _____

   _____

2. Has the applicant demonstrated active participation in Clinical Staff Meetings & PI Work Groups? □ Yes □ No □ N/A

   Comments: _____

   _____

3. To your knowledge, is there any physical or mental disability, including illegal drug or alcohol use, which would prevent this applicant from carrying out his/her responsibilities to patients? □ No □ Yes

   Comments: _____

   _____

4. In your opinion, is there any privilege currently held by the applicant for which he/she does not possess the necessary skills and experience to perform appropriately? □ No □ Yes

   Comments: _____

   _____

5. To your knowledge, has the applicant provided services to patients <u>outside the scope</u> of approved privileges or age/disability-specific competencies? □ No □ Yes

   Comments: _____

   _____

_____ Date: _____/_____/_____

Chief Medical Staff Officer

<u>TO BE COMPLETED BY CHIEF MEDICAL STAFF OFFICER</u>

□ I recommend the Applicant's reappointment to the Clinical Staff.

□ I do not recommend reappointment: _____

_____ Date: _____/_____/_____

Chief Medical Officer

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APALACHEE CENTER, INC.
Clinical Staff Organization
Initial Appointment / Privileging Checklist

Applicant: _____ Time Frame: ____/____/____ to ____/____/____

Category: □ Active □ Consulting □ Provisional

HUMAN RESOURCE OFFICE VERIFICATION	***Verified/ Completed***	***Notations***
1. Fully Completed and Signed MSO Initial Application		
2. Copy of Photo ID (Driver's License or Passport Photo)		
3. Current License (Florida Department of Health)		
4. N.P. Data Bank Query		□ Action Noted
5. FSMB Information Query (Physicians)		□ Action Noted
6. HHS / OIG Clearance (www.hhs.gov/oig/cumsan/index.htm)		
7. AHCA Background / Screening Clearance		
8. Medical School Graduation and Residency Completion via AMA Physician Masterfile (Physicians)		
9. Verification of Physician's Foreign Medical School Graduation via ECFMG (Physicians)		□ N/A
10. Copy of Vita / Résumé		
11. Three Apalachee Center Applicant Reference forms		
12. Copy of Transcripts		
13. Professional Liability Insurance Verification (Non-Staff)		
14. Active DEA Registration (Physicians)		
15. Copy of Diploma		
16. Pharmacy Signature Card		
17. APRN/PA Protocol (APRN) Current		□ N/A

COMPETENCY / PRIVILEGING RECOMMENDATION (Check [✓])

□ 1. The applicant has submitted adequate documentation of training, licensure, education, experience, competence, and references to support membership and/or privileges requested. Appointment and/ or approval of privileges as requested is recommended.

□ 2. The applicant should be appointed with the following modifications or limitations on the privileges requested:

_____

□ 3. The applicant should not be appointed because of his/her failure to resolve concerns over:

□ Current clinical competence □ Other: _____

□ Compliance with bylaws, rules, & regulations

□ Providing adequate documentation to support privileges

Chief Medical Officer's Signature: _____ Date: ____/____/____

Chief Executive Officer □ Approval □ Disapproval: _____

Chief Executive Officer's Signature: _____ Date: ____/____/____

Governing Board of Directors Approval: □ Approved □ Disapproved

Representative's Signature: _____ Date: ____/____/____

APALACHEE CENTER, INC.
Clinical Staff Organization
Reappointment / Reprivileging Checklist

Applicant: _____ Time Frame: _____/_____/_____ to _____/_____/_____

Category: □ Active □ Consulting

I. HR OFFICE CREDENTIALS VERIFICATION	***Verified / Completed***	***Notations***
1. Fully Completed and Signed Application for Reappointment		
2. Privileges Delineation Form		
3. Current License (Florida D.O.H.)		
4. Active DEA Registration (Physicians)		□ N/A
5. FSMB Information Query (Physicians)		□ Action Noted
6. N.P. Data Bank Verification		□ Action Noted
7. AMA Physician Masterfile Update (Physicians)		□ Action Noted
8. HHS/OIG Clearance (www.hhs.gov/oig/cumsan/index.htm)		
9. AHCA Background / Screening Clearance		
10. Liability Insurance (Non-Staff) Verification		
11. Performance Appraisal (excluding MDs and APRNs)		
12. APRN/PA Protocol (APRN)		

II. PI PROFILE

Note: This confidential reappointment profile has been produced to assist in assessing members of the Clinical Staff who have applied for reappointment or reprivileging. Additional information regarding any information on this report is included in the QA Credentials File.

Profile Time Frame: ____/____/____ — ____/____/____

Review Type

Medical Record Review
Records Reviewed:
Overall Compliance: _____%

Mortality Review
Cases Reviewed:
Recommendations Noted: □ Yes □ No

MUE Issues Identified: □ Yes* □ No □ N/A

UR Issues Identified: □ Yes* □ No □ N/A

Risk Management Issues Identified: □ Yes* □ No □ N/A
(*See QA Credentials File)

Committee Participation (✓ = Yes)
□ PIC
□ Patient Safety Committee
□ UR
□ Clinical Staff
□ Work Groups/Other: _____

III. COMPETENCY / PRIVILEGING RECOMMENDATION (Check [✓])

□ 1. The applicant has submitted adequate documentation of training, licensure, education, experience, competence, and references to support membership and/or privileges requested. Appointment and/ or approval of privileges as requested is recommended.

□ 2. The applicant should be appointed with the following modifications or limitations on the privileges requested: _____
_____

□ 3. The applicant should not be appointed because of his/her failure to resolve concerns over:

□ Current clinical competence □ Providing adequate documentation to support privileges

□ Compliance with bylaws, rules, & regulations □ Other: _____

Chief Medical Officer's Signature: _____ Date: _____/_____/_____

Chief Executive Officer □ N/A □ Approval □ Disapproval: _____

Chief Executive Officer Signature: _____ Date: _____/_____/_____

Governing Board of Directors Approval: □ Approved □ Disapproved

Representative's Signature: _____ Date: _____/_____/_____