THE OHIO STATE UNIVERSITY

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SUMMARY OF ACTIONS TAKEN

June 23, 2026 – Quality and Professional Affairs Committee Meeting

Members Present:

Juan Jose Perez	Elizabeth Seely	Scott A. Holliday
Trevor Brown	David E. Cohn	Stacy A. Brethauer
Michael Papadakis	Kami J. Maddocks	Traci Mignery
Andrew M. Thomas		

Members Present via Zoom:

George A. Skestos	John J. Warner	Corrin Steinhauer

Members Absent:

Eric C. Bourekas

PUBLIC SESSION

The Quality and Professional Affairs Committee of the Wexner Medical Center Board convened on Tuesday, June 23, 2026, virtually and in person, in Room 234 of Meiling Hall on the Columbus campus. Chair John Perez called the meeting to order at 4:00 p.m.

Item for Action:

1. Approval of Minutes: No changes were requested to the May 26, 2026, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

Item for Discussion:

2. Clinical Accomplishments: Dr. Andrew Thomas, chief clinical officer of the Wexner Medical Center, and Dr. David Cohn, chief operating officer and chief medical officer of the OSUCCC – James, celebrated committee member Dr. Kami Maddocks on her promotion to chief medical officer of the OSUCCC – James, effective July 1. Dr. Thomas also noted that researchers at the medical center are preparing to kick off a phase 1 clinical trial for what would be the first-ever vaccine for leishmaniasis, and that the medical center was again recognized by Practice Greenhealth for the institution's commitment to energy efficiency, waste reduction and sustainable operations.

EXECUTIVE SESSION

It was moved by Mr. Perez and seconded by Mr. Skestos that the committee recess into executive session to discuss quality and safety matters, security protocols, personnel matters, and to consult with legal counsel regarding pending or imminent litigation.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Mr. Perez, Mr. Skestos, Dr. Brown, Mr. Papadakis, Dr. Warner, Dr. Thomas, Ms. Seely, Dr. Cohn, Dr. Maddocks, Dr. Holliday, Dr. Brethauer, Ms. Mignery and Dr. Steinhauer.

The committee entered into executive session at 4:05 p.m. and reconvened in public session at 5:09 p.m.

PUBLIC SESSION

Items for Action:

3. Approval of Amendments to the Rules and Regulations of the Medical Staff:
    a. OSU Wexner Medical Center

4. Approval of Appointments of the Medical Executive Committee for the Ambulatory Surgery Centers:
    a. New Albany Ambulatory Surgery Center
    b. Dublin Ambulatory Surgery Center
    c. Powell Ambulatory Surgery Center

5. Medical Staff Appointments, Initial FPPE Recommendations and Requests for Additional and/or Special Privileges and Change in Category, June 2026:
    a. OSU Wexner Medical Center, including appointment No. 904535
    b. James Cancer Hospital and Solove Research Institute, including appointment No. 904535
    c. New Albany Ambulatory Surgery Center
    d. Dublin Ambulatory Surgery Center
    e. Powell Ambulatory Surgery Center

6. Approval of New/Revised Privilege Application Forms:
    a. Cardiovascular Medicine
    b. Sedation – Moderate and/or Deep (procedural)

The committee first voted on item No. 5 – Medical Staff Appointments, Initial FPPE Recommendations and Requests for Additional and/or Special Privileges and Change in Category, June 2026. Dr. Brethauer was advised to abstain.

Action: Upon the motion of Mr. Perez, seconded by Mr. Papadakis, the committee adopted the foregoing item by roll-call vote with the following committee members present and voting: Mr. Perez, Mr. Skestos, Dr. Brown, Mr. Papadakis, Dr. Warner, Dr. Thomas, Ms. Seely, Dr. Cohn, Dr. Maddocks, Dr. Holliday and Ms. Mignery. Dr. Brethauer abstained, and Dr. Steinhauer was not present for this vote.

The committee then voted on the remaining items under consideration.

Action: Upon the motion of Mr. Perez, seconded by Mr. Skestos, the committee approved these items by roll-call vote with the following committee members present and voting: Mr. Perez, Mr. Skestos, Dr. Brown, Mr. Papadakis, Dr. Warner, Dr. Thomas, Ms. Seely, Dr. Cohn, Dr. Maddocks, Dr. Holliday, Dr. Brethauer and Ms. Mignery. Dr. Steinhauer was not present for this vote.

The committee adjourned at 5:14 p.m.

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

QUALITY LEADERSHIP COUNCIL

The Ohio State University Wexner Medical Center Clinical Quality Management, Patient Safety, & Patient Experience Plan

FY 2027

July 1, 2026 - June 30, 2027

The Ohio State University Wexner Medical Center

Clinical Quality Management, Patient Safety, & Patient Experience Plan

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Ambition, Mission, Vision and Values

Ambition: To be a top tier (academic health center driving breakthrough healthcare solutions to improve people's lives and the communities in which we live.

Mission: To improve health in Ohio and across the world through innovations in research and transformation in research, education, patient care and community engagement.

Vision: By pushing the boundaries of discovery and knowledge, we will solve significant health problems and deliver unparalleled care

Values: Inclusiveness, Determination, Empathy, Sincerity, Ownership and Innovation

Definition

The Clinical Quality Management, Patient Safety and Patient Experience Plan is the health system approach to the systematic assessment and improvement of process design and performance aimed at improving quality of care, patient safety, and patient experience.

The approach to clinical quality management, patient safety, and patient experience is leadership-driven and involves significant staff and provider engagement. The activities within the health system are multi-disciplinary and rooted in the system's ambition, mission, vision, and values. The plan embodies a culture of continuously measuring, assessing, and initiating changes to improve outcomes. The health system employs the following principles which support the Institute of Medicine's six aims of care (Safe, Timely, Effective, Efficient, Equitable and Patient Centered). These principles are:

- **Customer Focus**: Knowledge and understanding of internal and external customer needs and expectations.
- **Leadership & Governance**: Dedication to continuous improvement instilled by leadership and the Board.
- **Education**: Ongoing development and implementation of a curriculum for quality, safety & service for all staff, employees, clinicians, patients, and learners.
- **Everyone is Involved:** All members have mutual respect for the dignity, knowledge, and potential contributions of others. Everyone is engaged in improving the processes in which they work.
- **Data Driven**: Decisions are based on knowledge derived from data.
- **Process Improvement:** Analysis of processes for redesign and variance reduction using a scientific approach.
- **Continuous:** Measurement and improvement are ongoing.
- **Safety Culture**: A culture that is open, honest, transparent, collegial, team-oriented, accountable and non-punitive when system failures occur.
- **Personalized Health Care**: Incorporate evidence-based medicine in patient centric care that considers the patient's health status, genetics, cultural traditions, personal preferences, values family situations and lifestyles.

The Plan was developed in accordance with The Joint Commission (TJC) accreditation standards and the Center for Medicare & Medicaid Services (CMS) Conditions of Participation outlining a

Quality Assurance and Performance Improvement (QAPI) program. In addition to the principles outlined above, the following will also serve as fundamental components of the plan.

Consistent Level of Care

Certain elements of the OSUWMC Clinical Quality Management, Patient Safety, & Patient Experience Plan assure that patient care standards for the same or similar services are comparable in all areas throughout the health system. For example,

- Policies, procedures and services provided are not payer driven
- Application of a single standard for physician credentialing
- Health system monitoring tools to measure processes
- Standardize and unify health system policies and procedures that promote patient centered, high quality, and safe care

Performance Transparency

The OSUWMC Medical and Administrative leadership, in conjunction with the Board of Trustees, has a strong commitment to transparency of performance as it relates to clinical quality, patient safety, and patient experience performance. As supported by the long-range quality plan, the organization is committed to providing transparency to our patients and communities regarding our performance.

Performance data are shared internally with faculty and staff through a variety of methods. The purpose of providing data internally is to assist faculty and staff in having real-time performance results and to use those results to drive change and improve performance when applicable.

Online performance scorecards have been developed to cover a variety of clinical quality, safety, and patient experience metrics. When applicable, online scorecards provide the ability to "drilldown" on the data by discharge service, department and nursing unit. In some cases, password authentication also allows for practitioner-specific data to be viewed by Department Chairs and various Quality and Administrative staff. Transparency of information will be provided within the limits of the Ohio law that protects attorney client privilege, quality inquiries and reviews, as well as peer review.

Confidentiality

Confidentiality is essential to the quality management and patient safety process. All records and proceedings are confidential and are to be marked as such. Written reports, data, and meeting minutes are to be maintained in secure files. Access to these records is limited to appropriate administrative personnel and others deemed appropriate by legal counsel. As a condition of staff privilege and peer review, it is agreed that no record, document, or proceeding of this program is to be presented in any hearing, claim for damages, or any legal cause of action. This information is to be treated for all legal purposes as privileged information. This is in keeping with the Ohio Revised Code 121.22 (G)-(5) and Ohio Revised Code 2305.251.

Scope/Purpose

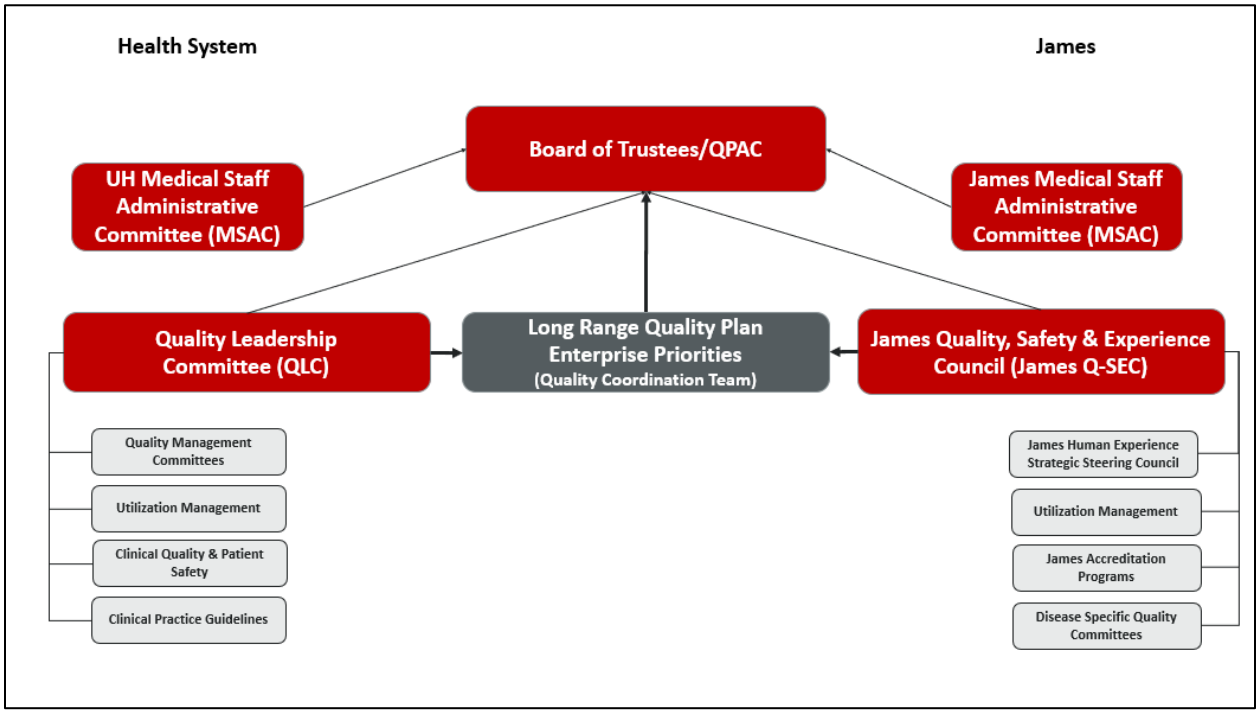
The Clinical Quality Management, Patient Safety & Patient Experience Plan includes all inpatient and outpatient facilities in The OSU Wexner Medical Center (OSUWMC) and appropriate entities across the continuum of care and in any clinical setting. The execution of the Clinical Quality Management, Patient Safety & Patient Experience Plan will demonstrate measurable improvements in health outcomes and the value of patient care provided within the OSUWMC.

As part of the Quality Assurance and Performance Improvement (QAPI program), the organization provides oversight for contracted services. The contracts are reviewed annually by the Medical Staff Administrative Committee (MSAC) and then forwarded to the Quality and Professional Affairs Committee of the governing body for review and approval.

Objectives

- Continuously monitor, evaluate, and improve outcomes and sustain improved performance.
- Implement reliable system changes that will improve patient care and safety by assessing, identifying, and reducing risks within the organization and responding accordingly when undesirable patterns or trends in performance are identified, or when events requiring intensive analysis occur.
- Assure optimal compliance with accreditation standards, state, federal and licensure regulations.
- Develop, implement, and monitor adherence to evidenced-based practice guidelines and companion documents in accordance with best practice to standardize clinical care and reduce unwarranted practice variation.
- Improve patient experience and perception of treatment, care and services by identifying, evaluating, and improving performance based on patient needs, expectations, and satisfaction.
- Improve value by providing the best quality of care at the minimum cost possible. Incorporate value metrics, specifically the cost of care, into quality data and discussions where appropriate.
- Provide a mechanism by which the governance, medical staff and health system staff members are educated in quality management principles and processes.
- Provide appropriate levels of data transparency to both internal and external customers.
- Create a level of accountability for all system-wide quality improvement initiatives at the dyad/triad leadership level and ensure processes involve an interdisciplinary teamwork approach.
- Improve processes to prevent patient and employee harm.
- Improve clinical documentation to accurately reflect the risk factors and severity of illness for the patients in which we provide care.

Structure for Quality Oversight



The Quality Leadership Council serves as the single, multidisciplinary quality and safety oversight committee for the OSUWMC. In accordance with the Long-Range Quality Plan (Appendix A), The Quality Leadership Council utilizes criteria (Appendix B) to determine priorities for the health system that are reported in the Quality & Safety Priorities (Appendix C). Given the James Cancer Hospital has a separate provider number with a requirement for a distinct QAPI program, they have a specific substructure that ultimately reports to QPAC (Appendix D).

Committees

Medical Center Board

The Medical Center Board is accountable to The Ohio State University Board of Trustees through the President and Executive Vice President (EVP) for Health Sciences and is responsible for overseeing the quality and safety of patient care throughout the Medical Center including the delivery of patient services, quality assessment, improvement mechanisms, and monitoring achievement of quality standards and goals.

The Medical Center Board receives clinical quality management, patient safety and patient experience reports, and provides resources and support systems for clinical quality management, patient safety and patient experience functions, including medical/health care error occurrences and actions taken to improve patient safety and service. Board members receive information regarding the responsibility for quality care delivery or provision, and the Hospital's Clinical Quality Management, Patient Safety and Patient Experience Plan. The Medical Center Board ensures all caregivers are competent to provide services.

Quality Professional Affairs Committee (QPAC)

Composition: The committee shall consist of no fewer than four voting members of the university Wexner medical center board, appointed annually by the chair of the university Wexner medical center board, one of whom shall be appointed as chair of the committee. The chief executive officer of The Ohio State University Health System; chief medical officer of the medical center; the director of medical affairs of the James; the medical director of credentialing for the James; the chief of the medical staff of the university hospitals; the chief of the medical staff of the James; the associate dean of graduate medical education; the chief quality and patient safety officer; the chief nurse executive for the OSU health system; and the chief nursing officer for the James shall serve as ex-officio, voting members. Other members as appointed by the chair of the university Wexner medical center board, in consultation with the chair of the quality and professional affairs committee.

Function:

The QPAC shall be responsible for the following specific duties:

- Reviewing and evaluating the patient safety and quality improvement programs of the university Wexner medical center;
- Overseeing all patient care activities in all facilities that are a part of the university Wexner medical center, including, but not limited to, the hospitals, clinics, ambulatory care facilities, and physicians' office facilities;
- Monitoring quality performance in accordance with the standards set by the university Wexner medical center;
- Monitoring the achievement of accreditation and licensure requirements;
- Reviewing and recommending to the university Wexner medical center board changes to the medical staff bylaws and medical staff rules and regulations;
- Reviewing and approving clinical privilege forms;
- Reviewing and approving membership and granting appropriate clinical privileges for the credentialing of practitioners recommended for membership and clinical privileges by the university hospitals medical staff administrative committee and the James medical staff administrative committee;
- Reviewing and approving membership and granting appropriate clinical privileges for the expedited credentialing of such practitioners that are eligible by satisfying minimum approved criteria as determined by the university Wexner medical center board and are recommended for membership and clinical privileges by the university hospitals medical staff administrative committee and the James medical staff administrative committee;
- Reviewing and approving reinstatement of clinical privileges for a practitioner after a leave of absence from clinical practice;
- Conducting peer review activities and recommending professional review actions to the university Wexner medical center board;
- Reviewing and resolving any petitions by the medical staff for amendments to any rule, regulation or policy presented by the chief of staff on behalf of the medical staff pursuant to the medical staff bylaws and communicating such resolutions to the university hospitals medical staff administrative committee and the James medical staff administrative committee for further dissemination to the medical staffs; and

- Such other responsibilities as assigned by the chair of the university Wexner medical center board.

Medical Staff Administrative Committees (MSACs)

Composition: Refer to Medical Staff Bylaws and Rules and Regulations

Function: Refer to Medical Staff Bylaws and Rules and Regulations

The organized medical staff, under the direction of the Medical Director and the MSAC(s) for each institution, implements the Clinical Quality Management, Patient Safety and Patient Experience Plan throughout the clinical departments.

The MSAC(s) reviews reports and recommendations related to clinical quality management, efficiency, patient safety and service quality activities. This committee has responsibility for evaluating the quality and appropriateness of clinical performance and service quality of all individuals with clinical privileges. The MSAC(s) reviews corrective actions and provides authority within their realm of responsibility related to clinical quality management, patient safety, efficiency, and service quality activities.

Quality Leadership Council (QLC)

Composition: Refer to Medical Staff Bylaws and Rules and Regulations

Function: Refer to Medical Staff Bylaws and Rules and Regulations

The QLC is responsible for designing and implementing systems and initiatives to enhance clinical care, outcomes and patient experience throughout the integrated health care delivery system. The QLC serves as the oversight council for the Clinical Quality Management, Patient Safety and Patient Experience plan. Quality improvement activities within the Quality Improvement Teams and Quality Management Committees will be reported up to the QLC to ensure alignment of priorities for system-wide quality improvement projects and to provide consistent interventions (toolkits) to all stakeholders in the system.

Clinical Practice Guideline Committee (CPGC)

Composition: The CPGC consists of multidisciplinary representatives from Hospital Administration, Medical Staff, Information Technology, Pharmacy, Nursing, and other allied health professionals. An active member of the medical staff chairs the committee. The CPGC reports to QLC and shares pertinent information with the Medical Staff Administrative Committees.

Function:

- Develop and update evidence-based clinical practice guidelines and best practices to support the delivery of patient care that promotes high quality, safe, efficient, effective, and patient centered care.
- Develop and implement Health System-specific resources and tools to support evidence-based guideline recommendations and best practices to improve patient care processes, reduce variation in practice, and support health care education.
- Develop measures to evaluate guideline use, processes, and outcomes of care.

Clinical Quality and Patient Safety Committee (CQPSC)

Composition: The CQPSC consists of multidisciplinary representatives from Hospital Administration, Medical Staff, Information Technology, Nursing, Pharmacy, Laboratory, Respiratory Therapy, Diagnostic Testing and Risk Management. An active member of the Medical Staff chairs the Committee. The committee reports to QLC and additional committees as deemed applicable.

The primary role of the CQPSC is to ensure that OSUWMC consistenly meets Joint Commission and CMS requirements for Conditions of Participation while advancing a high reliability culture focused on zero harm, continuous learning, and system-level improvement.

Function:

- Fosters a culture of safety which promotes organizational learning and minimizes individual blame or retribution associated with reporting or involvement in a healthcare errors
- Assures optimal compliance with patient quality and safety-related accreditation standards
- Proactively identifies risks to patient safety and initiates actions to reduce risk with a focus on process and system improvement
- Oversees completion of proactive risk assessment as required by TJC
- Directs education and risk-reduction strategies as they relate to Sentinel Event Alerts from TJC
- Provides oversight and guidance for quality management committees
- Evaluates clinical practices and, when indicated, recommends improvements to enhance care delivery and patient outcomes
- Ensures timely actions are taken to improve performance whenever an undesirable pattern or trend is identified
- Receives reports from committees that have a potential impact on the quality and safety of patient care delivery

Patient Experience Council(s)

Composition: The Patient Experience Councils consists of executive, physician, and nursing leadership spanning the inpatient and outpatient care settings. The University Hospital & Ross Heart Hospital's Council is co-chaired by the Chief Nursing Officer forUniversity Hospital & Ross Heart Hospital, the Executive Director for University Hospital / Ross Heart Hospital, and the University Hospital & Ross Heart Hospital Medical Directors. It occurs as part of the Hospital's Monthly Performance Review. The committee reports to the QLC by way of an annual report by the Director of Patient Experience and reports out to additional committees as applicable. The James Patient Experience Council reports to the James Quality, Patient Safety and Experience Council which then reports to QPAC. The Council's key strategic initiatives center on empathy, trust, and personal connections as well as leveraging technology to enhance communication with patients and families. The OSU East Patient Experience Council is co-chaired by the Chief Nursing Officer for OSU East Hospital and the Director of Patient Experience. The committee reports to the QLC by way of an annual report by the Director of Patient Experience and reports out to additional committees as applicable.

Function:

- Create a culture and environment that delivers an exceptional experience through world class care for every person, every time unparalleled patient experience consistent with the OSU Medical Center's mission, vision and values focusing largely on service quality.

- Set strategic goals and priorities for improving the patient experience to be implemented by area specific patient experience councils and teams.
- Serve as a communication hub reporting out objectives and performance to the system.
- Serve as a coordinating body for subcommittees working on specific aspects of the patient experience.
- Measure and review voice of the customer information in the form of Patient and Family Experience Advisor Program and related councils, patient satisfaction data, comments, letters, and related measures.
- Monitor publicly reported and other metrics used by various payers to ensure optimal reimbursement.
- Collaborate with other departments to reward and recognize faculty and staff for service excellence performance.

Practitioner Evaluation Committee (PEC)

Composition: The Practitioner Evaluation Committee (PEC) (Appendix E) is the Peer Review committee that provides medical leadership in overseeing the Peer Review process. The PEC is co-chaired by the CQPSO and a CMO appointee. The committee is composed of the Chair of the Clinical Quality and Patient Safety Committee, physicians, and advanced practice licensed health care providers from various business units & clinical areas as appointed by the CMO & Physician in Chief at the James. The Medical Center CMO & Physician-in-Chief at the James serves Ex- Officio.

Function:

- Provide leadership for OSUWMC clinical quality improvement processes.
- Provide clinical expertise to the practitioner peer review process thorough and timely review of clinical care and/or patient safety issues referred to the PEC.
- Advises the CMO & Director of Medical Affairs at the James regarding action plans to improve the quality and safety of clinical care at the OSUWMC.
- Develop follow up plans to ensure action is successful in improving quality and safety.
- Establish Peer Review Process Policy to clearly define the scope, methods, and timing of peer review events.

Sentinel Event Team

Composition: The OSUWMC Sentinel Event Team (SET) includes an Administrator, the Chief Quality and Patient Safety Officer, the Administrative Director for Quality & Patient Safety, a member of the Physician Executive Council, a member of the Nurse Executive Council, representatives from Quality and Operations Improvement and Risk Management and other areas as necessary.

Function:

- Approves & makes recommendations on sentinel event determinations and teams, and action plans as received from the Sentinel Event Determination Group,
- Evaluates findings, recommendations, and approves action plans of all root cause analyses ensuring they are actionable, sustainable, and designed to mitigate recurrence and drive system-level improvement.

The Sentinel Event Determination Group (SEDG)

The SEDG is a sub-group of the Sentinel Event Team and determines whether an event will be considered a sentinel event, a significant event or a non-event. SEDG has the authority to assign the Root Cause Analysis (RCA) Executive Sponsor, RCA Workgroup Leader, RCA Workgroup Facilitator, and recommends the Workgroup membership to the Executive Sponsor. When the RCA is presented to the Sentinel Event Team, the RCA Workgroup Facilitator will attend to support the members.

Composition: The SEDG voting membership includes the CQPSO or designee, Director of Risk Management, and Quality Director of respective business unit for where the event occurred (or their designee). Additional guests attend as necessary.

Quality Management Committees

Composition: For the purposes of this plan, Quality Committees will refer to any standing service line committees or sub-committees functioning under the Quality Oversight Structure. Membership on these committees will represent the major clinical and support services throughout the hospitals and/or clinical departments. These committees report, as needed, to the appropriate oversight committee(s) defined in this Plan.

Function: Serve as the central resource and multidisciplinary work group(s) for the continuous process of monitoring, evaluating, and improving the quality of care services provided throughout a hospital, clinical department, and/or a group of similar clinical departments (e.g., service lines).

Quality Improvement (QI) Teams/Work Groups

The QI Teams serve as the functional arm of Quality and Patient Safety to implement specific quality improvement initiatives within the Health System. The teams leverage the triad/dyad leaders, and other leaders as appropriate, across the system to establish a clear level of accountability for quality improvement activities. The QI teams use data provided by the Analytics Center of Excellence (ACE) to identify and prioritize processes and tactics to improve a specific outcome or priority metric. The teams may develop implementation toolkits consistent with best practice. These toolkits decrease variation in how quality improvement efforts are undertaken across the system for common issues such as falls, hospital acquired infections, and patient safety indicators. QI Team members are responsible for the successful implementation and maintenance of these QI efforts within their areas of responsibility.

Composition: Co-chaired by the Chief Quality and Patient Safety Officer and the Senior Director of Quality and Patient Safety. The teams consist of multidisciplinary leaders across the system and selected business units, nursing, pavilion, as well as educational and administrative leaders.

Function:

- System-wide implementation of quality improvement efforts for specific quality opportunities impacting a broad patient population.
- QI Teams are not intended to replace any service line or business unit level quality committee or activity but are intended to align QI efforts across the system for specific opportunities.
- Priorities are established based on current performance and identified gaps in performance when compared to industry leaders; data is provided from the ACE and quality teams.
- QI Teams are tasked with creating a system-wide QI plan to improve performance to include a standardized toolkit for implementation.

- The team coordinates with ACE to develop process measures, adherence reports, and outcome reporting for the project.
- After implementation, council leaders are responsible for ongoing surveillance of process adherence and outcomes for their respective units.
- QI teams report priorities, progress, and results to the QLC as appropriate.

Roles and Responsibilities

Executive Vice President/CEO

The EVP leads all seven health science colleges and the Wexner Medical Center Enterprise which includes seven hospitals, a nationally ranked college of medicine, 20-plus research institutes, multiple ambulatory sites, an accountable care organization and a health plan. Additionally, the EVP serves as the Chief Executive Officer for Wexner Medical Center and serves in an ex-officio role for the Wexner Board of Trustees, as well as being the Chairperson for the Quality and Professional Affairs committee which is a Board committee.

Chief Operating Officer (COO)

The COO for the Medical Center is responsible for providing leadership and oversight for the overall Clinical Quality Management, Patient Safety and Patient Experience Plan across the OSUWMC.

Chief Clinical Officer (CCO)

The CCO for the Medical Center is responsible for facilitating the implementation of the overall Clinical Quality Management, Patient Safety & Patient Experience Plan at OSUWMC. The CCO is responsible for facilitating the implementation of the recommendations approved by the various committees under the Quality Leadership Committee (QLC).

Chief Quality and Patient Safety Officer (CQPSO)

The CQPSO reports to the Chief Operating Officer and provides oversight and leadership for the OSUWMC in the conceptualization, development, implementation and measurement of the OSUWMC approach to quality, patient safety and patient experience.

Senior Director, Quality and Safety

The Senior Director of Quality and Safety works in dyad partnership with the CQPSO to provide oversight and leadership for the OSUWMC in the conceptualization, development, implementation, and measurement of the OSUWMC approach to quality, patient safety, and patient experience.

Associate Chief Quality and Patient Safety Officers

The Associate Chief Quality and Patient Safety Officers support the CQPSO in the development, implementation, and measurement of OSUWMC's approach to quality, safety, and patient experience.

Medical Director/Director of Medical Affairs

Each business unit Medical Director is responsible for the review, implementation and oversight of the Clinical Quality Management, Patient Safety & Patient Experience Plan.

Associate Medical Directors

The Associate Medical Directors assist the CQPSO in the oversight, development, and implementation of the Clinical Quality Management, Patient Safety & Patient Experience Plan as it relates to the areas of quality, safety, evidence-based medicine, clinical resource utilization and service.

Chief Administrative Officers – Acute Care Division/Post-Acute and Home-Based Care Division/Outpatient and Ambulatory Division/Clinical and Physician Network

The OSUWMC Chief Administrative Officers are responsible to the Board for implementation of the Clinical Quality Management, Patient Safety & Patient Experience Plan for their respective divisions.

Business Unit Executive Directors

The OSUWMC staff, under the direction of the Health System Chief Administrative Officer and Hospital Administration, implements the program throughout the organization. Hospital Administration provides authority and supports corrective actions within its realm for clinical quality management, patient safety, and patient experience activities.

Clinical Department Chief and Division Directors

Each department chairperson and division director are responsible for ensuring the standards of care and service are maintained within their department/division. In addition, department chairpersons/division directors may be asked to implement recommendations from the Clinical Quality Management, Patient Safety and Patient Experience Plan, or participate in corrective action plans for individual physicians, or the division/department as a whole.

Medical Staff

Medical staff members are responsible for achieving the highest standard of care and services within their scope of practice. As a requirement for membership on the medical staff, members are expected and must participate in the functions and expectations set forth in the Clinical Quality Management, Patient Safety, & Patient Experience Plan. In addition, members may be asked to serve on quality management committees and/or quality improvement teams.

House Staff Quality Forum (HQF)

The House Staff Quality Forum (HQF) is comprised of representatives from each Accreditation Council for Graduate Medical Education (ACGME) program. HQF has Executive Sponsorship from the CQPSO and the Associate CQPSO.

The purpose of the HQF is to provide post-graduate trainees with an opportunity to participate in clinical quality, patient safety and patient experience-related initiatives while incorporating the perspective of the frontline provider. HQF will work on quality, safety and patient experience related projects and initiatives that are aligned with the health system goals and will report to the Clinical Quality and Patient Safety committee. The Chair HQF will serve as a member of the Leadership Council.

Nursing Quality

The primary responsibility of the Nursing Quality and Evidence-Based Practice (EBP) Department is to monitor and evaluate performance of the nursing staff in support of organizational quality, safety

and patient experience goals, submit required data to the National Database for Nursing Quality Indicators (NDNQI), review benchmark data and identify opportunities for improvement, use the literature to guide recommended changes to nursing practice and policy, coordinate and facilitate nursing quality improvement initiatives, facilitate participation/collaboration with system-wide patient safety activities, and use EBP and research to improve both the delivery and outcomes of personalized nursing care.

Nursing Quality team members serve as internal consultants for the development and evaluation of quality improvement, patient safety, and EBP activities. The department maintains human and technical resources for team facilitation, use of performance improvement tools, data collection, statistical analysis, and reporting.

Hospital Department Directors

Each department director is responsible for ensuring the standards of care and service are maintained or exceeded within their department. Department directors are responsible for implementing, monitoring, and evaluating activities in their respective areas and assisting medical staff members in developing appropriate mechanisms for data collection and evaluation. In addition, department directors may be asked to implement recommendations from the Clinical Quality Management, Patient Safety and Patient Experience Plan or participate in corrective action plans for individual employees or the department as a whole. Department directors provide input regarding committee memberships and serve as participants on quality management committees and/or quality improvement teams.

Health System Staff

Health System staff members are responsible for ensuring the standards of care and services are maintained or exceeded within their scope of responsibility. The staff is involved through formal and informal processes related to clinical quality improvement, patient safety and patient experience efforts, including but not limited to:

- Reporting events, including near misses or “good catches” via the internal Patient Safety Reporting System (PSRS)
- Suggesting processes to improve quality, safety and service
- Monitoring activities and processes, such as patient complaints and patient satisfaction
- Participating in focus groups
- Attending staff meetings
- Participating in efforts to improve quality and safety including Root Cause Analysis and Proactive Risk Assessments

Quality and Operations Improvement

The primary responsibility of the Quality and Operations Improvement team is to coordinate and facilitate clinical quality management and patient safety activities throughout the Health System. The primary responsibility for the implementation and evaluation of clinical quality management and patient safety activities resides in each department/program; however, the quality and operations improvement staff also serve as an internal consultant for the development and evaluation of quality management, patient safety, and quality improvement activities. The team maintains human and technical resources for team facilitation, use of performance improvement tools, data collection, statistical analysis, and reporting.

The department is comprised of five main functions (Appendix F):

1. Patient Safety
2. Quality Outcomes Management and Improvement
3. Quality Program Reporting
4. Provider Engagement / Peer Review

Patient Experience

The primary responsibility of the Patient Experience team is to coordinate and facilitate the operationalization of patient centered compassionate care designed to ensure patients and their loved ones leave with a trusting perception of The Ohio State University Wexner Medical Center. This is accomplished through both strategic and program development as well as through managing operational functions within the Health System. The implementation and evaluation of service- related activities resides in each department/program; however, the Patient Experience staff also serves as an internal consultant for the development and evaluation of service quality activities as well as a representative of the "voice of the patient" throughout the organization by reflecting or providing patient feedback to shape decision making.

The Patient Experience Department maintains human and technical resources for interpreter services, information desks, patient relations, pastoral care, team facilitation, survey management, and performance improvement. The department also oversees the Patient and Family Experience Advisor Program which is a group of current/former patients, or their primary caregivers, who have had experiences at any OSU facility. These individuals are volunteers who serve as advisory members on committees and workgroups, complete public speaking engagements and review materials.

Determining Priorities

The OSUWMC has a process in place to identify and direct resources toward quality management, patient safety, and patient experience activities. The OSUWMC criteria are approved and reviewed by QLC and the Medical Center Board. The prioritization criteria are reevaluated annually according to the mission and strategic plan of the OSUWMC. The leaders may also set performance improvement priorities and reevaluate on an ad hoc basis in response to unusual or urgent events.

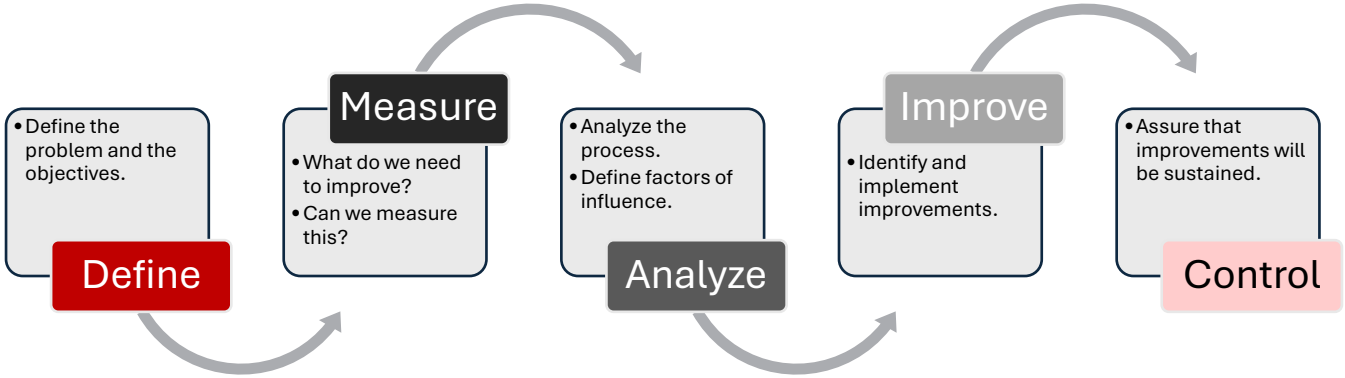
Approach to Clinical Quality, Patient Safety & Patient Experience Management Systematic Approach/Model to Process Improvement

The OSUWMC embraces continuous improvement and innovation as one of its core values. Organizational focus on process improvement and innovation is embedded within the culture using a general Process Improvement Model that includes:

1. An organizational expectation that the entire workforce is responsible for enhancing organizational performance and;
2. Active involvement of multidisciplinary teams and committees focused on improving processes.
3. A data-driven and patient-centered approach to continuous improvement.

With increased organizational emphasis on utilizing metric-driven approaches to reducing unintended medical errors, eliminating rework, and enhancing the efficiency/effectiveness of our work processes, the DMAIC methodology with iterative improvement cycles is an instrumental to help focus our process improvement efforts.

DMAIC Roadmap



High Reliability Organization (HRO) and Commitment to Zero Harm

The Ohio State University Wexner Medical Center (OSUWMC) is committed to advancing a culture of safety through the principles of a High Reliability Organization (HRO), with the ultimate goal of achieving zero preventable harm. This commitment reflects a system-wide expectation that safety is a core value, embedded in daily operations, leadership behaviors, and clinical practice.

OSUWMC operationalizes HRO principles by promoting:

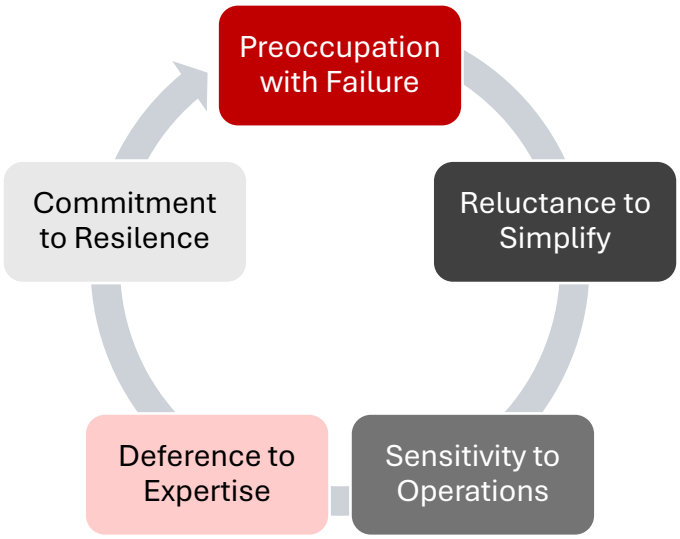
- Preoccupation with Failure – Proactively identifying risks, near misses, and system vulnerabilities through event reporting, safety surveillance, and continuous monitoring.
- Reluctance to Simplify – Encouraging thorough analysis of events and conditions to understand underlying system drivers rather than attributing issues to individual performance.
- Sensitivity to Operations – Maintaining situational awareness through leadership rounding, multidisciplinary communication, and frontline engagement.
- Commitment to Resilience – Strengthening the organization's ability to respond, recover, and learn from adverse events and operational disruptions.
- Deference to Expertise – Empowering frontline staff and subject matter experts to speak up and influence decision-making regardless of hierarchy.

To support these principles, OSUWMC integrates Every Person Every Time (EPET) skills and standardized tools (e.g., just culture, escalation pathways, and tiered safety huddles) across clinical and operational settings. Leaders at all levels are expected to model HRO behaviors, reinforce psychological safety, and promote accountability through consistent use of these tools.

OSUWMC fosters a Just Culture environment in which individuals are treated fairly, and accountability is balanced with system improvement. This approach supports open reporting, encourages learning from failure, and drives continuous improvement.

Through these efforts, OSUWMC seeks to create a highly reliable system in which safe, high-quality care is consistently delivered, variation is minimized, and every team member is accountable for preventing harm and improving patient outcomes.

High Reliability Organization Principles



Data Measurement and Assessment

Determination of Data Needs

The OSUWMC data needs are determined according to improvement priorities and surveillance needs. The OSUWMC collects data for monitoring important processes and outcomes related to patient care and the OSUWMC functions. In addition, each department is responsible for identifying quality indicators specific to their area of service. The quality management committee of each area is responsible for monitoring and assessing the data collected.

Collection/Measurement

OSUWMC systematically collects and measures healthcare quality data to monitor performance, identify opportunities for improvement, tracks impact of improvement initiatives, and support regulatory and organizational priorities. Data collection occurs through multiple sources to ensure a comprehensive and reliable view of patient care and outcomes.

Primary data sources include:

- **Administrative and clinical data systems and registries** (e.g., EHR, Vizient, specialty registries) capturing patient demographics, clinical conditions, treatments, and outcomes
- **Retrospective and concurrent medical record review**, including targeted surveillance activities (e.g., infection prevention, mortality review, and clinical quality audits)

- **Event and safety reporting systems**, including patient safety reports, near misses, and serious safety events
- **Surveys and feedback mechanisms**, including patient experience (e.g., HCAHPS), family input, and workforce engagement surveys

Data collection processes are standardized where possible to ensure consistency, validity, and reliability. Key measures are defined using internal specifications and external benchmarks (e.g., CMS, Joint Commission, Vizient), and data are collected at the unit, service line, and organizational levels.

Collected data are regularly validated, trended, and stratified (e.g., by population, location, and provider) to support actionable insights and performance improvement initiatives.

Assessment

Statistical methods such as control charts, g-charts, confidence intervals, and trend analysis are used to identify undesirable variance, trends, and opportunities for improvement. The data are compared to previous performance, and external benchmarks. Accepted standards of care and aspirational performance targets are used to establish metrics and goals. Annual goals are established to evaluate performance. Where appropriate, OSUWMC has adopted the philosophy of setting multi-year aspirational targets. Annual targets are set as steps to achieve the aspirational goal.

