

SUMMIT HEALTHCARE

MEDICAL STAFF GLOSSARY

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The following definitions shall apply to terms used in the Medical Staff Bylaws, the Practitioner Procedural Policy, the Medical Staff Organization Manual, and all associated policies of the Medical Staff:

- (1) “ADMINISTRATIVE LEADERSHIP” means one or more of the following individuals: the Chief Executive Officer, Chief Medical Officer, Chief of Physician Services, or Chief Nursing Officer (as needed).
- (2) “ADVANCED PRACTICE PROVIDER” or “APP” means a type of Practitioner who exercises independent judgment within the area of his or her professional competence and the limits established by the Medical Staff, the Board of Directors, and the applicable Arizona Practice Acts who is qualified to render direct or indirect medical care under the sponsorship and/or direction of a Sponsoring Physician who is a Medical Staff Member possessing Clinical Privileges at Summit Healthcare pursuant to a written Sponsorship agreement. Advanced Practice Providers are appointed as members of the Adjunct Professional Staff. See **Appendix D** of the Practitioner Procedural Policy.
- (3) “ALLIED HEALTH PROFESSIONALS” means an individual, other than a licensed Physician, Dentist, or Podiatrist, who exercises independent judgment within the areas of his or her professional competence and the limits established by the Medical Staff, the Board of Directors, and the applicable Arizona Practice Acts, and who is qualified to render direct or indirect medical or dental care pursuant to a written Supervising agreement with a Medical Staff Member (Supervising Physician) with Clinical Privileges at Summit Healthcare, and who possesses Clinical Privileges to provide such care at Summit Healthcare. Allied Health Professionals are appointed as members of the Adjunct Professional Staff. See **Appendix E** of the Practitioner Procedural Policy.
- (4) “APPOINTMENT” means the granting of membership to the Medical Staff by the Board to one of the defined categories outlined in Article 2 of the Medical Staff Bylaws. For ease of use, “Appointment” shall also be interpreted as a reference to the granting of membership to the Adjunct Professional Staff when applicable to an Advanced Practice Provider or an Allied Health Professional.
- (5) “AUTOMATIC RELINQUISHMENT/AUTOMATIC RESIGNATION” of Appointment and/or Clinical Privileges are administrative actions that occur by operation of the Practitioner Procedural Policy. They are not professional review actions that must be reported to the National Practitioner Data Bank or to any state licensing board or agency, nor do they entitle the Practitioner to a hearing or appeal.

- (6) “BOARD” means the Board of Directors of Summit Healthcare (or its designated committee) which has the overall responsibility for the actions of Summit Healthcare, including the Medical Staff.
- (7) “CHIEF EXECUTIVE OFFICER” or “CEO” means the individual appointed by the Board to act on its behalf in the overall management of Summit Healthcare.
- (8) “CHIEF MEDICAL OFFICER” or “CMO” means the individual appointed to act as the Chief Medical Officer of Summit Healthcare, in cooperation with the Chief of Staff.
- (9) “CLINICAL PRIVILEGES” or “PRIVILEGES” means the authorization granted by the Board to render specific patient care services, for which the Medical Staff Leaders and Board have developed eligibility and other credentialing criteria. There are several types of Clinical Privileges, including, but not limited to, Telemedicine Privileges, Temporary Privileges, and Disaster Privileges.
- (10) “COLLABORATIVE LEADERSHIP EFFORTS” means informal discussions, mentoring, counseling, sharing of comparative data, and similar efforts that do not meet the criteria for a Collegial Intervention.
- (11) “COLLEGIAL INTERVENTION” means a formal, planned, face-to-face discussion between the Practitioner and one or more Medical Staff Leaders. Collegial Intervention only occurs after a Practitioner has had an opportunity to provide input regarding a concern.
- (12) “COMMITTEE OF THE WHOLE” means the whole membership of the Medical Staff sitting as a committee and operating under the rules outlined in the Medical Staff Bylaws.
- (13) “CONFIDENTIAL FILE” means any file, paper or electronic, containing credentialing, privileging, Peer Review, or quality information related to a Practitioner.
- (14) “CORE PRIVILEGES” means a defined grouping of Clinical Privileges for a specialty or subspecialty that includes the fundamental patient care services that are routinely taught in residency and/or fellowship training for that specialty or subspecialty and which have been determined by the Medical Staff Leaders and Board to require closely related skills and experience.
- (15) “DAYS” means calendar days unless otherwise indicated.
- (16) “DENTIST” means a doctor of dental surgery (“D.D.S.”) or doctor of dental medicine (“D.M.D.”).

