

<b>DEPARTMENT:</b> Clinical Operations Group – Professional Practice Advancement	<b>POLICY DESCRIPTION:</b> Vetting Dependent Healthcare Professionals and Other Non-Employees
<b>PAGE:</b> 1 of 6	<b>REPLACES POLICY DATED:</b> 4/1/15, 5/1/17, 5/1/19, 12/1/21, 6/1/23, 2/1/24
<b>EFFECTIVE DATE:</b> July 1, 2024	<b>REFERENCE NUMBER:</b> COG.PPA.003 (formerly CSG.QS.003 & CSG.PPA.003)
<b>APPROVED BY:</b> Ethics and Compliance Policy Committee	

**SCOPE:** All non-employee Dependent Healthcare Professionals (DHPs) (who may also be referred to as Verified Professionals (VPro) by HealthTrust Workforce Solutions), who provide patient care services in any Company-affiliated facility or subsidiary, including, but not limited to, hospitals, ambulatory surgery centers, and outpatient imaging centers. Included within the scope of this policy are any DHPs who are providing patient care services using telehealth technology (e.g., Registered Nurses (RNs) performing telephone triaging for a Company-affiliated emergency department from an off-site location). In addition, all non-employees accessing safety- or security-sensitive areas of any Company-affiliated facility or subsidiary are included within the scope of this policy.

**OUT OF SCOPE:** There may be individuals who are out of scope for this policy, but who would be required to adhere to other procedures related to access, and/or other procedures for vetting their training, qualifications and competencies:

- Health profession students currently enrolled and participating in training pursuant to a fully-executed School Affiliation Agreement and faculty not employed by the applicable Company-affiliated facility who are on the premises as part of that training and in accordance with the executed School Affiliation Agreement, at a Company-affiliated facility;
- Volunteers or auxiliary members;
- Employees of a Company-affiliated facility or subsidiary;
- Government employees who are accessing the facility or providing patient care pursuant to their government role;
- Remote workers (other than telehealth);
- Workers approved and overseen through a design and construction management project;
- Clinicians accessing the facility from an Organ Procurement Organization (OPO);
- Workers for Food and Nutrition Services & Environmental Services (governed by contract, and only if exempted within contract);
- Individuals who provide services that involve only non-clinical operations and are not in scope for Licensure and Certification policies (e.g., COG.PPA.002, COG.PPA.003) but who require access to a Company-affiliated facility’s or subsidiary’s network and/or information systems regardless of whether services are provided virtually or at a facility (e.g., Human Resource (HR) outsourcing partners, Information Technology Group (ITG) contingent workforce); and
- Individuals within the scope of Licensure and Certification Policy COG.PPA.002 (e.g., physicians, dentists, podiatrists and other licensed independent practitioners, or advanced

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practice professionals who are credentialed and privileged through the medical staff credentialing process).

**PURPOSE:** To ensure that access and provision of patient care services to Company-affiliated facilities is provided by DHPs who are qualified, competent, oriented to the facility setting, appropriately supervised, and periodically evaluated in their provision of safe, effective, efficient and appropriate care, treatment or services, and to assure that access to any safety- or security-sensitive areas of a Company-affiliated facility is granted only to authorized non-employees.

**POLICY:** Any non-employee who provides patient care, treatment, or services within a Company-affiliated facility or subsidiary (referred to as a DHP) is required to demonstrate proof of the qualifications, training, skills, and competencies to perform the permitted patient care, treatment or services that are deemed necessary by the Company-affiliated facility or subsidiary for the scope of patient care being requested. Individuals who are not licensed independent practitioners or advanced practice professionals (e.g., physician assistant, nurse practitioner) and are not therefore credentialed by the medical staff of the facility, nor are employees who are credentialed through the human resources process, must be credentialed by a process established by the facility for Tier 2 or Tier 3 DHPs.

All other non-employees who access safety- or security-sensitive areas of any Company-affiliated facility or subsidiary must go through a Tier 1 process.

The facility reserves the right to determine which patient care, treatment, and services shall be provided in the facility or for patients of the facility, based on an assessment of whether the facility has sufficient space, equipment, staffing and financial resources to support the service, and whether the facility’s patient population would benefit from such services. Planning for such services shall focus on patient safety and healthcare quality. Patient care, treatment, and services shall be offered only with the prior approval of administration and the governing body of the facility.