Surveillance

The OSUWMC systematically collects and assesses data in different areas to monitor and evaluate the quality and safety of services, including measures related to accreditation and other requirements. Data collection also functions as a surveillance system for timely identification of undesired variations or trends in quality indicators. Other mechanisms by which data may be obtained are outlined in the graphic below.

Benchmark data

Both internal and external benchmarking provides value to evaluating performance.

Internal Benchmarking: Compares performance across units overtime to evaluate improvement efforts and identify best practices.

External Benchmarking: Uses national databases and clinical registries (e.g., Vizient, The US News & World Report, National Database of Nursing Quality Indicators, and The Society of Thoracic Surgery) to measure performance against peer organizations and inform goal setting.

External Reporting Requirements

There are several external reporting requirements related to quality, safety, and service. These include regulatory, governmental, payer, and specialty certification organizations. An annual report is given to the Compliance Committee to ensure all regulatory requirements are met.

Communication of Data/Performance

Metric Headquarters (Metric HQ)

Quality and patient safety related data are collected to monitor key processes and outcomes related to care delivery and according to improvement priorities and surveillance needs. For example, Metric HQ is an internal set of dashboards for visualizing quality and safety data. This serves as a single source of truth across the organization. Additional data sets are available from IHIS reports and/or the Analytics Center of Excellence for specific initiatives as needed and at the requested frequency.

Specific data within Metric HQ is available at the system, business unit, and unit level. Additional process measure data as leading indicators for established outcomes or priorities are also included to help target improvement efforts.

Vital Signs of Performance

The Vital Signs of Performance is an online dashboard available to everyone in the Medical Center with a valid user account that shows Mortality, Length of Stay, and Readmission data over time. The data can be displayed at the health system, business unit, clinical service, and unit level.

Patient Satisfaction Dashboard

The Patient Satisfaction dashboard consists of patient experience indicators and comments gathered from surveys after discharge or visit to a hospital or outpatient area. The dashboard covers performance in areas such as overall experience, physician communication, nurse communication, responsiveness, care coordination, discharge, restfulness, and environment. It also measures process indicators, such as joint physician-nurse rounding as well as serves as a resource for best practices. The information contained on the dashboard is shared in various forums with staff, clinicians, administration, including the Boards.

Frequency of Data Collection

Dashboards are automatically refreshed without the need for manual refresh processes. Data collection frequency through other reports and/or data sets occurs at the timeframes designated

for each specific initiative. Project and departmental teams set the data collection plan and frequency that meets their project's goals and objectives.

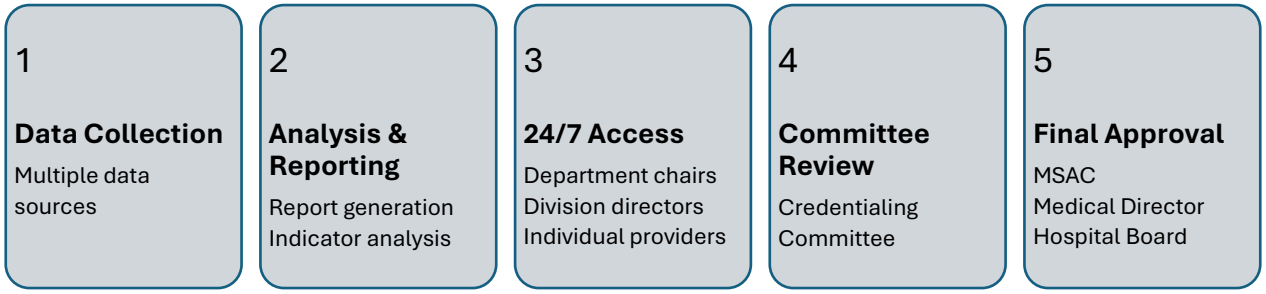
Performance Based Physician Quality & Credentialing

Performance-based credentialing promotes the delivery of safe, high-quality care by physicians and advanced practice providers. This process includes both **Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE).**

FPPE is conducted in three situations: at initial appointment, when new privileges are requested, and when concerns arise regarding a practitioner's ability to provide safe, high-quality care.

OPPE is performed on a continuous basis, with formal review at least every six months, to monitor ongoing performance and support the maintenance of clinical competence.

Profiling Process



Service-Specific Indicators

Several of the indicators are used to profile each physician's performance. The results are included in a physician profile which is reviewed with the department chair as part of credentialing process.

The definition of service/department specific indicators is the responsibility of the director/chair of each unit. The performance in these indicators is used as evidence of competence to grant privileges in the re-appointment process. The clinical departments/divisions are required to collect the performance information as necessary related to these indicators and report that information to the Department of Quality & Operations Improvement.

Purpose of Medical Staff Evaluation

- To monitor and evaluate medical staff performance ensuring a competent medical staff
- To integrate medical staff performance data into the reappointment process and create the foundation for high quality care, safe, and efficacious care
- To provide periodic feedback and inform clinical department chairs of the comparative performance of individual medical staff
- To identify opportunities for improving the quality of care

Conflict of Interest

Any person, who is professionally involved in the care of a patient being reviewed, should not participate in peer review deliberations and voting. A person is professionally involved if they are responsible for patient care decision making either as a primary or consulting professional and/or have a financial interest (as determined by legal counsel) in the case under review.

Persons who are professionally involved in the care under review are to refrain from participation except as requested by the appropriate administrative or medical leader. During peer review evaluations, deliberations, or voting, the chairperson will take steps to avoid the presence of any person, including committee members, professionally involved in the care under review. The chairperson of a committee should resolve all questions concerning whether a person is professionally involved. In cases where a committee member is professionally involved, the respective chairperson may appoint a replacement member to the committee.

Participants and committee members are encouraged to recognize and disclose, as appropriate, a personal interest or relationship they may have concerning any action under peer review.

Annual Approval and Continuous Evaluation

The Clinical Quality Management, Patient Safety & Patient Experience Plan is approved by the QLC, the Medical Staff Administrative Committees, and the Medical Center Board on an annual basis. The annual evaluation includes a review of the program activities and an evaluation of the effectiveness of the structure.

Appendix A: Long Range Quality Plan

Appendix B: Prioritization Criteria

The following criteria are used to prioritize clinical value enhancement initiatives to ensure the appropriate allocation of resources.

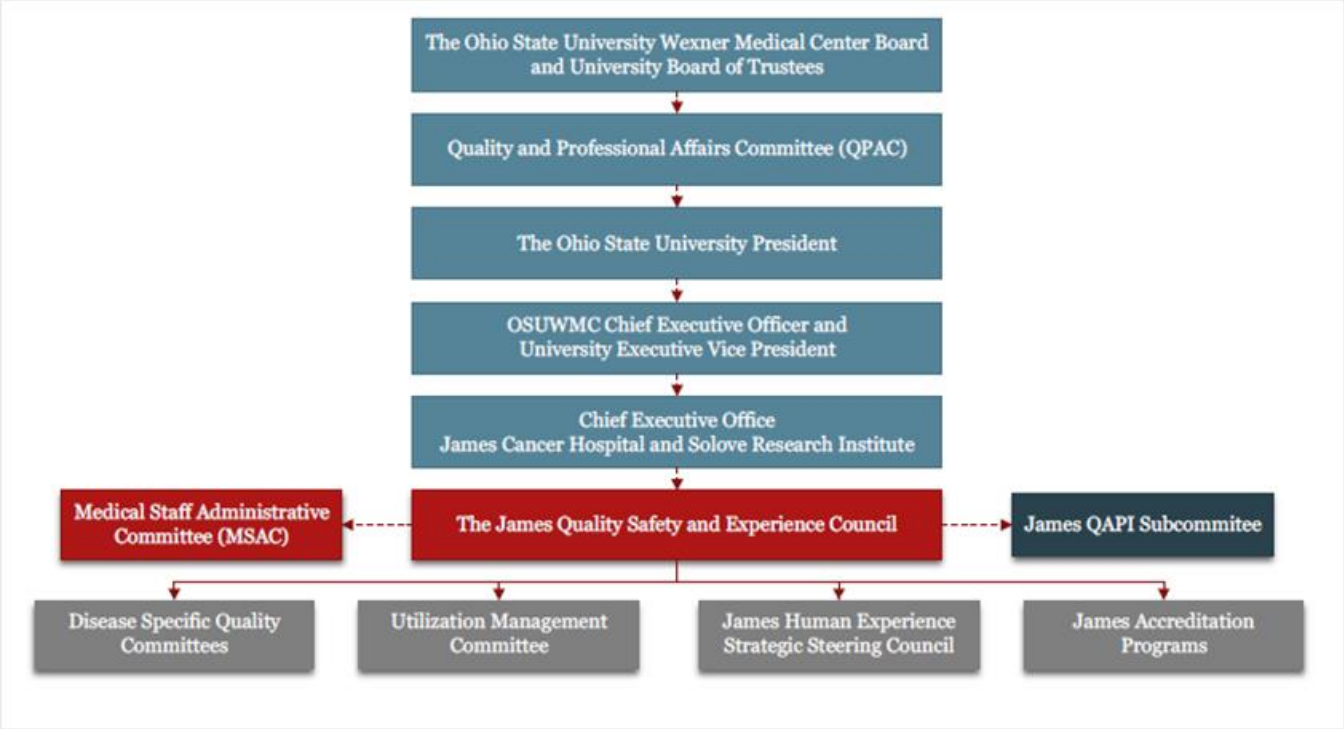
1. Ties to strategic initiatives and is consistent with hospital's mission, vision, and values
2. Reflects areas for improvement in patient safety, appropriateness, quality, and/or medical necessity of patient care (e.g., high risk, serious events, problem-prone)
3. Has considerable impact on our community's health status (e.g., morbidity/mortality rate)
4. Addresses patient experience issues (e.g., access, communication, discharge)
5. Reflects divergence from benchmarks
6. Addresses variation in practice
7. Is a requirement of an external organization
8. Represents significant cost/economic implications (e.g., high volume)

Appendix C: FY27 Priorities/Metrics

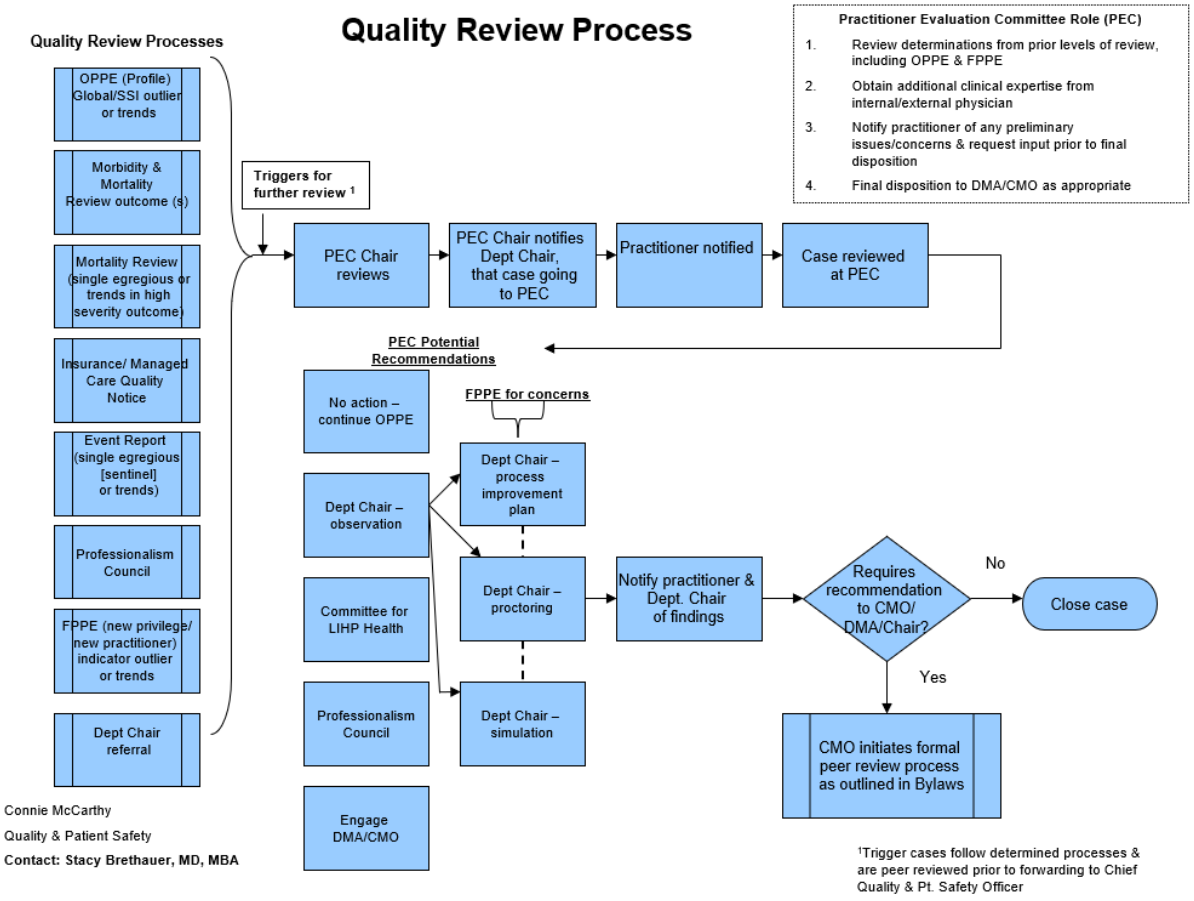
Board Endorsed FY27 Quality & Safety Priorities

- Update process for safety event review, classification & action
- Mortality
- Patient Experience (Likelihood to Recommend)
- Central Line Associated Blood Stream Infection (CLABSI)
- Catheter Associated Urinary Tract Infections (CAUTI)
- Falls with Injury

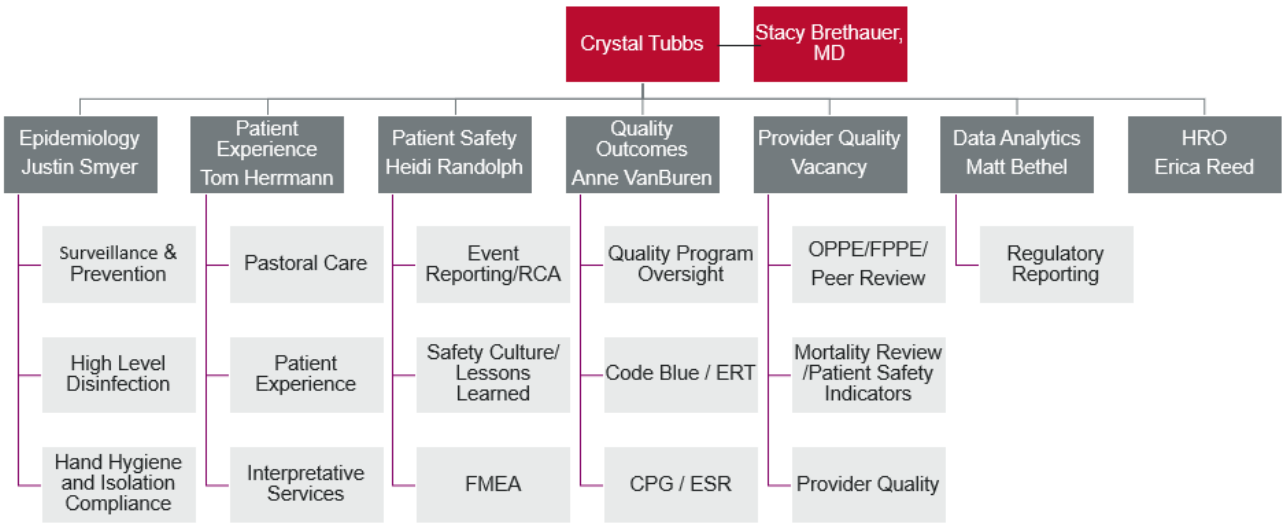
Appendix D: Quality Structure for The James Cancer Hospital & Solove Research Institute



Appendix E: Quality Review Process & Physician Performance Based Profile



Appendix F: Quality & Operations Improvement Organizational Chart



Approvals
QSEC: 05/27/2026
MSAC: 06/12/2026
QPAC:
OSUWMC Board of Trustees:

The James Cancer Hospital Quality, Safety and Experience Council Plan

The Ohio State University
James Cancer Hospital and
Solove Research Institute
The Comprehensive Cancer Center
(The James and CCC)

Fiscal Year 2027
July 1, 2026, through June 30, 2027

The James

THE OHIO STATE UNIVERSITY
COMPREHENSIVE CANCER CENTER

The James Cancer Hospital Quality, Safety and Experience Council Plan

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The James Cancer Hospital & Solove Research Institute

The James Quality, Safety and Experience Council Plan

Mission, Vision, and Values:

Mission: To eradicate cancer from individuals' lives by creating knowledge and integrating groundbreaking research with excellence in education and patient-centered care.

Vision: Creating a cancer-free world, every person, every discovery, every time.

Values: Excellence, Collaborating as One University, Integrity and Personal Accountability, Openness and Trust, Diversity in People, and Ideas, Change and Innovation, Simplicity in Our Work, Empathy, Compassion, and Leadership.

The James model of patient-centered care is enhanced by teaching and research programs. Patient service, both directly and indirectly, provides the foundation for teaching and research programs. This three-part mission, and a staff dedicated to its fulfillment, distinguish The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute as a Comprehensive Cancer Center and as one of the nation's premier cancer treatment centers.

Definition:

The James Quality, Safety and Experience Council Plan (hereinafter The Plan) of The James Cancer Hospital and Solove Research Institute is our organization-wide approach to systematic assessment of process design and performance improvement targeting quality of care, patient safety, and patient experience. The Plan serves to provide direction for how clinical care and activities are designed to enrich patient outcomes, reduce harm, and improve value-added care and service utilizing High Reliability Organization (HRO) Principles to the cancer patient population.

Scope:

As a Prospective-Payment-System-exempt (PPS-exempt) hospital, which serves as the clinical care delivery-arm of an NCI-designated Comprehensive Cancer Center, The James has a unique opportunity to ensure value-added services and research expertise are provided to our patients, families, and the community – both nationally and internationally. The Plan encompasses all clinical services. Through close partnership with the Comprehensive Cancer Center, The Plan includes quality and patient safety goals for process improvements related to functions and processes involving both the Cancer Center and the hospital and ambulatory clinics/treatment areas.

With a close partnership within OSUWMC, The Plan provides oversight of the clinical contracted services and serves as a component of The Quality Assessment and Performance Improvement (QAPI) requirements from the Center for Medicaid and Medicare Services. These services are evaluated on an annual basis by The James Quality, Safety and Experience Council (Q-SEC), The James Quality Assessment and Performance Improvement (QAPI) Subcommittee, The James Medical Staff Administrative Committee (MSAC), and then forwarded each year to the Quality and Professional Affairs Committee (QPAC) as a part of the governing body, to ensure quality and safety of care is provided to all James' patients.

Purpose:

The purpose of the Plan is to provide guidance for the resources and processes available to ensure measurable improvements to patient care are occurring. The Plan establishes an effective, ongoing framework for identifying problematic events, policies, and practices, implementing corrective actions, and following up to ensure improvements in performance, quality, and safety are both effective and sustained over time. The James recognizes the vital importance of creating and maintaining a safe environment for all patients, visitors, employees, and others within the organization to bring about personalized care through evidence-based medicine.

Objectives:

The central objectives of The James Quality, Safety and Experience Council Plan are to:

1. Provide guidance for monitoring and evaluation of effort(s) in clinical care to sustain high performance and improved outcomes for all patients.
2. Evaluate and recommend evidence-based system changes to improve patient care and safety by assessing, identifying, and reducing risk within the organization when undesirable patterns or trends in performance are identified, or when events requiring intensive analysis occur.
3. Assure overall program meets or exceeds accreditation standards, state, federal and licensure regulations.
4. Provide information for adherence to evidence-based practice guidelines to standardize clinical care and reduce practice variation.
5. Improve patient satisfaction and perception of treatment, care, and services by continuously identifying, evaluating, and improving performance based on needs, expectations, and satisfaction results.
6. Enhance patient experience by providing safe and high-quality care at the best value.
7. Prioritize identifying health care disparities by assessing trends in the data; developing and implementing action plans and communicating progress to key stakeholders.
8. Provide education to the governance, faculty and staff regarding quality management principles and processes for improving systems.
9. Provide appropriate levels of data transparency.
10. Assure quality and patient safety processes developed involve trans-disciplinary teamwork.
11. Provide process improvement initiatives to clinical systems to prevent or eliminate patient harm.
12. Monitor and evaluate integration and sustained HRO principles.

Structure for Quality Oversight:

The James Quality, Safety and Experience Council (Q-SEC) serves as the primary entity within The James to develop annual goals which are consistent with goals from the Health System. However, these goals are designed specifically for The James to target and focus on the cancer patient population and cancer research agendas.

Governance and Committees:

Governing Body

The Wexner Medical Center Board is the governing body, responsible to The Ohio State University Board of Trustees, for operation, oversight, and coordination of the Wexner Medical Center and The James Cancer Hospital. The Wexner Medical Center Board is composed of sixteen voting members, plus an additional group of university and medical center senior leaders who serve in ex-officio roles. The Quality & Professional Affairs Committee (QPAC) reports to the Wexner Medical Center Board and is responsible for, among other things, annually reviewing and evaluating The James Quality Safety, and Experience Council Plan, along with goals and

process improvements made for improved patient safety and quality programs, QPAC is also responsible for granting clinical privileges for the credentialing of practitioners. The Board of Trustees and its committees meet throughout the year with focused agendas and presentations.

The Quality and Professional Affairs Committee (QPAC):

Composition:

This committee consists of no fewer than four voting members of the University Wexner Medical Center Board of Trustees. Members are appointed each year by the Chair of the OSUWMC Board, and one of these shall be assigned as the Chair of the committee. The CEO of the OSU Health System; CMO of the University Medical Center; CMO of The James; the Medical Director of Credentialing for The James; the Chief of Medical Staff of the University hospitals; the Chief of Medical Staff for The James; the Associate Dean of Graduate Medical Education; the Chief Quality and Patient Safety Officer; The Chief Nurse Executive for the OSU Health System; and the Chief Nursing Officer for The James serve in ex-officio, voting positions. Other members as may be appointed by The Chair of the OSUWMC board, in consultation with the Chair of Quality and Professional Affairs committee.

Function:

The Quality and Professional Affairs Committee (QPAC) shall be responsible for the following specific duties:

1. Reviewing and evaluating the Quality and Patient Safety programs of OSUWMC.
2. Overseeing all patient care activity in all facilities as a part of OSUWMC, including but not limited to, hospitals, clinics, ambulatory care, and physician office facilities.
3. Monitoring quality assurance performance in accordance with the standards set by OSUWMC.
4. Monitoring the achievement of accreditation and licensure requirements.
5. Reviewing and then recommending to the OSUWMC board changes to the medical staff bylaws and medical staff rules and regulations.
6. Reviewing and approving clinical privilege forms.
7. Reviewing and approving membership, as well as granting appropriate clinical privileges for the credentialing of practitioners, recommended for membership and clinical privileges by the hospital's Medical Staff Administrative Committees (MSAC).
8. Reviewing and approving membership and granting appropriate clinical privileges for the expedited credentialing of such practitioners that are eligible by satisfying the minimum approved criteria which is determined by the OSUWMC board and recommended for membership and clinical privileges to the MSACs of OSUWMC and The James.
9. Reviewing and approving the reinstatement of clinical privileges for a practitioner after a leave of absence from clinical practice.
10. Conducting Peer Review activities and recommending professional review actions to the OSUWMC board.
11. Reviewing and resolving any petitions by the medical staff for amendments to any rule, regulation or policy presented by the Chief of Staff on behalf of the medical staff pursuant to the medical staff bylaws and communicating such resolutions to the hospital's MSACs.
12. Such other responsibilities as assigned by the Chair of the OSUWMC Board.

The James Medical Staff Administrative Committee (MSAC)

Composition:

Refer to Medical Staff Bylaws and Rules and Regulations

Function:

Refer to Medical Staff Bylaws and Rules and Regulations

The organized medical staff, under the direction of the Director of Medical Affairs/Chief Medical Officer, implements The Plan throughout the clinical departments. The James MSAC reviews reports, and makes recommendations related to clinical quality management, patient safety, and service quality activities. This Committee has responsibility for evaluating the quality and appropriateness of clinical performance and service quality of all individuals with clinical privileges. The James MSAC reviews corrective actions and provides authority within their realm of responsibility related to clinical quality management, patient safety, and service quality activities.

The James Quality, Safety and Experience Council (Q-SEC)

Composition:

The James Quality, Safety and Experience Council (Q-SEC) consists of representatives from Medical Staff, Administration, Accreditation, Advanced Practice Providers, Quality and Patient Safety, Clinical Outcomes, Analytics Center of Excellence, Nursing, Operations Improvement, and Patient Experience (Attachment A). Membership varies due to due the fluency of ongoing quality initiatives and is subject to change. This Council reports to Executive Leadership and The James Medical Staff Administrative Committee (MSAC).

Function:

- Adhere to HRO principles to promote Just Culture.
- Develop and sustain a culture of safety which strives to embed Just Culture principles in the follow-up of healthcare errors.
- Assure compliance with patient safety-related accreditation standards.
- Proactively identifies risks to patient safety and creates a call-to-action to reduce risk with a focus on process and system improvement.
- Evaluate and monitor the National Performance Goals (NPG) from the Joint Commission.
- Evaluate standards of care and evidence-based practices and provide recommendations to improve clinical care and outcomes.
- Ensure actions are taken to improve performance whenever an undesirable pattern or trend is identified.
- Acquire and review reports from disease specific committees that have a potential impact on the quality & safety in delivering patient care such as, but not limited to, Apheresis, BMT and Acute Leukemia, Cell Therapy, Lymphoma, Sickle Cell, Patient Experience, Grievance Committee, and Utilization Management Committee.
- Provide direct oversight for the James Quality, Safety and Experience Council QAPI Sub-Committee (QAPI).
- Receive annual quality reports from James Accreditation programs, such as the Commission on Cancer (CoC), Geriatric Surgery Verification Program (GSV), National Accreditation Program for Breast Centers (NAPBC) and National Accreditation Program for Rectal Cancers (NAPRC).

The James Quality, Safety and Experience Council QAPI Sub-Committee

Composition:

The James Quality, Safety and Experience QAPI Sub-Committee (QAPI) refers to the sub-committee functioning under the quality oversight structure of The James Quality, Safety and Experience Council (Q-SEC). The term QAPI refers to Quality Assessment and Performance Improvement. Membership on this sub-committee represents the major clinical and support services throughout the hospitals and/or clinical departments, as well as members from The James Quality, Safety and Experience Council (Q-SEC). The QAPI Sub-committee will identify department barriers requiring escalation to The James Quality, Safety and Experience Council (Q-SEC), or as defined by The Plan.

Function:
Serves as the central resource and interdisciplinary work group for the continuous process of monitoring and evaluating the quality and services provided throughout a hospital, clinical department, and/or a group of similar clinical departments.

- Conducts department reviews for services provided by The James and services received from Wexner Medical Center, including process/patient safety metrics and PSRS events reviews.
- Receive and review reports from Shared Services as they present quality and safety of care metrics for the cancer patient population.
- Maintain continuous follow-up on Shared Services action plans for improving metrics for quality and safety of care for the cancer patient population.

The James Human Experience Strategic Steering Council

Composition:
The James Human Experience Strategic Steering Council consists of multidisciplinary representatives from Hospital Administration, Medical Staff, Nursing, Nutrition Services, Environmental Services, Patient Family Advisory Council (PFAC), and the Patient Experience Department. The James Human Experience Strategic Steering Council has a liaison member connected to The James Quality, Safety and Experience Council (Q-SEC).
Function:

- Create a culture and environment to deliver exceptional patient experience consistent with the mission, vision and values focused on service quality.
- Measure and review voice of the customer information in the form of patient satisfaction, comments, letters, and related measures.
- Recommend system goals and expectations for consistent patient experience.
- Provides guidance and oversight into patient experience improvement efforts ensuring effective deployment and accountability throughout the system.
- Communicates the work of the Council throughout the organization.

The James Utilization Management Committee (JUMC)

Composition:
The James Utilization Management Committee (JUMC) is co-chaired by the Associate Chief Medical Officer of the Care Continuum and the Director of Patient Care Resource Management. Committee membership will include James Physician Advisors and Emergency Department Physician Advisors, physician members of the medical staff, representatives from the Patient Care Resource Management (PCRM) Department, Administration, Finance, Advance Practice Professionals, Providers, Quality and Safety, Revenue Cycle and Compliance, Nursing and Service Line Administration. Other departments in The James will be invited to join meetings as necessary when opportunities have been identified for improvement and input. JUMC members will not include any individual who has a financial interest in any hospital in the health system. No JUMC member will be included in the review process for a case when that member has direct responsibility for patient care in the case being reviewed.
Function:
The JUMC has a responsibility to establish and implement The James Utilization Management Plan. The JUMC implements procedures for reviewing the efficient utilization of care and services, including, but not limited to admissions, continued stays, readmissions, over and under-utilization of services, the efficient scheduling of services, appropriate stewardship of hospital resources, access and throughput and timeliness of discharge planning. Any quality or utilization opportunities identified by the JUMC through utilization review activities are acted upon by the committee or referred to the appropriate entity for resolution. The JUMC provides education on care and utilization issues to all health care professionals and medical staff at The James.

Practitioner Evaluation Committee (PEC)

Composition:

The Practitioner Evaluation Committee (PEC) is the medical staff peer review committee that provides leadership in overseeing the peer review process. The PEC is composed of the Chair of the Clinical Quality and Patient Safety Committee, medical staff, and advanced practice providers from various business units and clinical areas as appointed by the Chief Medical Officer (CMO) of the Health System and the Director of Medical Affairs/Chief Medical Officer.

Function:

- Provide leadership for the provider clinical quality improvement processes.
- Provide clinical expertise to the practitioner peer review process by thorough and timely review of clinical care and/or patient safety issues referred to the PEC.
- Advises and supports the Director of Medical Affairs/CMO at The James regarding action plans to improve the quality and safety of clinical care.
- Provide input to the Director for Advanced Practice Providers when there is an APP Peer Review completed.
- Develop follow up plans to ensure action is successful in improving quality and patient safety.

Health System Information Systems Steering Team (HSISST)

Composition:

The HSISST is a multidisciplinary team chaired by the Chief Medical Information Officer of OSUWMC.

Function:

The HSISST oversees information technology for both The James and OSUWMC. The team is responsible for oversight of information technology and processes currently in place, as well as reviewing replacement and/or introduction of new systems, and related policies/procedures. Individual team members are charged with responsibility to communicate and receive input from their various communities of interest on relevant topics discussed at committee meetings and other forums.

Sentinel Event Team (SET) and Sentinel Event Determination Group (SEDG):

Composition:

The Sentinel Event Team (SET) includes membership from both The James and the OSUWMC. Membership from The James includes: the Executive Director Medical Affairs/Chief Medical Officer, Chief Nursing Officer, the Quality Medical Director for The James, the Quality Medical Director for Perioperative services, and the Director of Quality & Patient Safety. Members from the Medical Center include: an Administrator, Chief Quality and Patient Safety Officer, Administrative Director for Quality & Patient Safety, a member of the Physician Executive Council, a member of the Nurse Executive Council, representatives from Quality and Operations Improvement and Risk Management and other areas as necessary.

The Sentinel Event Determination Group (SEDG) is a sub-group of the Sentinel Event Team and determines whether an event will be considered a sentinel event, a significant event, or a non-event. SEDG is comprised of quality leaders from The James and OSUWMC and chaired by the Health System Chief Quality Officer. The SEDG meets weekly to review sentinel events and significant events.

Function:

Approve and make recommendations on sentinel event determinations and teams, and action plans as received from the Sentinel Event Determination Group. Results of a sentinel event, significant event or near-miss information are considered confidential according to Ohio Revised Code Section 2305.25 and

are not externally reported or released.

Conflict of Interest:

A person is considered professionally involved if they are responsible for patient care decision making, either as a primary or consulting professional, and/or have a financial interest (as determined by legal counsel) in a case under review. A person professionally involved is to refrain from participation in the care under review, except as requested by the appropriate administrative or medical leader. During peer review evaluations, deliberations, or voting, the committee chairperson will take steps to avoid the presence of any person professionally involved, including committee members, and should resolve all questions. In cases where a committee member is professionally involved, the respective chairperson may appoint a replacement member to the committee. Participants and committee members are encouraged to recognize and disclose, as appropriate, a personal interest or relationship they may have related to any action under peer review.

The James Continuous Quality Improvement Teams

Composition:

For the purposes of this plan, Quality Improvement Teams are considered as ad-hoc committees, disease specific workgroups, performance improvement teams, taskforces, etc., that function under the quality oversight structure and are time-limited in nature, as well as the new Health System groups that will report up to Q-SEC (an example is the Hospital Acquired Infection group). Continuous Quality Improvement teams are comprised of owners or participants in the process under study. The process may be clinical or non-clinical. The members fill the following roles: team leader, Process Engineer or facilitator, physician advisor, administrative sponsor, and technical experts.

Function:

Improve current practice or processes using traditional continuous process improvement tools such as rapid cycle improvements, LEAN principles and DMAIC/DMADV/PDCA.

Roles and Responsibilities

The management of clinical quality, patient safety and excellence are responsibilities of all faculty, staff, and volunteers.

Chief Executive Officer (CEO)

The CEO for The James reports to the OSUWMC Chief Executive Officer and is responsible for providing leadership and oversight for the overall functions within The James. The CEO has authority over the James Quality, Safety and Experience Council Plan and collaborates with all employees and medical staff to ensure safe care is delivered to our patients to achieve quality outcomes for each encounter.

Chief Operating Officer (COO)

The Chief Operating Officer (COO) reports to the CEO of The James and is responsible for planning, executing and leading a broad range of operational functions including leading and partnering with teams to ensure highly reliable, high quality and safe care at The James. The COO executes strategies to expand patient access, and leads efforts to continuously improve patient experience, manage patient flow and care coordination and develop strategic partnerships to ensure consistent delivery of world-class cancer care.

Director of Medical Affairs/Chief Medical Officer (CMO)

The Director of Medical Affairs is the Chief Medical Officer for The James Cancer Hospital who provides leadership and strategic direction for the faculty, medical staff, and other providers to ensure the delivery of high quality, cost-effective health care consistent with The James mission. The CMO has oversight of the medical staff's responsibilities for progress towards goals and process improvements. The CMO is a member of The James

Medical Staff Administrative Committee (MSAC) and is the medical director for provider credentialing within The James.

Quality Medical Director

The James Quality Medical Director reports to the Chief Medical Officer and is responsible for assisting the Quality Department with medical review for all patient safety and quality outcomes. This physician also works collaboratively with the health system quality medical directors and the Chief Quality and Patient Safety Officer in determining sentinel and significant events, as well as reporting events, when necessary, through the peer review process. The Quality Medical Director is a member of both the James Quality, Safety and Experience Council and a member of The James Medical Staff Administrative Committee (MSAC).

Medical Staff

Medical staff members are responsible for achieving the highest standard of care and services within their scope of practice. As a requirement for membership on the medical staff, members are expected to and must participate in the functions and expectations set forth in The Plan. In addition, members serve on quality management/patient safety committees and/or continuous quality improvement teams throughout the year.

Chief Nursing Officer (CNO)

The James Chief Nursing Officer (CNO) reports to the James CEO to work and provide senior leadership within the nursing structure to influence the nursing process and practices. The CNO ensures the overall James Quality, Safety and Experience Council Plan is utilized to assist with the development, implementation, and initiation of The James Nursing Strategic Plan. The CNO has oversight of the nursing shared governance model and the nursing leadership which establishes and implements annual nursing-sensitive goals.

Nursing Leadership

The Chief Nursing Officer, as well as the Associate Chief Nursing Officer(s), and Directors of Nursing are responsible to implement, maintain oversight, and incorporate opportunities and goals identified in collaboration with James Q-SEC and OSUWMC- QLC Committee. Nursing directors and managers are responsible for patient quality and safety initiatives within their respective areas. They provide input regarding committee memberships, and serve as participants in the departmental, hospital and Health System quality/patient safety committees. Clinical Nurse Specialists (CNS) support quality improvement initiatives by providing leadership in the application and use of evidence-based practice. The James nursing staff are responsible for providing the highest standard of care and services within their scope of practice.

Quality and Patient Safety Leadership

The Director of Quality and Patient Safety and the Director of Clinical Outcomes collaborate directly with executive leaders as well as with directors and managers of all areas to evaluate, plan, and improve patient safety and quality outcomes. In addition, the Directors have leadership oversight of quality improvement goals, patient safety improvements, and facilitates team(s) charged for implementation of annual hospital level goals.

The James Quality and Patient Safety and James Clinical Outcomes Teams

The primary responsibilities of The James Quality and Patient Safety Team and James Clinical Outcomes teams are:

- Track and trend quality events, including Sentinel Events.
- Coordinate and facilitate clinical quality improvement to achieve desired outcomes.
- Monitor patient safety incidents and work with the management teams for elimination or reduction of risk/harm to patients.

- Improve patient care services by assuring the voice of the patient is heard throughout The James.
- Assist managers with evaluations of situations by utilizing Just Culture algorithm and training.
- Teach and influence utilizing HRO principles.
- Support operational areas with efforts to achieve highest level of patient safety.

While primary responsibility for the implementation and evaluation of clinical quality, patient safety, and service activities resides within each department/program, The James Quality and Patient Safety team serve as internal consultants for the development, evaluation, and on-going monitoring of those activities. The James Quality and Patient Safety, James Quality and Clinical Outcomes teams, including The James Operations Improvement team, and the Analytics Center of Excellence (ACE), and James Accreditation maintain human and technical resources for team facilitation, use of performance improvement tools, data collection, statistical analysis, and reporting.

Hospital Management Team

All members of The James management teams are responsible for ensuring the standards of care and service are maintained or exceeded within their department(s), and are responsible for implementing, monitoring, and evaluating activities in their areas and assisting clinical staff members in developing appropriate mechanisms for data collection and evaluation. Department directors, managers and/or assistant managers participate in action plans for individual employees or the department. All department directors/managers provide input regarding committee memberships and serve as participants on quality management/patient safety committees and/or quality improvement teams. Managers and staff are engaged through formal and informal processes related to quality improvement and clinical patient safety efforts, including but not limited to:

- Suggesting process improvements and reporting medical/health care events and near misses.
- Implementing evidence-based practices.
- Monitoring and responding to activities and processes, such as patient complaints and patient-centered care.
- Participating in audits, observations and peer-to-peer review and feedback; and,
- Participating in efforts to improve patient outcomes and enhance patient safety.

The James Patient Experience/Guest Services Department

The primary responsibility of The James Patient Experience and Guest Services Department is to coordinate and facilitate a service-oriented approach to providing healthcare. This is accomplished through both strategic program developments and managing operational functions. The Patient Experience staff serves as an internal consultant for the development and evaluation of service-quality activities. The Department maintains human and technical resources for interpreter services, information desks, patient relations, team facilitation, and use of performance improvement tools, data collection, statistical analysis, and reporting. The Department also oversees the Patient/Family Advisor Program consisting of current and former patients, or their primary caregivers, who have had experiences at any James facility. These individuals are volunteers who serve on committees and workgroups, as Advisory Council members, complete public speaking engagements, and review materials. Lastly, the department supports system-wide volunteer efforts, aligning credentialed adult and student volunteers with service opportunities within the medical center.

Philosophy of Patient Care Services

The James provides innovative and patient-focused comprehensive cancer care and services which include the following:

- A mission statement that outlines the relationship between patient care, research, and teaching.
- Long-range, strategic planning conducted by leadership to determine the services to be provided.

- Establishing annual goals and objectives consistent with the hospital mission, and which are based on a collaborative assessment of patient/family and the community's needs.
- Provision of services appropriate to meet the needs of patients.
- Ongoing evaluation of services provided such as performance assessment and improvement activities, budgeting, and staffing plans.
- Integration of services through the following: continuous quality improvement teams; clinical interdisciplinary quality programs; performance assessment and improvement activities; communications through management operations meetings, nursing shared governance structure, Medical Staff Administrative Committee, administrative staff meetings; participation in OSUWMC and OSU governance structures, special forums; and leadership and employee education/development.
- Maintaining competent patient care leadership and staff by providing education and ongoing competency reviews which are focused towards identified patient care needs.
- Respect for each patient's rights and decisions is an essential component in the planning and provision of care.
- Utilizing the Relationship Based Care principles which encompasses building a caring and healing environment for patients, families and staff by developing caring and therapeutic relationships with the patients/families, colleagues, self and the larger community.
- Embracing the principles of a Just Culture and honoring a Culture of Safety for all team members, faculty, and staff.