- (17) “DEPARTMENT CHAIR” means the applicable head of a Medical Staff department at Summit Healthcare.
- (18) “DOCTOR” means a licensed Practitioner who has attained a medical, dental, or podiatric degree. The term shall not be used by any other type of Practitioner.
- (19) “EDUCATIONAL LETTER” is a letter that describes the opportunities for improvement that were identified in the care reviewed and offers specific recommendations for future practice.
- (20) “*EX OFFICIO*” means an individual who serves on a committee by virtue of his or her office or position. *Ex Officio* members serve with a vote, unless otherwise indicated.
- (21) “INFORMATIONAL LETTER” is a letter that is intended to help Practitioners self-correct and improve their performance through timely feedback.
- (22) “INITIAL FOCUSED PROFESSIONAL PRACTICE EVALUATION” or “IFPPE” means a time-limited period during which a Practitioner’s professional performance is evaluated. All initially-granted Clinical Privileges, whether at the time of initial Appointment, Reappointment, or during the term of Appointment, shall be subject to IFPPE.
- (23) “INVESTIGATION” means a non-routine, formal process to review questions or concerns pertaining to a Practitioner. Only the Medical Executive Committee has the authority to initiate and conduct an Investigation. By contrast, the processes that address issues of clinical performance, professional conduct, and health involving Practitioners that utilize Collaborative Leadership Efforts or Progressive Steps do not constitute Investigations.
- (24) “LEADERSHIP COUNCIL” is a peer review and quality assurance committee under Arizona law that:
 - (a) handles issues of professional conduct; and
 - (b) handles issues of Practitioner health; and
 - (c) performs such other functions as defined in the Medical Staff Bylaws and other related policies.

The Leadership Council possesses no disciplinary authority. Only the Medical Executive Committee has the authority to conduct non-routine Investigations and to recommend Restrictions of Clinical Privileges. The composition and duties of the Leadership Council are described in the Medical Staff Organization Manual.

- (25) “MEDICAL EXECUTIVE COMMITTEE” (“MEC”) means the Medical Staff Executive Committee.
- (26) “MEDICAL STAFF” means all Physicians, Podiatrists, and Dentists who have been appointed to the Medical Staff by the Board.
- (27) “MEDICAL STAFF LEADER” means any Medical Staff Officer, Department Chair, Division Chief, and committee chair.
- (28) “MEDICAL STAFF MEMBER” means any Physician, Podiatrist, or Dentist who has been granted Appointment by the Board.
- (29) “MEDICAL STAFF SERVICES” means the Medical Staff Office at Summit Healthcare or any delegated Credentials Verification Office (“CVO”).
- (30) “NOTICE” means written communication by regular U.S. mail, Summit Healthcare mail, hand delivery, e-mail, facsimile, website, or other electronic method. Notice will be deemed to have been received on the date it was personally delivered, or if delivered by U.S. mail or e-mail, the Notice will be deemed received three days after being deposited, postage pre-paid, in the United States Mail or three days after being sent by e-mail.
- (31) “PEER REVIEW” means the medical or quality assurance review functions of Summit Healthcare. Peer Review activities include, but are not limited to, the following:
 - (a) the assessment of a Practitioner’s clinical performance, professionalism, health, and utilization practices in accordance with the procedures in the Practitioner Procedural Policy and other related Medical Staff policies;
 - (b) use of the following tools and procedures to address any questions or concerns that may be identified with a Practitioner: Collaborative Leadership Efforts and Progressive Steps, focused reviews, precautionary suspensions, Investigations, and hearings and appeals; and
 - (c) the initial Appointment and Reappointment processes that involve the evaluation of the quality and efficiency of services ordered or performed by a Practitioner.

Peer Review is applicable to all Practitioners and is not intended to be a precursor to any disciplinary action, but rather is designed to promote improved patient safety and quality through continuous improvement.

- (32) “PEER REVIEW COMMITTEE” means any professional review committee that engages in Peer Review. Peer Review Committees include, but are not limited to, the following:

- (a) Medical Executive Committee, the Medical Staff's Peer Review Committee ("PRC"), Leadership Council, Credentials Committee, or any other standing or ad hoc committee that performs Peer Review;
- (b) clinical departments, sections, and service lines when engaging in Peer Review;
- (c) Hearing Officers and hearing and appellate review panels;
- (d) the Board and its committees; and
- (e) any individual who is authorized to perform functions on behalf of a Peer Review Committee, including Medical Staff Leaders, the Chief Medical Officer, Summit Healthcare personnel, and experts or consultants retained to assist in Peer Review activities.