An individual DHP’s approval to provide patient care services within the facility is a privilege which shall be extended only to professionally competent DHPs who continuously meet the qualifications, standards and requirements as defined by the facility.

Failure to comply with this policy may be grounds for termination of an individual DHP’s approval and result in exclusion from the facility. Failure of a DHP’s employer/company to comply with the requirements of this policy, such as by failing to provide needed information to validate a DHP’s qualifications and competency, may be grounds for contract termination by the facility or HCA Healthcare.

The standards of The Joint Commission (“TJC”), the Accreditation Association for Ambulatory

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Health Care (“AAAHC”), and the Centers for Medicare and Medicaid Services (“CMS”) require a facility to ensure that all staff members, including contract workers, are qualified and competent for the scope of care, treatment or services they are permitted to provide.<sup>i</sup> Since DHPs vary significantly in the level of services they provide to a facility, this policy is intended to tailor the approach to the level of service provided by a DHP while ensuring compliance with CMS, TJC, and AAAHC requirements.

**PROCEDURE:**

Each facility shall establish procedures consistent with the Implementation Guidelines for COG.PPA.003 for the preparation of a request to have a DHP or Tier 1 Non-Employee present in the facility or any patient care area and for review and approval of the request by the appropriate administrator and/or member of the medical staff. These procedures shall be uniformly applied to all DHPs and Tier 1 Non-Employees according to their Tier assignment in the collection and verification of information.

Before a DHP is allowed to provide patient care, treatment or services, the facility shall confirm that the DHP has the required qualifications and competencies to perform the patient care, treatment or services to which they are assigned. If the DHP will be performing the same or similar patient care, treatment or services as performed by facility-employed individuals, the DHP shall have the same qualifications and competencies required of the employed individuals.<sup>ii</sup>

While the ultimate responsibility for oversight of the services of a DHP rests with the governing body, the facility shall identify a department who will supervise and coordinate the application process, and assign appropriate leaders with the responsibility for review of DHP qualifications and granting permission to access the facility and provide services as appropriate to the DHP’s scope of service and Tier assignment.

In addition to the review of an individual DHP’s qualifications, facility procedures shall also exist for assuring equipment and technology safety for devices or equipment brought by a DHP. Medical equipment and other complex devices brought into the facility by a DHP must be reviewed and approved prior to their use by the facility’s biomedical department as appropriate.

Access to patient information for a DHP shall be in accordance with the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information (Privacy Standards), 45 CFR Parts 160 and 164, the Health Information Technology for Economic and Clinical Health Act (HITECH) component of the American Recovery and Reinvestment Act (ARRA) of 2009, and any and all other Federal regulations and interpretive guidelines promulgated thereunder. Any DHP or Tier 1 non-employee who has access to Protected Health Information (PHI) and/or given access to HCA Healthcare information systems must sign the Confidentiality and Security Agreement (CSA), per IP.SEC.005. Additional HCA

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Healthcare Policies and Procedures may be applicable based upon the duties and functions to be assigned to the DHP or to the Tier 1 Non-employee.

**Information Systems Access**

1. **HealthTrust Workforce Solutions (HWS) Responsibilities:** HWS is responsible for ensuring only *compliant* DHPs and Tier 1 non-employees can access HCA Healthcare’s information systems and accountable for the following actions based upon changes in an individual’s status:
  - Establishing a computer/network user account (i.e., submit an eSAF “create user” request to establish a 3-4 user ID);
  - Establishing or modifying the eSAF “Access Disable Date” field; and
  - Deactivating, reactivating, and/or terminating the network user account.
  
2. **Facility Responsibilities:** A department director/manager at HCA Healthcare facility who has been designated with supervision of a DHP and/or a Tier 1 non-employee is responsible for timely:
  - Submitting eSAF requests for facility or department-centric information systems based upon the individual’s scope of service and Tier assignment.
  - Contacting the DHP champion at the facility or HealthTrust Workforce Solutions to request early termination for any reason. If termination occurs outside of normal business hours, the department director/manager is responsible for coordinating with the administrator-on-call before submitting the eSAF request to deactivate the individual’s network user account.