The IOM *10 Rules for Redesign* are guiding principles for the provision of safe and quality care. These are:

1. ***Care is based on continuous caring and healing relationships***. Patients should receive care whenever they need it and, in many forms, not just face-to-face visits. This implies that the health care system must be always responsive, and access to care should be provided over the Internet, by telephone, and by other means in addition to in-person visits.
2. ***Care is customized according to patient needs and values***. The system should be designed to meet the most common types of needs but should have the capability to respond to individual patient choices and preferences.
3. ***The patient is the source of control***. Patients should be given the necessary information and the opportunity to exercise the degree of control they choose over health care decisions that affect them. The system should be able to accommodate differences in patient preferences and encourage shared decision making.
4. ***Knowledge is shared and information flows freely***. Patients should have unfettered access to their own medical information and clinical knowledge. Clinicians and patients should communicate effectively and share information.
5. ***Decision making is evidence-based***. Patients should receive care based on the best available scientific knowledge. Care should not vary illogically from clinician to clinician or from place to place.
6. ***Safety is a system property***. Patients should be safe from injury caused by the care system. Reducing risk and ensuring safety require greater attention to systems that help prevent and mitigate errors.
7. ***Transparency is necessary***. The system should make information available to patients and their families that enables them to make informed decisions when selecting a health plan, hospital, or clinical practice, or when choosing among alternative treatments. This should include information describing the system's performance on safety, evidence-based practice, and patient satisfaction.
8. ***Needs are anticipated***. The system should anticipate patient needs, rather than simply react to events.
9. ***Waste is continuously decreased***. The system should not waste resources or a patient's time.
10. ***Cooperation among clinicians is a priority***. Clinicians and institutions should actively collaborate and communicate to ensure an appropriate exchange of information and coordination of care.

Following these principles, The James has instituted the following guidelines as the approach to quality, safety, and experience services:

- ***Customer Focus***: Knowledge and understanding of internal and external customer needs and expectations.
- ***Leadership & Governance***: Dedication to continuous improvement instilled by leadership and the Board.
- ***Education***: Ongoing development and implementation of curricula for quality, safety, and reliability for all faculty, staff, volunteers, and students.
- ***Involvement***: All team members must have mutual respect for the dignity, knowledge, and contributions of others. Everyone is engaged in the improvement of processes where they work.
- ***Data-driven decision making***: Decisions for quality, safety, and reliability are based on the knowledge derived from data.
- ***Continuous Process Improvement***: Analysis of processes for design, redesign and to reduce variations are accomplished by use of an approach using science and LEAN/DMAIC/PDCA. Measures and improvements are ongoing.
- ***Just Culture***: Our framework of quality, safety, and reliability services are based on a culture that is open, honest, transparent, collegial, team-oriented, accountable, and non-punitive when system failures have occurred.
- ***Personalized Health Care***: Begins with developing a therapeutic relationship with the patient and family and incorporating evidence-based medicine which considers the patient's health status, genetics, cultural tradition, personal preferences, and values family and lifestyle situations.
- ***Reducing Health Disparities***: Ongoing commitment to make health care disparities an organizational quality and safety priority by assessing, identifying trends in data, developing, and implementing action plans, and communicating progress to key stakeholders.

Consistent Level of Care

Certain elements of The Plan help to ensure patient care standards for the same or similar services are comparable in all areas. These elements include, but are not limited to:

- Policies and procedures and services provided are not payer driven and are standardized to promote high quality and safe care.
- Application of a single standard for physician credentialing.
- Cancer care delivery is based upon nationally recognized standards of care from the National Comprehensive Cancer Network (NCCN).
- Use of monitoring tools to measure processes in areas of the Health System and The James.

Performance Transparency

The James Medical and Administrative leadership have a long-standing and strong commitment to transparency of performance as it relates to clinical quality, safety, and service performance.
Performance data is shared internally with faculty and staff through a variety of methods. Providing data internally assists faculty and staff in obtaining real-time performance results and enables faculty and staff to use those results to drive change and improve performance. Transparency of the information provided is within the limits of the Ohio law that protects attorney –client privilege, quality inquiries and reviews, as well as peer review. Current quality data is shared on The James internal intranet site. The Analytics Center of Excellence team works with many departments and partners with other reporting groups to build and enhance quality and safety dashboards, as well as display other important metrics to build on the equation of value for our patients.

Confidentiality

Confidentiality is essential to the quality management and patient safety process. All records and proceedings are confidential and are to be marked as such. Written reports, data, and meeting minutes are to be maintained in secure files. Access to these records is limited to appropriate administrative personnel and others, as deemed appropriate by legal counsel. As a condition of staff privilege and peer review, it is agreed that no record, document, or proceeding of this program is to be presented in any hearing, claim for damages, or any legal cause of action. This information is to be treated for all legal purposes as privileged information, keeping aligned with Ohio Revised Code 121.22 (G)-(5) and Ohio Revised Code 2305.251.

Determining Priorities

The James has a process in place to identify and direct resources toward quality management, patient safety, and service excellence activities. The prioritization criteria are reevaluated annually according to the mission and strategic plan. The leaders set performance improvement priorities and reevaluate annually in response to unusual or urgent events. Whenever possible, NCI, ADCC, or other appropriate cancer specific benchmarks are utilized to compare performance metrics for The James, to assist with determination of priorities each year to improve performance.

Priority Criteria

The following criteria are used to prioritize clinical value enhancement initiatives and continuous quality improvement opportunities, to ensure the appropriate allocation of resources.

1. Ties to strategic initiatives consistent with the hospital's mission, vision, and values.
2. Reflects areas for improvement in patient safety, appropriateness, quality, and/or medical necessity of patient care (e.g., high-risk, serious events, problem-prone).
3. Has a considerable impact on our community's health status (e.g., morbidity/mortality rate).
4. Address patient experience issues (e.g., access, communication, discharge).
5. Reflects divergence from benchmarks.
6. Addresses variation in practice.
7. Required by an external organization.
8. Represents significant cost/economic implications (e.g., high volume).

Design and Evaluation of New Processes

New processes are designed and evaluated according to the organizational mission, vision, values, and priorities, and are consistent with sound business practices.

The design or re-design of a process may be initiated by:

- Surveillance data indicates undesirable variance.
- Patients, staff, or payers perceived need to change a process.
- Information from within the organization and from other organizations about potential risks to patient safety, including the occurrence of sentinel events.
- Review and assessment of data and/or review of available literature to confirm the need and/or by evidence-based practices.

Data Measurement and Assessment

Determination of Needs

Data needs are determined according to improvement priorities and surveillance needs. The James Quality and Patient Safety team and Analytics Center of Excellence collect and report data for monitoring important processes and outcomes related to patient care. In addition, each team is responsible for identifying quality

indicators specific to their area of service. Areas are responsible for monitoring and assessment of the data collected. Quality and safety monitoring is on-going and reviewed by The James Quality, Safety and Experience Council (Q-SEC) annually.

External Reporting Requirements
The reporting requirements related to quality, safety, and patient experience. These include regulatory, governmental, payer, and specialty certification organizations.

Data Collection
Data, including patient demographic and diagnosis, are systematically collected by various mechanisms including but not limited to:

- Administrative and clinical databases
- Retrospective and concurrent medical record review
- Reporting systems (e.g., patient safety and patient satisfaction)
- Surveys (e.g., patients, families, and staff)
- External (e.g., Vizient, CDC-NHSN, NDNQI, NQF, CMS, or other vendors)

Assessment of Data
Statistical methods are used to identify undesirable variance, trends, and opportunities for improvement. The data are compared to the previous performance, external benchmarks, and accepted standards of care to establish goals and targets. Annual goals are established to evaluate performance.

Surveillance System
The James systematically collects and assesses data in different areas to monitor and evaluate the quality and safety of services, including measures related to accreditation and other requirements. Data collection also functions as a surveillance system for timely identification of undesired variations or trends in quality indicators.

The James Key Performance Indicator Scorecard
Patient Safety is the highest priority for all faculty and staff at The James. As a crucial element to caring for our patients, there is an on-going process of monitoring safety events and any untoward trends from patient care. The James Key Performance Indicator Scorecard (hereinafter The Scorecard) is a portal consisting of various dashboards with key performance indicators related to events considered potentially preventable, and which cause a level of harm to the patient. The Scorecard covers areas such as mortality, falls, hospital acquired infections, hospital-acquired pressure ulcers, as well as additional indicators such as patient satisfaction, readmissions, and length of stay.

This information is shared in various quality forums with the medical staff, clinicians, James's administration, and The Quality and Professional Affairs Committee (QPAC) at the Wexner Medical Board. The indicators to be included in The Scorecard represent the priorities of The James Quality, Safety and Experience Council(Q-SEC). The Council evaluates opportunities each month as well as monthly at the Medical Staff Administrative Committee (MSAC). Safety goals are reviewed annually and adjusted as necessary by event trending, regulatory changes, and other opportunities as identified from the culture of safety surveys and/or national cancer benchmarks.

The James Patient Satisfaction Dashboard
The Patient Satisfaction dashboard is a set of patient experience indicators gathered from surveys after discharge or visit to a system-based clinic or hospital. The dashboard displays performance in areas such as Likelihood to

Recommend, physician communication, nursing responsiveness, admitting, and discharging efficiencies and quality in addition to other service categories. The information from this dashboard is shared in multiple forums with staff, clinicians, administration, and the Board of Trustees. Performance on these indicators serve as annual goals for leaders and members of clinical and patient experience teams.

Quality and Patient Safety Education
Education is identified as a key principle for providing safe, high-quality care, and excellent service for our patients. There are on-going development and implementation of a curriculum for quality, safety and service for all staff, employees, clinicians, patients, and students. There are a variety of forums and venues utilized to enhance the education surrounding quality and patient safety including, but not limited to:

- Online videos
- Newsletters
- Classroom forums
- Simulation training
- Virtual Reality
- Computerized Based Learning Modules (e-learning/CBLs)
- Curriculum Development within College of Medicine
- Websites (internal SharePoint and external OSUMC)
- Patient Safety/Quality Lesson's Learned and Patient Safety Alerts

The James Benchmark Data
Both internal and external benchmarking provide value when evaluating performance.

Internal Benchmarking
Internal benchmarking uses processes and data to compare The James' performance to itself over time and provides a gauge of improvement strategies within the organization.
External Benchmarking
The James participates in various database systems and benchmarking projects to compare performance with that of other cancer hospitals/peer institutions. The James Cancer Hospital joins other comprehensive cancer centers for benchmarking such as C4QI (Comprehensive Cancer Center Consortium for Quality Improvement), ADCC (Alliance of Dedicated Cancer Centers), and National Cancer Institute (NCI). Additionally, The James participates in national benchmarking efforts through The Vizient's Clinical Database (CDB), The US News and World Report, Ohio Department of Health, Press Ganey, National Database of Nursing Quality Indicators (NDNQI), Centers for Disease Control – National Healthcare Safety Network (NHSN), The American College of Surgeons (ACS) and others.

Performance Based Provider Quality and Credentialing

Performance based credentialing ensures processes that assist with promoting the delivery of quality and safe care by physicians and advanced practice licensed health care providers. Both Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE) occur. Focused Professional Practice Evaluation (FPPE) is utilized on three occasions: initial appointment, when a Privileged Practitioner requests a new privilege, and for cause when questions arise regarding the practitioner's ability to provide safe, high quality patient care. Ongoing Professional Practice Evaluation (OPPE) is performed on an ongoing basis (every 6 months).
Profiling Process:

- Data gathering from multiple sources.

- Report generation and indicator analysis.
- Profile review meetings with department chairs.
- Discussion at Credentialing Committee
- Final recommendation & approval:
- Medical Staff Administrative Committees
- Medical Director
- Hospital Board

Service-Specific Indicators
Indicators are used to profile each physician's performance. The results are included in a physician profile, which is reviewed with the department chair as part of the credentialing process. The definition of service/department-specific indicators is the responsibility of the director/chair of each unit. The performance of these indicators is used as evidence of competence to grant privileges in the re-appointment process. The clinical departments/divisions are required to collect the performance information related to these indicators and report that information to the Department of Quality and Operations Improvement.
The Medical Staff Evaluation is multi-purpose:

- To appoint quality medical staff.
- To monitor and evaluate medical staff performance.
- To integrate medical staff performance data into the reappointment process and create the foundation for high quality care.
- To provide periodic feedback and inform clinical department chairs of the comparative performance of individual medical staff.
- To identify opportunities for improving quality of care.

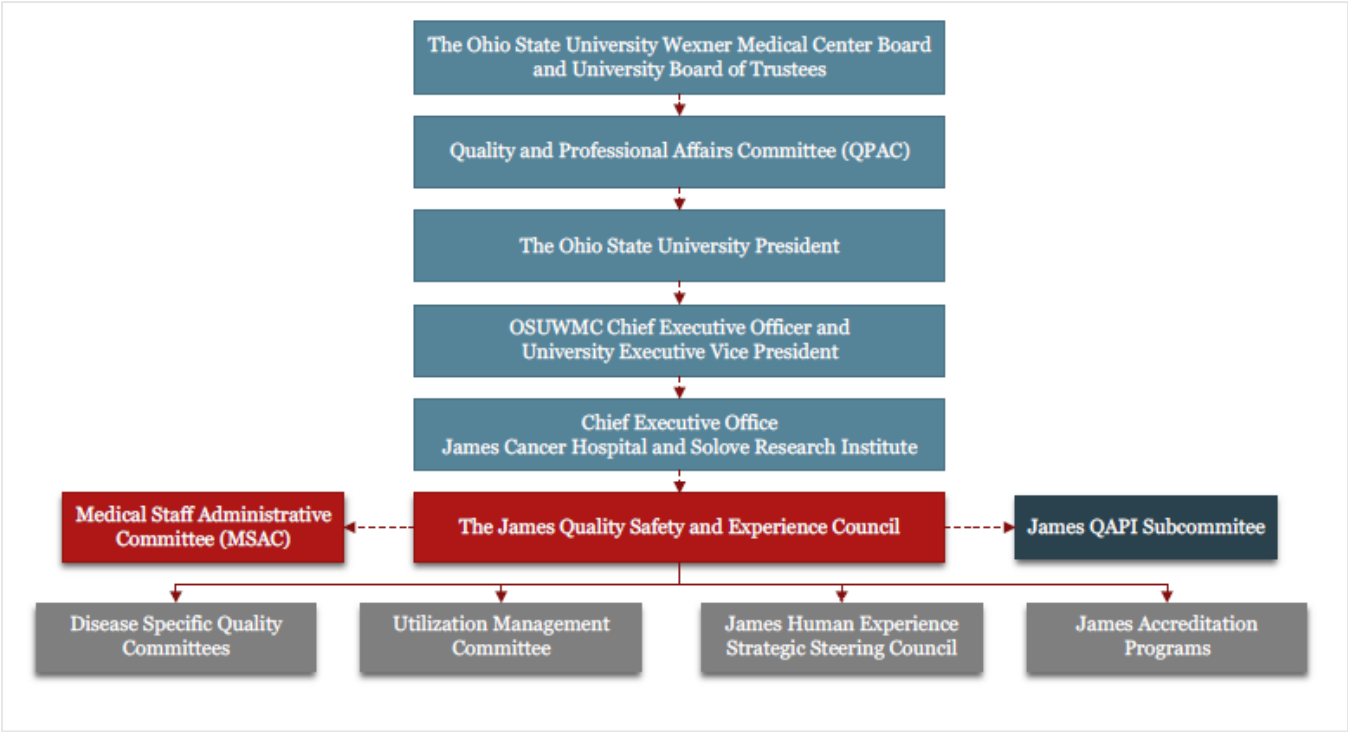
Annual Quality Plan Evaluation

The Plan is approved annually by The James Quality, Safety and Experience Council (Q-SEC), the Medical Staff and Committee (MSAC), The Quality and Professional Affairs Committee (QPAC), and the Wexner Medical Center Board.

Enterprise-Wide Alignment and Strategic Plan

The James Quality, Safety and Experience Plan has been developed in alignment with the OSUWMC Enterprise-Wide Impact 2035 Strategic Plan (Attachment B) and the Long-Range Quality Plan (Attachment C). The plan for Impact 2035 includes our shared purpose for these three components: world-class care for every person, every time; relentless innovation to improve lives; and the best place to work and learn. The Long-Range Quality Plan focuses on the foundations and three pillars of patient centered care that have been deemed priorities by the OSUWMC Quality Leadership Council (QLC).

Attachment A: The James Quality, Safety and Experience Council Structure



Attachment B: Impact 2035

Attachment C: Long-Range Quality Plan

Long-Range Quality Plan

World-class care for every person, every time

Exceptional Care

Safe

Industry-leading safety performance

As evidenced by a reduction in preventable harm as measured by the serious safety event rate

Patient-Centered

Exceptional experience for patients and families

As evidenced by Likelihood to Recommend scores in the top decile

Effective

Excellence in clinical outcomes

As evidenced by Vizient Q&A performance in the top decile

High reliability is the foundation of everything we do

Performance-improvement program rooted in standardized methodology

Leverage Analytics Center of Excellence to drive performance improvement around targets and outcomes

The Ohio State University
Wexner Medical Center

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Approvals:
MSAC- 5/13/2026
QPAC-
Wexner Medical Center Board –

TITLE: THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER (INCLUDING UNIVERSITY HOSPITAL, RICHARD M. ROSS HEART HOSPITAL, ~~BRAIN AND SPINE HOSPITAL~~, DODD REHABILITATION HOSPITAL, HARDING HOSPITAL, AND EAST HOSPITAL) HOSPITAL PLAN FOR PROVIDING PATIENT CARE

University Hospital, Richard M. Ross Heart Hospital, Brain and Spine Hospital, Dodd Rehabilitation Hospital, Harding Hospital, and East Hospital (hereafter referred to as the Hospitals) plan for patient care services describes the integration of departments and personnel who provide care and services to patients based on the Hospitals' mission, vision, shared values and goals. The plan encompasses both inpatient and outpatient services of the Hospitals.

OHIO STATE UNIVERSTY WEXNER MEDICAL CENTER (OSUWMC) MISSION, VISION AND VALUES

Mission Statement:
To improve health in Ohio and across the world through innovations and transformation in research, education, patient care, and community engagement.

Vision Statement:
By pushing the boundaries of discovery and knowledge, we will solve significant health problems and deliver unparalleled care.

Values:
Inclusiveness, Determination, Empathy, Sincerity, Ownership and Innovation

The mission, vision and values statements, developed by our staff members, physicians, governing body members and administration team members, complements and reflects the unique role the hospitals fulfill within The Ohio State University.

PHILOSOPHY OF PATIENT CARE SERVICES

In collaboration with the community, the Hospitals will provide innovative, personalized, and person centered care through:

a) A mission statement that outlines the synergistic relationship between patient care, research, and education;
b) Long-range strategic planning with medical center leadership to determine the services to be provided; including, but not limited to essential services as well as special areas of concentration;
c) Establishing annual goals and objectives consistent with the mission, which are based on a collaborative assessment of needs;
d) Planning and design conducted by medical center leadership, which involves the potential communities to be served;
e) Provision of services that are appropriate to the scope and level required by the patients to be served based on assessment of need;
f) Ongoing evaluation of services provided through formalized processes; e.g., performance assessment and improvement activities, budgeting and staffing plans;
g) Integration of services through the following mechanisms: continuous quality improvement teams; clinical interdisciplinary quality programs; performance assessment and improvement activities; communications through management team meetings, administrative staff meetings, special forums, and leadership and employee education/development;
h) Maintaining competent patient care leadership and staff by providing education designed to meet identified needs;

i) Respect for each patient's rights and decisions as an essential component in the planning and provision of care; and,
j) Staff member behaviors that reflect a philosophical foundation based on the values of The Ohio State University Wexner Medical Center.

THE HOSPITAL LEADERSHIP

The Hospital leadership is defined as the governing board, CEO/Executive Vice President, administrative staff, physicians and nurses in appointed or elected leadership positions. The Hospital leadership is responsible for the framework of planning health care services provided by the organization based on the hospital's mission and for developing and implementing an effective planning process that allows for defining timely and clear goals.

The planning process includes a collaborative assessment of our customer and community needs, defining a long range strategic plan, developing operational plans, establishing annual operating budgets and monitoring compliance, establishing annual capital budgets, monitoring and establishing resource allocation and policies, and ongoing evaluation of the plans' implementation and success. The planning process addresses both patient care functions (e.g. patient rights, patient assessment, patient care, patient and family education, coordination of care, and discharge planning) and organizational support functions (e.g. information management, human resource management, infection control, quality and safety, the environment of care, and the improvement of organizational performance).

The Hospital leadership works collaboratively with all operational and clinical managers and leaders to ensure integration in the planning, evaluation, and communication processes within and between departments to enhance patient care services and support. This occurs informally on a daily basis and formally via interdisciplinary leadership meetings. The leadership involves department heads in evaluating, planning and recommending annual budget expenses and capital objectives, based on the expected resource needs of their departments. Department leaders are held accountable for managing and justifying their budgets and resource utilization. This includes, but is not limited to identifying, investigating and budgeting for new technologies and resources which are expected to improve the delivery of patient care and services.

Other leadership responsibilities include:

a) Communication of the organization's mission, vision, goals, objectives and strategic plans across the organization;
b) Ensuring appropriate and competent direction, management and leadership of all services and/or departments;
c) Collaborating with community leaders and organizations to ensure services are designed to be appropriate for the scope and level of care required by the patients and communities served;
d) Supporting the patient's continuum of care by integrating systems and services to improve efficiencies and care from the patient's viewpoint and diversity, equity and inclusion;
e) Ensuring staffing resources are available to appropriately and effectively meet the needs of the patients served and to provide a comparable level of care to patients in all areas where patient care is provided;
f) Ensuring the provision of a uniform standard of patient care throughout the organization;
g) Providing appropriate job enrichment, employee development and continuing education opportunities which serve to promote retention of staff and to foster excellence in care delivery and support services;
h) Establishing standards of care that all patients can expect and which can be monitored through the hospital's quality assurance and performance improvement (QAPI) process;

i) Approving the organizational plan to prioritize areas for improvement, developing mechanisms to provide appropriate follow up actions and/or reprioritizing in response to untoward and unexpected events;
j) Implementing an effective and continuous program to improve patient safety;
k) Appointing appropriate committees, task forces, and other forums to ensure interdepartmental collaboration on issues of mutual concerns and requiring interdisciplinary input; and,
l) Supporting patient rights and ethical considerations.

ROLE OF THE CHIEF NURSING OFFICER

The Chief Nursing Officer is responsible for the practice of nursing by ensuring consistency in the standard of nursing practice across the clinical settings. The CNO supports and facilitates an interdisciplinary team approach to the overall delivery of care to patients, families, and the community. This includes creating an environment in which collaboration is valued and excellence in clinical care, education, and research is promoted and achieved. The CNO leads quality, safety, and innovation initiatives in partnership with the Hospital Executive Directors.

The CNO is responsible for developing and driving the nursing strategic plan to deliver excellent patient care. The role will include responsibility for nursing performance improvement, program management, business operations, budgets, resource utilization, financial stewardship and maintenance of the professional contracts with the Ohio State University Nursing Organization and the International Association of Machinists and Aerospace Workers. The CNO ensures the vision, strategic direction, and the advancement of the profession of nursing at OSUWMC.

ROLE OF THE ASSOCIATE CHIEF NURSING OFFICER

The Associate Chief Nursing Officer (ACNO) is a member of the Nursing Executive Leadership team. The ACNO works collaboratively with both the CNO and Executive Director of their business entities. The ACNO has the authority and responsibility for directing the activities related to the provision of nursing care in those departments defined as providing nursing care to patients.

The ACNO is responsible to plan, develop, implement, and oversee programs and projects designed to evaluate and improve clinical quality, safety, resource utilization and operations in all areas staffed by nurses. The role includes implementation of patient care services strategies to support efficiency, clinical effectiveness, clinical operations and quality improvement with interdisciplinary team members. The ACNO works with teams to develop projects, programs and implement system changes that promote care coordination across the health care continuum.

FUNCTIONS OF NURSING LEADERSHIP

The Chief Nursing Officer and ACNOs ensure the following functions are addressed:

a) Evaluating patient care programs, policies, and procedures describing how patients' nursing care needs are assessed, evaluated and met throughout the organization;
b) Developing and implementing the plan for the provision of patient care through evidence-based practice and nursing research;
c) Participating with leaders from the governing body, management, medical staff and clinical areas in organizational decision-making, strategic planning and in planning and conducting performance improvement activities throughout the organization;
d) Implementing an effective, ongoing program to assess, measure and improve the quality of nursing care delivered to patients; developing, approving, and implementing standards of nursing practice,

standards of patient care, and patient care policies and procedures that include current research/ literature findings that are evidence based;

e) Participating with organizational leaders to ensure that resources are allocated to provide a sufficient number of qualified nursing staff to provide patient care;

f) Ensuring that nursing services are available to patients on a continuous, timely basis.

DEFINITION OF PATIENT SERVICES, PATIENT CARE AND PATIENT SUPPORT

Patient Services are limited to those departments that have direct contact with patients. Patient services occur through organized and systematic throughput processes designed to ensure the delivery of appropriate, safe, effective and timely care and treatment. The patient throughput process includes those activities designed to coordinate patient care before admission, during the admission process, in the hospital, before discharge and at discharge. This process includes:

- ***Access in***: emergency process, admission decision, transfer or admission process, registration and information gathering, placement;
- ***Treatment and evaluation:*** full scope of services; and,
- ***Access out:*** discharge decision, patient/family teaching and counseling, arrangements for continuing care and discharge.

Patient Care encompasses the recognition of disease and health, patient teaching, patient advocacy, spirituality and research. The full scope of patient care is provided by professionals who are charged with the additional functions of patient assessment and planning patient care based on findings from the assessment. Providing patient services and the delivery of patient care requires specialized knowledge, judgment, and skill derived from the principles of biological, chemical, physical, behavioral, psychosocial and medical sciences. As such, patient care and services are planned, coordinated, provided, delegated, and supervised by professional health care providers who recognize the unique physical, emotional and spiritual (body, mind and spirit) needs of each person. Under the auspices of the Hospitals, medical staff, registered nurses and allied health care professionals function collaboratively as part of an interdisciplinary, personalized patient-focused care team to achieve positive patient outcomes.

Competency for patient caregivers is determined in orientation and at least annually through performance evaluations and other department specific assessment processes. Credentialed providers direct all medical aspects of patient care as delineated through the clinical privileging process and in accordance with the Medical Staff By-Laws. Registered nurses support the medical aspect of care by directing, coordinating, and providing nursing care consistent with statutory requirements and according to American Nurses Association Nursing Scope and Standards of Practice book as well as hospital-wide policies and procedures. Allied health care professionals provide patient care and services in keeping with their licensure requirements and in collaboration with physicians and registered nurses. Unlicensed staff may provide aspects of patient care or services at the direction of and under the supervision of licensed professionals.

Nursing Care (nursing practice) is defined as competently providing all aspects of the nursing process in accordance with Chapter 4723 of the Ohio Revised Code (ORC), which is the law regulating the Practice of Nursing in Ohio. The law gives the Ohio Board of Nursing the authority to establish and enforce the requirements for licensure of nurses in Ohio. This law also defines the practice of both registered nurses and licensed practical nurses. All of the activities listed in the definitions, including the supervision of nursing care, constitute the practice of nursing and therefore require the nurse to have a current valid license to practice nursing in Ohio.

Patient Support is provided by a variety of individuals and departments which might not have direct contact with patients, but which support the integration and continuity of care provided throughout the continuum of care by the hands-on care providers.

SCOPE OF SERVICES / STAFFING PLANS

Each patient care service department has a defined scope of service approved by the hospital's administration and medical staff, as appropriate. The scope of service includes:

- the types and age ranges of patients served;
- methods used to assess and meet patient care needs (includes services most frequently provided such as procedures, etc.);
- the scope and complexity of patient care needs (such as most frequent diagnosis);
- support services provided directly or through referral contact;
- the extent to which the level of care or service meets patient need (hours of operation if other than 24 hours a day/7days a week and method used for ensuring hours of operation meet the needs of the patients to be served with regard to availability and timeliness);
- the availability of necessary staff (staffing plans) and;
- recognized standards or practice guidelines, when available (the complex or high level technical skills that might be expected of the care providers).

Additional operational details and staffing plans may also be found in department policies, procedures and operational/performance improvement plans.

Staffing plans for patient care service departments are developed based on the level and scope of care provided, the frequency of the care to be provided, and a determination of the level of staff that can most appropriately (competently and confidently) provide the type of care needed. Nursing units are staffed to accommodate a projected average daily patient census. Unit management (including nurse manager and/or charge nurse) reviews patient demands to plan for adequate staffing. Staffing can be increased or decreased to meet patient needs. When the number of patients is high or the need is great, float staff assist in providing care. When staff availability is projected to be low, the unit manager and director may request temporary agency nurses. The Ohio State University Wexner Medical Center follows the Staffing Guidelines set by the American Nurses Association. In addition, we utilize staffing recommendations from various specialty nursing organizations, including: ENA, ANCC, AACN, AORN, ASPN, NDNQI, AWHONN, and others.

The Administrative Team, in conjunction with the budget and performance measurement process, reviews all patient care areas staffing and monitors ongoing regulatory requirements. Each department staffing plan is formally reviewed during the budget cycle and takes into consideration workload measures, utilization review, employee turnover, performance assessment, improvement activities, and changes in customer needs/expectations. A variety of workload measurement tools may be utilized to help assess the effectiveness of staffing plans.

STANDARDS OF CARE

Patients of the Hospitals can expect that:

1) Staff will do the correct procedures, treatments, interventions, and care following the policies, procedures, and protocols that have been established. Efficacy and appropriateness of procedures, treatment, interventions and care provided will be demonstrated based on patient assessments/reassessments, standard practice, and with respect for patient's rights and confidentiality.
2) Staff will provide a uniform standard of care and services throughout the organization.
3) Staff will design, implement and evaluate systems and services for care delivery (assessments, procedures, treatments, interventions) which are consistent with a personalized health care focus and which will be delivered:

a. With compassion, courtesy, respect and dignity for each individual without bias using a patient centered approach;
b. In a manner that best meets the individualized needs of the patient;
c. Coordinated through interdisciplinary collaboration, to ensure continuity and seamless delivery of care to the greatest extent possible; and,
d. In a manner that maximizes the efficient use of financial and human resources, streamlines processes, decentralizes services, enhances communication, supports technological advancements and maintains patient safety.

Patient Assessment:
Individual patient care requirements are determined by assessments (and reassessments) performed by qualified health professionals. Each service within the organization providing patient care has defined the scope of assessment provided. This assessment (and reassessment) of patient care needs continues throughout the patient's contact with the hospital.

Coordination of Care:
Patients are identified who require discharge planning to facilitate continuity of medical care, social determinant needs, and/or other care to meet identified needs. Discharge planning is timely, is addressed at a minimum during initial assessment as well as during discharge planning processes and can be initiated by any member of the interdisciplinary team. Case Managers coordinate patient care between multiple delivery sites and multiple caregivers; collaborate with physicians and other members of the care team to assure appropriate treatment plan and discharge care.

STANDARDS OF COMPETENT PERFORMANCE/STAFF EDUCATION

All employees receive an orientation consistent with the scope of responsibilities defined by their job description and the patient population to whom they are assigned to provide care. Ongoing education (such as in-services) is provided within each department. In addition, the Educational Development and Resource Department provides annual mandatory education and provides appropriate staff education associated with performance improvement initiatives and regulatory requirements. Performance appraisals are conducted at least annually between employees and managers to review areas of strength and to identify skills and expectations that require further development.

CARE DELIVERY MODEL

The care delivery model is guided by the following goals:

- The patient and family will experience the benefits of the AACN Synergy model for patient care. This model is driven by the core concept that the patient and family needs influence the competencies and characteristics of the nursing care provided. The benefits include enhanced quality of care, improved service, appropriate length of hospitalization and minimized cost.
- Hospital employees will demonstrate values and behaviors consistent with the OSUWMC Buckeye Spirit set of core values. The philosophical foundation reflects a culture of inclusiveness, sincerity, determination, ownership, empathy and innovation.
- Effective communication will impact patient care by ensuring timeliness of services, utilizing staff resources appropriately, and maximizing the patient's involvement in his/her own plan of care.
- Configuring departmental and physician services to accommodate the care needs of the patient in a timely manner will maximize quality of patient care and patient satisfaction.
- The Synergy professional nursing practice model is a framework which reflects our underlying philosophy and vision of providing care to patients based on their unique needs and characteristics. Aspects of the professional model support:

(1) matching nurses with specific skills to patients with specific needs to ensure "safe passage" to achieve the optimal outcome of their hospital stay;
(2) the ability of the nurse to establish and maintain a therapeutic relationship with their patients;
(3) the presence of an interdisciplinary team approach to patient care delivery. The knowledge and expertise of all caregivers is utilized to restore a patient to the optimal level of wellness based on the patient's definition;
(4) physicians, nurses, pharmacists, respiratory therapists, case managers, dietitians and many other disciplines collaborate and provide input to patient care.

- The patient and family will be involved in establishing the plan of care to ensure services that accommodate their needs, goals and requests.
- Streamlining the documentation process will enhance patient care.

PATIENT RIGHTS AND ORGANIZATIONAL ETHICS

Patient Rights
In order to promote effective and compassionate care, the Hospitals' systems, policies, and programs are designed to reflect an overall concern and commitment to each person's dignity. All Hospital employees, physicians and staff have an ethical obligation to respect and support the rights of every patient in all interactions. It is the responsibility of all employees, physicians and staff of the Hospitals to support the efforts of the health care team, while ensuring that the patient's rights are respected. Each patient (and/or family member as appropriate) is provided a list of patient rights and responsibilities upon admission and copies of this list are posted in conspicuous places throughout the Hospitals.

Organizational Ethics
The Hospitals have an ethics policy established in recognition of the organization's responsibility to patients, staff, physicians and the community served. General principles that guide behavior are:

- Services and capabilities offered meet identified patient and community needs and are fairly and accurately represented to the public.
- Adherence to a uniform standard of care throughout the organization, providing services only to those patients for whom we can safely care for within this organization. The Hospitals do not discriminate based age, ancestry, color, disability, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, race, religion, sex, gender, sexual orientation, pregnancy, protected veteran status or any other basis under the law.
- Patients will be billed only for care and services provided.

Biomedical Ethics
A biomedical ethical issue arises when there is uncertainty or disagreement regarding medical decisions, involving moral, social, or economic situations that impact human life. A mechanism is in place to provide consultation in the area of biomedical ethics in order to:

- improve patient care and ensure patient safety;
- clarify any uncertainties regarding medical decisions;
- explore the values and principles underlying disagreements;
- facilitate communication between the attending physician, the patient, members of the treatment team and the patient's family (as appropriate); and,
- mediate and resolve disagreements.

INTEGRATION OF PATIENT CARE, ANCILLARY AND SUPPORT SERVICES

The importance of a collaborative interdisciplinary team approach, which takes into account the unique knowledge, judgment and skills of a variety of disciplines in achieving desired patient outcomes, serves as a foundation for integration. See Appendix A for a listing of ancillary and support services.

Open lines of communication exist between all departments providing patient care, patient services and support services within the hospitals, and as appropriate with community agencies to ensure efficient, effective and continuous patient care. Functional relationships between departments are evidenced by cross-departmental Performance Improvement initiatives as well as the development of policies, procedures, protocols, and clinical pathways and algorithms.

To facilitate effective interdepartmental relationships, problem solving is encouraged at the level closest to the problem at hand. Staff is receptive to addressing one another's issues and concerns and work to achieve mutually acceptable solutions. Supervisors and managers have the responsibility and authority to mutually solve problems and seek solutions within their spans of control; positive interdepartmental communications are strongly encouraged. Employees from departments providing patient care services maintain open communication channels and forums with one another, as well as with service support departments to ensure continuity of patient care, maintenance of a safe patient environment and positive outcomes.

CONSULTATIONS AND REFERRALS FOR PATIENT SERVICES

The Hospitals provide services as identified in the Hospital Plan for Providing Patient Care to meet the needs of our community. Patients whose assessed needs require services not offered are transferred to the member hospitals of The Ohio State University Wexner Medical Center or another quality facility (e.g., Nationwide Children's Hospital) in a timely manner after stabilization. Safe transportation is provided by air or ground ambulance with staff and equipment appropriate to the required level of care. Physician consultation occurs prior to transfer to ensure continuity of care. Referrals for outpatient care occur based on patient need.

INFORMATION MANAGEMENT PLAN

The overall goal for information management is to support the mission of The Ohio State University Wexner Medical Center. Specific information management goals related to patient care include:

- Develop and maintain an integrated information and communication network linking research, academic and clinical activities.
- Develop computer-based patient records with integrated clinical management and decision support.
- Support administrative and business functions with information technologies that enable improved quality of services, cost effectiveness, and flexibility.
- Build an information infrastructure that supports the continuous improvement initiatives of the organization.
- Ensure the integrity and security of the Hospital's information resources and protect patient confidentiality.

PATIENT CARE ORGANIZATIONAL IMPROVEMENT ACTIVITIES

All departments are responsible for following the Hospitals' Quality Assurance and Performance Improvement (QAPI) plan. Departments utilize the QAPI plan and cascade the hospital's goals to service line quality plans to ensure proper alignment to support the overall hospital quality goals.

PLAN REVIEW

The Hospital Plan for Providing Patient Care will be reviewed regularly by the Hospitals' leadership to ensure the plan is adequate, current and that the Hospitals are in compliance with the plan. Interim adjustments to the overall plan are made to accommodate changes in patient population, redesign of the care delivery systems or processes that affect the delivery, level or amount of patient care required.

Appendix A: Scope of Services: Patient Ancillary and Support Services

Other hospital services that support the comfort and safety of patients are coordinated and provided in a manner that ensures direct patient care and services are maintained in an uninterrupted, efficient, and continuous manner. These support and ancillary services will be fully integrated with the patient care departments of the Hospitals:

DEPARTMENT	SERVICE
ACCREDITATION AND POLICY	Accreditation provides support and guidance to the organization to monitor compliance with regulatory bodies. Develops and implements processes and policies for the organization to improve efficiencies and to help report findings to leadership and outside entities.
BEHAVIORAL EMERGENCY RESPONSE TEAM (BERT)	Expert team that provides innovative and quality care to patients with complex behavioral symptoms while working collaboratively with staff through consultation, education, and early intervention
CARDIAC PROCEDURAL	Cardiac procedural areas include both cardiac catheterization and electrophysiology. Procedures may be diagnostic or interventional.
CARDIOVASCULAR IMAGING SERVICES	Diagnostic and therapeutic procedures in cardiac MR/CT, Nuclear Medicine, Echocardiography, Vascular Imaging Stress Test. Cardiovascular Imaging Services can be provided at inpatient, outpatient, and emergency locations.
CARE MANAGEMENT	As part of the health care team, provides personalized care coordination and resource management with patients and families.
CENTRAL STERILE SUPPLY (CSS)	Responsible for supporting all instrument cleaning and sterilization needs across the organization In addition, CSS is responsible for providing case carts to the operating rooms which contain all of the instrumentation and disposable supply needs for each surgical case.
CHAPLAINCY AND CLINICAL PASTORAL EDUCATION	Assists patients, their families and hospital personnel in meeting spiritual needs through professional pastoral and spiritual care and education.
CLINICAL ENGINEERING	Routine equipment evaluation, maintenance, and repair of electronic equipment owned or used by the hospital; evaluation of patient owned equipment.
CLINICAL INFORMATICS	A subset of IT services that focuses on appropriately integrating the clinical care provided to the patient into the Electronic Health Record (EHR) through the specialized knowledge of clinical care and informatics. Additionally, direct work with the clinicians occurs through this team to ensure the EHR is adopted and aligns with the clinical work occurring in the organization and provides an accurate depiction of the patients' clinical course while being cared for in the organization.
CLINICAL LABORATORY	Responsible for pre-analytic, analytic and post-analytic functions on clinical specimens in order to obtain information about the health of a patient as pertaining to the diagnosis, treatment, and prevention of disease; assisting care providers with clinical information related to patient care, education, and research.
COMMUNICATIONS AND MARKETING	Responsible for developing strategies and programs to promote the organization's overall image and specific products and services to targeted internal and external audiences. Handles all media relations, advertising, internal communications, special events and publications.
DECEDENT AFFAIRS	Provide support to families of patients who died & assist them with completing required disposition decisions. Ensure notification of the CMS designated Organ Procurement Agency (OPO) – Lifeline of Ohio (Lifeline). Promote & facilitate organ/eye/tissue donation by serving as the OSU hospital Lifeline Liaison. Analyze data provided by Lifeline regarding organ/tissue/eye donation.