All Peer Review Committees are also "professional review bodies" as that term is defined in the Health Care Quality Improvement Act of 1986, 42 U.S.C. §11101 *et seq.*

- (33) "PEER REVIEW INFORMATION" means any information maintained by Summit Healthcare in any format (verbal, written, or electronic) that involves medical or quality assurance review functions (e.g., the evaluation of the quality and efficiency of services ordered or performed by a Practitioner who has been granted Clinical Privileges at Summit Healthcare). Peer Review Information includes, but is not limited to, analyses, evaluations, discussions, reports, correspondence, records, proceedings, recommendations, actions, and minutes made or taken by, or on behalf of, Peer Review Committees, or in response to a request for information by another Peer Review Committee.
- (34) "PERFORMANCE IMPROVEMENT PLAN" or "PIP" means a voluntary agreement between a Practitioner and the MEC, which may include a wide variety of tools and techniques that can result in a constructive and successful resolution of the concern. PIPs will be disclosed on affiliation verifications for ten years following the PIP.
- (35) "PHYSICIAN" means both doctors of medicine ("M.D.s") and doctors of osteopathy ("D.O.s").
- (36) "PODIATRIST" means a doctor of podiatric medicine ("D.P.M.").
- (37) "PRACTITIONER" means any individual who has been granted Clinical Privileges and/or Appointment by the Board, including, but not limited to, Medical Staff Members and members of the Adjunct Professional Staff. It does not include

residents or fellows performing clinical functions pursuant to their curriculum requirements, affiliation agreements, and/or training protocols.

- (38) “PROGRESSIVE STEPS” means Informational Letters, Educational Letters, Collegial Interventions, and Performance Improvement Plans.
- (39) “REAPPOINTMENT” means the granting of continued Appointment to the Medical Staff or Adjunct Professional Staff by the Board.
- (40) “RESTRICTION” means a professional review action that:
 - (a) is recommended by the MEC as part of an Investigation or agreed to by the Practitioner while he or she is under Investigation or in exchange for the MEC not conducting an Investigation or taking an adverse professional review action; and
 - (b) limits the individual’s ability to independently exercise his or her clinical judgment (i.e., a mandatory concurring consulting requirement in which the consultant must approve the course of treatment in advance or a proctoring requirement in which the proctor must be present for the case and has the authority to intervene in the case, if necessary).

Restrictions do not include the following, whether recommended by the MEC or by any other Medical Staff committee:

- (a) general consultation requirements, in which the Practitioner agrees to seek input from a consultant prior to providing care;
 - (b) observational proctoring requirements, in which the Practitioner agrees to have a proctor present to observe his or her provision of care; and
 - (c) other collegial performance improvement efforts, including Informational Letters, Educational Letters, or Performance Improvement Plans that are suggested by the Medical Staff Leadership and voluntarily agreed to by the Practitioner as a part of the routine Peer Review process.
- (41) “SPECIAL NOTICE” means hand delivery, certified mail (return receipt requested), secure e-mail, or overnight delivery service providing receipt. Special Notice will be deemed to have been received on the date it was personally delivered, or if delivered by U.S. mail or e-mail, the Special Notice will be deemed received three days after being deposited, postage pre-paid, in the United States Mail or three days after being sent by secured e-mail.
 - (42) “SPECIAL PRIVILEGES” means Clinical Privileges that fall outside of the Core Privileges for a given specialty, which require additional education, training, and/or

experience beyond that required for Core Privileges in order to demonstrate competence.

- (43) “SPONSORING PHYSICIAN” means a Medical Staff Member with Clinical Privileges, who has agreed in writing to collaborate with an Advanced Practice Provider.
- (44) “SUMMIT HEALTHCARE” means Summit Healthcare Regional Medical Center and all of its provider-based clinics and facilities.
- (45) “SUPERVISING PHYSICIAN” means a Medical Staff Member with Clinical Privileges, who has agreed in writing to supervise an Allied Health Professional and to accept full responsibility for the actions of the Allied Health Professional while he or she is practicing at Summit Healthcare.
- (46) “SUPERVISION” means the supervision of an Allied Health Professional by a Supervising Physician that may or may not require the actual presence of the Supervising Physician, but that does require, at a minimum, that the Supervising Physician be readily available for consultation. The requisite level of Supervision (direct, indirect, or oversight) shall be determined at the time each Allied Health Professional is credentialed and shall be consistent with any applicable written Supervision agreement that may exist.
- (47) “TELEMEDICINE” means the exchange of medical information from one site to another via electronic communications for the purpose of providing patient care, treatment, and services.
- (48) “UNASSIGNED PATIENT” means any individual who comes to Summit Healthcare for care and treatment who does not have an Attending Physician, or whose Attending Physician or designated alternate is unavailable to attend the patient.
- (49) “VOLUNTARY ENHANCEMENT PLAN” or “VEP” means a voluntary agreement between a Practitioner and the Medical Staff Leadership, by which the Practitioner takes certain steps to improve his or her clinical practice or conduct. VEPs will not be disclosed on any affiliation verifications.
- (50) “VOTING STAFF” means those Practitioners who have been given the right to vote in all general and special meetings of the Medical Staff. Voting rights are defined in the prerogatives of each Medical Staff category in Article 2 of the Medical Staff Bylaws.