**DEFINITIONS:**

**Company-affiliated Facility or Subsidiary:** As applicable for this Policy, these are facilities or entities that are 1) affiliated with HCA Healthcare, and 2) are locations where patient care, treatment or services are being provided. For purposes of this Policy, facilities or subsidiaries specifically included in this definition are: affiliated hospitals, ambulatory surgery centers, free-standing emergency departments, and urgent care centers. Additionally, for purposes of this Policy only, employees of a “Company-affiliated Facility or Subsidiary” includes employees working in on-campus joint-ventured hospital departments where (1) the Company-affiliated hospital in which the department is located is a member of the joint venture; (2) the employee is employed by a member of the joint venture, and (3) the joint venture is obligated to ensure employee competency and provide documentation to the hospital periodically or upon request.

**Electronic Security Access Form (eSAF):** The web-based tool used by HCA Healthcare-affiliated facilities to automate: (1) requests for system access, (2) approval workflow, and (3) notifications to application administrators to grant, modify, and/or remove system access.

**Information Systems:** HCA Healthcare-owned or managed system, application, and/or network

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processing, storing, or transmitting electronic Protected Health Information (ePHI) or other sensitive data.

**Non-employee Dependent Healthcare Professionals (DHPs):** These are individuals not employed by the facility who are permitted both by law and by the facility to provide patient care services under an approved scope of practice. These individuals may be employed by a contractor, a temporary staffing agency, a privileged practitioner or practitioner group or be directly contracted by a patient for a specific service. DHPs are a subset of all “staff” providing services to patients at the facility, as defined in the Glossary of the Comprehensive Accreditation Manual for Hospitals, published by TJC. This concept of staff and the related facility responsibilities is consistent with the requirements of AAAHC and CMS.

**Tier 3 DHP:** An individual who meets the definition of a DHP and who provides clinical services and/or direct hands-on care requiring the involvement and supervision of a physician or other licensed independent practitioners (LIP) in the services they provide. As the medical staff oversees patient safety and quality of care provided in association with medical care, a designated medical staff leader shall be responsible for determining the qualifications and competence of Tier 3 DHPs (i.e., medical director of the radiology department for the approval of the DHP radiation physicist). Vetting and authorization procedures for Tier 3 DHPs shall include, in addition to administrative approval, the review and approval by a designated medical staff leader, with oversight by the governing body.<sup>iii</sup>

**Tier 2 DHP:** An individual who meets the definition of a DHP and who provides clinical services and/or direct hands-on care requiring the involvement and supervision of a member of the clinical staff of the facility (i.e., Chief Nursing Officer (CNO)/CNO designee for the approval of DHP nurses), in the services they provide. This Tier includes DHPs who will provide clinical instruction to the clinical staff of the facility (e.g., vendors providing product instruction to physicians, nurses, or other clinical staff) that would directly impact their delivery of patient care. This tier also includes individuals providing services using telehealth technology. Vetting and authorization procedures for Tier 2 DHPs shall include administrative approval with oversight by the governing body.<sup>iv</sup>

**Tier 1 Non-Employee:** This Tier of non-employees may provide services other than patient care services but to do so, would need to enter a safety- or security-sensitive area of the facility. Since a Tier 1 Non-employee does not meet the TJC definition of “staff,” the vetting and authorization procedures are limited to serving the purposes of ensuring safety, security and access control. Processing and approval of Tier 1 Non-Employees shall be done in accordance with the Background Investigations Policy, HR.ER.002, any applicable HCA Healthcare safety and security policies, and the safety and security policies and procedures of the facility as would apply to the services of the Tier 1 Non-Employee.

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**REFERENCES:**

1. Background Investigations Policy, [HR.ER.002](#)
2. Information Confidentiality and Security Agreements Policy, [IP.SEC.005](#)
3. [Implementation Guidelines for COG.PPA.003](#)
4. Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164
5. American Recovery and Reinvestment Act of 2009, Title XIII, Subtitle D
6. [Patient Privacy Program Policies](#), IP.PRI.001 – IP.PRI.013
7. Design & Construction Process

<sup>i</sup> CMS Conditions of Participation §482.11(c); §482.12(e); TJC, Management of Human Resources Chapter; AAAHC, Administration Chapter, Quality of Care Provided section

<sup>iii</sup> The Joint Commission, MS.01.01.01, EP 8; LD.04.01.05, EP 1 – 9

<sup>iv</sup> The Joint Commission, LD.04.01.05, EP 1 – 5; NR.02.03.01, EP 6

<sup>v</sup> The Joint Commission, HR.01.02.05, EP 7