DEPARTMENT	SERVICE
DIAGNOSTIC TRANSPORTATION	Provision of on-site transportation services for patients requiring diagnostic, operative or other ancillary services.
DIALYSIS	Dialysis is provided for inpatients of the medical center within a dedicated unit unless the patient cannot be moved. In those instances, bedside dialysis will be administered.
EARLY RESPONSE TEAM (ERT)	Provides timely diagnostic and therapeutic intervention before there is a cardiac or respiratory arrest or an unplanned transfer to the Intensive Care Unit. Consists of a Critical Care RN and Respiratory Therapist who are trained to help patient care staff when there are signs that a patient's health is declining.
EDUCATION, DEVELOPMENT & RESOURCES	Provides and promotes ongoing development and training experiences to all member of the OSUWMC community; provides staff enrichment programs, organizational development, leadership development, orientation and training, skills training, continuing education, competency assessment and development, literacy programs and student affiliations.
ENDOSCOPY	Provides services to patients requiring a nonsurgical review of their digestive system.
ENVIRONMENTAL SERVICES	Provides routine housekeeping and quality monitoring of such. Additional services upon request: extermination, wall cleaning, etc.
EPIDEMIOLOGY	Enhance the quality of patient care and the work environment by minimizing the risk of acquiring infection within the hospital setting.
FACILITIES OPERATIONS	Provide oversight, maintenance and repair of the building's life safety, fire safety, and utility systems. Provide preventative, repair and routine maintenance in all areas of all buildings serving patients, guests, and staff. This would include items such as electrical, heating and ventilation, plumbing, and other such items. Also providing maintenance and repair to basic building components such as walls, floors, roofs, and building envelope. Additional services available upon request.
FISCAL SERVICES	Works with departments/units to prepare capital and operational budgets. Monitors and reports on financial performance monthly.
HUMAN RESOURCES	Serves as a liaison for managers regarding all Human Resources information and services; assists departments with restructuring efforts; provides proactive strategies for managing planned change within the Health System; assists with Employee/Labor Relations issues; assists with performance management process; develops compensation strategies; develops hiring strategies and coordinates process for placements; provides strategies to facilitate sensitivity to issues of cultural diversity; provides HR information to employees, and establishes equity for payroll.
INFORMATION SYSTEMS	Work as a team assisting departments to explore, deploy and integrate reliable, state of the art Information Systems technology solutions to assist in the provision and documentation of care and services and to manage change of such systems.
MATERIALS MANAGEMENT	Routinely stocks supplies in patient care areas, distributes linen. Sterile Central Supply, Storeroom - upon request, distributes supplies/equipment not stocked on units.
MEDICAL INFORMATION MANAGEMENT	Maintains patient records serving the needs of the patient, provider, institution, and various third parties to health care.
NUTRITION SERVICES	Provides nutrition care and food service for Medical Center patients, staff, students, and visitors. Clinical nutrition assessment, care plan development, and consultation are available in both inpatient and outpatient settings. The Department provides food service to inpatients and selected outpatient settings in addition to operating a variety of retail café locations and acts as a liaison for vending and sub-contracted food services providers. Serve as dietetic education preceptors.
PATIENT ACCESS SERVICES	Coordinates registration/admissions with nursing management.

DEPARTMENT	SERVICE
PATIENT EXPERIENCE	Develops programs for support of patient relations and customer service, and includes front-line services such as information desks.
PATIENT FINANCIAL SERVICES	Provides financial assistance upon request from patient/family. Also responsible for posting payments from patients and insurance companies among others to a patient's bill for services.
PATIENT FLOW DEPARTMENT	Monitors and supports all admissions, discharges, and transfers across OSUWMC. Ensures timely, safe, and individualized access to all patients and families through collaboration with the healthcare team.
PERIOPERATIVE SERVICES	Perioperative Services include preoperative, intraoperative and postoperative care.
PHARMACY	Provides comprehensive pharmaceutical care through operational and clinical services. Responsible for medication distribution via central and satellite pharmacies, as well as 797 compliant IV compounding room and automated dispensing cabinets. Some of the many clinical services include pharmacokinetic monitoring, renal and hepatic dose adjustments, and patient education. Specialist pharmacists also round with patient care teams to optimize medication regimens and serve as the team's primary medication information resource.
QUALITY AND OPERATIONS IMPROVEMENT	Provides an integrated quality management program and facilitates continuous quality improvement efforts throughout the medical center.
RADIOLOGIC SERVICES	Diagnostic and therapeutic procedures in MR, CT, X-ray, Fluoroscopy, Interventional Radiology, Ultrasonography. Radiologic Services can be provided at inpatient, outpatient, and emergency locations.
RESPIRATORY THERAPY	Provide all types of respiratory therapeutic interventions and diagnostic testing, by physician order, mainly to critically ill adults and neonates, requiring some type of ventilator support, bronchodilator therapy, or pulmonary hygiene, due to chronic lung disease, multiple trauma, pneumonia, surgical intervention, or prematurity. Provides pulmonary function testing and diagnostic inpatient and outpatient testing to assess the functional status of the respiratory system. Bronchoscopy and other diagnostic/interventional pulmonology procedures are performed to diagnose and/or treat abnormalities that exist in the airways, lung parenchyma or pleural space.
REHABILITATION SERVICES	Physical therapists, occupational therapists, speech and language pathologists, and recreational therapists evaluate and develop a plan of care and provide treatment based on the physician's referral. The professional works with each patient/family/caregiver, along with the interdisciplinary medical team, to identify and provide the appropriate therapy/treatment and education needed for the established discharge plan and facilitates safe and timely movement through the continuum of care.
RISK MANAGEMENT	Protect resources of the hospital by performing the duties of loss prevention and claims management. Programs include: Risk Identification, Risk Analysis, Risk Control, Risk Financing, Claims Management and Medical-Legal Consultation.
SAFETY and EMERGENCY PREPAREDNESS	Manages programs related to general safety, life safety and emergency preparedness. Maintains compliance with regulatory agencies including, The Joint Commission, Centers for Medicare and Medicaid Services, Ohio Department of Health, State Fire Marshal, Environmental Protection Agency and other authorities having jurisdiction over hospital operations.
SECURITY	Provides a safe and secure environment for patients, visitors, and staff members by responding to all emergencies such as workplace violence, fires, bomb threats, visitor/staff/patient falls, Code Blues (cardiac arrests) in public places, internal and external disasters, armed aggressors, or any other incident that needs an emergency response.

DEPARTMENT	SERVICE
SOCIAL WORK SERVICES	Social Work services are provided to patients/families to meet their medically related social and emotional needs as they impact on their medical condition, treatment, recovery and safe transition from one care environment to another. Social workers provide psychosocial assessment and intervention, crisis intervention, financial counseling, discharge planning, health education, provision of material resources and linkage with community agencies. Consults can be requested by members of the treatment team, patients or family members.
VOLUNTEER SERVICES	Volunteer Services credential and place volunteers to fill departmental requests. Volunteers serve in wayfinding, host visitors in waiting areas, serve as patient / family advisors, and assist staff.
WOUND CARE	Wound Care includes diagnosis and management for skin impairments.

The James

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Approvals:
MSAC: 05/15/2026
QPAC:
Wexner Medical Center Board:

Title: Arthur G. James Cancer Hospital and Richard J. Solove Research Institute Plan for Patient Care Services

The Plan for Providing Patient Care Services is described herein. The Plan is based on the mission, vision, values, and goals. The plan encompasses both inpatient and outpatient services delivered by the teams who provide comprehensive care, treatment, and services to patients with cancer diagnoses and their loved ones. The plan encompasses both inpatient and outpatient services of the hospital.

The Mission, Vision, and Values:

Mission: To eradicate cancer from individuals' lives by creating knowledge and integrating ground-breaking research with excellence in education and patient-centered care.

Vision: Create a cancer-free world, every person, every discovery, every time.

Values: World class, empowered, compassionate, accountable, respectful, and expert.

At The James, no cancer is routine. Our researchers and oncologists study the unique genetic makeup of each patient's cancer, understand what drives it to develop, and then deliver the most advanced and targeted treatment for the individual patient. The James' patient centered, and relationship-based care is enhanced by our teaching and research programs. Our mission, and staff are dedicated to fulfillment and success and distinguishes The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute as one of the nation's premier comprehensive cancer centers.

Philosophy of Patient Care Services

The James Cancer Hospital and Richard J. Solove Research Institute, in collaboration with the community, provides innovative and patient-focused multi-disciplinary cancer care through:

- Maintaining a mission which outlines the synergistic relationship between patient care, research, and teaching.
- Developing a long-range strategic plan with input from hospital leaders to determine the services and levels of care to be provided.
- Establishing annual goals and objectives consistent with the hospital mission

and strategic plan, which are based on a collaborative assessment of patient/family and community needs.

- Planning and designing from the hospital leadership, involving the communities served.
- Providing individualized care, treatment, and services appropriate to the scope and level required by each patient based on professional assessments of need.
- Evaluating ongoing services provided through formalized processes such as: performance assessment and improvement activities, budgeting, and staffing plans.
- Integrating services through the following mechanisms: continuous quality improvement teams; clinical interdisciplinary quality programs; communications through management and operations meetings, Division of Nursing shared governance structure, Medical Staff Administrative Committee, administrative staff meetings, participation in Ohio State University Wexner Medical Center (OSUWMC) governance structures, special forums, leadership and employee education and professional/development.
- Maintaining competent patient care leadership and staff by providing education designed to meet identified needs.
- Respecting each patient's rights and their decisions as an essential component in the planning and provision of care.
- Assuring every staff member demonstrates behaviors which reflect the philosophical foundation based on the values of The James Cancer Hospital and Solove Research Institute.

Hospital Leadership

The hospital leadership is defined as the governing Board of Trustees, the University President, Executive Vice President/Chief Executive Officer, administrative staff, faculty, physicians, nurses, clinical, and operational leaders in both appointed and elected positions. This leadership team is responsible for establishing a framework for planning health care services provided by the organization, guided by the hospital's mission and strategic planning. These responsibilities include developing and implementing a planning process that defines clear, timely, and measurable goals.

The planning process also includes an assessment of our customer and community needs. This process begins with:

- Developing a long-range strategic plan.
- Developing annual operational plans.
- Establishing annual operating and capital budgets, and monitoring compliance.
- Establishing resource allocations and policies.
- Ongoing evaluation of every plan's implementation and ongoing success.

The planning process addresses both patient care functions (patient: rights, assessment, care, safety, patient and family education, coordination of care, and discharge planning) and organizational support functions (information management, human resource management, infection control, quality, the environment of care, and the improvement of organization performance).

The hospital leadership team collaborates closely with all operational leaders to ensure integration of planning, evaluation, and communication processes within and between departments, to enhance patient care services and support. Collaboration occurs on an informal, daily basis, as well as formally through multi-disciplinary leadership meetings. The leadership team works with each department manager to evaluate, plan, and recommend annual budget expenses and capital objectives, based on the expected resource needs of the department. Department leaders are accountable for managing, justifying their budgets and resource utilization. This includes, but is not limited to identifying, investigating, and budgeting for modern technologies, and resources that are expected to improve the delivery of patient care and services.

Other leadership responsibilities include but are not limited to:

- Communicating the organization's mission, vision, goals, objectives, and strategic plans across the organization.
- Ensuring appropriate, competent management and leadership of all services and/or departments.
- Collaborating with community leaders and organizations to ensure services are designed to be appropriate for the scope and level of care required by the patients and communities served.
- Supporting the continuum of care by integrating systems and services to improve efficiency and care from a patient's viewpoint.
- Ensuring consistent patient care standards across the continuum of care in alignment with professional practices and organizational policies and procedures. Providing job enrichment, professional development, and continuing education opportunities that support staff retention and excellence in care and service delivery. Establishing standards of care for all patients, and which can be monitored through the hospital's performance assessment and improvement plan.
- Approving the organizational plan to prioritize improvement initiatives and establishing mechanisms to provide appropriate follow-up actions or reprioritizing in response to anticipated events.
- Implementing effective and continuously monitored programs to improve patient safety.
- Appointing appropriate committees, task forces, and other forums to ensure interdepartmental collaboration on issues of mutual concerns and requiring interdisciplinary input.
- Supporting patient rights and ethical considerations.
- Support of evidence-based practice (EBP) to drive patient care decision-making.

Role of the Chief Nursing Officer

The Chief Nursing Officer is a member of the Executive Leadership Team and possesses the authority and responsibility for direct activities related to the provision of care, treatment and services within departments designated as providing care to patients.

The Chief Nursing Officer (CNO) ensures the following functions are addressed:

- Implementing standards of nursing practice, standards of patient care, patient care policies, and procedures that include current research and evidence-based practice.
- Supports and facilitates a multi-disciplinary team approach to the overall delivery of care to patients, families, and the community.
- Promotes relationship-based care (RBC), leads to quality, safety, and innovation initiatives in partnership with the Chief Executive Officer.
- Responsible for driving nursing strategic plan to deliver excellent patient care.
- Responsible for nursing performance improvement, program management, business operations, budgets, resource, utilization, and maintenance of the professional contract with the Ohio State University Nursing Organization (OSUNO).

Definition of Patient Services, Patient Care, Nursing Care, and Patient Support

Patient Services

Defined as those departments and care providers with direct contact with patients. These services occur through organized and systematic throughput processes designed to ensure the delivery of appropriate, safe, effective, and timely care and treatment. The patient through-put process includes those activities designed to coordinate patient care before admission, during the admission process, in the hospital, in the ambulatory exam or treatment clinics before discharge and at discharge. This process includes:

- Emergency process, admission decision, transfer or admission process, registration and information gathering, placement in the appropriate care areas.
- Treatment and evaluation: full scope of service from the care service department.
- Discharge decisions, patient/family education, counseling, arrangements for continuing care, and discharge.

Patient Care:

Encompasses the recognition of disease, health, and patient education, which allows the patient to participate in their care, advocacy, and spirituality. The full scope of patient care is provided by professionals who perform the functions of assessing, planning patient care based on information gathered from the assessment, as well as past medical history, social history, and other pertinent findings. Patient care and

services are planned, coordinated, provided, delegated, and supervised by professional health care providers who recognize the unique physical, emotional, and spiritual (body, mind, and spirit) needs of each person. Under the auspices of the hospital, medical staff, registered nurses, and allied health professionals function collaboratively as part of an interdisciplinary, patient- focused care team to achieve positive patient outcomes and personalized care.

Competency is determined during the initial orientation period and at least annually through performance evaluations and other department specific assessment processes. Physicians direct all aspects of a patient's medical care as delineated through the clinical privileging process and in accordance with the Medical Staff By-Laws (James Medical Staff Bylaws). Registered Nurses support the medical aspect of care by assessing, directing, coordinating, providing nursing care consistent with statutory requirements, according to the organization's Nursing Standards of Practice and hospital-wide policies and procedures. Allied health professionals provide patient care and services within their licensure requirements and in collaboration with physicians and registered nurses. Unlicensed staff may provide aspects of patient care or services at the direction of and under the supervision of licensed professionals.

Nursing Care and Practice:
Defined as providing all aspects of the nursing process in accordance with Chapter 4723 of the Ohio Revised Code (ORC), which is the law regulating the Practice of Nursing in Ohio. This law gives the Ohio Board of Nursing the authority to establish and enforce the requirements for licensure of nurses in Ohio. This law defines the practice of both registered nurses and licensed practical nurses. All activities listed in the definitions, including the supervision of nursing care, constitute the practice of nursing and therefore require the nurse to have a current valid license to practice nursing in Ohio.

Patient Support:
Provided by individuals and departments which may not have direct contact with patients, but which support the integration and continuity of care provided throughout the continuum of care by the direct care providers.

Scope of Services and Staffing Plans

Each patient care service department has a defined scope of service approved annually by administration and medical staff, as appropriate. The scope of service includes:

- The type and age ranges of patients served.
- Methods used to assess and meet patient care needs (including services most frequently provided such as procedures, medication administration, surgery,

etc.).

- The scope and complexity of patient care needs.
- The appropriateness, clinical necessity, and timeliness of support services provided directly or through referral contact.
- The extent to which the level of care or service meets patient needs, hours of operation if other than 24 hours a day/7days a week, and a method used to ensure hours of operation meet the needs of the patients to be served regarding availability and timeliness.
- The availability of necessary staff.
- Recognized standards or practice guidelines.

The James adheres to the Ohio Revised Code 3727.53 regarding written nursing services staffing plans, the American Nurses Association Principles for Nurse Staffing (3rd Edition, 2020), and The Joint Commission National Performance Goal 12 (2026). Additionally, we incorporate staffing recommendations from a range of specialty nursing organizations, including but not limited to the Emergency Nurses Association (ENA), American Nurses Credentialing Center (ANCC), American Association of Critical-Care Nurses (AACN), Association of perioperative Registered Nurses (AORN), American Society of Pediatric Nurses (ASPN), American Organization for Nursing Leadership (AONL), and Oncology Nursing Society (ONS).

Nursing units are staffed based on projected average daily census and patient acuity. A nurse leader evaluates both census and acuity multiple times within a 24-hour period. Staffing levels are adjusted as needed to meet patient care demands. During periods of increased patient volume or identified staffing needs within a unit, leadership may deploy appropriately trained staff through the nursing float pool and/or offer additional hours to unit nurses. When staffing shortages are anticipated due to vacancies or leaves of absence, the unit manager and director may request temporary agency nurses. Use of agency staff is a short-term measure and requires approval by the Chief Nursing Officer.

Unit management (including nurse manager, assistant nurse manager, charge nurse or the administrative nursing supervisor (ANS) provide 24/7 on-site oversight and review the demand for patient care to plan for adequate staffing.

Administrative leaders, in conjunction with budget and performance measurements, review staffing within all patient care areas and monitor ongoing regulatory requirements. Each department staffing plan is formally reviewed during the budget cycle and takes into consideration workload measures, utilization review, employee turnover, performance assessment, improvement activities, and changes in patient needs or expectations. A variety of workload measurement tools are utilized to help assess the effectiveness of the staffing plan.

Standards of Care

Individualized health care at The James is the integrated practice of medicine and support of patients based upon the individual's unique biology, behavior, and environment. It is envisioned that we will utilize gene-based information to understand each person's individual requirements for the maintenance of their health, prevention of disease, and therapy tailored to their genetic uniqueness. The direction of personalized health care is to be predictive and preventive.

Patients of The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute can expect that:

- Hospital staff provide the correct procedures, treatments, interventions, and care. The efficacy and appropriateness of care will be demonstrated based on patient assessment and reassessments, evidence-based practices, and achievement of desired outcomes.
- Hospital leadership staff design, implement and evaluate care delivery systems and services which are consistently focused on patient-centered care that is delivered with compassion, respect, and dignity for everyone, without bias, and in a manner that best meets the individual needs of the patients and their support system.
- Staff provide a consistent standard of care and service throughout the organization.
- Patient care is coordinated through interdisciplinary collaboration to ensure continuity and seamless delivery of care to the greatest extent possible.
- Efficient use of finances, human resources, streamlined processes, enhanced communication, and supportive technological advancements all while focused on quality of care and patient safety.

Patient Assessment:
The care requirements of each individual patient and their support system are determined through ongoing assessments conducted by qualified health professionals. Each patient care service within the organization has a defined scope of assessment responsibility. Assessment and reassessment of patient care needs occur continuously throughout the continuum of care and for the duration of the patient's contact with the organization.

Coordination of Care:
Staff provide patient discharge planning to facilitate continuity of medical care and/or other care to meet identified needs. Discharge planning is timely, addressed during initial assessment and upon admission, as well as during the discharge planning process, and can be initiated by any member of the multidisciplinary team. Registered nurses, patient care resource managers, advanced practice nurses, and social workers coordinate and maintain close contact with the healthcare team members to finalize an

individualized discharge plan.

The medical staff is assigned by the clinical department or division. Each clinical department has an appointed chair responsible for a variety of administrative duties, including development and implementation of policies that support the provision of departmental services, maintaining the proper number of qualified, and competent personnel needed to provide care.

Care Delivery Model

Individualized, patient-focused care is the model in which teams deliver care for similar cancer patient populations, intricately linking the physician and other caregivers for optimal communication and service delivery. Personalized patient-focused care is guided by the following principles:

- The patient and their support system will experience the benefits of individualized care that integrates the skills of all care team members. These benefits include enhanced quality of care, improved service, appropriate length of hospitalization, value-based cost related to quality outcomes, and patient safety.
- Hospital employees will demonstrate behaviors consistent with the philosophy of personalized health care. This philosophical foundation reflects a culture of collaboration, enthusiasm, and mutual respect.
- Effective communication can impact patient care by ensuring timeliness of services, utilizing staff resources appropriately, and maximizing the patient's involvement in their own plan of care.
- Configuring departmental and physician services to accommodate the care needs of the patient in a timely manner will maximize the quality of patient care and patient satisfaction.
- Primary nursing characteristics, such as relationship-based care,the conceptual frameworks supporting the professional practice model are used to reflect the guiding philosophy and vision of providing individualized care.
- The patient and their support system will be involved in establishing a plan of care to ensure services that accommodate their needs, goals, and requests.

Patient Rights and Organizational Ethics

Patient Rights:
To promote effective and compassionate care, systems, processes, policies, and programs are designed to reflect overall concern and commitment to each person's dignity and privacy. All hospital employees, physicians, and staff have an ethical obligation to respect and support the rights of every patient in all interactions. It is the responsibility of all employees, physicians, and staff to support the efforts of the health care team, to ensure the patient's rights are respected. Each patient (and/or their support system) is given a list of patient rights and responsibilities upon admission, and copies of this list are posted in conspicuous places throughout the hospital.

Organizational Ethics:
The James utilizes an ethics policy to define the organization's responsibilities to patients, staff, physicians, and communities it serves. General guiding principles include:

- Services and capabilities offered meet patient and community needs and are fairly and accurately represented to the public.
- The hospital adheres to a uniform standard of care throughout the organization, providing services to those patients for whom we provide care. The James does not discriminate based upon age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, or source of payment.
- Patients are only billed for care and services received.

Biomedical Ethics:
A biomedical ethical issue arises when there is uncertainty or disagreement regarding medical decisions involving moral, social, or economic situations that impact human life. A mechanism is in place to provide consultation in biomedical ethics to:

- Improve patient care and ensure patient safety.
- Clarify any uncertainties regarding medical decisions.
- Explore the values and principles of underlying disagreements.
- Facilitate communication between the attending physician, the patient, members of the treatment team, and the patient's family or support system (as appropriate).
- Mediate and resolve disagreements.

Integration of Patient Care and Support Services

A collaborative, interdisciplinary team approach, that considers the unique knowledge, judgment, and skills is utilized. A variety of disciplines are involved in achieving the desired patient outcomes and serve as a foundation for integration of patient care. Continual process improvement initiatives support effective integration of hospital and health system policies, procedures, protocols, and relationships between departments. See appendix A (Page 12) for a listing of support services.

An open line of communication exists between all departments providing patient care, patient services, support services within the hospital, and as appropriate with community agencies to ensure efficient, effective, and continuous patient care. To facilitate effective interdepartmental relationships, problem solving is encouraged at the level closest to the problem. The staff is receptive to addressing one another's issues, concerns, and work to achieve mutually acceptable solutions. Supervisors and managers have the responsibility and authority to mutually solve problems and seek solutions within their scope. Positive interdepartmental communications are strongly encouraged. Direct patient care services maintain open communication with each other in alignment with organizational Code of Conduct, as well as with service support departments to ensure continuity of patient care, maintenance of a safe patient environment, and positive outcomes.

Consultations and Referrals for Patient Services

The James provides services as identified in this plan to meet the needs of our community. Patients with assessed needs requiring services not offered at The James are transferred in a timely manner after stabilization; and/or transfers are arranged with another appropriate facility.

Safe transportation is provided by air or ground ambulance with staff and equipment appropriate to the required level of care. Physician consultation occurs prior to transfer to ensure continuity of care. Referrals for outpatient care occur based on patient needs.

Information Management Plan

The overall goal for information management is to support the mission of The James. Specific information management goals related to patient care include:

- Ensuring the integrity and security of the hospital's information resources and protecting patient confidentiality.
- Developing and maintaining integrated information, communication network linking research, academic and clinical activities.
- Developing and updating computer-based patient records with integrated clinical management and decision support.
- Supporting administrative and business functions with information technologies that enable improved quality of services, cost effectiveness, and flexibility.
- Building an information infrastructure that supports continuous improvement of the organization.

Patient Organization Improvement Activities

All departments participate in the hospital's plan for improving organizational performance.

Plan Review

The hospital's plan for providing patient care is reviewed regularly by leadership to ensure the plan is adequate, current, and compliance is maintained with the plan. Interim adjustments to the plan are made necessary to accommodate changes in patient population, care delivery systems, processes that affect the delivery, and level of patient care required.

Appendix A: Scope of Services for Ancillary and Support Services

Other hospital services that support the comfort and safety of patients are coordinated and provided in a manner that ensures direct patient care and services are maintained in an uninterrupted, efficient, and continuous manner. These support services will be fully integrated with the patient services departments of the hospital:

Department	Service
Cancer Diagnostic Center	Offers a platform for expert evaluation and access to the appropriate diagnostic testing so that a timely and precise cancer diagnosis can be made from the beginning. The center is staffed by a team of oncology-trained advanced practice providers and nurses. Starting with initial consultation, the team will manage each patient's entire diagnostic journey. This includes identifying and prioritizing the patient's needs and concerns and coordinating the appropriate testing and evaluation. If cancer is confirmed, the team will schedule the patient with the appropriate James multidisciplinary, subspecialized cancer team based on his or her type of cancer.
Central Sterile Supply	Coordinates the comprehensive cleaning, decontamination, assembly and dispensing of surgical instruments, equipment, and supplies needed for regular surgical procedures in related departments.
Chaplaincy and Clinical Pastoral Education	Assist patients, their support system, and hospital personnel in meeting spiritual needs through professional pastoral and spiritual care and education.
Clinical Engineering	Provides routine equipment evaluation, maintenance, and repair of electronic equipment, and evaluation of patient owned equipment.
Cell Therapy Laboratory	Responsible for the processing, cryopreservation, and storage of cells for patients undergoing bone marrow or peripheral blood stem cell transplantation or receiving CAR-T therapy.
Clinical Call Center	Nurse telephone triage department receives and manages telephone calls for established The James patients outside normal business hours. The call center operates 24 hours a day and seven days of the week including holidays.
Communications and Marketing	Responsible for developing strategies and programs to promote the organization's overall image, brand, reputation, and specific products and services to target internal and external audiences. Manage all media relations, advertising, internal communications, special events, digital and social properties, collateral materials, and publications for the hospital.

Decedent Affairs	Provide support to the support system of patients who have died and assist them with completing required disposition decisions. Ensure notification of the CMS designated Organ Procurement Agency – Lifeline of Ohio (Lifeline). Promote and facilitate organ/eye/tissue. Analyze data provided by Lifeline regarding organ/tissue/eye donation.
Diagnostic Testing Areas	Provide tests based on verbal, electronic, or written consult requests. Final reports are included in the patient's records.
Early Response Team (ERT)	Provide timely diagnostic and therapeutic intervention before there is a cardiac or respiratory arrest or an unplanned transfer to the Intensive Care Unit. The team is comprised of rapid response RNs trained in ACLS and Respiratory Therapist who are trained to assist patient care staff when there are signs that a patient's health is declining.
Educational Development and Resources	Provide and promote ongoing development and training experiences to all members of The James Cancer Hospital community, provide staff enrichment programs, organizational development, leadership development, orientation and training, skills training, continuing education, competency assessment and development, literacy programs and student affiliations.
Endoscopy	Provide services to patients requiring a nonsurgical review of their digestive tract.
Environmental Services (EVS)	Provide housekeeping/cleaning and disinfecting of all areas of the hospital, including ORs, patient rooms, and nursing care environments.
Epidemiology	Enhance the quality of patient care and the work environment by minimizing the risk of acquiring infection within the hospital and ambulatory settings (Epidemiology Plan)
Facilities Operations	Provide oversight, maintenance and repair of the building's life, fire, and utility systems. Provides preventative, repair, and routine maintenance in all areas of all buildings serving patients, guests, and staff.
Financial Services	Support leaders in preparation and management of capital and operational budgets; provide comprehensive patient billing services and collaborates with patients and payers to facilitate meeting all payer requirements for payment.
Human Resources (HR)	Serve as a liaison for managers regarding all human resources information and services, assist departments with restructuring efforts, provide proactive strategies for managing planned change within the health system, assist with Employee/Labor Relations issues, assists with performance management process, develops compensation strategies, develop hiring strategies and coordinates process for placements, provide strategies to facilitate sensitivity to issues of cultural diversity, provide human resources information to employees, and establishes equity for payroll.

Immediate Care Center (ICC)	Evaluate patients for symptom management related to their disease, or treatment of their disease, and any acute needs requiring evaluation by an advanced practice provider (APP), subsequent treatments, and/or supportive care infusion therapy. Patient visits may include diagnostic, interpretive analysis, and minor invasive procedures. Referrals to other physicians, home care and hospice agencies, dieticians, etc. are made by our APPs in collaboration with the primary team.
Information Systems	Support departments to evaluate information technology needs, deploy, and integrate reliable, state-of-the-art information systems technology solutions to manage change.
Laboratory Services	Responsible for performing testing on patient specimens to obtain information about the health of patient as pertaining to the diagnosis, treatment, and prevention of disease. Laboratory reports are included in the patient's records.
Materials Management	Supply, stock, and monitor PAR levels in patient care areas.
Medical Information Management (MIM)	Maintain patient records serving the needs of the patient, provider, institution, and various third parties to health care in the inpatient and ambulatory setting.
Nutrition Services	Provide nutritional care and food service to The James inpatient and ambulatory site for patients, staff, and visitors. Clinical nutrition assessment and consultation services are available in both inpatient and outpatient settings.
Pathology	Pathology receives triages, and accessions gross (macroscopic) examination of all complexity of surgical resections and biopsies. Final reports are included in the patient's records.
James Patient Access Services (JPAS)	Coordinate patient registration and admissions.
Patient Care Resource Management (PCRM) and Social Services	Provide personalized care coordination and resource management for patients and their support systems. Provide discharge planning, coordination of external agency contacts for patient care needs and crisis intervention and support for patients and their support system. Provide services upon phone/consult requests of physician, nurse or the patient or patient support system. and utilization review.
Patient Education	Provide educational resources that facilitate patient learning and encourage the patient to take an active role in their care. Resources are evidence-based, comply with national standards for health literacy/plain language/accessibility, and meet Joint Commission and organizational standards. Based on their assessment, clinicians use patient education resources to assist in patient/caregiver understanding and to reinforce the learning provided during their hospital stay or clinic visit.

Patient Experience	Develop and manage programs that support patient relations, customer service, and information desk operations. Coordinates volunteer services with volunteers providing wayfinding assistance, hosting visitors in waiting areas, serving as patient/family advisors and advocates, and assisting staff. Volunteer Services serves as a liaison for the Service Board auxiliary, which annually grants money to department-initiated projects, enhancing the patient and family experience.
Perioperative Services	Provide personalized care of the patient receiving surgical services, from pre-anesthesia through recovery, for the ambulatory and inpatient surgical patients.
Pharmacy	Patient care services are delivered through specialty practice pharmacists and clinical generalists. Practitioners promote optimal medication use and assist in achieving the therapeutic goals of the patients.
Operations Improvement/Process Engineers	Operations Improvement Process Engineers utilize industrial engineering knowledge and skills, as well as LEAN and Six Sigma methods to provide internal consulting, coaching, and training services for all departments across all parts of The James Cancer Hospital. Projects are intended to develop, implement, and monitor more efficient, cost-effective business processes and strategies.
Observation Unit	Provide additional bed capacity and expand care for oncology patients needing a non-inpatient level of care.
Pulmonary Diagnostics Lab	Provide services to patients requiring an evaluation of the respiratory system including pulmonary function testing, bronchoscopy, and other diagnostic/interventional pulmonary procedures.
Quality and Patient Safety	Provide integrated quality management and facilitate continuous quality improvement efforts throughout the hospital. Focus on the culture of safety and work with teams to provide information on trends and improvement opportunities. (James Quality Plan)
Radiation Oncology	Responsible for clinical care related to the application of radiation treatments and radiation safety which include, but is not limited to photon, proton, gamma knife, theragnostic, and brachytherapy.
Radiology Services	Provide state-of-the-art radiological diagnostic and therapeutic treatment. Services offered by the Radiology Imaging Department range from general radiography and fluoroscopy to new and advanced interventional procedures, contrast imaging, which include, but not limited to CT, MRI, IVP, etc., in which contrast agents are administered by IV certified radiology technologists.
Rehabilitation Services	Physical therapists, occupational therapists, speech and language pathologists, and recreational therapists, evaluate, formulate a plan of care, and provide treatment based on physician referral and along with the interdisciplinary medical team for appropriate treatment and education needed for the established plan of care.
Respiratory Therapy (RT)	Provide respiratory therapeutic interventions and diagnostic testing, by physician order including ventilator support, bronchodilator therapy, and pulmonary hygiene.

Environmental Health and Safety	Hospital safety personnel handle issues associated with regulations, such as EPA, OSHA, and fire safety. (Emergency Operations Plan and James Supplemental Emergency Operations Plan)
Security	Provide a safe and secure environment for patients, visitors, and staff members by responding to emergencies such as workplace violence, fires, bomb threats, internal and external disasters, armed aggressors, or any other incident that requires emergency response.
Social Work Services	Social Work Services are provided to patients/families to meet their social and emotional needs as they impact their medical condition, treatment, recovery, and safe transition from one care environment to another. Social workers provide psychosocial assessment and intervention, crisis intervention, financial counseling, discharge planning, health education, provision of material resources, and linkage with community agencies. Members of the treatment team can request consults for patients, or their support system.
Staff Development and Education	Provide and promote ongoing employee development and training related to oncology care, provide clinical orientation, and continued education of staff.
Transfer Center	Coordinate with inpatient units and ancillary departments to ensure patient flow efficiency and timely access for patients who seek care. Provide transparency real-time across the Medical Center on capacity and all ADT (Admission, Discharge, and Transfer) activities. Timely and accurate patient placement based on level of care and service line is expedited through a capacity management system.
Transportation	Supply patients with secure and proficient transport within the medical center by transferring patients between rooms/floors within the hospital, taking patients to and from test sites, and discharging patients to Dodd Rehabilitation Center, on-site hospice, and the morgue.
Wound Care	Wound care services include but are not limited to the diagnosis and management of skin impairments, on-going wound management, treatment, and prevention measures.

OSU AMBULATORY SURGERY CENTER
Scope of Care – Outpatient Care New Albany
Clinical Departments

Approved By:

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Department/ Patient Care Unit Name: The Ohio State University Ambulatory Surgery Center – Outpatient Care New Albany. The Center is an Ambulatory Surgery Center which provides services related to elective outpatient procedures.

Types (and age range) of patients served:

- 18 or more years of age.
- Patients aged 13 to 17 with the following requirements please follow below approval process:
  1. Treating physician has admitting privileges at an age-appropriate inpatient center
  2. Permission from Medical Director or Designee
  3. Minimum Height/ Weight requirements: 5'0" and 100 pounds. Variance shall require medical director (or designee) approval.
  4. All patients will have an anesthesia evaluation, either ComPAC or OPAC. Variance shall require medical director (or designee) approval.
  5. Pediatric BMI limit is 40.0.

6. An accompanying responsible adult, preferably the custodial parent or legal guardian, must remain present in the building. A custodial parent or legal guardian must be available by phone during the surgery admission. For the Extended Recovery Unit, an accompanying responsible adult must remain present in the building overnight with the patient.

Physical Status:

- ASA I-II.
- ASA III without signs or symptoms of uncontrolled or decompensated conditions.
- ASA IV without signs or symptoms of uncontrolled or decompensated conditions.
- ASA IV patients may not have straight Local without Anesthesia care; they may have MAC or General Anesthesia at the discretion of the Anesthesiologist.
- General and MAC Anesthesia will be administered by Department of Anesthesia providers. Conscious sedation will be administered by any individual provider credentialed to do so.

Procedure Length

- Procedures requiring more than 6 hours of total OR time will need prior authorization by the Medical Director or designee.
- Patients anticipated to have an extended PACU length of stay will need prior authorization by the Medical Director or designee.
- These cases will be scheduled no later than the first case in a physician's block and will be scheduled to end by 3:00pm.

DNR:

- For patient admitted to the surgery center with an active DNR order, the advance directive should be discussed with the patient and/or their family members or caregivers, the surgeon/proceduralist and anesthesia providers to determine whether the do-not-resuscitate orders are suspended or maintained for the surgery or procedure. **Ideally, this should occur before the day of surgery, after the ComPAC or OPAC visit has been completed.**
- Suspending a DNR will be in accordance with the OSUWMC policy for surgery center patients.

  < **https://osumc.policytech.com/docview/?app=pt&source=unspecified&docid=118044**>

Malignant Hyperthermia:
Patients with a personal or family history of MH must be reviewed by the Medical Director or Designee.

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Morbid Obesity OR's:Patients will be considered with identified criteria - Variance shall require medical director (or designee) approval.

- All patients must have current height & weight in IHIS before scheduled at the ASC.
- Patients with BMI > 40.0 may not be performed in the prone position if anesthetized and unable to move themselves into that position.
- Patients with BMI > 45.0 may not be performed in the lateral position if anesthetized and unable to move themselves into that position.
- Patients with a BMI 45.0-55.0 will be considered for general anesthesia, needing review and final approval from the medical director or designee. If BMI is greater than 55.0, procedure planned should require minimal sedation. Elective conversion to General Anesthesia will not be an option. If General Anesthesia conversion is an anticipated option, the surgery/procedure should not be scheduled at the ASC.
- No patient with BMI > 65.0 will be accepted at the ASC.
- No pediatric (age < 18 years) patient with BMI > 40.0 will be accepted at the ASC.
- Recorded BMI at the time of the ComPAC or OPAC appointment will be considered in evaluation of cases being cancelled on day of surgery by Attending Surgeon/Proceduralist and Anesthesia.

Morbid Obesity Endoscopy

- Patients with BMI > 45 may not have conscious/moderate sedation
- Patients with BMI between 45-55 will need review and final approval from the medical director or designee.
- Endoscopy patient BMI limit is 55.0 regardless of positioning.
- Recorded BMI at the time of the ComPAC or OPAC appointment will be considered in evaluation of cases being cancelled on day of surgery by Attending Surgeon/Proceduralist and Anesthesia.

Hemodialysis:

Hemodialysis patients cannot have procedure/surgery and hemodialysis scheduled on the same day. Either the date of procedure/surgery or dialysis must be changed if they are scheduled for the same day. Variance shall require medical director (or designee) approval.

Ambulation:

Patients must be able to ambulate with minimal assistance including ability to stand up and pivot to cart.

- Procedures will not be performed with patient's personal medical equipment (i.e. wheelchairs).

Anesthesia:

General and MAC Anesthesia will be administered by Department of Anesthesia providers. Conscious sedation will be administered by any individual provider credentialed to do so.

Difficult Airway:
Patients with a history of difficult airway / intubation must complete a ComPAC or OPAC evaluation and be approved by the Medical Director or Designee.

Pacemakers / Defibrillators:

- Patients with isolated pacemakers must have the device evaluated by their Cardiologist within twelve (12) months prior to Date of Service. Documentation of interrogation must be readily available.
- Patients with pacemakers will not be considered for ESWL procedures without OSU Pacer Clinic personnel on site throughout the surgical procedure.
- Patients with AICD's are considered for MAC Anesthesia/conscious sedation only. Patients must be evaluated by their cardiologist within six (6) months prior to Date of Service. Documentation of interrogation must be readily available and there should be no change in patient's clinical status since last cardiac evaluation. If placing a magnet would deprogram the AICD, these patients would not be candidates for the ASC.

Reference:

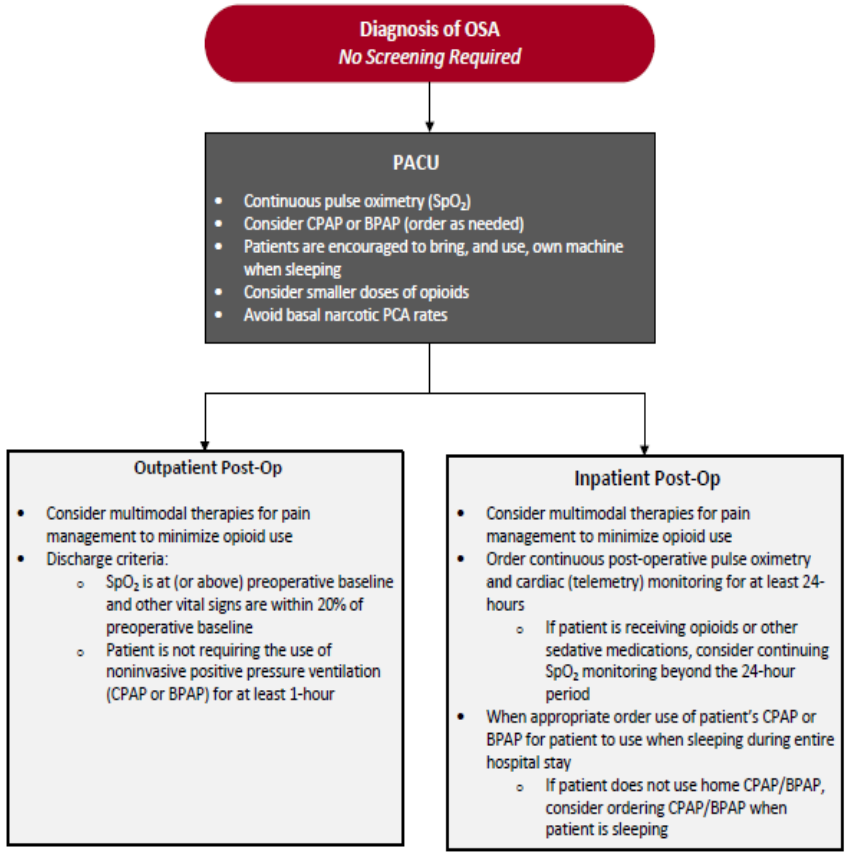
Crossley, George H. et al "The Heart Rhythm Society (HRS)/American Society of." *Heart Rhythm* 8.7 (2011): 1114-140. Print.
Michael, Platonov A., MD, Anne Gillis, MD, and Katherine M. Kavanagh, MD. "Pacemakers, Implantable Cardioverter/Defibrillators." *Journal of Endourology* 22.2 (2008): 243-47. Print.

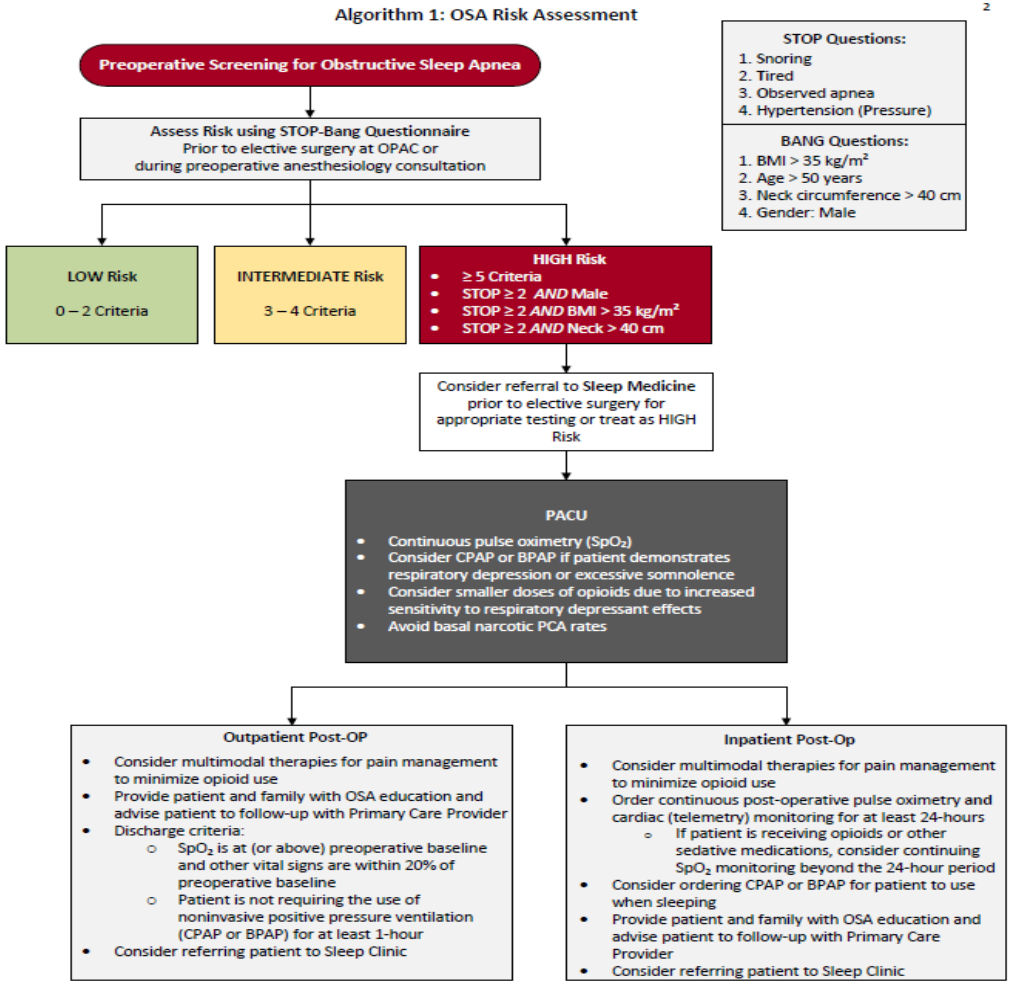
Obstructive Sleep Apnea:
Anesthesiology services will evaluate the appropriateness of outpatient procedures/surgery, given the patient's OSA history, the proposed procedure and the patient's co-morbidities.

- Patients with known diagnosis of OSA that have optimized co-morbid medical conditions will be considered.
- Patients with a presumed diagnosis of OSA based on screening (STOP Bang) questionnaire, and with optimized co-morbid conditions, will be considered for the OSC if postoperative pain can be managed predominantly with non-opioid analgesia.

Reference:

Stein, E., Das, A., Guertin, M., Dalton, R., Springer, A., Rogers, B., & Heavener, D. (2021). *Perioperative assessment and management of obstructive sleep apnea (OSA): OSUWMC Clinical Practice Guideline.* https://onesource.osumc.edu/sites/ebm/Documents/Guidelines/ObstructiveSleepApnea





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Isolation Patients/ Infection Prevention:

Patients requiring isolation precautions (droplet, airborne) as defined by medical center guidelines will need approval by the Medical Director or Designee.

Patients requiring contact isolation precautions may be considered as defined by medical center guidelines using appropriate PPE.

Patients with wounds that are bleeding or draining will have sites contained with an occlusive dressing and treated with standard precautions.

Management of MRSA in Ambulatory Surgical Facilities. (n.d.). *Management of MRSA in Ambulatory Surgical Facilities*. Retrieved from http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2010/Jun7%282%29/Pages/61.aspx

Guide to Infection Prevention In Outpatient Settings: Minimum Expectations for Safe Care. (n.d.). *CDC.Gov*. Retrieved from

Pregnancy:

- No patient with a known pregnancy may be treated at the ASC.
- All patients of childbearing age with female reproductive organs will submit a urine pregnancy test on the day of surgery. Every attempt will be made to collect urine specimen. If the patient is unable to void, refuses to void, or the patient's legal guardian refuses the pregnancy test, a pregnancy test waiver consent form may be signed by the patient or the patient's legal guardian after a discussion of risks and signature from the anesthesiologist and attending proceduralist.

Developmental Disabilities/Special Needs:
The ASC will be provided an updated History & Physical that includes diagnosis of specific conditions/ syndromes. Along with the H&P, the "Functional Ability Assessment" will be completed. All Developmentally Disabled/ Special Needs patients require Anesthesia approval prior to scheduling.

Toxicology Screen:
All patients who appear to be intoxicated and who test positive on Date of Service for methamphetamines, amphetamines, cocaine &/or alcohol will have their procedure cancelled. Patients testing positive for other drugs will be evaluated on an individual basis.

Preoperative Evaluation:
Patients may undergo pre-operative testing according to the current Pre-Anesthetic Testing Algorithm. Complete pre-operative services are available by a ComPAC or OPAC appointment.

Accompanying Adult:
Patients who have undergone minor, superficial procedures ***without sedation*** may be discharged at the discretion of their admitting physician. If the procedure performed involves the hand, eye, or foot & impairs their visual acuity, or hand/ foot dexterity to the degree that they cannot operate a motor vehicle, the patient will not be permitted to drive when discharged.

All other patients will require an accompanying adult (18 or more years of age) to provide patient transportation upon discharge. The ASC will recommend that the adult representative remain at the ASC throughout the procedure. Patients will be made aware that the absence of an accompanying adult may result in their procedure being cancelled. Patients found to be without transportation after their procedure will be discharged according to current medical center policy.

Scope and complexity of patient's care needs:
Four operating rooms located on the second floor of The Ohio State University Outpatient Care New Albany servicing the following specialties: General Surgery, Colorectal, Gynecology, Robotics, Ophthalmology, Otolaryngology, Plastic Surgery and Urology. Four endoscopy procedure rooms located on the second floor of The Ohio State University Outpatient Care New Albany servicing from Gastroenterology, Hepatology and Nutrition (GHN), General Surgery and open access referrals.
The Center is staffed from 0600AM to 1700PM Monday through Friday, primarily for adult patients requiring surgical intervention under local anesthesia, conscious sedation, monitored anesthesia care, regional anesthesia or general anesthesia.

Patients are admitted to the Center on an ambulatory basis. Patients are required to have the ability to understand and carry out their discharge instructions or have a responsible adult which will assist them in fulfilling these needs.

All procedures performed at the Ambulatory Surgery Center are part of the Core Privileges approved by Ohio State University Wexner Medical Center.

The following types of procedures are not performed at the Center:

- Are associated with the risk of extensive blood loss.
- Require major or prolonged invasion of body cavities.
- Directly involve major blood vessels.
- Are an emergency or life threatening in nature.
- Noted on the CMS Inpatient Only List. This list will be reviewed and updated annually.

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Methods used to assess and meet patient's care needs:
Care of all patients experiencing surgical intervention is based on the nursing process and standards from AORN, ASPSN, SGNA and other National Peri-operative organizations supporting the service lines of the Center. Preoperatively, the RN verifies the patient, identifies the patient's special needs, completes a patient assessment and develops a plan of care. Intra-operatively, the RN implements the patient's plan of care and documents on the appropriate medical records (e.g.: Op-Time and hospital approved documents).

Methods used to determine the appropriateness, clinical necessity and timeliness of support services provided directly or through referral
The Circulating RN works collaboratively with the proceduralists, surgeons, anesthesiologists, PACU RN, and the Pre-op Holding RN in assessing, prioritizing and meeting the patient's individual needs. Based on the scheduled procedure and communication with the physician/surgeon and anesthesia, specific patient concerns regarding safety, infection control, positioning, and psychosocial needs are anticipated and met (e.g.: preparation of OR environment for latex allergy patient, isolation protocols implemented, limitation of patients range of motion, need for an interpreter or caregiver for MR/DD patients). The continued need for support is communicated to the receiving unit via the oral transfer report and IHIS documentation. A collaborative effort to improve this communication is ongoing. The success of this method is determined by the achievement of positive patient outcomes, reflected by PI monitors and retrospective chart reviews.

In the event of an identified patient need to receive services not provided at the ASC, the patient will be transferred to the Wexner Medical Center for subsequent evaluation.

Standards of practice/ practice guidelines, when available
The Ambulatory Surgery Center provides services related to elective outpatient procedures in the fields of General Surgery, GHN, Gynecology, Robotics, Ophthalmology, Otolaryngology, Plastic Surgery, and Urology at 6100 N. Hamilton Road, Westerville Ohio 43081. The OSUWMC Board of Directors, the OSUWMC Medical Staff, in conjunction with the Ambulatory Executive Director, Ambulatory Medical Director, Associate Chief Nursing Officer, Associate and Administrative Directors & Nurse Manager assess, plan, implement, and evaluate the delivery of care and services. The Ambulatory leadership team is responsible for ensuring that the delivery of care provided is consistent with the mission, standards, and policies established for patient care. The Ambulatory leadership team promotes an environment that fosters empowerment through active participation in strategic planning and development of processes that ensure adequacy of services and resources to meet the current and projected community needs, policy establishment, and professional growth.

The objective of The Ohio State University Ambulatory Surgery Center is to deliver excellent surgical, procedural, and anesthesia services to those we serve in accordance with the standards set forth by The Joint Commission, CMS Conditions of Participations for Hospitals and The Vision and Mission statements of The Ohio State University Wexner Medical Center. The Scope of Care is designed to provide appropriate care and services for all patients in a timely manner.

Approved: May 24, 2021
Date Last Reviewed: 3/8/2023, 5.23.25, 3.27.26, 4.22.26
Date Last Reviewed: 6/24/24, 5.23.25, 3.27.26, 4.22.26

Utilizing a multi-disciplinary approach in the delivery of patient care, our services promote continuous quality and performance improvement activities provided in an environment where collaboration and multi-disciplinary approaches to problem identification and resolution are the expectation. Important criteria and thresholds are measured and continuously monitored through our Quality and Performance Improvement process to optimize patient outcomes and assure the highest level of satisfaction for all our customers. Results of our Quality and Performance Improvement activities are used to improve patient outcomes enhance our services and our staff performance.

Understanding that the provision of health care services is dynamic and fluid; the Scope of Care will be ***reviewed at least annually*** and revised as needed to reflect the changing patient needs, community changes, and or facility needs and initiatives.

OSU AMBULATORY SURGERY CENTER
Scope of Care – Outpatient Care Dublin
Clinical Departments

Approved By:

X Jarrett A. Heard

Dr. J. Heard, MD, MBA
Medical Director, Ambulatory Peri-Operative Services

X Sheryl Burtch

Sheryl Burtch, DNP, MA, RN, NEA-BC
Associate Chief Nursing Officer, Surgical Services

Department/ Patient Care Unit Name: The Ohio State University Outpatient Care Dublin - Ambulatory Surgery Center. The Center is an Ambulatory Surgery Center of OSUWMC which provides services related to elective outpatient procedures.

Types (and age range) of patients served:

- 18 or more years of age.
- Patients aged 13 to 17 with the following requirements please follow below approval process:
  1. Treating physician has admitting privileges at an age-appropriate inpatient center
  2. Permission from Medical Director or Designee
  3. Minimum Height/ Weight requirements: 5'0" and 100 pounds. Variance shall require medical director (or designee) approval.
  4. All patients will have an anesthesia evaluation, either ComPAC or OPAC. Variance shall require medical director (or designee) approval.
  5. Pediatric BMI limit is 40.0.

6. An accompanying responsible adult, preferably the custodial parent or legal guardian, must remain present in the building. A custodial parent or legal guardian must be available by phone during the surgery admission. For the Extended Recovery Unit, an accompanying responsible adult must remain present in the building overnight with the patient.

Physical Status:

- ASA I-II.
- ASA III without signs or symptoms of uncontrolled or decompensated conditions.
- ASA IV without signs or symptoms of uncontrolled or decompensated conditions.
- ASA IV patients may not have straight Local without Anesthesia care; they may have MAC or General Anesthesia at the discretion of the Anesthesiologist.
- General and MAC Anesthesia will be administered by Department of Anesthesia providers. Conscious sedation will be administered by any individual provider credentialed to do so.

Procedure Length

- Procedures requiring more than 6 hours of total OR time will need prior authorization by the Medical Director or designee.
- Patients anticipated to have an extended PACU length of stay will need prior authorization by the Medical Director or designee.
- These cases will be scheduled no later than the first case in a surgeon's block and will be scheduled to end by 3:00pm

DNR:

- For patient admitted to the surgery center with an active DNR order, the advance directive should be discussed with the patient and/or their family members or caregivers, the surgeon/proceduralist and anesthesia providers to determine whether the do-not-resuscitate orders are suspended or maintained for the surgery or procedure. **Ideally, this should occur before the day of surgery, after the ComPAC or OPAC visit has been completed.**
- Suspending a DNR will be in accordance with the OSUWMC policy for surgery center patients.

< **https://osumc.policytech.com/docview/?app=pt&source=unspecified&docid=118044**>

Malignant Hyperthermia:
Patients with a personal or family history of MH must be reviewed by the Medical Director or Designee.

Morbid Obesity OR's:
Patients will be considered with identified criteria - Variance shall require medical director (or designee) approval.

- All patients must have current height & weight in IHIS before scheduled at the ASC.
- Patients with BMI > 40.0 may not be performed in the prone position if anesthetized and unable to move themselves into that position.

Approved: July 2022
Date Last Revised: 3/8/2023
Date Last Reviewed: 6/24/2024, 5.23.25, 3.26.26

- Patients with BMI > 45.0 may not be performed in the lateral position if anesthetized and unable to move themselves into that position.
- Shoulder patients must have a BMI ≤ 45.
- Patients with a BMI 45.0-55.0 will be considered for general anesthesia, needing review and final approval from the medical director or designee. If BMI is greater than 55.0, procedure planned should require minimal sedation. Elective conversion to General Anesthesia will not be an option. If General Anesthesia conversion is an anticipated option, the surgery/procedure should not be scheduled at the ASC.
- No patient with BMI > 65.0 will be accepted at the ASC.
- No pediatric (age < 18 years) patient with BMI > 40.0 will be accepted at the ASC.
- Recorded BMI at the time of the ComPAC or OPAC appointment will be considered in evaluation of cases being cancelled on day of surgery by Attending Surgeon/Proceduralist and Anesthesia.

Morbid Obesity Endoscopy

- Patients with BMI > 45 may not have conscious/moderate sedation
- Patients with BMI between 45-55 will need review and final approval from the medical director or designee.
- Endoscopy patient BMI limit is 55.0 regardless of positioning.

Recorded BMI at the time of the ComPAC or OPAC appointment will be considered in evaluation of cases being cancelled on day of surgery by Attending Surgeon/Proceduralist and Anesthesia.

Hemodialysis:

Hemodialysis patients cannot have surgery and hemodialysis scheduled on the same day. Either the date of surgery or dialysis must be changed if they are scheduled for the same day. Variance shall require medical director (or designee) approval.

Ambulation:

Patients must be able to ambulate with minimal assistance including ability to stand up and pivot to cart

- Procedures will not be performed with patient's personal medical equipment (i.e. wheelchairs)
- Physical Therapy will be available for patients in Extended Recovery for total joint procedures.

Anesthesia:

General and MAC Anesthesia will be administered by providers from Department of Anesthesiology. Conscious sedation will be administered by any individual provider credentialed to do so.

Difficult Airway:

Patients with a history of difficult airway / intubation must complete a ComPAC or OPAC evaluation and approved by the Medical Director or Designee.

Approved: July 2022
Date Last Revised: 3/8/2023
Date Last Reviewed: 6/24/2024, 5.23.25, 3.26.26

Pacemakers / Defibrillators:

- Patients with isolated pacemakers must have the device evaluated by their Cardiologist within twelve (12) months prior to Date of Service. Documentation of interrogation must be readily available.
- Patients with pacemakers will not be considered for ESWL procedures without OSU Pacer Clinic personnel on site throughout the surgical procedure.
- Patients with AICD's are considered for MAC Anesthesia/conscious sedation only. Patients must be evaluated by their cardiologist within six (6) months prior to Date of Service. Documentation of interrogation must be readily available and there should be no change in patient's clinical status since last cardiac evaluation. If placing a magnet would deprogram the AICD, these patients would not be candidates for the ASC.

Reference:

Crossley, George H. et al "The Heart Rhythm Society (HRS)/American Society of." *Heart Rhythm* 8.7 (2011): 1114-140. Print.

Michael, Platonov A., MD, Anne Gillis, MD, and Katherine M. Kavanagh, MD. "Pacemakers, Implantable Cardioverter/Defibrillators." *Journal of Endourology* 22.2 (2008): 243-47. Print.

Obstructive Sleep Apnea:

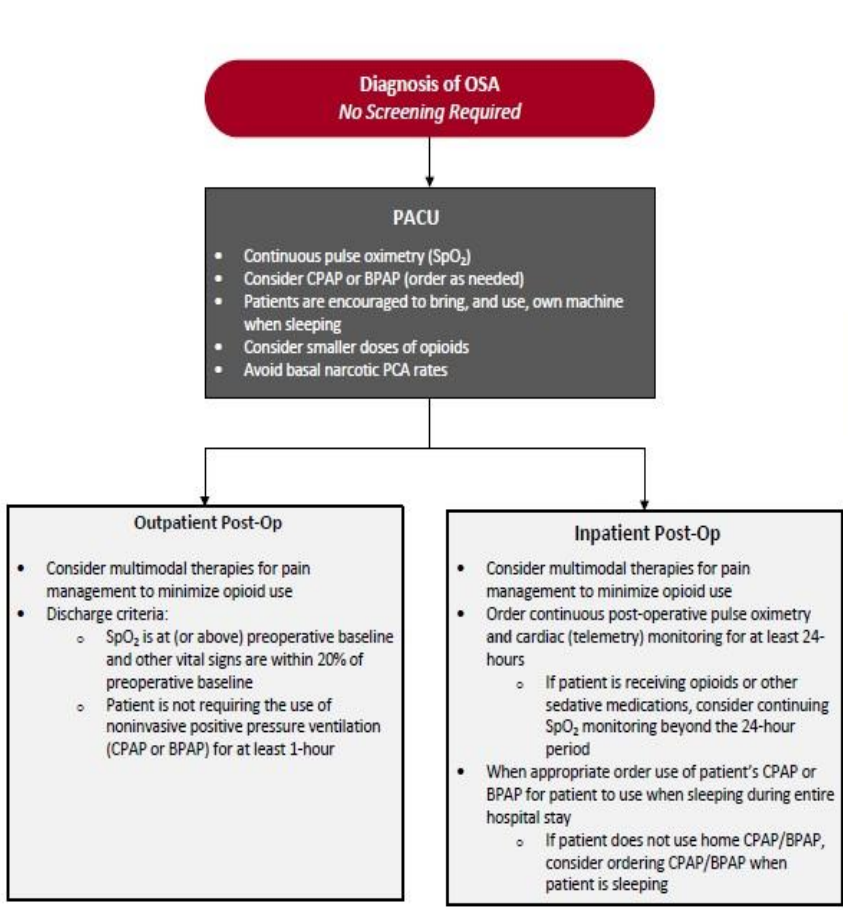
Anesthesiology services will evaluate the appropriateness of outpatient procedures/surgery, given the patient's OSA history, the proposed procedure, and the patient's co-morbidities.

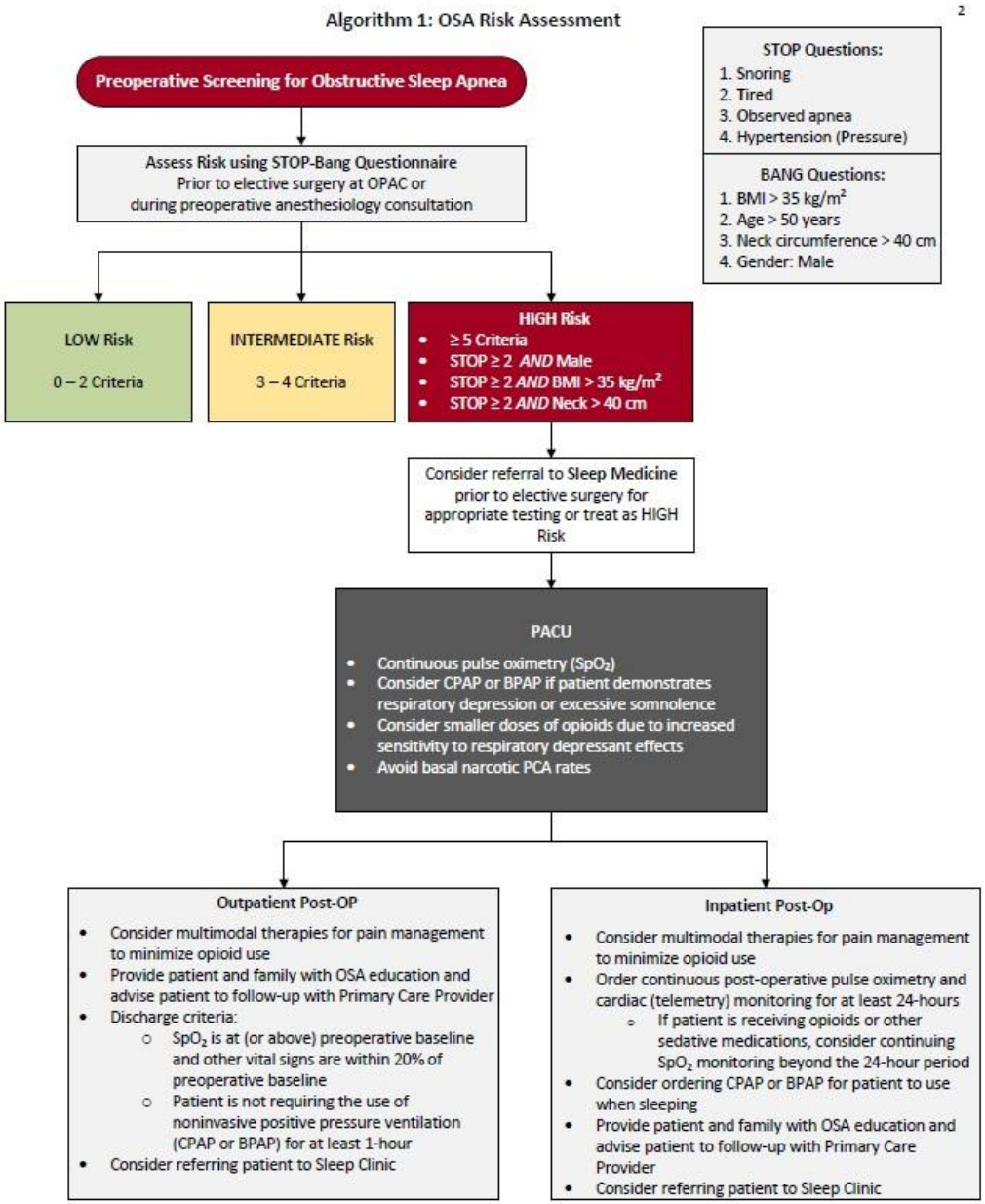
- Patients with known diagnosis of OSA that have optimized co-morbid medical conditions will be considered.
- Patients with a presumed diagnosis of OSA based on screening (STOP Bang) questionnaire, and with optimized co-morbid conditions, will be considered for the OSC if postoperative pain can be managed predominantly with non-opioid analgesia.

Approved: July 2022
Date Last Revised: 3/8/2023
Date Last Reviewed: 6/24/2024, 5.23.25, 3.26.26

Reference:

Stein, E., Das, A., Guertin, M., Dalton, R., Springer, A., Rogers, B., & Heavener, D. (2021). *Perioperative assessment and management of obstructive sleep apnea (OSA): OSUWMC Clinical Practice Guideline.* https://onesource.osumc.edu/sites/ebm/Documents/Guidelines/ObstructiveSleepApnea





Approved: July 2022
Date Last Revised: 3/8/2023
Date Last Reviewed: 6/24/2024, 5.23.25, 3.26.26

Isolation Patients/ Infection Prevention:

Patients requiring isolation precautions (droplet, airborne) as defined by medical center guidelines will need approval by the Medical Director or Designee.

Patients requiring contact isolation precautions may be considered as defined by medical center guidelines using appropriate PPE.

Patients with wounds that are bleeding or draining will have sites contained with an occlusive dressing and treated with standard precautions.

Management of MRSA in Ambulatory Surgical Facilities. (n.d.). *Management of MRSA in Ambulatory Surgical Facilities*. Retrieved from http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2010/Jun7%282%29/Pages/61.aspx

Guide to Infection Prevention In Outpatient Settings: Minimum Expectations for Safe Care. (n.d.). *CDC.Gov*. Retrieved from

Pregnancy:

- No patient with a known pregnancy may be treated at the ASC.
- All patients of childbearing age with female reproductive organs will submit a urine pregnancy test on the day of surgery. Every attempt will be made to collect urine specimen. If the patient is unable to void, refuses to void, or the patient's legal guardian refuses the pregnancy test, a pregnancy test waiver consent form may be signed by the patient or the patient's legal guardian after a discussion of risks and signature from the anesthesiologist and attending proceduralist.

Developmental Disabilities/Special Needs:
The ASC will be provided an updated History & Physical that includes diagnosis of specific conditions/ syndromes. Along with the H&P, the "Functional Ability Assessment" will be completed. All Developmentally Disabled/ Special Needs patients require Anesthesia approval prior to scheduling.

Toxicology Screen:
All patients who appear to be intoxicated and who test positive on Date of Service for methamphetamines, amphetamines, cocaine &/or alcohol will have their procedure cancelled. Patients testing positive for other drugs will be evaluated on an individual basis.

Preoperative Evaluation:
Patients may undergo pre-operative testing according to the current Pre-Anesthetic Testing Algorithm. Complete pre-operative services are available by a ComPAC or OPAC appointment.

Accompanying Adult:
Patients who have undergone minor, superficial procedures ***without sedation*** may be discharged at the discretion of their admitting physician. If the procedure performed involves the hand, eye, or foot & impairs their visual acuity, or hand/ foot dexterity to the degree that they cannot operate a motor vehicle, the patient will not be permitted to drive when discharged.

All other patients will require an accompanying adult (18 or more years of age) to provide patient transportation upon discharge. The ASC will recommend that the adult representative remain at the ASC throughout the procedure. Patients will be made aware that the absence of an accompanying adult may result in their procedure being cancelled. Patients found to be without transportation after their procedure will be discharged according to current medical center policy.

Scope and complexity of patient's care needs:
Six operating rooms located on the second floor of The Ohio State University Outpatient Care Dublin Ambulatory Surgery Center servicing the following specialties: Urology, Vascular, Otolaryngology, Hand & Upper Extremity, Orthopaedic Joints, Orthopaedic Spine, Endoscopy and Interventional Radiology, Pain Management, and Podiatry. Six endoscopy procedure rooms located on the second floor of The Ohio State University Outpatient Care New Albany servicing from Gastroenterology, Hepatology and Nutrition (GHN), and open access referrals.
The Center is staffed from 0600AM to 1700PM Monday through Friday, primarily for adult patients requiring surgical intervention under local anesthesia, conscious sedation, monitored anesthesia care, regional anesthesia or general anesthesia.

Patients are admitted to the ASC on an ambulatory basis. The patients are required to have the ability to understand and carry out their discharge instructions or have a responsible adult which will assist them in fulfilling these needs.

All procedures performed at the Ambulatory Surgery Center are part of the Core Privileges approved by Ohio State University Wexner Medical Center.

The following types of procedures are not performed at the Center:

- Are associated with the risk of extensive blood loss.
- Require major or prolonged invasion of body cavities.
- Directly involve major blood vessels.
- Are an emergency or life threatening in nature
- Noted on the CMS Inpatient Only List. This list will be reviewed and updated annually.

Methods used to assess and meet patient's care needs:
Care of all patients experiencing surgical intervention is based on the nursing process and standards from AORN, ASPSN, SGNA and other National Peri-operative organizations supporting the service lines of the Center. Preoperatively, the RN verifies the patient, identifies the patient's special needs, completes a patient assessment and develops a plan of care. Intra-operatively, the RN implements the patient's plan of care and documents on the appropriate medical records (e.g.: Op-Time and hospital approved documents).

Methods used to determine the appropriateness, clinical necessity and timeliness of support services provided directly or through referral
The Circulating RN works collaboratively with the proceduralists, surgeons, anesthesiologists, PACU RN, and the Pre-op Holding RN in assessing, prioritizing and meeting the patient's individual needs. Based on the scheduled procedure and communication with the physician/surgeon and anesthesia, specific patient concerns regarding safety, infection control, positioning, and psychosocial needs are anticipated and met (e.g.: preparation of OR environment for latex allergy patient, isolation protocols implemented, limitation of patients range of motion, need for an interpreter or caregiver for MR/DD patients). The continued need for support is communicated to the receiving unit via the oral transfer report and IHIS documentation. A collaborative effort to improve this communication is ongoing. The success of this method is determined by the achievement of positive patient outcomes, reflected by PI monitors and retrospective chart reviews.

In the event of an identified patient need to receive services not provided at the ASC, the patient will be transferred to the Wexner Medical Center for subsequent evaluation.

Standards of practice/ practice guidelines, when available
The Ambulatory Surgery Center provides services related to elective outpatient procedures in the fields of Urology, Vascular, Otolaryngology, Hand & Upper Extremity, Orthopaedic Joints, Orthopaedic Spine, Endoscopy and Interventional Radiology, Pain Management, and Podiatry in Outpatient Care at Dublin Ambulatory Surgery Center - 6700 University Blvd, Dublin, Ohio 43016. The OSUWMC Board of Directors, the OSUWMC Medical Staff, in conjunction with the Ambulatory Executive Director, Ambulatory Medical Director, Associate Chief Nursing Officer, Associate and Administrative Directors, & Nurse Manager assess, plan, implement, and evaluate the delivery of care and services. The Ambulatory leadership team is responsible for ensuring that the delivery of care provided is consistent with the mission, standards, and policies established for patient care. The Ambulatory leadership team promotes an environment that fosters empowerment through active participation in strategic planning and development of processes that ensure adequacy of services and resources to meet the current and projected community needs, policy establishment, and professional growth.

The objective of the Outpatient Care Dublin Ambulatory Surgery Center is to deliver excellent surgical, procedural, and anesthesia services to those we serve in accordance with the standards set forth by The Joint Commission, CMS Conditions of Participations for Hospitals and The

Vision and Mission statements of The Ohio State University Wexner Medical Center. The Scope of Care is designed to provide appropriate care and services for all patients in a timely manner.

Utilizing a multi-disciplinary approach in the delivery of patient care, our services promote continuous quality and performance improvement activities provided in an environment where collaboration and multi-disciplinary approaches to problem identification and resolution are the expectation. Important criteria and thresholds are measured and continuously monitored through our Quality and Performance Improvement process to optimize patient outcomes and assure the highest level of satisfaction for all our customers. Results of our Quality and Performance Improvement activities are used to improve patient outcomes enhance our services and our staff performance.

Understanding that the provision of health care services is dynamic and fluid; the Scope of Care will be ***reviewed at least annually*** and revised as needed to reflect the changing patient needs, community changes, and or facility needs and initiatives.

OSU AMBULATORY SURGERY CENTER
Scope of Care – Outpatient Care Powell
Clinical Departments

Approved By:

X Jarrett A. Heard

Dr. J. Heard, MD, MBA
Medical Director, Ambulatory Peri-Operative Services

X Sheryl Burtch

Sheryl Burtch, DNP, MA, RN, NEA-BC
Associate Chief Nursing Officer, Surgical Services

Department/ Patient Care Unit Name: The Ohio State University Ambulatory Surgery Center – Outpatient Care Powell. The Center is an Ambulatory Surgery Center which provides services related to elective outpatient procedures.

Types (and age range) of patients served:

- 18 or more years of age.
- Patients aged 13 to 17 with the following requirements please follow below approval process:
  1. Treating physician has admitting privileges at an age-appropriate inpatient center
  2. Permission from Medical Director or Designee
  3. Minimum Height/ Weight requirements: 5'0" and 100 pounds. Variance shall require medical director (or designee) approval.
  4. All patients will have an anesthesia evaluation, either ComPAC or OPAC. Variance shall require medical director (or designee) approval.
  5. Pediatric BMI limit is 40.0.

6. An accompanying responsible adult, preferably the custodial parent or legal guardian, must remain present in the building. A custodial parent or legal guardian must be available by phone during the surgery admission. For the Extended Recovery Unit, an accompanying responsible adult must remain present in the building overnight with the patient.

Physical Status:

- ASA I-II.
- ASA III without signs or symptoms of uncontrolled or decompensated conditions.
- ASA IV without signs or symptoms of uncontrolled or decompensated conditions.
- ASA IV patients may not have straight Local without Anesthesia care; they may have MAC or General Anesthesia at the discretion of the Anesthesiologist.
- General and MAC Anesthesia will be administered by Department of Anesthesia providers. Conscious sedation will be administered by any individual provider credentialed to do so.

Procedure Length

- Procedures requiring more than 6 hours of total OR time will need prior authorization by the Medical Director or designee.
- Patients anticipated to have an extended PACU length of stay will need prior authorization by the Medical Director or designee.
- These cases will be scheduled no later than the first case in a physician's block and will be scheduled to end by 3:00pm.

DNR:

- For patient admitted to the surgery center with an active DNR order, the advance directive should be discussed with the patient and/or their family members or caregivers, the surgeon/proceduralist and anesthesia providers to determine whether the do-not-resuscitate orders are suspended or maintained for the surgery or procedure. **Ideally, this should occur before the day of surgery, after the ComPAC or OPAC visit has been completed.**
- Suspending a DNR will be in accordance with the OSUWMC policy for surgery center patients.

< **https://osumc.policytech.com/docview/?app=pt&source=unspecified&docid=118044**>

Malignant Hyperthermia:
Patients with a personal or family history of MH must be reviewed by the Medical Director or Designee.

First Established: 4.22.26
Date Last Reviewed: 4.22.26
Date Last Reviewed: 4.22.26

Morbid Obesity Endoscopy

- Patients with BMI > 45 may not have conscious/moderate sedation
- Patients with BMI between 45-55 will need review and final approval from the medical director or designee.
- Endoscopy patient BMI limit is 55.0 regardless of positioning.
- Recorded BMI at the time of the ComPAC or OPAC appointment will be considered in evaluation of cases being cancelled on day of surgery by Attending Surgeon/Proceduralist and Anesthesia.

Hemodialysis:
Hemodialysis patients cannot have procedure/surgery and hemodialysis scheduled on the same day. Either the date of procedure/surgery or dialysis must be changed if they are scheduled for the same day. Variance shall require medical director (or designee) approval.

Ambulation:
Patients must be able to ambulate with minimal assistance including ability to stand up and pivot to cart.

Anesthesia:
General and MAC Anesthesia will be administered by Department of Anesthesia providers. Conscious sedation will be administered by any individual provider credentialed to do so.

Difficult Airway:
Patients with a history of difficult airway / intubation must complete a ComPAC or OPAC evaluation and be approved by the Medical Director or Designee.

Pacemakers / Defibrillators:

- Patients with isolated pacemakers must have the device evaluated by their Cardiologist within twelve (12) months prior to Date of Service. Documentation of interrogation must be readily available.
- Patients with AICD's are considered for MAC Anesthesia/conscious sedation only. Patients must be evaluated by their cardiologist within six (6) months prior to Date of Service. Documentation of interrogation must be readily available and there should be no change in patient's clinical status since last cardiac evaluation. If placing a magnet would deprogram the AICD, these patients would not be candidates for the ASC.

Reference:

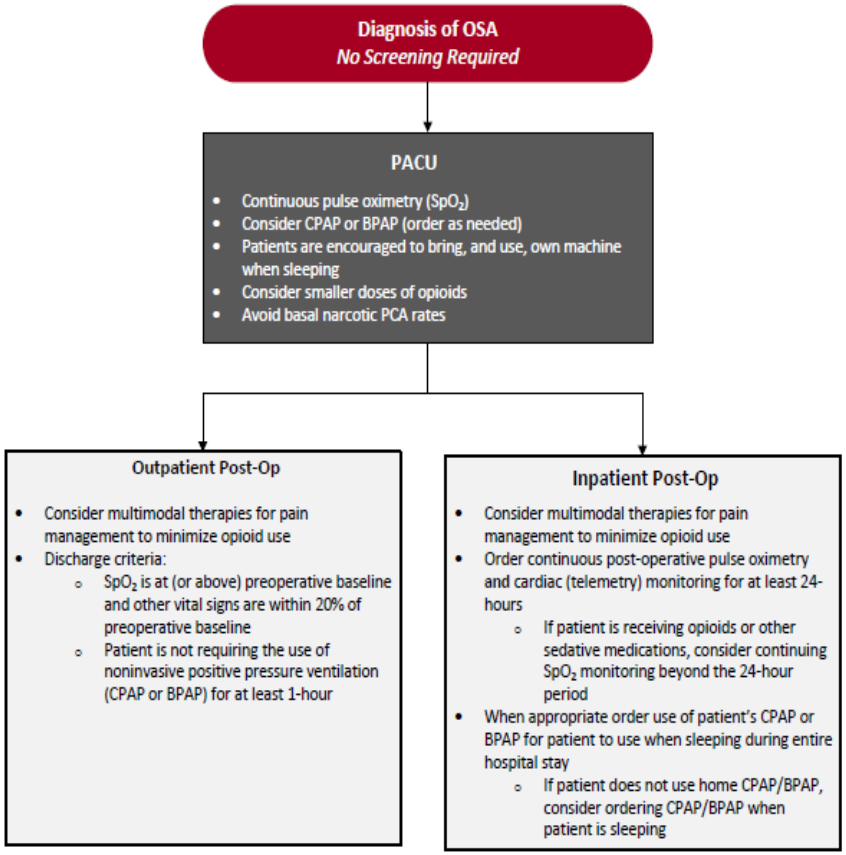
Crossley, George H. et al "The Heart Rhythm Society (HRS)/American Society of." *Heart Rhythm* 8.7 (2011): 1114-140. Print.
Michael, Platonov A., MD, Anne Gillis, MD, and Katherine M. Kavanagh, MD. "Pacemakers, Implantable Cardioverter/Defibrillators." *Journal of Endourology* 22.2 (2008): 243-47. Print.

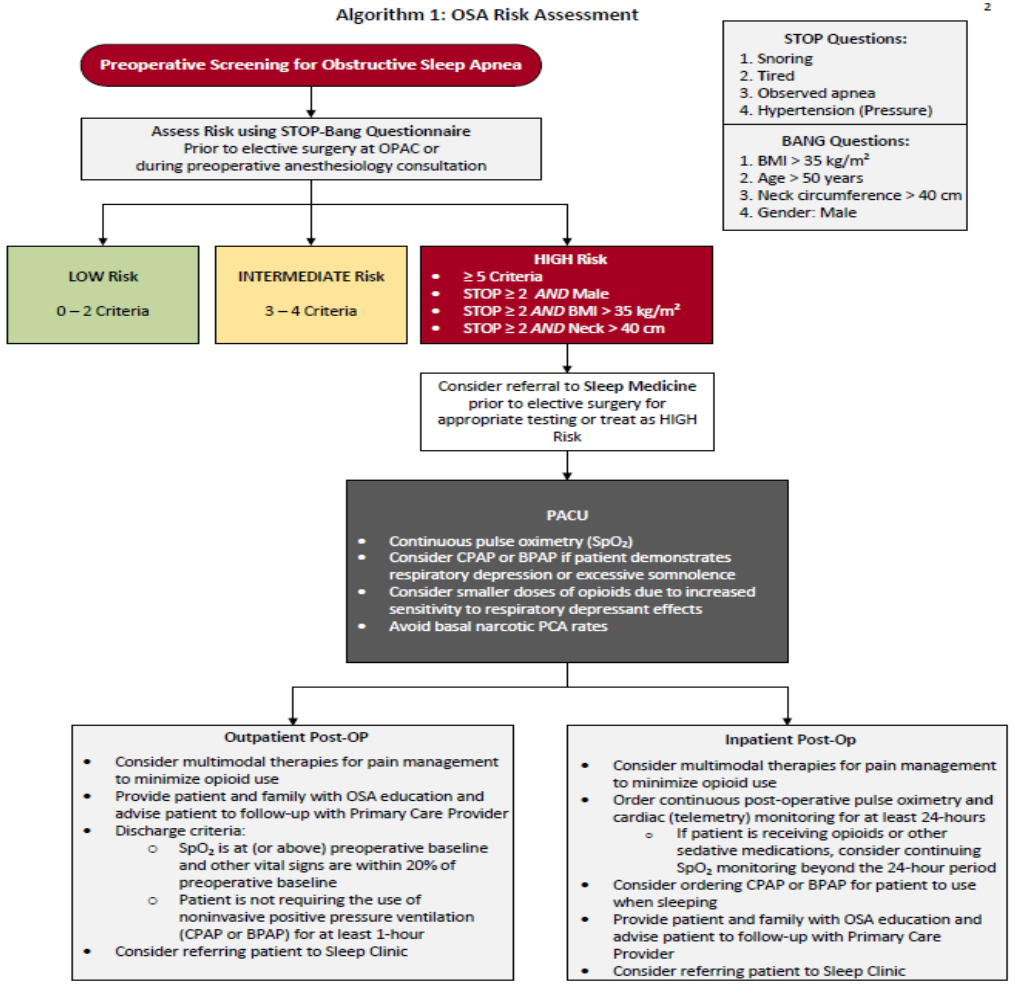
Obstructive Sleep Apnea:
Anesthesiology services will evaluate the appropriateness of outpatient procedures/surgery, given the patient's OSA history, the proposed procedure and the patient's co-morbidities.

- Patients with known diagnosis of OSA that have optimized co-morbid medical conditions will be considered.
- Patients with a presumed diagnosis of OSA based on screening (STOP Bang) questionnaire, and with optimized co-morbid conditions, will be considered for the ASC if postoperative pain can be managed predominantly with non-opioid analgesia.

Reference:

Stein, E., Das, A., Guertin, M., Dalton, R., Springer, A., Rogers, B., & Heavener, D. (2021). *Perioperative assessment and management of obstructive sleep apnea (OSA): OSUWMC Clinical Practice Guideline.* https://onesource.osumc.edu/sites/ebm/Documents/Guidelines/ObstructiveSleepApnea





Isolation Patients/ Infection Prevention:

Patients requiring isolation precautions (droplet, airborne) as defined by medical center guidelines will need approval by the Medical Director or Designee.

Patients requiring contact isolation precautions may be considered as defined by medical center guidelines using appropriate PPE.

Patients with wounds that are bleeding or draining will have sites contained with an occlusive dressing and treated with standard precautions.

Management of MRSA in Ambulatory Surgical Facilities. (n.d.). *Management of MRSA in Ambulatory Surgical Facilities*. Retrieved from http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2010/Jun7%282%29/Pages/61.aspx

Guide to Infection Prevention In Outpatient Settings: Minimum Expectations for Safe Care. (n.d.). *CDC.Gov*. Retrieved from

Pregnancy:

- No patient with a known pregnancy may be treated at the ASC.
- All patients of childbearing age with female reproductive organs will submit a urine pregnancy test on the day of surgery. Every attempt will be made to collect urine specimen. If the patient is unable to void, refuses to void, or the patient's legal guardian refuses the pregnancy test, a pregnancy test waiver consent form may be signed by the patient or the patient's legal guardian after a discussion of risks and signature from the anesthesiologist and attending proceduralist.

Developmental Disabilities/Special Needs:
The ASC will be provided an updated History & Physical that includes diagnosis of specific conditions/ syndromes. Along with the H&P, the "Functional Ability Assessment" will be completed. All Developmentally Disabled/ Special Needs patients require Anesthesia approval prior to scheduling.

Toxicology Screen:
All patients who appear to be intoxicated and who test positive on Date of Service for methamphetamines, amphetamines, cocaine &/or alcohol will have their procedure cancelled. Patients testing positive for other drugs will be evaluated on an individual basis.

Preoperative Evaluation:
Patients may undergo pre-operative testing according to the current Pre-Anesthetic Testing Algorithm. Complete pre-operative services are available by a ComPAC or OPAC appointment.

Accompanying Adult:
Patients who have undergone minor, superficial procedures ***without sedation*** may be discharged at the discretion of their admitting physician. If the procedure performed involves the hand, eye, or foot & impairs their visual acuity, or hand/ foot dexterity to the degree that they cannot operate a motor vehicle, the patient will not be permitted to drive when discharged.

All other patients will require an accompanying adult (18 or more years of age) to provide patient transportation upon discharge. The ASC will recommend that the adult representative remain at the ASC throughout the procedure. Patients will be made aware that the absence of an accompanying adult may result in their procedure being cancelled. Patients found to be without transportation after their procedure will be discharged according to current medical center policy.

Scope and complexity of patient's care needs:
Five Endoscopy suites and Two Procedure rooms located on the second floor of The Ohio State University Outpatient Care Powell servicing the following specialties: Gastroenterology, Hepatology and Nutrition (GHN), General Surgery and open access referrals.
The Center is staffed from 0600AM to 1700PM Monday through Friday, primarily for adult patients requiring surgical intervention under local anesthesia, conscious sedation, monitored anesthesia care, or regional anesthesia.

Patients are admitted to the Center on an ambulatory basis. Patients are required to have the ability to understand and carry out their discharge instructions or have a responsible adult which will assist them in fulfilling these needs.

All procedures performed at the Ambulatory Surgery Center are part of the Core Privileges approved by Ohio State University Wexner Medical Center.

The following types of procedures are not performed at the Center:

- Are associated with the risk of extensive blood loss.
- Require major or prolonged invasion of body cavities.
- Directly involve major blood vessels.
- Are an emergency or life threatening in nature.
- Noted on the CMS Inpatient Only List. This list will be reviewed and updated annually.

Methods used to assess and meet patient's care needs:
Care of all patients experiencing surgical intervention is based on the nursing process and standards from AORN, ASPSN, SGNA and other National Peri-operative organizations supporting the service lines of the Center. Preoperatively, the RN verifies the patient, identifies the patient's special needs, completes a patient assessment and develops a plan of care. Intra-operatively, the RN implements the patient's plan of care and documents on the appropriate medical records (e.g.: Op-Time and hospital approved documents).

Methods used to determine the appropriateness, clinical necessity and timeliness of support services provided directly or through referral
The Circulating RN works collaboratively with the proceduralists, surgeons, anesthesiologists, PACU RN, and the Pre-op Holding RN in assessing, prioritizing and meeting the patient's individual needs. Based on the scheduled procedure and communication with the physician/surgeon and anesthesia, specific patient concerns regarding safety, infection control, positioning, and psychosocial needs are anticipated and met (e.g.: preparation of OR environment for latex allergy patient, isolation protocols implemented, limitation of patients range of motion, need for an interpreter or caregiver for MR/DD patients). The continued need for support is communicated to the receiving unit via the oral transfer report and IHIS documentation. A collaborative effort to improve this communication is ongoing. The success of this method is determined by the achievement of positive patient outcomes, reflected by PI monitors and retrospective chart reviews.

In the event of an identified patient need to receive services not provided at the ASC, the patient will be transferred to the Wexner Medical Center for subsequent evaluation.

Standards of practice/ practice guidelines, when available
The Ambulatory Surgery Center provides services related to elective outpatient procedures servicing from Gastroenterology, Hepatology and Nutrition (GHN), General Surgery and open access referrals at 7171 Sawmill Parkway, Powell, OH 43065. The
OSUWMC Board of Directors, the OSUWMC Medical Staff, in conjunction with the Ambulatory Executive Director, Ambulatory Medical Director, Associate Chief Nursing Officer, Sr. Director, Associate and Administrative Directors & Nurse Manager assess, plan, implement, and evaluate the delivery of care and services. The Ambulatory leadership team is responsible for ensuring that the delivery of care provided is consistent with the mission, standards, and policies established for patient care. The Ambulatory leadership team promotes an environment that fosters empowerment through active participation in strategic planning and development of processes that ensure adequacy of services and resources to meet the current and projected community needs, policy establishment, and professional growth.

The objective of The Ohio State University Ambulatory Surgery Center is to deliver excellent surgical, procedural, and anesthesia services to those we serve in accordance with the standards set forth by The Joint Commission, CMS Conditions of Participations for Hospitals and The Vision and Mission statements of The Ohio State University Wexner Medical Center. The Scope of Care is designed to provide appropriate care and services for all patients in a timely manner.

Utilizing a multi-disciplinary approach in the delivery of patient care, our services promote continuous quality and performance improvement activities provided in an environment where collaboration and multi-disciplinary approaches to problem identification and resolution are the expectation. Important criteria and thresholds are measured and continuously monitored through our Quality and Performance Improvement process to optimize patient outcomes and assure the highest level of satisfaction for all our customers. Results of our Quality and Performance Improvement activities are used to improve patient outcomes enhance our services and our staff performance.

Understanding that the provision of health care services is dynamic and fluid; the Scope of Care will be ***reviewed at least annually*** and revised as needed to reflect the changing patient needs, community changes, and or facility needs and initiatives.

OSU AMBULATORY SURGERY CENTER
Scope of Care – Extended Recovery Unit for Outpatient Care Dublin and New Albany Clinical Departments

Approved By:

X Jarrett A. Heard

Dr. J. Heard, MD, MBA
Medical Director, Ambulatory Peri-Operative Services

X Sheryl Burtch 3.27.26

Sheryl Burtch, DNP, MA, RN, NEA-BC
Associate Chief Nursing Officer, Surgical Services

Department/ Patient Care Unit Name: The Extended PACU at The Ohio State University Outpatient Care New Albany and Outpatient Care Dublin - Ambulatory Surgery Centers.

CMS Appendix L -Ambulatory Surgical Centers

(1) The ASC must have an effective procedure for the immediate transfer, to a hospital, of patients requiring emergency medical care beyond the capabilities of the ASC.

(2) This hospital must be a local, Medicare participating hospital or a local, nonparticipating hospital that meets the requirements for payment for emergency services.
(3) The ASC must periodically provide the local hospital with written notice of its operations and patient population served

Approved: July 2022
Date Last Revised: 6.10.25
Date Last Reviewed: 6.10.25, 3.27.26

Definitions:

Extended Recovery: *Recovery after a procedure or surgery that is prolonged by 2 hours or longer after surgery.*

Non-emergent/Urgent Transfer: *Transfer to OSU hospital to provide further testing and diagnosis.*

Emergent Transfer*: Emergent care is needed to sustain life and is transported by squad to closest facility.*

Scheduled ERU Stay: *Anticipated extended recovery without complications that would require remaining in the facility for up to 23hrs, 59 minutes.*

Unscheduled ERU Stay: *Unanticipated extended recovery without complications that would otherwise require a non-emergent/urgent transfer or an emergent transfer.*

Extended Recovery Unit Length of Stay:

- Extended amount of recovery prolonged for 2 hours or longer but no more than 23 hours and 59 minutes from the "in pre-op" timestamp.

Types of patients served

- Extended Recovery Unit Patient will meet the following the medical requirements:
  1. Pain Management
  2. Oxygen Saturation (Obstructive Sleep Apnea Management)
  3. Blood Pressure Management
  4. Urinary Retention Management
  5. Non-symptomatic Blood Loss Management
  6. Nausea and vomiting

Accompanying Adult:

One person must always stay with patient (if visitors must switch out: one stays until relieved by the next visitor).

Patient Nutrition:

- Prepared turkey sandwiches will be sent OH Bistro at ASC site.

    - OCNA will pick up on Monday for all sandwiches for the week
    - OCD will pick up on Monday and Wednesday for all sandwiches for the week
- Microwavable soups will be available via shelf stock for each center.
- Frozen foods will be available for special Diets- Kosher, Gluten Free, Vegan.
- Expiration dates on all refrigerated food will be checked Monday, Wednesday, and Friday of each week.
- Expirations dates on all shelf food and snacks, vegan and gluten free patient snacks and diabetic frozen food will be checked pm Friday of each week.

Pharmacy Guidelines:

- Providers will be instructed to educate all patients to bring home medications that cannot be missed in a 23-hour period (exception is pain medication, which the facility will provide).
- Home medications will only be used when not stocked or available by pharmacy.
- All meds will be locked and only be witnessed and documented by nurse.
- If patient has planned extended recovery or if known prior to 2:30pm then the pharmacist will identify the medications, after 2:30pm home medications will be identified by 2 RNs and verified utilizing the reference guide: https://online.lexi.com/lco/action/home?siteid=67309

Lab Guidelines: *After hours waive testing capability:*

* Glucose	* APL
* Potassium	* ALT
* Sodoi,	* AST
* Co2	* TBili
* Chloride	* ALB
* Calcium	* TP
* BUN	* Hemoglobin
* Creatine	

Security: Will be provided for both campuses after hours.

Escalation Process for Advanced Practice Professional: The attending Physician will provide contact information (for 1 to 3 persons to be called/paged/texted) on the Surgeon/Physician Pre-operative Checklist Form. for after-hours/ERU questions and concerns. The attending surgeon/physician would be required to list a pager number, cell phone or some contact information on the Surgeon Pre-operative Checklist sheet which would be verified by the Pre-op and PACU nurses.

References:

Gabriel, Rodney A. MD*†; Waterman, Ruth S. MD†; Kim, Jihoon MS*; Ohno-Machado, Lucila MD, PhD* A Predictive Model for Extended Postanesthesia Care Unit Length of Stay in Outpatient Surgeries, Anesthesia & Analgesia: May 2017 - Volume 124 - Issue 5 - p 1529-1536 doi: 10.1213/ANE.0000000000001827

https://journals.lww.com/anesthesia-analgesia/Fulltext/2017/05000/A_Predictive_Model_for_Extended_Postanesthesia.28.aspx

https://osumc.policytech.com/dotNet/documents/?docid=92753

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Hospitals Administration
Accreditation

1166 Inpatient Tower
520 W 10th Ave
Columbus, OH 43210

617-293-9700 Phone
wexnermedical.osu.edu

CONTRACTED SERVICES EVALUATION
COMPLETED: CALENDAR YEAR 2025

CONTENTS

OVERVIEW

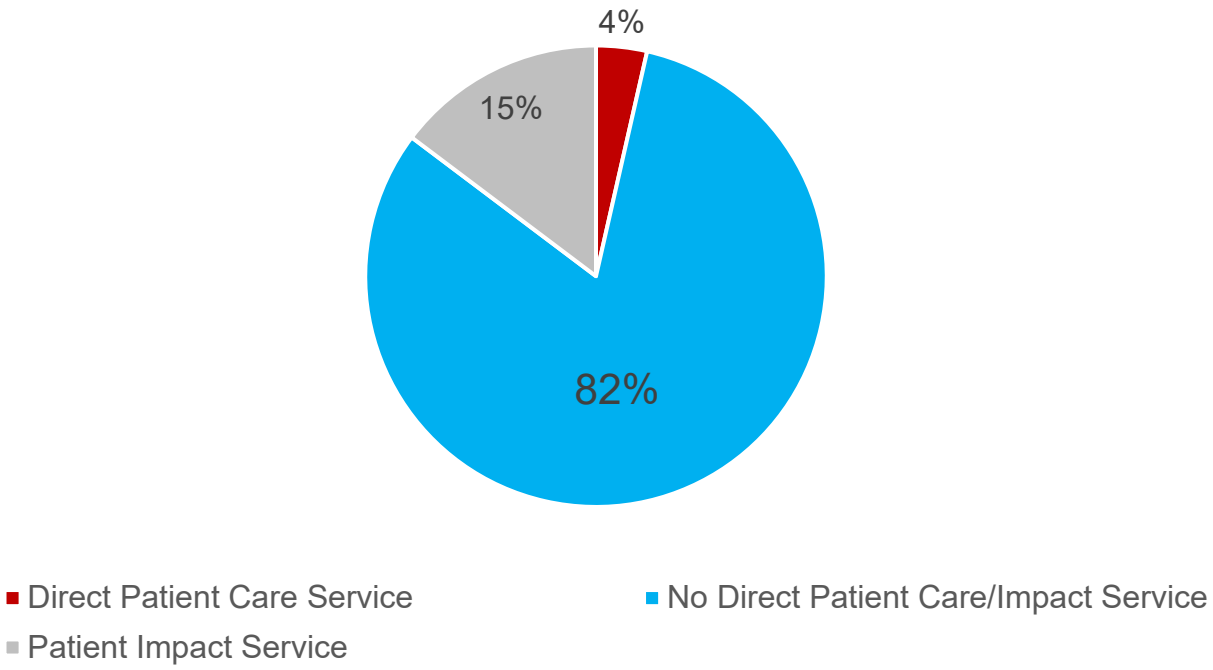
Annually, The Ohio State University Wexner Medical Center (OSUWMC) and Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (The James) complete an evaluation for contracted services. Evaluations are completed for compliance with the Joint Commission's (TJC) Leadership standard – LD.13.03.03 – which states 'Care, treatment, and services provided through contractual agreement are provided safely and effectively' and the Centers for Medicaid and Medicare Services' (CMS) Condition of Participation - 482.12(e) – which states 'The governing body must ensure that a contractor of services (including one for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable conditions of participation and standards for the contracted services.'

Evaluations are completed for contracts that fall into direct patient care or patient impact service. Direct Patient Care Service is defined as 'Healthcare that involves the examination of patients, treatment of patients, and/or preparation for diagnostic tests and procedures, including services used in the clinical management/diagnosis of the patient'. Patient Impact Service is defined as 'Suppliers of services that effect a patient's environment, typically in the hospital room'. Evaluations are not completed for contracts falling into the supply (suppliers of goods) or no direct patient care impact (suppliers of business services that the hospital and/or clinic use to help manage a specific part of their business but do not have a direct impact on the patient) as these are monitored through normal supply chain processes per policy: Contract Evaluation Policy.

Operational owners were identified and asked to complete a Qualtrics survey for each contract under their oversight. Questions on the survey included overall satisfaction, accrediting bodies, metrics being collected, and if follow-up was needed by Supply Chain or Legal Services.

CONTRACTS BY CATEGORY

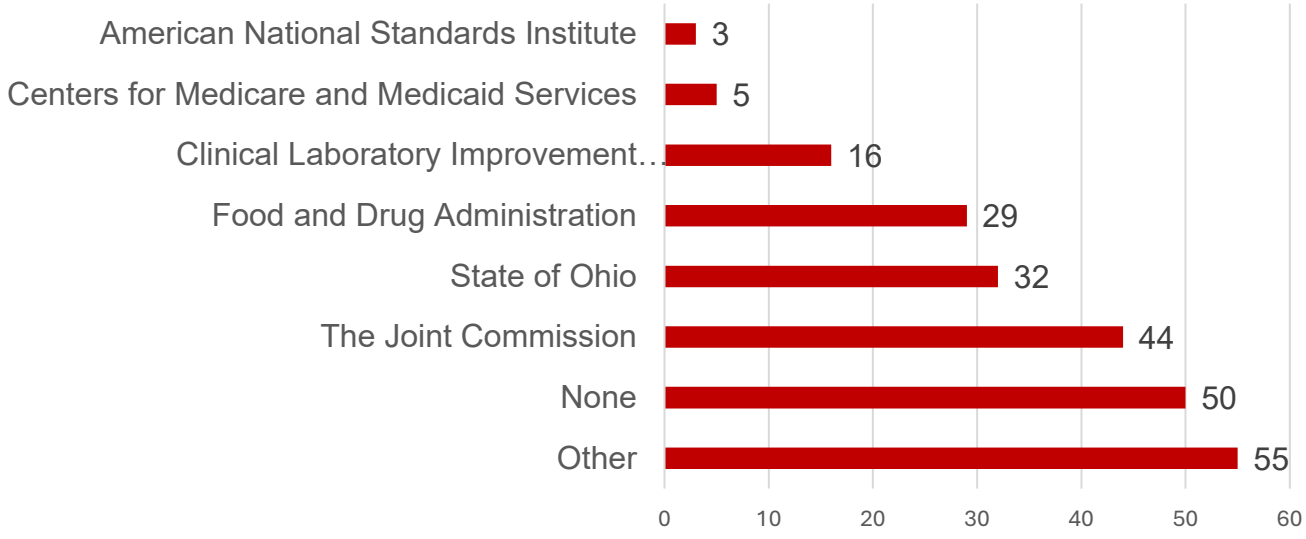
Direct Patient Care Service	Health care that involves the examination of patients, treatment of patients (e.g. nurses, dialysis providers, radiologists) and/or preparation for diagnostic tests and procedures, including services (e.g. remote monitoring) used in the clinical management/diagnoses of the patient.
Patient Impact Service	Suppliers of services that effect a patient's environment, typically in the hospital room (e.g. environmental services, florists, linen, pest control, preventative maintenance)
No Direct Patient Care/Impact	Suppliers of business services that the hospital and/or clinic uses to help manage a specific part of their business but do not have a direct impact on the patient (e.g. outside window washer, auditor, copy machine service contract).



For calendar year 2025, completed evaluations totaled 147. See Appendix A. The overall evaluation completion rate (71%) is a 15% increase from 2024 (56%). The remaining incomplete evaluations have been escalated to leadership for follow-up.

REGULATION OF CONTRACTED SERVICES

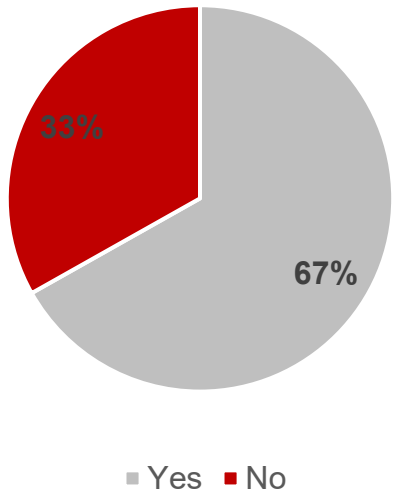
WHAT REGULATORY BODY IS THE CONTRACTOR/VENDOR ACCREDITED, LICENSED, OR CERTIFIED BY?



Other regulatory bodies included the City of Columbus, the Drug Enforcement Agency, Accreditation Council for Graduate Medical Education, and Association of Air Medical Services.

COMPLIANCE ACTIVITIES

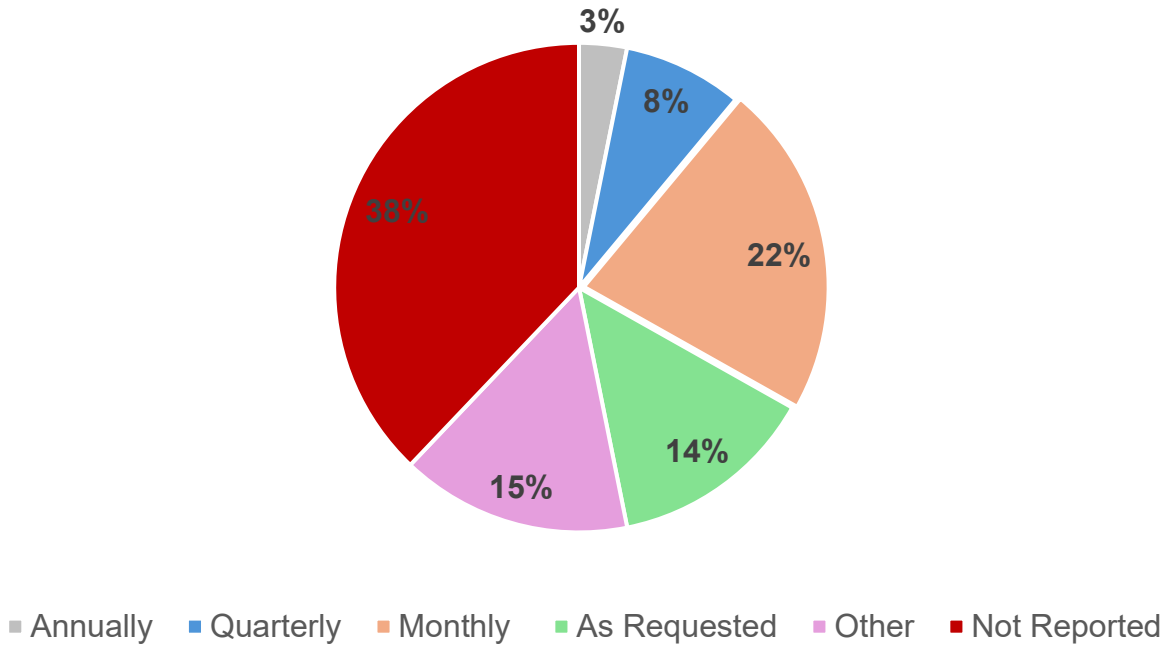
ARE PERFORMANCE/QUALITY METRICS BEING COLLECTED?



Per the Contract Evaluation policy, operational owners of direct patient care services contracts shall provide and attest to maintain position descriptions, assure licensure, registration, or certification requirements, provide orientation, provide competency assessments, provide and certify on-going education, conduct performance appraisals, and conduct competency evaluations. A secondary review is underway for questions in this section with a "No" response to determine if that answer is appropriate based on the type of service provided.

DATA COLLECTION

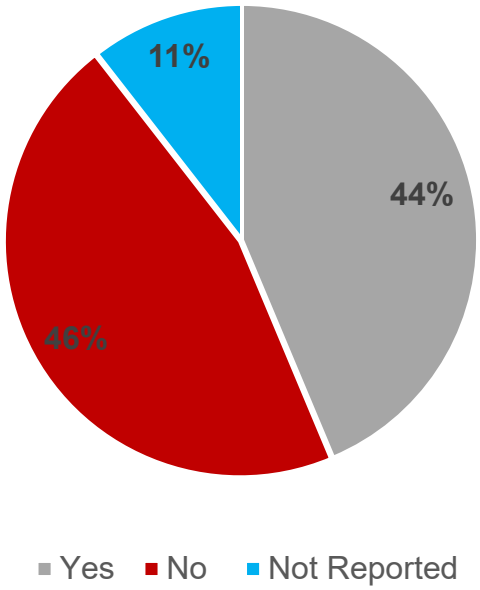
ARE PERFORMANCE/EFFICIENCY/QUALITY METRICS BEING COLLECTED?



Due to the number and variety of contracts, data collection methods and time periods vary across the enterprise. Operational owners are tasked with determining the best method and time period to optimize evaluation of each contract. As shown in the above chart, data collection is largely monthly or another method determined by the operational owner and vendor. Follow up with contract owners will include emphasis on The Joint Commission LD. 13.03.03, element of performance 2 requirement that 'The governing body is responsible for all services provided in the hospital, including contracted services. The governing body assesses that services are provided in a safe and effective manner and takes action to address issues pertaining to quality and performance.'

IMPROVEMENTS MADE WITHIN THE PAST YEAR

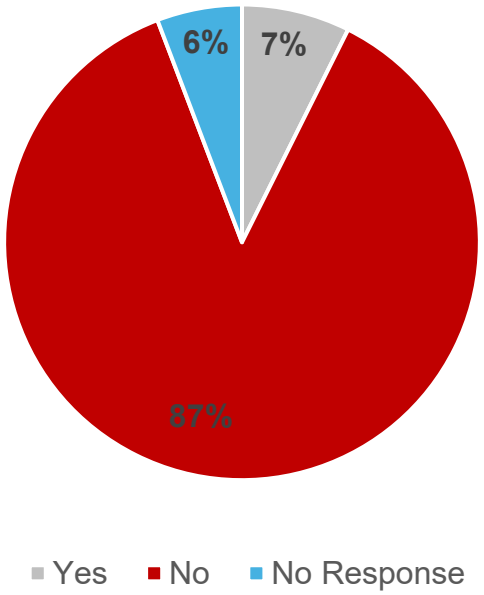
DID THE CONTRACTOR/VENDOR MAKE ANY IMPROVEMENTS IN THE PAST YEAR?



Overall, 44% of respondents reported improvements within the past year, which remains consistent from CY2024. Improvements included additional report capability, upgraded ambulances, promptly addressing issues, implementation of reporting dashboards, return to in-person training, and reduced wait times.

FOLLOW UP NEEDED

WOULD YOU LIKE SUPPLY CHAIN TO FOLLOW UP WITH YOU TO ADDRESS CONCERNS ABOUT THIS CONTRACTOR/VENDOR?



A list of the departments that requested follow-up is listed in Appendix D.

BETWEEN PROVIDER NUMBERS

SERVICES PROVIDED BETWEEN PROVIDER NUMBERS

OSUWMC purchases and evaluated twenty-one (21) services from The James. Those services include but are not limited to Infusion, Pastoral Care, Interventional Radiology, and Chemotherapy Nurse Float Pool. See Appendix C.

The James purchases and evaluated twenty-seven (27) services from OSUWMC. Those services include but are not limited to Medical Information Management, Nutrition, Legal, and Registration. See Appendix B..

CONCLUSION

Compliance activities and data collection is taking place for most contracts with oversight from a regulatory body. Efforts continue to standardize the reporting cadence and type of data being collected.

Almost half of the respondents reported improvements within the past year which represented a significant increase from last year's evaluation.

Follow up has been requested for a small portion of the contracts evaluated.

APPENDIX A – LIST OF EXTERNAL CONTRACTS

Contract Name	Description
3M COMPANY	MedSurg Commit 3M Housekeeping and Laundry Chemicals
A&R Pest Solutions, LLC.	Pest Control Services - OSUWMC Ambulatory
ABBOTT LABORATORIES INC	M2000 Equipment Service
Abigail D Merriam	Abigail D. Merriam contract for James Care for Life
ACELIS CONNECTED HEALTH SUPPLIES	VADWatch Data Access & Patient Remote Monitoring Services
ADAIR,JEFFREY ROBERT	Chaplaincy Services
ADVANCED STERILIZATION PRODUCTS	Service Agreement Amendment Schedule A
AGILITI HEALTH INC	Specialty Bed Rental Service (Not including Vertical Beds) amendment added 2020 to add services of preventative maintenance and repair / bed shop
AIR FORCE ONE INC	HVAC, Preventative Maintenance and Repair, Services, Parts and Equipment
Alliance Healthcare Solutions LLC	Staffing Services
AMER NAT RED CROSS & ITS CONST CHAP & BR	Therapeutic Apheresis
AMERICAN KIDNEY STONE MANAGEMENT LTD	Extracorporeal Shockwave Lithotripsy Equipment and Technician Rental
AMERICAN MESSAGING SERVICES LLC	Pagers
AMERICAN ORTHOPEDICS INC	American Orthopedics Inpatient Bracing and Orthotics
ARJO INC	bed and support surfaces for rental... rotoprone specific
ARUP LABORATORIES	ARUP Commercial Reference Lab Testing and Services
ASIST TRANSLATION SERVICES INC	Interpretation Services
AYA HEALTHCARE INC	HR AYA MSA Agreement
Barclay Water Management, Inc.	water treatment
BARTON MALOW CO	General Trades for Repair and Maintenance and Painting
BOILER TECH INC	Boiler PM & Repair Supplier - Building Assignments in contract
BRAINLAB INC	Curve Navigation Service Agreement - UH Main - Attached To Airo CT - 7 year agreement
BROCON CONSTRUCTION INC	General Trades for Repair and Maintenance and Painting
BUTTERFLY NETWORK INC	Ultrasound Probes
Care.AI	Care.AI license agreement
CARL ZEISS MEDITEC INC	Forum Licenses
CATHOLIC DIOCESE OF COLUMBUS	Chaplaincy service contract 2024
CBORD GROUP INC	The CBORD Group Food Service Software

Contract Name	Description
CEMS OF OHIO INC	MedCare Transportation Contract
CHAMPA,LANE	Lane Champa contract for James Care for Life
Chanl Health	Master agreement for Chanl Health Connect Software platform
Chapel Electric Co LLC	Low Voltage under 600 amp Electrical Services
Chapter Advisory LLC	Chapter Partner For Medicare Service agreement
CHEM AQUA INC	Chem-Aqua Water Treatment
CISCO SYSTEMS INC	Cisco Call Manager EA
CITY APPAREL INC	Operating Room Scrub Rental Distribution and Dispensers
Claypool Electric	Low Voltage Electric PM and Service
CLINICAL COMPUTER SYSTEMS INC	Software and Service
Collective Medical Technologies Inc	This agreement is a pilot program for care management of patients transitioning from inpatient to post-acute stays.
COLLEGE OF AMERICAN PATHOLOGISTS	EPIC Document Templates
COMMERCIAL PARTS & SERVICE OF OHIO INC	Ice Machine PM and Repairs
CONNEXALL USA INC	IT Alarm Management System Software
CONSENSUS MEDICAL SYSTEMS INC	VascuPro Support
CRA HEALTH LLC	breast cancer risk assessment Software
CRNA LOCUM LLC	HR Temp Staffing - CRNA
CRYSTAL CLEAN POWER WASH &PAINT SERVICE	General Trades for Repair and Maintenance and Painting
DASCO CAPITAL OHIO LLC	DME
DAY FUNERAL SERVICE	Morgue Services
DEAF SERVICES CENTER INC	Interpretation Services
DEBRA-KUEMPEL INC	HVAC, Preventative Maintenance and Repair, Services, Parts and Equipment Assignments for PM Brain and Spine Doan Hall Harding Rhodes Hall NO CHILLERS
EC2 SOFTWARE SOLUTIONS LLC	Radiation Oncology Software
EDM XPRESS CLEANING SOLUTIONS LLC	Housekeeping and flushing services
Elevate PFS Holdings Inc	Medicaid Eligibility Service RFP Contract
ELFORD INC	General Trades for Repair and Maintenance and Painting
ELITE CONSTRUCTION DESIGN MANAGMENT LLC	General Trades for Repair and Maintenance and Painting
EMORY UNIV	Emory Medical Laboratories Service Agreement 2016
EPIC SYSTEMS CORPORATION	EMR Software
EUROFINS VIRACOR	At home CMV testing

Contract Name	Description
FB Olentangy Suite LLC	Hotel Service for Patient Lodging Program - Fairfield Inn & Suites Columbus
FERGUSON CONSTRUCTION COMPANY	General Trades for Repair and Maintenance and Painting
Floyd Lee Locums Inc	HR OSUP - Locums + Advanced Practice Staffing
FOLLETT LLC	Follett Ice Makers, Water, and Ice Dispensers
FORTEC MEDICAL INC	Laser Rental and Technician Labor Services
FRED HUTCHINSON CANCER CENTER	Reference lab agreement - Seattle Cancer Care Alliance
FRESCO FOOD GROUP LLC	Nutrition Services GUEST RESTAURANT
FRESENIUS USA MARKETING INC	Fresenius Dialysis Machine Service Agreement
FUJITEC AMERICA INC	Elevator PMs and Repairs
GE HEALTHCARE	GE Healthcare Echo Pacs
GE HEALTHCARE IITS USA CORP	GE Centricity CVIS Cath Lab
GEBHART,JENNIFER KAY	Jamescare for Life (JENNIFER KAY GEBHART)
GEIGER BROTHERS INC	HVAC PM AND REPAIR CONTRACT. 2025-IND-254-RFP
GENEDX INC	Reference Lab Agreement
Georgia-Pacific Consumer Products LP	MedSurg Commit Georgia Pacific Sanitary Paper
GILBANE BUILDING COMPANY	General Trades for Repair and Maintenance and Painting
GLOBUS MEDICAL INC	Globus EHUB E3D Spine Navigation
Heartistic Transformations Art Therapy	Jamescare for Life (HEARTISTIC TRANSFORMATIONS ART THERAPY)
HILSCHER-CLARKE ELECTRIC COMPANY	Low Voltage Electrical Service
Histotrac - One lambda - Thermo Fisher Scietific	Lab Software
HMPC A JOINT VENTURE	The James, IPH, Rhodes Hall, Doan Hall, Brain and Spine, Ross Hall HVAC Preventative Maintenance and Repair - enterprise wide if needed.
HRS	Fisher Healthcare Lab Distribution Acute
HUDMED LLC	Supplier provides OR deep cleaning services
ICON Exchange LLC	HR OSUP - Locums + Advanced Practice Staffing
IMPEDIMED INC	License for three Sozo Systems
INSPIRATA INC	Digital Pathology Outsourcing Hardware, Software and Services
Integra Testing	HVAC Air Balance Services
INTOUCH TECHNOLOGIES INC	Telemedicine Software and Hardware
INTUITIVE SURGICAL INC	Agreement 408906 - Xi Surgeon Console and a SimNow Skills Simulator Loaner Agreement Amendment to extend
iTHink	CliniThink MLA, EULA, SOW, and Order Form
J & J COATINGS LLC	General Trades for Repair and Maintenance and Painting

Contract Name	Description
Jackson & Coker Locum Tenens LLC	HR OSUP - Locums + Advanced Practice Staffing
Janet Wiltjer	Jamescare for Life (JANET WILTJER)
Jeff Adair	Chaplaincy Services
Jimmy McFadden	Chaplaincy Service Contract
Joanna Samuelson	Chaplaincy Services
JOHNSON & FISCHER INC	General Trades for Repair and Maintenance and Painting
JOHNSON & JOHNSON HEALTH CARE SYSTEMS	Biosense Webster Carto SmartAblate PSA
JOHNSON CONTROLS INC	Fire suppression enterprise wide OSUMC. managed by OSUMC FOD
KAHOE	Air Balance Supplier
KARL STORZ ENDOSCOPY-AMERICA INC	KARL STORZ ON-SITE ENDOSCOPIC SPECIALIST SERVICES AGREEMENT (not temporary services)
KCI USA INC	Wound VAC Agreement Final
Kelly Vaughn	Kelly J. Vaughn contract for James Care for Life
KHINexxspan LLC	Patient Rail Supplier
KIDRON ELECTRIC INC	HVAC Services - Wooster company - Joint bid OSUMC lead
KONE INC	Elevator PMs and Repairs
KOUSTIC KLEAN INC	Supplier provides services for air duct cleaning and nutritional services area cleaning of equipment.
KREG THERAPEUTICS INC	verticalization/standing and tilt bed
Kristin Schoeff	Jamescare for Life (SCHOEFF,KRISTIN)
LAB ONE INC	Quest Diagnostics Laboratory
LANGUAGE LINE SERVICES INC	Interpretation Services
LAUREL BRIDGE SOFTWARE INC	Subscription Agreement
Laurel Health Care Company	Skilled nursing facility service contract
LEGACY MAINTENANCE SERVICES LLC	Terminal Cleaning and Maintenance for all phases of IPH until hand off.
Legion Healthcare Partners, LLC	Proton Therapy Billing Consulting Service Contract
LEICA MICROSYSTEMS INC	Leica Bond Interface Software
LEPI ENTERPRISES INC	Abestos Abatement Services
Lester, Michael	Music Service for James Care for Life
Living Story Tattoo L.L.C.	Tattoo service for breast cancer patients
Lyft Healthcare Inc	Transportation Services
LYNKCARE INC	James Tumor Board Software Solution
MAKO SURGICAL CORP	Stryker Mako Robot PM and Service
MARTIN CARPET CLEANING CO INC	Floor Mat Rental Services
Mason, Donald Asa	Donald Mason Chaplaincy Service Contract
MCG HEALTH LLC	OSUHP MCG Health
MEDICAL GRAPHICS CORPORATION	OSU BreezeConnect MU
MEDLINE INDUSTRIES INC	Medline EBSI Risk Share Agreement

Contract Name	Description
MEDTRONIC USA INC	Touch Surgery DS1 Enterprise Agreement
MERRIAM,ABIGAIL D	Abigail D. Merriam contract for James Care for Life
MESSER LLC	Messer Bulk Medical Gases
MID AMERICAN CLEANING CONTRACTORS INC	Custodial Services for Ambulatory, Rehab, and other clinical spacesFloor cleaning included per amendment
MIDWEST ELEVATOR COMPANY INC	Elevator PMs and Repairs (including ATS)
MORGAN SERVICES INC	Linen and uniform laundry
MRG INC	3rd Party Post Discharge RFP Software solution
MyMobility	MyMobility Agreement
Nationwide Children's Hospital Inc	Nationwide Childrens Hospital Pediatric Echocardiograms
NEUROVIRTUAL USA INC	Sleep Lab Neurovirtual Software
NEXXSPAN HEALTHCARE LLC	Patient Rail Supplier
NUVASIVE CLINICAL SVCS MONITORING INC	IONM Service
OHIO HEATING & REFRIGERATION	HVAC, Preventative Maintenance and Repair, Services, Parts and EquipmentPM East
OHIO MEDICAL TRANSPORTATION INC	Air and Ground Transport Services
OhioHealth Corporation on behalf of its Riverside Methodist Hospital, Grant Medical Center and Dublin Methodist Hospital	Grant (Ohio Health) Master Affiliation LOA and Extension For Resident Rotation
Olentangy C-Bus Buckeye LLC	Hotel Service for Patient Lodging Program - Fairfield Inn & Suites Columbus
PALADIN HEALTHCARE LLC	Patient Rail Purchase
PATHOLOGISTS ASSISTANT CONSULTING LLC	HR Locums Contract
Patricia Riley	Patricia A. Riley contract for James Care for Life
PAXMAN US INC	Paxman Scalp Cooling Agreement
PBJ CONNECTIONS INC	Jamescare for Life (PBJ CONNECTIONS INC)
PLUNKETTS PEST CONTROL INC	Pest Control Services - Joint Contract
PREMIER GENERAL CONSTRUCTION LLC	General Trades for Repair and Maintenance and Painting
PREVENTATIVE MAINTENANCE SERVICE OF OHIO	Max spend $75k
PRINGLES INC	Air Duct Cleaning Joint commission requirement
PROCEPT BioRobotics Corporation	PROCEPT HYDROS Robotic System
PRO-FLOW PLUMBING AND DRAIN CLEANING	Drain Cleaning
Proprio INC	Proprio Evaluation Agreement
PROVATION MEDICAL INC	Imaging Software License
Quest laboratory Diagnostic (Lab One)	Quest Diagnostics Care360 Data Exchange Technology Software
RENTOKIL NORTH AMERICA INC	Pest Control Services - University

Contract Name	Description
REZOD LLC	General Trades for Repair and Maintenance and Painting
RHOADS CONSTRUCTION INC	General Trades for Repair and Maintenance and Painting
Robert Daron Larson	Independent contract for services for Jamescare for Life
ROBERTS SERVICE GROUP INC	Electrical Services
ROCKWOOD BUILDERS LTD	General Trades for Repair and Maintenance and Painting
RUSCILLI CONSTRUCTION CO	General Trades for Repair and Maintenance and Painting
SCHOEFF,KRISTIN	Jamescare for Life (SCHOEFF,KRISTIN)
SDG PARTNERS LLC	Nutrition Services GUEST RESTAURANT
SENTRY IMAGING SERVICES LLC	MRI/CT CLEANING SERVICES
SETTERLIN BUILDING COMPANY	General Trades for Repair and Maintenance and Painting
SIEMENS MEDICAL SOLUTIONS USA INC	Share360 Master Service Agreement + Service Schedule
SMITHS MEDICAL ASD INC	Pump Software for Pharmacy
STAFF CARE INC	HR OSUP - Locums + Advanced Practice Staffing
STERICYCLE INC	Comprehensive Proactive Sharps Disposal Service with Reusable Containers and regulated waste
Sweet Cleaning Solutions LLC	Pharmacy terminal cleaning services
SYSTEMLINK INC	SystemLink Tissue Typing Software
Tamar Sorin	Independent Contractor for James for Life
TEDESCO AND AFFILIATES LLC	DonorSearch - A grateful patient screening SW to provide wealth capacity ratings for our patient population
TEEMOK CONSTRUCTION INC	General Trades for Repair and Maintenance and Painting
TELEFLEX LLC	Preventative Maintenance Autocat 2 Wave, 9 units
THAI PALACE INC	Nutrition Services Guest Restaurant
THE KINGS CLEAN LLC	Custodial Services for Ambulatory, Rehab, and other clinical spaces
The Laser Institute	
THINK Surgical Inc	TMINI Miniature Robotic System Sales Agreement
THYSSENKRUPP ELEVATOR CORP	Elevator PMs and Repairs (including AGVs)
Tony Cornett	Tony Cornett Chaplaincy Contract
TOWER EQUIPMENT CO INC	Ameriwater Service Agreement- Main Campus Central and Portable ROs
TOWNE PARK HOLDINGS	Valet Service
TP MECHANICAL CONTRACTORS INC	HVAC, Preventative Maintenance and Repair, Services, Parts and Equipment
Translogic Corporation d/b/a Swisslog Healthcare and affiliates	Pneumatic Tube System Support and Maintenance

Contract Name	Description
TRANSPARENTLY LLC	Loyal Health - Transparently SW for Marketing
TRIMBLE CONSTRUCTION COMPANY LLC	General Trades for Repair and Maintenance and Painting
TRINITY GUARDION LLC	Pricing agreement and SOW for bed and stretcher mattress inspection
UNIVERSAL PROTECTION SERVICE	Security Staffing weapons detection
UPMC PRESBYTERIAN SHADYSIDE INC	UPMC Reference Lab Agreement
US TOGETHER INC	Interpretation Services
VANCE,RAY A	Chaplaincy Services
VAUGHN,KELLY J	Kelly J. Vaughn contract for James Care for Life
VERNON INC	Curtain Cleaning Services 2025-IND-235-RFP
VERSITI INDIANA INC	Master with Addenda
VIDATAK LLC	Patient Communication App, Picture Board
VISTA Staffing Solutions, Inc	HR LOCUMS SEARCH AND PLACEMENT
VITAL IMAGES INC	Medical Imaging Products Licenses
VITAL IMAGES INC - 4017.11844C	Medical Imaging Products Licenses
VIZ AI INC	CT Angiogram and CTP AI Software
WELLSENSE INC	Three year service and pad replacement agreement for Wellsense VU system.
Wellsky	Wellsky Master agreement for Careport
WILSON,DAVID A	Chaplaincy Services
WILTJER,JANET	Jamescare for Life (JANET WILTJER)
WISER TRANSFORMATION	General Trades for Repair and Maintenance and Painting
ZIMMER US INC	MyMobility Agreement

APPENDIX B – SERVICES SUPPLIED TO THE JAMES FROM UNIVERSITY HOSPITAL

Service
Ancillary Float Pool Services
Behavioral Emergency Response Team Services
Care Management Services
Central Sterile Processing
Clinical Engineering Services
Credentialing Services
Dialysis and Apheresis Nurse Services
Fetal and Uterine Nurse Monitoring Services
Heart and Vascular Services
Interventional Radiology Call Services
Interventional Radiology Technician Services
Laboratory Services
Legal Services
Medical Information Management
Nursing Float Pool Services
Nutrition Services
Occupational Health and Wellness
Ohio Department of Rehabilitation and Corrections Nursing Services
Pastoral Care Services
Pharmacy Services
Physician Advisor Services
Radiologic Services
Registration Services
Rehabilitation Services
Respiratory and Pulmonary Services
Security
Solid Organ Transplant Nursing Services

APPENDIX C – SERVICES SUPPLIED TO UNIVERSITY HOSPITAL FROM THE JAMES

Service
Ancillary Float Pool Services
Apheresis and Dialysis Nurse Services
Chemotherapy Nurse Float Pool Services
Emergency Oncology Pod Services
Environmental Management Services
Equipment Distribution
High-Level Disinfection and Ambulatory Sterilization
Infusion Nurse Services
Interventional Radiology
Interventional Radiology Call and Patient Clinic Services
Interventional Radiology Technician Services
Laboratory Services
Management Of Perioperative Services
Materials Management
Nursing Float Pool Services
Nutrition Services
Pastoral Care Services
Perioperative Policy and Procedure Support Services
Pharmacy Services
Radiologic Services
Wound Ostomy Services

APPENDIX D– DEPARTMENTS REQUESTING FOLLOW UP

Department	Vendor	Reason for Request
Perioperative Services	City Apparel	Equipment reliability
Laboratory	Histotrac	Software validation
Facilities	Midwest Elevator	Invoice timeliness
Women and Infants	Nationwide Children's Hospital	Agreement needs updated.
Neurosurgery	Proprio	Trial period ending

*Follow up requests have been sent to Supply Chain for resolution.

APPENDIX E– VENDOR IMPROVEMENTS FROM 2024 EVALUATIONS

Vendor	Improvement(s) Made
Abigail D Merriam	Assisted in developing new Gentle Yoga programming.
Advanced Sterilization Products Services Inc.	Resolved equipment issues with reader by issuing replacement equipment.
Agiliti	Moved to onsite storage space for quicker deliveries at Ackerman
Air Force One	Standardized and documented review of performance and quality metrics.
American Red Cross	Arrival to unit
Aya	KPI improvements in contractual areas.
Boiler Tech Inc	The contractor improved performance by addressing prior issues promptly, improving communication, and delivering more consistent, higher-quality work.
Carl Zeiss	System upgrades completed at least yearly with additional patching throughout the year.
Catholic Diocese of Columbus	We increased our priest coverage to ensure 7 day a week coverage.
CBORD Group Inc	Upgrade to cloud-based service
CEMS of Ohio Inc.	Upgrade of actual ambulances (fixed asset) to replace significantly aged vehicles.
City Apparel	More on site support
Clinical Computer Systems	System upgrades at least yearly with regular patching throughout the year.
College of American Pathologists	Preventative maintenance updates as required by accreditation agencies
Connexxal USA INC	Standard bug fixes and patching
DASCO Home Medical Equipment	Improvements were made to the following: respiratory referral process; spinal bracing offerings; pulmonary device supply replenishment process
Day Funeral Services	Day Funeral Service has improved its process for providing decedent documentation for private autopsy pick-ups by ensuring that a copy of the decedent's state ID is obtained to confirm proper identification prior to transport.
Deaf Services Center INC	They have switched to using a dashboard instead of just emails so that we can now easily look up interpreter coverage by date and time.
Debra-Kuempel INC	The contractor improved performance by addressing issues promptly, improving communication, and delivering consistent, quality work.
Donnie Mason	Donnie has improved on taking more shifts and flexibility of schedule
EC2 Software solutions	updated drivers and reports as well as new version installed across our organization
Elevate	This is a new vendor, so improvements are made consistently
Epic Systems Corporation	Quarter releases with hundreds of enhancements, fixes and changes.

Vendor	Improvement(s) Made
Fortec Medical Services	Per agreement and added to the contract, they are providing service documentation for the lasers they bring into OSUWMC facilities.
Fujitec	Fujitec has made some improvement on the punch list items for the University Hospital.
GE Healthcare	Enhancements, bug fixes/patches
GE Healthcare	Major upgrade to MUSE NX which has many enhancements and abilities to work with new machines
Geiger Brothers INC	The contractor improved performance by addressing prior issues promptly, improving communication, and delivering more consistent, higher-quality work.
Heartistic Transformations Art Therapy	Assisted in developing a Healing Through Art program specific to caregivers for National Caregivers Month.
Hilscher-Clarke Electric Company	Vendor had an issue with performing work without notifying site stakeholders. After sharing the expectation of communication, vendor began contacting stakeholders prior to taking equipment offline.
Hisstotrac	Helping us undergo windows 11 validation and upgrading the software version.
HMPC (Joint Venture)	The contractor improved performance by addressing prior issues promptly, improving communication, and delivering more consistent, higher-quality work.
HRS	Standard preventive maintenance and bug fixes and patches.
Integra Testing	The contractor improved performance by addressing prior issues promptly, improving communication, and delivering more consistent, higher-quality work.
Intuitive Surgical	Many of the updates include software, new instrumentation, and telepresence capabilities.
Jeff Adair	Jeff has improved at being on time and requesting time off or exchanges in advance
Jennifer Gebhart	Assisted in the development of new Gentle Yoga programming.
Jimmy McFadden	Jimmy has improved his timesheet and schedule submission. He is also improving his communication had hand offs.
Joanna Samuelson	Joanna asked more questions and followed up with concerns.
Johnson Controls Inc	The contractor improved performance by addressing prior issues promptly, improving communication, and delivering more consistent work.
KAHOE	Performance improved by addressing prior issues promptly, improving communication, and delivering consistent, higher-quality work.
Language Line Services	they have lowered the wait times for several languages including Haitian creole, which has become one of our top languages.
Laurel Bridge	Enhancements, bug fixes/patches
Laurel Health Care Company	On-site review by consultant to determine areas for improved communications between the SNF facility staff and the Ohio State clinical teams.

Vendor	Improvement(s) Made
Lyft Inc/Lyft Healthcare Inc	the addition of Lyft Assist
Midwest Elevator	They have been improving response time.
Nexxspan Healthcare LLC	Input was provided regarding product that was delivered that didn't work as well as it could have. The vendor voluntarily came to our site and made modifications to the product to achieve the desired results
Ohio Heating & Refrigeration	improved addressing issues promptly, improved communication, and consistent, high-quality work.
Ohio Medical Transportation Inc.	Refined certain transport base operations to be more efficient and sold one helicopter that was not necessary.
Patient Experience	Meeting with Endo and OR to help improve customer service
Paxman Scalp Cooling	Temporary codes were replaced with permanent charge codes
Plunkett Pest Control	Decreased bug problem
Preventative Maintenance Service of Ohio	The contractor improved by addressing issues promptly, improved communication, and delivering consistent, high-quality work.
Pringles Inc	The contractor improved performance by addressing prior issues promptly, improving communication, and delivering more consistent, higher-quality work.
Proprio INC	Improved registration
Provation Medical Inc	Quarter Updates to system including bug fixes and patches.
Roberts Service Group	This Vendor became more reliable by increasing their communication overall.
Siemens Medical Solutions	Enhancements, standard bug fixes/patches
Smith's Medical	System upgrade to allow multiple users to access/edit drug libraries. System upgrade for FDA recall compliance.
Stericycle	We have been meeting weekly to fix accounting and invoicing errors to ensure that service is not disrupted
Teladoc (formerly InTouch Technologies)	Continued platform advancements with some items we currently do not use or need. Enhanced carts with lower price point.
Teleflex	They had stopped in person training during COVID and started that back up in the past year.
The Laser Institute	Vendor provides access to training materials via a website as well as access to staff training completions
Tony Cornett	Tony is one of the newer contractors and has continued to improve on understanding, policies, and procedures.
Towne Park/Health	Staffing levels have improved, based on productivity. Top management levels have been provided, standardization of parking, movement and lane controls.
Translogic	much tighter controls have been added to the PM schedules and emergency response to system issues.
Trinity Guardian	For bed barriers, they have been working on an easier identification process for front line staff that correlates with the physical bed.

Vendor	Improvement(s) Made
University Hospital Radiology	improvements in dashboard, TAT metrics for some modalities, staffing at each site
US Together Inc	While the proportion of appointments they are able to fill has not increased, the number of appointments they are able to fill has increased this year.
Versiti Indiana Inc	Review and update of standing order and bought out Community Blood Center of Dayton.
Vital Images	Enhancements, bug fixes, patches
Viz AI	Added modalities, enhancements, bug fixes/patches

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Hospital Administration
Accreditation

168 Doan Hall
410 W 10th Ave
Columbus, OH 43210

617-293-9700 Phone
wexnermedical.osu.edu

CONTRACTED SERVICES EVALUATION
NEW ALBANY AND DUBLIN SURGERY CENTERS
COMPLETED: CALENDAR YEAR 2025

CONTENTS

OVERVIEW

Annually, The Ohio State University Wexner Medical Center (OSUWMC) Dublin Ambulatory Surgery Center (DASC) and New Albany Ambulatory Surgery Center (NAASC) complete an evaluation for contracted services between the provider numbers. Evaluations are completed for compliance with The Joint Commission's (TJC) Leadership standard – LD.13.03.03 – which states 'Care, treatment, and services provided through contractual agreement are provided safely and effectively' and the Centers for Medicaid and Medicare Services' (CMS) Condition of Participation - 482.12(e) – which states 'The governing body must ensure that a contractor of services (including one for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable conditions of participation and standards for the contracted services.

Evaluations are completed for contracts that fall into direct patient care or patient impact service. Direct Patient Care Service is defined as 'Health care that involves the examination of patients, treatment of patients, and/or preparation for diagnostic tests and procedures, including services used in the clinical management/diagnosis of the patient'. Patient Impact Service is defined as 'Suppliers of services that effect a patient's environment, typically in the hospital room'. Evaluations are not completed for contracts falling into the supply (suppliers of goods) or no direct patient care impact (suppliers of business services that the hospital and/or clinic use to help manage a specific part of their business but do not have a direct impact on the patient) as these are monitored through normal supply chain processes per policy: Contract Evaluation Policy.

Operational owners were identified and asked to complete a Qualtrics survey for each contract under their oversight. Questions on the survey included overall satisfaction, accrediting bodies, metrics being collected, and if follow up was needed by Supply Chain or Legal Services.

CONTRACT OVERVIEW

For calendar year 2025, there were 13 services contracted between DASC and OSUWMC.

Central Sterile Processing
Clinical Engineering Services
Epidemiology Services
Laboratory Services
Legal Services
Management Services
Medical Information Management Services
Nutrition Services
Patient Experience
Pharmacy Services
Radiologic Services
Registration and Scheduling Services
Security

For calendar year 2025, there were 12 services contracted between NAASC and OSUWMC.

Central Sterile Processing
Clinical Engineering Services
Epidemiology Services
Laboratory Services
Legal Services
Management Services
Medical Information Management Services
Nutrition Services
Patient Experience
Pharmacy Services
Radiologic Services
Registration and Scheduling Services

A security MSA for New Albany is in the process of being developed.

An evaluation of each service was completed for both DASC and NAASC. All services were reported as improving over the past year and follow up from Supply Chain or Legal services was not requested.

CONCLUSION

Overall, operational owners are monitoring the contracts within their scope.

An area of improvement would be to have performance/efficiency/quality data submitted on a more defined basis rather than as needed.

Efforts will continue to monitor, streamline, and maximize contracts across the enterprise.

The Ohio State University Wexner Medical Center ~~Hospitals~~

The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

OSU Physicians, Inc. ~~(OSUP)~~

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Standard Care Arrangement for the Advanced Practice Registered Nurse

The following Standard Care Arrangement (SCA) is written to provide guidelines for the collaborative practice between an Advanced Practice Registered Nurse (APRN) (hereinafter also referred to as "I" or "me") and the collaborating physician(s) (references to "physician" or "collaborating physician" include collaborating podiatrists) prior to engaging in practice. This SCA applies to all locations where the APRN provides services on behalf of The Ohio State University Wexner Medical Center (OSUWMC), The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, OSU Physicians, Inc. (OSUP), and their respective hospitals, ambulatory surgery centers, clinics, physician practices, and other patient care locations.

All APRNs must also be appropriately credentialed according to OSUWMC policies and procedures prior to engaging in practice.

Contact Information
Name:
Specialty:
Business Address:
City, State
Zip:
Business phone:
OAC 4723-8-04(D)(4)

Services Offered by the APRN
Services offered may include, but are not limited to: ▪ Obtain history and physical exam ▪ Provide care and determine eligibility for treatment protocols as appropriate ▪ Prescribe medications appropriate for treatment in accordance with APRN education, training and specialty area of practice (in accordance with Prescriptive Authority herein below) ▪ Manage the prescribed treatment ▪ Obtain and order diagnostic tests/laboratory studies as appropriate ▪ Management of disease and/or treatment related health problems/effects ▪ Monitor health status in an ongoing basis ▪ Initiate referrals to other health care professionals as appropriate
Additional services offered: ▪ _____See Attached Privilege Form ▪ _____
OAC 4723-8-04(D)(5) APRN approved clinical privileges

The Ohio State University Wexner Medical Center ~~Hospitals~~

The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

OSU Physicians, Inc. ~~(OSUP)~~

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Criteria for Consult with and Referrals to Collaborating Physician(s)

I will consult with and/or refer to my collaborating physician(s) regarding patient management in the following circumstances:

- In the event that my patient becomes medically unstable
- In the event that my patient's condition warrants direct care by the collaborating physician
- In the event that my patient may need to be taken into surgery

ORC 4723.431(B)(5)

Signatures on Death Certificates

The collaborating physician will complete and sign medical certificates of death pursuant to Ohio Revised Code §3705.16.

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Plan for Coverage in Case of Emergency or Planned Absences of the APRN or Collaborating Physicians(s)

At all times, there will be a physician responsible for the patient's care. The collaborating physicians(s) and I will determine the appropriate protocols to follow during the absence of either party.

- The collaborating physicians(s) or I will notify each other of all emergency or planned absences
- A physician will be designated as having overall responsibility for patient care during absences of the collaborating physician
- I will inform the collaborating physicians(s) of personnel wo will cover my responsibilities during my absence

OAC 4723-8-04(D)(7)(b) and (c)

OAC 4723-8-04(D)(8)

Arrangement Regarding Reimbursement

Depending on my direct employer, I will be reimbursed in accordance with the OSU Wexner Medical Center or OSUP employment guidelines.

Process for Resolution of Disagreements Regarding Matters of Patient Management

Should a disagreement arise between the collaborating physician(s) and me regarding the patient's plan of care, I will communicate with the physician(s) and attempt to reach consensus.
The collaborating physicians(s) will be available for consultation with me at all times. In the event that the collaborating physicians(s) is/are unavailable or further consultation is necessary, I will follow the chain of command for communication outlined in the nursing standards of practice and policies for each hospital or clinic site.

In addition, any of the following options may be used to resolve the conflict:

- Consult with physicians, APRN colleagues or other disciplines or medical services with knowledge and expertise related to the specialty area
- Refer to current professional literature appropriate to the area in question

In the event that an agreement cannot be reached between the collaborating physician(s) and me, the ultimate decision regarding patient care rests with the collaborating physicians(s). In the event this situation occurs, the physician assumes care of the patient and the APRN may be recused of care. The physician shall present the care options to the patient and obtain the proper consent.

OAC 4723-8-04(D)(9)

The Ohio State University Wexner Medical Center ~~Hospitals~~

The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

OSU Physicians, Inc. ~~(OSUP)~~

Plan for Incorporating New Technology or Procedures
➢ Share and discuss knowledge and skills related to new technology and procedures and integrate them into practice protocols as appropriate ➢ Identify new core competencies as indicated to facilitate patient management ➢ Prior to performing specialized skills, demonstrate and document competency in accordance with corporate credentials protocol for obtaining additional privileges
OAC 4723-8-04(D)(6)

Quality Management and Service Review Process
The quality management and service review process shall be conducted in accordance with The Ohio State University Wexner Medical Center's (OSUWMC) Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE) policies for all credentialed health care providers in order to maintain or improve care delivery. The quality review will at a minimum include: ▪ A periodic review of representative samples of prescriptions written by the APRN ▪ A periodic review of representative samples of schedule II prescriptions written by the APRN ▪ Provisions to ensure that the nurse is meeting all the requirements of rule 4723-9-12 of the Administrative Code related to review of a patient's OARRS report, consultation with the collaborating physician prior to prescribing based on the OARRS report and signs of drug abuse or diversion as set forth in rule 4723-9-12 of the Administrative Code, and documentation of receipt and assessment of OARRS report information in the patient's record. ▪ Quality assurance standards consistent with rules 4723-8-04 and 4723-8-05 of the Administrative Code.
OAC 4723-8-04(D)(7) OAC 4723-8-05

☐ I will **not** be prescribing as part of my employment while providing services at any location covered by this SCA ~~as a part of my job at OSUWMC~~ (by checking this box you are indicating the next box does not apply to your practice).

☐

Prescriptive Authority
The APRN with prescriptive authority shall not exceed the prescriptive authority of the collaborating physician or podiatrist, including the collaborating physician's authority to treat chronic pain with controlled substances and products containing tramadol as described in ORC 4731.052. The APRN may prescribe in accordance with ORC 4723.481, the rules of the Ohio Board of Nursing, and with the formulary as established by the committee on prescriptive governance and adopted by the Ohio Board of Nursing (ORC 4723.~~49250~~).

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The Ohio State University Wexner Medical Center ~~Hospitals~~

The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

OSU Physicians, Inc. ~~(OSUP)~~

1. The APRN may prescribe drugs newly approved or approved for a new indication by the FDA & reviewed by committee on prescriptive governance subsequent to the date of biennial review of the SCA.

2. **Off-Label Use**
   The APRN may prescribe medications for off-label use if the following criteria are me~~e~~t:
   - The off-label indication(s) must be consistent with the APRN's Scope of Practice and that of the clinical specialty or subspecialty.
   - Standard clinical practice and literature support with greater or equal to level 3 evidence.

3. **OAARS Reporting**
   The APRN will comply with all requirements of OAC 4723-9-12, standards and procedures for review of OARRS (Ohio Automated Rx Review System).

4. **Prescribing parameters for Schedule II controlled substances** The APRN may prescribe schedule II controlled substances as indicated for patients in accordance with Section 4723.481, ORC; Chapters 4723-8, 4723-9 and 4731-11, OAC; the Formulary published by the Ohio Board of Nursing; and the scope of prescribing practices established in this SCA.

5. **Prescribing parameters of opiate analgesics for acute pain.** The collaborating physician and the APRN(s) have reviewed and are familiar with the requirements of OAC 4731-11-13 and discussed circumstances as to when the APRN(s) may exceed the thirty (30) MED averages in treating acute pain. The following conditions are acceptable and may be appropriate for the APRN(s) to exceed the thirty (30) MED averages.

   a) Traumatic crushing of tissue;
   b) Amputation;
   c) Major orthopedic surgery;
   d) Severe burns

~~4.~~

☐ I will be prescribing to minors as a part of my employment and I will comply with all requirements in accordance with ORC Section 3719.061 when prescribing opioids to minors (by checking this box you are indicating the **does** apply to your practice).

OAC 4723-8-04(D)(10)
OAC 4723-8-04(D)(5)
APRN approved clinical privileges

The collaborating physician(s) and I have mutual responsibility for abiding with the guidelines of this agreement. Involved parties may request in writing, to revise or rescind this agreement at any time and must be agreed to by the undersigned, in writing, and incorporated as part of the SCA. This includes

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notification by either party that patient care will no longer be provided by any individual signing below at any OSUWMC location and/or they will no longer be part of OSUP. Any final actions taken against licensure and/or clinical privileges must be disclosed immediately to all parties signing this SCA.

By entering in this SCA, I hereby acknowledge that I have a copy of the Ohio Law Regulating the Practice of Advanced Practice Nursing and Rules promulgated from therein and have read the same and am familiar with their content. I also acknowledge that I am familiar with the content of the Policies and Procedures of The Ohio State University Wexner Medical Center, which includes OSUP.

I consent to the inspection of all records and documents that may be material to an evaluation of such qualifications and my competence to carry out the clinical privileges I request, as well as my moral, ethical and personal qualifications and agree to execute whatever releases necessary to exonerate and release individuals and all parties from liability arising out of acts performed in good faith and without malice in connection with the evaluation of me and my credentials, and I do, by making application, release from liability all individuals and organizations who provide information to the hospital in good faith, and without malice concerning my competence, morals, ethics, character, and other qualifications for employment or staff appointments and clinical privileges.

I agree to report to the collaborating physician(s) and the Director of Advanced Practice Providers or OSUP's Compliance Department, any suspensions, revocations or limitations of any professional license I may possess and/or refusal to register or reinstate for professional licensure.

I agree I will notify the Ohio Board of Nursing of an addition or deletion of a Collaborating Physician no later than thirty (30) days after such change takes effects.

OSUWMC, or OSUP, as my employer will maintain the most current copy of this SCA on file. Upon request of the Ohio Board of Nursing, OSU, OSUP or I shall immediately provide a copy of this SCA upon such request.

The collaborating physician and the APRN agree to comply with the terms stated herein.

Initial date of execution:_____ Signature of APRN:_____

Initial date of execution:_____ Primary Collaborating Physician:_____

OAC 4723-8-04(C)(1) and (2)
OAC 4723-8-04(D) and (E)

Collaborating Physician(s) OAC 4723-8-04(D)(1)
Physician address and phone number

The Ohio State University Wexner Medical Center ~~Hospitals~~

The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

OSU Physicians, Inc. ~~(OSUP)~~

	Physician name and signature *(please print)*	Physician specialty practice and area	
_	_ _ _	_ _	_ _ _ _
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~~Addendum #1~~

~~Exceeding the thirty (30) MED average for treatment of acute pain~~

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The Ohio State University Wexner Medical Center ~~Hospitals~~

The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

OSU Physicians, Inc. ~~(OSUP)~~

~~As the collaborating physician, the APRN(s) and I have discussed circumstances as to when the APRN(s) may exceed the thirty (30) MED averages in treating acute pain. The following conditions are acceptable and may be appropriate for the APRN(s) to exceed the thirty (30) MED averages.~~

~~(a) Traumatic crushing of tissue;~~

~~(b) Amputation;~~

~~(c) Major orthopedic surgery;~~

~~(d) Severe burns~~

~~The APRN(s) and I have reviewed and are familiar with OAC 4731-11-13.~~

~~Initial date of execution:_____ Collaborating Physician:_____~~

~~Initial date of execution:_____ Signature of APRN:_____~~

Credentialing Committee: May 7, 2018,_____, 2026
UH MSAC: May 9, 2018,_____, 2026
James MSAC: May 11, 2018,_____, 2026
Quality and Professional Affairs Committee of the Wexner Medical Center Board: May 29, 2018,_____, 2026
~~Wexner Medical Center Board: June 6, 2018_____~~

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WEXNER MEDICAL CENTER AT THE OHIO STATE UNIVERSITY
Initial Appointments, Reappointments, Initial FPPE Recommendation, Requests for Additional/Special Privileges and Change of Category Requests
Corporate Credentials Committee- July 6, 2026

INITIAL APPOINTMENTS:

NAME	DEPARTMENT	SPECIALTY	CATEGORY OSUH	FROM	TO	CPD
Abouhassan, William, MD	Plastic Surgery	Plastic Surgery	Attending	8/1/2026	10/31/2027	346379
Ahmer, Areesha, MBBS	Pediatrics	Pediatrics	Resident	7/28/2026	6/30/2029	887430
Alexander, Claire M., PhD	Neurology	Neurology	Attending	8/1/2026	10/31/2027	912843
Arutyunyan, Lilit, MD	Ophthalmology	Ophthalmology	Fellow	7/28/2026	6/30/2029	883652
Ash, Cody T., APRN-CNP	Internal Medicine	Cardiovascular Medicine	APP	8/3/2026	10/31/2027	637147
Asjad, Hafsah, MBBS	Pediatrics	Pediatrics	Resident	7/28/2026	6/30/2029	888586
Badia, Victoria R., MD	Internal Medicine	Hospital Medicine	Attending	7/28/2026	10/31/2027	912851
Bajpai, Rusha S., MD	OB/GYN	Gynecologic Oncology	Fellow	8/1/2026	6/30/2029	912932
Bartlett, Heather K., MD	Family Medicine	Family Medicine	Attending	8/3/2026	10/31/2027	307447
Beamer, Samantha R., APRN-CNP	Otolaryngology	Otolaryngology	APP	8/2/2026	10/31/2027	942749
Bennett, James E., DDS	Dentistry	Dentistry	Resident	7/28/2026	6/30/2029	880740
Bevins, Jeremy C., APRN-CNP	Internal Medicine	Hospital Medicine	APP	8/24/2026	10/31/2027	942827
Bharadwaj, Suhas R., MD	Otolaryngology	Otolaryngology	Attending	7/28/2026	10/31/2027	844134
Bhutia, Sangay O., MD	Psychiatry	Psychiatry	Fellow	7/28/2026	6/30/2029	896159
Bombaywala, Krunal Rohit R., DMD	Dentistry	Dentistry	Resident	7/28/2026	6/30/2029	882878
Bonsu, Janice M., MD	Orthopaedics	Orthopaedics	Fellow	8/1/2026	6/30/2029	912902
Borland, Charlotte A., DDS	Dentistry	Dentistry	Resident	7/28/2026	6/30/2029	846634
Boumendjel, Aleksandr, DMD	Dentistry	Dentistry	Resident	7/28/2026	6/30/2029	835397
Burke, Connor P., MD	Family Medicine	Family Medicine	Attending	8/3/2026	10/31/2027	895813
Catalan, Marian-Alexandria B., DO	Family Medicine	Family Medicine	Attending	8/17/2026	10/31/2027	554303
Checkole, Saron K., DO	Emergency Medicine	Emergency Medicine	Attending	8/1/2026	10/31/2027	592972
Corso, Isabella Rose, DDS	Dentistry	Dentistry	Resident	7/28/2026	6/30/2029	881698
Da Silva, Joshua S., DO	Community	Emergency Medicine	Community Affiliate B	7/28/2026	10/31/2027	656222
Daboul, Lynn, MD	Neurology	Neurology	Attending	8/1/2026	10/31/2027	885368
Drezdzon, Melissa, MD	Surgery	Colon and Rectal Surgery	Fellow	8/1/2026	6/30/2029	912858
Ebling, Matthew T., MD	Community	Emergency Medicine	Community Affiliate B	8/1/2026	3/31/2028	357658
Elzein, Steven M., MD	Surgery	Transplant	Fellow	8/1/2026	6/30/2029	912928
Everly, Madison E., PA-C	Internal Medicine	Pulmonary, Critical Care and Sleep	APP	8/24/2026	3/31/2028	942765
Ghosh, Shounak, DO	Neurology	Neurology	Fellow	7/28/2026	6/30/2029	883645
Goff, Emily B., MD	Pediatrics	Pediatrics	Resident	7/28/2026	6/30/2029	888594
Guo, Stanley, AA	Anesthesiology	Anesthesiology	AA	8/3/2026	3/31/2028	942682
Guyumjyan, Karen, DMD	Dentistry	Oral Maxillofacial Surgery	Resident	7/28/2026	6/30/2029	880120
Hadad, Matthew J., MD	Orthopaedics	Orthopaedics	Attending	9/1/2026	3/31/2028	854836
Hanson, Mary D., MD	Pathology	Pathology	Attending	7/28/2026	3/31/2028	884338
Harary, Maya, MD	Neurological Surgery	Neurological Surgery	Attending	7/28/2026	3/31/2028	848549
Himelstein, Daniel, MD	Internal Medicine	Gastroenterology, Hepatology and Nutriti	Rotating Fellow	7/28/2026	6/30/2027	896324
Hoang, Brittney, DO	OB/GYN	General Obstetrics and Gynecology	Rotating Resident	7/28/2026	6/30/2027	897637
Horbal, Piotr J., DO	Internal Medicine	Cardiovascular Medicine	Attending	8/17/2026	3/31/2028	586842
Ikebudu, Kenny N., DO	Psychiatry	Psychiatry	Fellow	7/28/2026	6/30/2029	841387
Israr, Farhan, MBBS	Internal Medicine	Infectious Diseases	Fellow	7/28/2026	6/30/2029	880674
Jacoby, Alexander J., PA-C	Surgery	Surgery Critical Care, Trauma, and Burn	APP	7/29/2026	3/31/2028	942707
Keralis, Andrew J., MD	Community	Emergency Medicine	Community Affiliate B	8/1/2026	3/31/2028	887406
Kern, Marina G., MD	OB/GYN	General Obstetrics and Gynecology	Resident	7/28/2026	6/30/2029	888859
King, Tyler, MD	Anesthesiology	Anesthesiology	Attending	8/1/2026	3/31/2028	885673
Klaus, Jared, RD	OB/GYN	Maternal-Fetal Medicine	LHCP	7/28/2026	3/31/2028	942832
Kozlowski, Hannah K., APRN-CNP	Emergency Medicine	Emergency Medicine	APP	8/9/2026	3/31/2028	942641
Kraly, Andrew M., PA-C	Surgery	Thoracic Surgery	APP	8/17/2026	3/31/2028	942738
Kumar, Barrett J., DO	Anesthesiology	Anesthesiology	Attending	8/1/2026	3/31/2028	557983
Kwon, Young S., MD	Radiation Oncology	Radiation Oncology	Attending	8/3/2026	3/31/2028	835124
Lartey, Grace A., MD	Psychiatry	Psychiatry	Attending	8/25/2026	3/31/2028	557256
Li, David Y., MD	Internal Medicine	Nephrology	Attending	8/3/2026	3/31/2028	679939
Lindow, Daniel J., DMD	Dentistry	Dentistry	Resident	7/28/2026	6/30/2029	840348
Lucas, Madeline L., APRN-CNP	Community	Primary Care	APP	8/3/2026	3/31/2028	942842
Lyden, Megan K., MD	Pediatrics	Pediatrics	Resident	7/28/2026	6/30/2029	888073

Lynch, Taylor, MD	Dermatology	Dermatology	Fellow	8/1/2026	6/30/2029	895524
Magnuson, Cody A., MD	Emergency Medicine	Emergency Medicine	Fellow	7/28/2026	6/30/2029	880591
Mahase, Sean S., MD	Radiation Oncology	Radiation Oncology	Attending	8/31/2026	10/31/2028	854927
Mamoun, Manar, MD	Pediatrics	Pediatrics	Resident	7/28/2026	6/30/2029	888313
Maqbool, Mehmood Mohy-Ud-Din, MBBS	Internal Medicine	Infectious Diseases	Fellow	7/28/2026	6/30/2029	880666
Maurer, Nicholas R., MD	Emergency Medicine	Emergency Medicine	Attending	8/1/2026	10/31/2028	882043
McCord, Samantha J., RPh	Internal Medicine	Hospital Medicine	LHCP	9/1/2026	10/31/2028	942784
McDonald, Marley E., PA-C	Plastic Surgery	Plastic Surgery	APP	8/10/2026	10/31/2028	942744
McKenna, Gregory J., DO	Radiology	Diagnostic Radiology	Contracted	7/28/2026	10/31/2028	649454
Meduri, Enrico, MD	Ophthalmology	Ophthalmology	Fellow	7/28/2026	6/30/2029	881284
Mehrabi, Shadi, MD	Otolaryngology	Otolaryngology	Attending	7/28/2026	10/31/2028	844225
Morgan, Erin E., PhD	Physical Medicine & Rehabilitation	Rehabilitation Psychology	Attending	8/24/2026	10/31/2028	896795
Mrozek, Jennifer L., DO	Emergency Medicine	Emergency Medicine	Fellow	7/28/2026	6/30/2029	303016
Mujtahedi, Syed S., MBBS	Surgery	Transplant	Fellow	8/1/2026	6/30/2029	912930
Myer, Elizabeth A., APRN-CNP	Community	Primary Care	APP	8/3/2026	10/31/2028	432484
Nair, Isabella S., MD	Surgery	Surgical Oncology	Attending	8/1/2026	10/31/2028	890954
Natterer, Stayci N., DO	Emergency Medicine	Emergency Medicine	Attending	9/1/2026	10/31/2028	351497
Neumeyer, Lisa N., PhD	Psychiatry	Psychology	Attending	7/28/2026	10/31/2028	897140
Novisky, Brendan N., RPh	Internal Medicine	Hematology	LHCP	8/1/2026	10/31/2028	912498
Nunn, Taylor M., MD	Emergency Medicine	Emergency Medicine	Resident	7/28/2026	6/30/2029	888669
Otto, Janae L., APRN-CNP	Emergency Medicine	Emergency Medicine	APP	8/1/2026	10/31/2028	942754
Pardo, Conor M., RPh	Internal Medicine	Hematology	LHCP	8/1/2026	3/31/2029	912622
Patel, Kripa, MBBS	Internal Medicine	Pulmonary, Critical Care and Sleep	Fellow	7/28/2026	6/30/2029	880575
Pellegrino, Paige N., LPCC	Psychiatry	Psychiatry	LHCP	7/28/2026	3/31/2029	938014
Pereira, Diana M., APRN-CNM	OB/GYN	General Obstetrics and Gynecology	APP	9/12/2026	3/31/2029	356567
Perkins, Jordan T., MD	Surgery	Surgery Critical Care, Trauma, and Burn	Fellow	8/1/2026	6/30/2029	880682
Phinney, Blessing A., MBBS	Internal Medicine	Infectious Diseases	Fellow	7/28/2026	6/30/2029	880658
Pisano, Courtney E., DO	Radiation Oncology	Radiation Oncology	Attending	8/3/2026	3/31/2029	888172
Powell, Jherah, DDS	Dentistry	Dentistry	Resident	7/28/2026	6/30/2029	887919
Prince, Jasmine O., MD	Internal Medicine	Palliative Medicine	Attending	7/28/2026	3/31/2029	554527
Quellhorst, Max L., MD	Radiology	Diagnostic Radiology	Attending	7/28/2026	3/31/2029	882233
Rajesh, Abhishek, AA	Anesthesiology	Anesthesiology	AA	8/3/2026	3/31/2029	942635
Rex, Abigail E., MD	OB/GYN	General Obstetrics and Gynecology	Resident	7/28/2026	6/30/2029	889089
Rogers, Aubrey C., MD	Neurological Surgery	Neurological Surgery	Attending	7/28/2026	3/31/2029	889337
Russ, Matthew, MD	Surgery	General and Gastrointestinal Surgery	Rotating Resident	8/1/2026	6/30/2027	888735
Sakthivel, Harshini, DMD	Dentistry	Dentistry	Resident	7/28/2026	6/30/2029	942575
Sanderson, Collin, MD	Neurology	Neurology	Fellow	7/28/2026	6/30/2029	882308
Saxon, Margaret L., MD	OB/GYN	General Obstetrics and Gynecology	Resident	7/28/2026	6/30/2029	895888
Seeger, Catherine E., MD	Ophthalmology	Ophthalmology	Attending	7/28/2026	10/31/2027	881292
Selander, Lindsey A., AA	Anesthesiology	Anesthesiology	AA	8/24/2026	10/31/2027	942757
Sevgi, Duriye D., MD	Ophthalmology	Ophthalmology	Attending	7/28/2026	10/31/2027	882977
Shafi, Saba, MD	Pathology	Pathology	Fellow	7/28/2026	6/30/2029	555565
Shaheen, Mohammed, MD	Plastic Surgery	Plastic Surgery	Resident	8/1/2026	6/30/2029	891713
Shockley, Kylie E., MD	Internal Medicine	Palliative Medicine	Attending	7/28/2026	10/31/2027	594820
Singh, Jaspreet, DMD	Dentistry	Dentistry	Resident	7/28/2026	6/30/2029	847640
Soriano, Roberto M., MD	Otolaryngology	Otolaryngology	Attending	7/28/2026	10/31/2027	844209
Sourianarayanane, Achuthan, MBBS	Internal Medicine	Gastroenterology, Hepatology and Nutriti	Attending	9/14/2026	10/31/2027	893479
Soxpollard, Noah K., MD	Pediatrics	Pediatrics	Resident	7/28/2026	6/30/2029	888495
Stahler, Katie, MD	Pediatrics	Neontatology	Fellow	7/28/2026	6/30/2029	912984
Syed, Mubin, MD	Radiology	Diagnostic Radiology	Contracted	7/28/2026	10/31/2027	115469
Tantari, Anna C., DO	Internal Medicine	General Medicine	Fellow	7/28/2026	6/30/2029	358612
Thomas, Roshni C., MBBS	Internal Medicine	Rheumatology - Immunology	Fellow	7/28/2026	6/30/2029	842617
Tino, Sydney P., AA	Anesthesiology	Anesthesiology	AA	7/28/2026	10/31/2027	942585
Tran, Jenny, DO	Surgery	General and Gastrointestinal Surgery	Rotating Resident	8/1/2026	6/30/2027	889360
Urso, James A., MD	Radiology	Diagnostic Radiology	Contracted	7/28/2026	10/31/2027	891549
Veerabagu, Surya, MD	Dermatology	Dermatology	Rotating Fellow	8/24/2026	6/30/2027	888180
Venvertloh, Olivia, MD	Pediatrics	Pediatrics	Resident	7/28/2026	6/30/2029	888545

Vosniak, Emma J., AuD	Otolaryngology	Otolaryngology	LHCP	8/3/2026	10/31/2027	942875
Waler, Nicholas, MD	Anesthesiology	Anesthesiology	Attending	9/15/2026	3/31/2028	887299
Wang, Bryan P., MD	Radiology	Diagnostic Radiology	Attending	7/28/2026	3/31/2028	551564
Weghorst, Logan C., MD	Radiology	Diagnostic Radiology	Attending	7/28/2026	3/31/2028	882688
Xi, Romi, MD	Neurology	Neurology	Attending	8/1/2026	3/31/2028	556217
Xiang, Merry, MD	Pediatrics	Pediatrics	Resident	7/28/2026	6/30/2029	888560
Yang, Elaine, MD	Urology	Urology	Attending	7/28/2026	3/31/2028	660443
Yanno, Naudya S., APRN-CRNA	Anesthesiology	Anesthesiology	CRNA	8/10/2026	3/31/2028	942703
Zahn, Brent R., RPh	Internal Medicine	Hospital Medicine	LHCP	9/1/2026	3/31/2028	942778
Zahoor, Salman, MD	Neurology	Neurology	Attending	8/1/2026	3/31/2028	811729
Zhang, Qian S., MD	Radiation Oncology	Radiation Oncology	Attending	8/23/2026	3/31/2028	854810
Zimmerli, Sarah E., RPh	Internal Medicine	Hospital Medicine	LHCP	9/1/2026	3/31/2028	942776

CORRECTIONS FROM PRIOR MONTH	Department	Specialty	Category OSUH	Summary
None				

REAPPOINTMENTS:

NAME	DEPARTMENT	SPECIALTY	CATEGORY OSUH	FROM	TO
None					

CORRECTIONS FROM PRIOR MONTH	Department	Specialty	Category OSUH	Summary
None				

REQUESTS FOR ADDITIONAL PRIVILEGES: ** Effective DATE: 07/28/2026

NAME	DEPARTMENT	PRIVILEGES REQUESTED	CATEGORY OSUH
Arnett, Heather, APRN-CNP	Surgery	POCUS - US guided vascular access	APP
Barbis, Helen Leigh, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Bowman, Lisa Kathleen, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Buchanan, Karley Arlene, APRN-CNP	Internal Medicine	POCUS - US guided vascular access	APP
Burns, Kathy Jo, APRN-CNS	Internal Medicine	Prescribe orthotic and prosthetic devices, wheelchairs and ambulatory devices, special beds and other assistive devices.	APP

Carter, Taylor Ann, APRN-CNP	Neurology	Assess short-term capacity for medical decision making.	APP
Ciupak, Olivia Leah, PA-C	Neurology	Assess short-term capacity for medical decision making.	APP
Daugherty, Shireen, APRN-CNP	Internal Medicine	Skin suturing	APP
Dishon-Ritzert, Jane Lee, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Dye, Kierra Danielle, APRN-CNP	Neurology	Assess short-term capacity for medical decision making.	APP
Edwards, Victoria Shannon, PA-C	Internal Medicine	Paracentesis	APP
Fleshman, Erica Anne, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Georgeff, Alisa Marie, APRN-CNP	Neurology	Assess short-term capacity for medical decision making.	APP
Geiger, Lindsey R, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Hamer, Phillip Michael, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Henderson, Ashlee Monique, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Hogan, Timothy P, RPh	Internal Medicine	1.Antimicrobial therapy management 2. Renal supportive care management	LHCP
Hritz, Mendie Marie, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Liberman, Victoria, PA-C	Neurology	Assess short-term capacity for medical decision making.	APP
Linhart, Juliana Frances, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Lunsford, Sarah A, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Mahoney, Sean Edgar, APRN-CNP	Neurology	Assess short-term capacity for medical decision making.	APP
Miller, Kellie Jo, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Miller, Madison Rachelle, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Moore, Lora Lizzette, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Mowad, Rebecca Ann, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Myers, Jennefer Rosealee, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Nelson, Joseph L, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Rentz, Melissa L, APRN-CNP	Neurology	Assess short-term capacity for medical decision making.	APP
Schuetz, Stefan William, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Shepherd, Laura Doreen, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Tong, Matthew, DO	Internal Medicine	Vascular MR	Attending
Vasu-Sarver, Allyson M, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Walsh, Lisa Ann, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP

Weiser, Nathan Michael, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Yinger, Amelia Hargrove, APRN-CNP	Neurology	Assess short-term capacity for medical decision making.	APP

INITIAL FPPE RECOMMENDATIONS: **Effective DATE: 07/28/2026

NAME	DEPARTMENT	SPECIALTY	CATEGORY OSUH
Anderson, Jill Kristine, LISW	Physicial Medicine & Rehabilitation	Rehabilitation Psychology	LHCP
Breuers, Rachel Eileen, RPh	Internal Medicine	Hospital Medicine	LHCP
Cevik, Lokman, MD	Pathology	Pathology	Attending
Coleman, MacKenah Christine, APRN-CNP	Surgery	Surgery Critical Care, Trauma and Burn	APP
Fraley, Krystle Garcia, DO	Radiology	Diagnostic Radiology	Contracted
Graves, Garrison Gilchrist, DO	Emergency Medicine	Emergency Medicine	Attending
Hull, Darcey, DO	Physicial Medicine & Rehabilitation	Physical Medicine & Rehabilitation	Attending
Limardi, Kayla Susan, APRN-CNP	Neurology	Neurology	APP
Malone, Amber Rose, CSFA	Orthopaedics	Orthopaedics	LHCP
Mustillo, Julia Elizabeth, MD	Internal Medicine	Hospital Medicine	Attending
Pathan, Shunaid Muhammad, MBBS	Internal Medicine	Hospital Medicine	Attending
Romano, Nicholas David, MD	Radiology	Diagnostic Radiology	Contracted
Sabharwal, Bhanujit Singh, RPh	Internal Medicine	Cardiovascular Medicine	LHCP
Spencer, Audrey Lynn, MD	Surgery	Surgery Critical Care, Trauma and Burn	Attending
Stocum, Robert D, DO	Anesthesiology	Anesthesiology	Attending
Stough, Lexie Rey, RPh	Internal Medicine	Hospital Medicine	LHCP
Thomson, Kaitlin Roth, RPh	Internal Medicine	Hospital Medicine	LHCP
Whalen, James Anthony, APRN-CNP	Surgery	Cardiac Surgery	APP

EXTENSION REQUESTED	Department	Specialty	Category OSUH	FROM	TO	Reason
Cole, Brooke Elizabeth, PA-C	Internal Medicine	Hematology	APP	7/6/2026	10/5/2026	Onboarding delay
Mahajan, Nisha, APRN-CNP	Otolaryngology	Allergy and Immunology	APP	7/6/2026	12/7/2026	Onboarding delay
Samuel, Shradha, MD	Surgery	Vascular Diseases and Surgery	Attending	7/6/2026	11/2/2026	Low volume
Sweaney, Richard David, DDS	Dentistry	Dentistry	Attending	7/6/2026	11/2/2026	Low volume

ADDITIONAL PRIVILEGE(S) FPPE RECOMMENDATIONS: **Effective DATE: 07/28/2026

NAME	DEPARTMENT	PRIVILEGE(S) REQUESTED	CATEGORY OSUH
Carrau, Ricardo L, MD	Otolaryngology	Surgery for correction of sleep apnea	Attending
Chatta, Rami, MD	Radiology	Molecular Imaging / Nuclear Medicine privileges	Attending
Gupta, Amit, MD	Radiology	Transarterial radioembolization	Attending

Krill, Michael Keith, MD	Physical Medicine & Rehabilitation	Physical Medicine & Rehabilitation Core	Attending
Merritt, Robert E, MD	Surgery	1. CAS - Single Port System 2. CAS - Endolumical Bronchoscopy System	Attending
McKee, Aaron Jarrod, APRN-CNP	Internal Medicine	POCUS - US guided vascular access	APP
Richardson, Christy Mae, APRN-CNP	Neurology	1. Arterial line placement and mangement 2. Central venous catheter placement and management 3. POCUS - US guided vascular access	APP
Sandman, Lydia Celine, APRN-CNP	Physical Medicine and Rehabilitation	Injections of practice approved medications for the treatment of chronic migraines	APP
Tranchito, Eve Nicole, MD	Otolaryngology	1. Implantation of autogenous, homologous & allograft 2. Scar revision	Attending
Williams, Amanda Sue, APRN-CNP	Neurology	1. Central venous catheter placement and management 2. Lumbar puncture	APP

EXTENSION REQUESTED	Department	Privilege(s) Requested	Category OSUH	FROM	TO	Reason
Gupta, Amit, MD	Radiology	Histotripsy	Attending	7/6/2026	1/4/2027	Low volume

CHANGE OF CATEGORY: ***Effective DATE***

NAME	DEPARTMENT	CATEGORY FROM	CATEGORY TO
None			

WEXNER MEDICAL CENTER AT THE OHIO STATE UNIVERSITY
Initial Appointments, Reappointments, Initial FPPE Recommendation, Requests for Additional/Special Privileges and Change of Category Requests
Corporate Credentials Committee- July 20, 2026

INITIAL APPOINTMENTS:

NAME	DEPARTMENT	SPECIALTY	CATEGORY OSUH	FROM	TO	CPD
Aksas, Sana, MD	Surgery	Thoracic Surgery	Fellow	8/1/2026	6/30/2029	886192
Alanzi, Meshaal, MD	Internal Medicine	Nephrology	Attending	7/29/2026	10/31/2027	888982
Antinone, Mia G., MD	Family Medicine	Family Medicine	Attending	8/3/2026	10/31/2027	895839
Athanasiadis, Dimitrios, MD	Surgery	General and Gastrointestinal Surgery	Attending	8/1/2026	10/31/2027	912728
Baek, Annabel E., MD	Plastic Surgery	Plastic Surgery	Attending	7/28/2026	10/31/2027	889014
Bailey, Som A., DO	Internal Medicine	Cardiovascular Medicine	Community Affiliate A	8/1/2026	10/31/2027	912248
Bartels, Graham C., PhD	Psychiatry	Psychology	Attending	8/1/2026	10/31/2027	913137
Bauman, Andrew J., RPh	Internal Medicine	Hospital Medicine	LHCP	9/1/2026	10/31/2027	942795
Blake, Brandon T., RPh	Internal Medicine	Hospital Medicine	LHCP	9/1/2026	10/31/2027	942846
Brokamp, Gabrielle A., MD	Dermatology	Dermatology	Attending	9/1/2026	10/31/2027	592725
Chander, Subhash, MBBS	Internal Medicine	Nephrology	Attending	9/1/2026	10/31/2027	882423
Coursen, Jeffrey S., MD	Internal Medicine	Palliative Medicine	Attending	8/3/2026	10/31/2027	642368
Dart, Christine E., MD	Surgery	Surgery Critical Care, Trauma, and Burn	Attending	8/1/2026	10/31/2027	862508
Davis, Brooke H., MD	Surgery	Surgery Critical Care, Trauma, and Burn	Attending	8/1/2026	10/31/2027	862789
Freeman, Latoya, A APRN-CNP	Internal Medicine	Palliative Medicine	APP	8/24/2026	3/31/2028	942833
Gardner, Spencer M., MD	Psychiatry	Psychiatry	Attending	8/25/2026	3/31/2028	896662
Gillespie, Michelle L., MD	Internal Medicine	Pulmonary, Critical Care and Sleep	Attending	8/17/2026	3/31/2028	394742
Gladys, Taylor E., MD	Dermatology	Dermatology	Attending	9/1/2026	3/31/2028	895326
Gray, Michelle C., GC	Internal Medicine	Human Genetics	LHCP	8/10/2026	3/31/2028	942825
Gregory, Stephanie N., MD	Surgery	Surgical Oncology	Fellow	8/1/2026	6/30/2029	889451
Grist, Austin M., DO	Family Medicine	Family Medicine	Attending	8/3/2026	3/31/2028	891069
Gunderson, Sarah G., APRN-CNP	Internal Medicine	Gastroenterology, Hepatology and Nutritic	APP	9/20/2026	3/31/2028	942739
Harr-Holter, Jody L., APRN-CNP	Internal Medicine	Hospital Medicine	APP	8/3/2026	3/31/2028	934058
Joseph, David, RPh	Internal Medicine	Hospital Medicine	LHCP	9/1/2026	3/31/2028	942774
Kahil, Karine, MD	Neurology	Neurology	Fellow	7/28/2026	6/30/2029	891853
Karlsson, Lydia M., MD	Family Medicine	Family Medicine	Attending	8/3/2026	3/31/2028	357392
Karrick, Megan L., DO	Internal Medicine	Gastroenterology, Hepatology and Nutritic	Attending	8/10/2026	3/31/2028	357085
Klingbeil, Kyle D., MD	Surgery	Surgical Oncology	Fellow	8/1/2026	6/30/2029	889469
Leach, Garrison A., MD	Plastic Surgery	Plastic Surgery	Attending	8/1/2026	3/31/2028	896589
Lee, John, MD	Radiology	Diagnostic Radiology	Attending	8/1/2026	3/31/2028	895102
Lewis, Benjamin W., MD	Family Medicine	Family Medicine	Attending	8/3/2026	3/31/2028	357393
Lyou, Jason H., MD	Internal Medicine	Palliative Medicine	Attending	8/3/2026	3/31/2028	423913
Madding, Anna K., RPh	Internal Medicine	Pulmonary, Critical Care and Sleep	LHCP	9/1/2026	10/31/2028	942785
Magee, Kathy M., APRN-CNP	Internal Medicine	Medical Oncology	APP	7/28/2026	10/31/2028	357406
Massie-Story, Mary E., MD	Community	Primary Care	Community Affiliate B	7/28/2026	10/31/2028	559112
Meniru, Jude C., MD	Internal Medicine	Infectious Diseases	Attending	7/28/2026	10/31/2028	504472
Murphy, Morgan J., RPh	Internal Medicine	Palliative Medicine	LHCP	9/1/2026	10/31/2028	942783
Patel, Alpa V., MD	Internal Medicine	Pulmonary, Critical Care and Sleep	Attending	7/28/2026	3/31/2029	762773
Patel, Priyanka, MD	Dermatology	Dermatology	Attending	9/1/2026	3/31/2009	890038
Patton, Ashley K., DO	Pathology	Pathology	Attending	8/17/2026	3/31/2029	490094
Peyton, Rachel D., APRN-CNP	Community	Family Medicine	APP	8/1/2026	3/31/2029	942762
Reda, Danah-Madison, LPCC	Psychiatry	Psychiatry	LHCP	7/28/2026	3/31/2029	942826
Reiman, Brandon T., DO	Orthopaedics	Orthopaedics	Rotating Resident	7/28/2026	6/30/2027	897223
Rincon, Lauren E., MD	Surgery	Surgery Critical Care, Trauma, and Burn	Fellow	8/1/2026	6/30/2029	680418
Rizzo, Mikayla M., RPh	Internal Medicine	General Medicine	LHCP	9/1/2026	3/31/2029	942840
Robertson Patera, Jessica L., MD	Pathology	Pathology	Attending	8/3/2026	3/31/2029	911810
Sammartino, Francesco, MD	Physical Medicine & Rehabilitation	Physical Medicine & Rehabilitation	Attending	7/28/2026	10/31/2027	443853
Sapkota, Saroj, MBBS	Internal Medicine	Hospital Medicine	Attending	7/28/2026	10/31/2027	912914
Smith, Jelea M., APRN-CNP	Psychiatry	Psychiatry	APP	7/28/2026	10/31/2027	352496
Smith, Madison C., MD	Family Medicine	Family Medicine	Attending	8/3/2026	10/31/2027	357397
Sprauer, Sarah E., MD	Internal Medicine	Hospital Medicine	Attending	8/24/2026	10/31/2027	489773
Standring, Oliver, MD	Surgery	Surgical Oncology	Fellow	8/1/2026	6/30/2029	889477
Steen, Adria, APRN-CNP	Psychiatry	Psychiatry	APP	8/30/2026	10/31/2027	895326

Talavera De la Esperanza, Blanca, MD	Neurology	Neurology	Attending	9/1/2026	10/31/2027	830133
Thomas, Katryna K., MD	Surgery	Colon and Rectal Surgery	Fellow	8/1/2026	6/30/2029	912976
Tilmans, Luke S., MD	Radiology	Diagnostic Radiology	Community Affiliate A	7/28/2026	10/31/2027	488429
VanDommelen, Kyle J., MD	Internal Medicine	Medical Oncology	Attending	8/1/2026	10/31/2027	883728
Weidrick, Chloe E., RPh	Internal Medicine	Hospital Medicine	LHCP	9/1/2026	3/31/2028	942777
Wieland, Patrick M., MD	Surgery	General and Gastrointestinal Surgery	Attending	8/1/2026	3/31/2028	912965
Wiland, Homer O., MD	Pathology	Pathology	Attending	8/3/2026	3/31/2028	863613
Wybrecht, Minna, MD	Family Medicine	Family Medicine	Attending	8/3/2026	3/31/2028	357652
Xu, Hope, MD	Plastic Surgery	Plastic Surgery	Attending	7/28/2026	3/31/2028	889022
Zavala, Baltazar A., MD	Neurological Surgery	Neurological Surgery	Attending	8/3/2026	3/31/2028	910489

CORRECTIONS FROM PRIOR MONTH	Department	Specialty	Category OSUH	Summary
None				

REAPPOINTMENTS:

NAME	DEPARTMENT	SPECIALTY	CATEGORY OSUH	FROM	TO
None					

CORRECTIONS FROM PRIOR MONTH	Department	Specialty	Category OSUH	Summary
None				

REQUESTS FOR ADDITIONAL PRIVILEGES: ** Effective DATE: 07/28/2026

NAME	DEPARTMENT	PRIVILEGES REQUESTED	CATEGORY OSUH
Alemayehu, Bethelehem Kinfu, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making	APP
Clemmons, Nicole, RPh	Psychiatry	Behavioral Health Therapy Management	LHCP
Collins, Ashley K, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making	APP
Hampton, Lauren Alexis, APRN-CNP	Radiology	1. Remove tunneled central venous catheter from adult patients 2. POCUS - US guided paracentesis	APP
Holman, Kendall Chrystian, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making	APP

Hunt, Shaina Michelle, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making	APP
Ichrist, Kimberly M, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making	APP
Johnson, Heather Marie, APRN-CNP	Urology	Perform catheter exchange over guidewire for urinary or suprapubic access	APP
McKee, Aaron Jarrod, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making	APP
Morrison, Thomas Cody, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making	APP
Murray, Elizabeth Margaret, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making	APP
Najjar, Mohammed, MD	Pediatrics	Circumcision	Attending
Osinski, Kendra, APRN-CNP	Surgery	POCUS - US guided vascular access	APP
Richardson, Christy Mae, APRN-CNP	Neurology	Assess short-term capacity for medical decision making	APP
Salameh, Naserin M, APRN-CNP	Neurology	Assess short-term capacity for medical decision making	APP
Skinner, Victoria Jane, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making	APP
VanFossen, Jenifer, APRN-CNP	Emergency Medicine	Nurse Practitioner Acute Care Core Privileges	APP
Vester, Oana, MD	Internal Medicine	Arterial line placement	APP
Yoon, Daniel, MD	Radiology	DEXA Scan	Attending
Zammit, Thomas Anthony, PA-C	Neurology	Assess short-term capacity for medical decision making	APP

INITIAL FPPE RECOMMENDATIONS: **Effective DATE: 07/28/2026

NAME	DEPARTMENT	SPECIALTY	CATEGORY OSUH

None

EXTENSION REQUESTED	Department	Specialty	Category OSUH	FROM	TO	Reason

None

ADDITIONAL PRIVILEGE(S) FPPE RECOMMENDATIONS: **Effective DATE: 07/28/2026

NAME	DEPARTMENT	PRIVILEGE(S) REQUESTED	CATEGORY OSUH

None

WEXNER MEDICAL CENTER AT THE OHIO STATE UNIVERSITY
Initial Appointments, Reappointments, Initial FPPE Recommendation, Requests for Additional/Special Privileges and Change of Category Requests
Corporate Credentials Committee- July 20, 2026

EXTENSION REQUESTED	Department	Privilege(s) Requested	Category OSUH	FROM	TO	Reason
None						

CHANGE OF CATEGORY: ***Effective DATE: 07/28/2026***

NAME	DEPARTMENT	CATEGORY FROM	CATEGORY TO
None			

THE JAMES CANCER HOSPITAL AND SOLOVE RESEARCH INSTITUTE
Initial Appointments, Reappointments, Initial FPPE Recommendation, Requests for Additional/Special Privileges and Change of Category Requests
Corporate Credentials Committee- July 6, 2026

INITIAL APPOINTMENTS:

NAME	DEPARTMENT	SPECIALTY	CATEGORY JAMES	FROM	TO
Abouhassan, William, MD	Plastic Surgery	Plastic Surgery	Associate Attending	8/1/2026	10/31/2027
Ahmer, Areesha, MBBS	Pediatrics	Pediatrics	Resident	7/28/2026	6/30/2029
Alexander, Claire M., PhD	Neurology	Neurology	Associate Attending	8/1/2026	10/31/2027
Arutyunyan, Lilit, MD	Ophthalmology	Ophthalmology	Fellow	7/28/2026	6/30/2029
Ash, Cody T., APRN-CNP	Internal Medicine	Cardiovascular Medicine	APP	8/3/2026	10/31/2027
Asjad, Hafsah, MBBS	Pediatrics	Pediatrics	Resident	7/28/2026	6/30/2029
Badia, Victoria R., MD	Internal Medicine	Hospital Medicine	Attending	7/28/2026	10/31/2027
Bajpai, Rusha S., MD	OB/GYN	Gynecologic Oncology	Fellow	8/1/2026	6/30/2029
Beamer, Samantha R., APRN-CNP	Otolaryngology	Otolaryngology	APP	8/2/2026	10/31/2027
Bennett, James E., DDS	Dentistry	Dentistry	Resident	7/28/2026	6/30/2029
Bevins, Jeremy C., APRN-CNP	Internal Medicine	Hospital Medicine	APP	8/24/2026	10/31/2027
Bharadwaj, Suhas R., MD	Otolaryngology	Otolaryngology	Associate Attending	7/28/2026	10/31/2027
Bhutia, Sangay O., MD	Psychiatry	Psychiatry	Fellow	7/28/2026	6/30/2029
Bombaywala, Krunal Rohit R., DMD	Dentistry	Dentistry	Resident	7/28/2026	6/30/2029
Bonsu, Janice M., MD	Orthopaedics	Orthopaedics	Fellow	8/1/2026	6/30/2029
Borland, Charlotte A., DDS	Dentistry	Dentistry	Resident	7/28/2026	6/30/2029
Boumendjel, Aleksandr, DMD	Dentistry	Dentistry	Resident	7/28/2026	6/30/2029
Checkole, Saron K., DO	Emergency Medicine	Emergency Medicine	Associate Attending	8/1/2026	10/31/2027
Corso, Isabella Rose, DDS	Dentistry	Dentistry	Resident	7/28/2026	6/30/2029
Daboul, Lynn, MD	Neurology	Neurology	Associate Attending	8/1/2026	10/31/2027
Drezdzon, Melissa, MD	Surgery	Colon and Rectal Surgery	Fellow	8/1/2026	6/30/2029
Elzein, Steven M., MD	Surgery	Transplant	Fellow	8/1/2026	6/30/2029
Everly, Madison E., PA-C	Internal Medicine	Pulmonary, Critical Care and Sleep	APP	8/24/2026	3/31/2028
Ghosh, Shounak, DO	Neurology	Neurology	Fellow	7/28/2026	6/30/2029
Goff, Emily B., MD	Pediatrics	Pediatrics	Resident	7/28/2026	6/30/2029
Guo, Stanley, AA	Anesthesiology	Anesthesiology	AA	8/3/2026	3/31/2028
Guyumjyan, Karen, DMD	Dentistry	Oral Maxillofacial Surgery	Resident	7/28/2026	6/30/2029
Hadad, Matthew J., MD	Orthopaedics	Orthopaedics	Associate Attending	9/1/2026	3/31/2028
Hanson, Mary D., MD	Pathology	Pathology	Associate Attending	7/28/2026	3/31/2028
Harary, Maya, MD	Neurological Surgery	Neurological Surgery	Associate Attending	7/28/2026	3/31/2028
Himelstein, Daniel, MD	Internal Medicine	Gastroenterology, Hepatology and Nutriti	Rotating Fellow	7/28/2026	6/30/2027
Hoang, Brittney, DO	OB/GYN	General Obstetrics and Gynecology	Rotating Resident	7/28/2026	6/30/2027
Horbal, Piotr J., DO	Internal Medicine	Cardiovascular Medicine	Associate Attending	8/17/2026	3/31/2028
Ikebudu, Kenny N., DO	Psychiatry	Psychiatry	Fellow	7/28/2026	6/30/2029
Israr, Farhan, MBBS	Internal Medicine	Infectious Diseases	Fellow	7/28/2026	6/30/2029
Jacoby, Alexander J., PA-C	Surgery	Surgery Critical Care, Trauma, and Burn	APP	7/29/2026	3/31/2028
Kern, Marina G., MD	OB/GYN	General Obstetrics and Gynecology	Resident	7/28/2026	6/30/2029
King, Tyler, MD	Anesthesiology	Anesthesiology	Associate Attending	8/1/2026	3/31/2028
Kozlowski, Hannah K., APRN-CNP	Emergency Medicine	Emergency Medicine	APP	8/9/2026	3/31/2028
Kraly, Andrew M., PA-C	Surgery	Thoracic Surgery	APP	8/17/2026	3/31/2028
Kumar, Barrett J., DO	Anesthesiology	Anesthesiology	Associate Attending	8/1/2026	3/31/2028
Kwon, Young S., MD	Radiation Oncology	Radiation Oncology	Attending	8/3/2026	3/31/2028
Lartey, Grace A., MD	Psychiatry	Psychiatry	Associate Attending	8/25/2026	3/31/2028
Li, David Y., MD	Internal Medicine	Nephrology	Associate Attending	8/3/2026	3/31/2028
Lindow, Daniel J., DMD	Dentistry	Dentistry	Resident	7/28/2026	6/30/2029
Lyden, Megan K., MD	Pediatrics	Pediatrics	Resident	7/28/2026	6/30/2029
Lynch, Taylor, MD	Dermatology	Dermatology	Fellow	8/1/2026	6/30/2029
Magnuson, Cody A., MD	Emergency Medicine	Emergency Medicine	Fellow	7/28/2026	6/30/2029
Mahase, Sean S., MD	Radiation Oncology	Radiation Oncology	Attending	8/31/2026	10/31/2028
Mamoun, Manar, MD	Pediatrics	Pediatrics	Resident	7/28/2026	6/30/2029
Maqbool, Mehmood Mohy-Ud-Din, MBBS	Internal Medicine	Infectious Diseases	Fellow	7/28/2026	6/30/2029
Maurer, Nicholas R., MD	Emergency Medicine	Emergency Medicine	Associate Attending	8/1/2026	10/31/2028
McCord, Samantha J., RPh	Internal Medicine	Hospital Medicine	LHCP	9/1/2026	10/31/2028
McDonald, Marley E., PA-C	Plastic Surgery	Plastic Surgery	APP	8/10/2026	10/31/2028

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Corporate Credentials Committee- July 6, 2026

McKenna, Gregory J., DO	Radiology	Diagnostic Radiology	Contracted	7/28/2026	10/31/2028
Meduri, Enrico, MD	Ophthalmology	Ophthalmology	Fellow	7/28/2026	6/30/2029
Mehrabi, Shadi, MD	Otolaryngology	Otolaryngology	Associate Attending	7/28/2026	10/31/2028
Morgan, Erin E., PhD	Physical Medicine & Rehabilitation	Rehabilitation Psychology	Associate Attending	8/24/2026	10/31/2028
Mrozek, Jennifer L., DO	Emergency Medicine	Emergency Medicine	Fellow	7/28/2026	6/30/2029
Mujtahedi, Syed S., MBBS	Surgery	Transplant	Fellow	8/1/2026	6/30/2029
Nair, Isabella S., MD	Surgery	Surgical Oncology	Attending	8/1/2026	10/31/2028
Natterer, Stayci N., DO	Emergency Medicine	Emergency Medicine	Associate Attending	9/1/2026	10/31/2028
Neumeyer, Lisa N., PhD	Psychiatry	Psychology	Associate Attending	7/28/2026	10/31/2028
Novisky, Brendan N., RPh	Internal Medicine	Hematology	LHCP	8/1/2026	10/31/2028
Nunn, Taylor M., MD	Emergency Medicine	Emergency Medicine	Resident	7/28/2026	6/30/2029
Otto, Janae L., APRN-CNP	Emergency Medicine	Emergency Medicine	APP	8/1/2026	10/31/2028
Pardo, Conor M., RPh	Internal Medicine	Hematology	LHCP	8/1/2026	3/31/2029
Patel, Kripa, MBBS	Internal Medicine	Pulmonary, Critical Care and Sleep	Fellow	7/28/2026	6/30/2029
Pellegrino, Paige N., LPCC	Psychiatry	Psychiatry	LHCP	7/28/2026	3/31/2029
Perkins, Jordan T., MD	Surgery	Surgery Critical Care, Trauma, and Burn	Fellow	8/1/2026	6/30/2029
Phinney, Blessing A., MBBS	Internal Medicine	Infectious Diseases	Fellow	7/28/2026	6/30/2029
Pisano, Courtney E., DO	Radiation Oncology	Radiation Oncology	Attending	8/3/2026	3/31/2029
Powell, Jherah, DDS	Dentistry	Dentistry	Resident	7/28/2026	6/30/2029
Prince, Jasmine O., MD	Internal Medicine	Palliative Medicine	Associate Attending	7/28/2026	3/31/2029
Quellhorst, Max L., MD	Radiology	Diagnostic Radiology	Associate Attending	7/28/2026	3/31/2029
Rajesh, Abhishek, AA	Anesthesiology	Anesthesiology	AA	8/3/2026	3/31/2029
Rex, Abigail E., MD	OB/GYN	General Obstetrics and Gynecology	Resident	7/28/2026	6/30/2029
Rogers, Aubrey C., MD	Neurological Surgery	Neurological Surgery	Associate Attending	7/28/2026	3/31/2029
Russ, Matthew, MD	Surgery	General and Gastrointestinal Surgery	Rotating Resident	8/1/2026	6/30/2027
Sakthivel, Harshini, DMD	Dentistry	Dentistry	Resident	7/28/2026	6/30/2029
Sanderson, Collin, MD	Neurology	Neurology	Fellow	7/28/2026	6/30/2029
Saxon, Margaret L., MD	OB/GYN	General Obstetrics and Gynecology	Resident	7/28/2026	6/30/2029
Seeger, Catherine E., MD	Ophthalmology	Ophthalmology	Associate Attending	7/28/2026	10/31/2027
Selander, Lindsey A., AA	Anesthesiology	Anesthesiology	AA	8/24/2026	10/31/2027
Sevgi, Duriye D., MD	Ophthalmology	Ophthalmology	Associate Attending	7/28/2026	10/31/2027
Shafi, Saba, MD	Pathology	Pathology	Fellow	7/28/2026	6/30/2029
Shaheen, Mohammed, MD	Plastic Surgery	Plastic Surgery	Resident	8/1/2026	6/30/2029
Shockley, Kylie E., MD	Internal Medicine	Palliative Medicine	Associate Attending	7/28/2026	10/31/2027
Singh, Jaspreet, DMD	Dentistry	Dentistry	Resident	7/28/2026	6/30/2029
Soriano, Roberto M., MD	Otolaryngology	Otolaryngology	Associate Attending	7/28/2026	10/31/2027
Sourianarayanane, Achuthan, MBBS	Internal Medicine	Gastroenterology, Hepatology and Nutriti	Associate Attending	9/14/2026	10/31/2027
Soxpollard, Noah K., MD	Pediatrics	Pediatrics	Resident	7/28/2026	6/30/2029
Stahler, Katie, MD	Pediatrics	Neontatology	Fellow	7/28/2026	6/30/2029
Syed, Mubin, MD	Radiology	Diagnostic Radiology	Contracted	7/28/2026	10/31/2027
Tantari, Anna C., DO	Internal Medicine	General Medicine	Fellow	7/28/2026	6/30/2029
Thomas, Roshni C., MBBS	Internal Medicine	Rheumatology - Immunology	Fellow	7/28/2026	6/30/2029
Tino, Sydney P., AA	Anesthesiology	Anesthesiology	AA	7/28/2026	10/31/2027
Tran, Jenny, DO	Surgery	General and Gastrointestinal Surgery	Rotating Resident	8/1/2026	6/30/2027
Urso, James A., MD	Radiology	Diagnostic Radiology	Contracted	7/28/2026	10/31/2027
Veerabagu, Surya, MD	Dermatology	Dermatology	Rotating Fellow	8/24/2026	6/30/2027
Venvertloh, Olivia, MD	Pediatrics	Pediatrics	Resident	7/28/2026	6/30/2029
Waler, Nicholas, MD	Anesthesiology	Anesthesiology	Associate Attending	9/15/2026	3/31/2028
Wang, Bryan P., MD	Radiology	Diagnostic Radiology	Associate Attending	7/28/2026	3/31/2028
Weghorst, Logan C., MD	Radiology	Diagnostic Radiology	Associate Attending	7/28/2026	3/31/2028
Xi, Romi, MD	Neurology	Neurology	Associate Attending	8/1/2026	3/31/2028
Xiang, Merry, MD	Pediatrics	Pediatrics	Resident	7/28/2026	6/30/2029
Yang, Elaine, MD	Urology	Urology	Associate Attending	7/28/2026	3/31/2028
Yanno, Naudya S., APRN-CRNA	Anesthesiology	Anesthesiology	CRNA	8/10/2026	3/31/2028
Zahn, Brent R., RPh	Internal Medicine	Hospital Medicine	LHCP	9/1/2026	3/31/2028
Zahoor, Salman, MD	Neurology	Neurology	Associate Attending	8/1/2026	3/31/2028
Zhang, Qian S., MD	Radiation Oncology	Radiation Oncology	Attending	8/23/2026	3/31/2028

Zimmerli, Sarah E., RPh	Internal Medicine	Hospital Medicine	LHCP	9/1/2026	3/31/2028

CORRECTIONS FROM PRIOR MONTH	Department	Specialty	Category James	Summary
None				

REAPPOINTMENTS:

NAME	DEPARTMENT	SPECIALTY	CATEGORY JAMES	FROM	TO
None					

CORRECTIONS FROM PRIOR MONTH	Department	Specialty	Category James	Summary
None				

REQUESTS FOR ADDITIONAL PRIVILEGES: ** Effective DATE: 07/28/2026

NAME	DEPARTMENT	PRIVILEGES REQUESTED	CATEGORY JAMES
Barbis, Helen Leigh, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Bowman, Lisa Kathleen, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Buchanan, Karley Arlene, APRN-CNP	Internal Medicine	POCUS - US guided vascular access	APP
Burns, Kathy Jo, APRN-CNS	Internal Medicine	Prescribe orthotic and prosthetic devices, wheelchairs and ambulatory devices, special beds and other assistive devices.	APP
Carter, Taylor Ann, APRN-CNP	Neurology	Assess short-term capacity for medical decision making.	APP
Ciupak, Olivia Leah, PA-C	Neurology	Assess short-term capacity for medical decision making.	APP
Daugherty, Shireen, APRN-CNP	Internal Medicine	Skin suturing	APP
Dishon-Ritzert, Jane Lee, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Dye, Kierra Danielle, APRN-CNP	Neurology	Assess short-term capacity for medical decision making.	APP
Edwards, Victoria Shannon, PA-C	Internal Medicine	Paracentesis	APP
Fleshman, Erica Anne, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Georgeff, Alisa Marie, APRN-CNP	Neurology	Assess short-term capacity for medical decision making.	APP
Geiger, Lindsey R, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Hamer, Phillip Michael, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Henderson, Ashlee Monique, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Hogan, Timothy P, RPh	Internal Medicine	1.Antimicrobial therapy management 2. Renal supportive care management	LHCP
Hritz, Mendie Marie, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP

Liberman, Victoria, PA-C	Neurology	Assess short-term capacity for medical decision making.	APP
Linhart, Juliana Frances, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Lunsford, Sarah A, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Mahoney, Sean Edgar, APRN-CNP	Neurology	Assess short-term capacity for medical decision making.	APP
Miller, Kellie Jo, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Miller, Madison Rachelle, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Moore, Lora Lizzette, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Mowad, Rebecca Ann, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Myers, Jennefer Rosealee, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Nelson, Joseph L, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Rentz, Melissa L, APRN-CNP	Neurology	Assess short-term capacity for medical decision making.	APP
Schuetz, Stefan William, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Shepherd, Laura Doreen, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Vasu-Sarver, Allyson M, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Walsh, Lisa Ann, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Weiser, Nathan Michael, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making.	APP
Yinger, Amelia Hargrove, APRN-CNP	Neurology	Assess short-term capacity for medical decision making.	APP

INITIAL FPPE RECOMMENDATIONS: **Effective DATE: 07/28/2026

NAME	DEPARTMENT	SPECIALTY	CATEGORY JAMES
Anderson, Jill Kristine, LISW	Physicial Medicine & Rehabilitation	Rehabilitation Psychology	LHCP
Breuers, Rachel Eileen, RPh	Internal Medicine	Hospital Medicine	LHCP
Cevik, Lokman, MD	Pathology	Pathology	Associate Attending
Coleman, MacKenah Christine, APRN-CNP	Surgery	Surgery Critical Care, Trauma and Burn	APP
Fraley, Krystle Garcia, DO	Radiology	Diagnostic Radiology	Contracted
Graves, Garrison Gilchrist, DO	Emergency Medicine	Emergency Medicine	Associate Attending
Hull, Darcey, DO	Physicial Medicine & Rehabilitation	Physical Medicine & Rehabilitation	Associate Attending
Limardi, Kayla Susan, APRN-CNP	Neurology	Neurology	APP
Mustillo, Julia Elizabeth, MD	Internal Medicine	Hospital Medicine	Associate Attending
Pathan, Shunaid Muhammad, MBBS	Internal Medicine	Hospital Medicine	Associate Attending
Romano, Nicholas David, MD	Radiology	Diagnostic Radiology	Contracted
Sabharwal, Bhanujit Singh, RPh	Internal Medicine	Cardiovascular Medicine	LHCP
Spencer, Audrey Lynn, MD	Surgery	Surgery Critical Care, Trauma and Burn	Associate Attending
Stocum, Robert D, DO	Anesthesiology	Anesthesiology	Associate Attending

Stough, Lexie Rey, RPh	Internal Medicine	Hospital Medicine	LHCP
Thomson, Kaitlin Roth, RPh	Internal Medicine	Hospital Medicine	LHCP

EXTENSION REQUESTED	Department	Specialty	Category James	FROM	TO	Reason
Cole, Brooke Elizabeth, PA-C	Internal Medicine	Hematology	APP	7/6/2026	10/5/2026	Onboarding delay
Mahajan, Nisha, APRN-CNP	Otolaryngology	Allergy and Immunology	APP	7/6/2026	12/7/2026	Onboarding delay
Sweaney, Richard David, DDS	Dentistry	Dentistry	Associate Attending	7/6/2026	11/2/2026	Low volume

ADDITIONAL PRIVILEGE(S) FPPE RECOMMENDATIONS: **Effective DATE: 07/28/2026

NAME	DEPARTMENT	PRIVILEGE(S) REQUESTED	CATEGORY JAMES
Carrau, Ricardo L, MD	Otolaryngology	Surgery for correction of sleep apnea	Attending
Chatta, Rami, MD	Radiology	Molecular Imaging / Nuclear Medicine privileges	Associate Attending
Gupta, Amit, MD	Radiology	Transarterial radioembolization	Associate Attending
Krill, Michael Keith, MD	Physical Medicine & Rehabilitation	Physical Medicine & Rehabilitation Core	Associate Attending
Merritt, Robert E, MD	Surgery	1. CAS - Single Port System 2. CAS - Endolumical Bronchoscopy System	Attending
McKee, Aaron Jarrod, APRN-CNP	Internal Medicine	POCUS - US guided vascular access	APP
Richardson, Christy Mae, APRN-CNP	Neurology	1. Arterial line placement and mangement 2. Central venous catheter placement and management 3. POCUS - US guided vascular access	APP
Sandman, Lydia Celine, APRN-CNP	Physical Medicine and Rehabilitation	Injections of practice approved medications for the treatment of chronic migraines	APP
Tranchito, Eve Nicole, MD	Otolaryngology	1. Implantation of autogenous, homologous & allograft 2. Scar revision	Associate Attending
Williams, Amanda Sue, APRN-CNP	Neurology	1. Central venous catheter placement and management 2. Lumbar puncture	APP

EXTENSION REQUESTED	Department	Privilege(s) Requested	Category James	FROM	TO	Reason
Gupta, Amit, MD	Radiology	Histotripsy	Associate Attending	7/6/2026	1/4/2027	Low volume

THE JAMES CANCER HOSPITAL AND SOLOVE RESEARCH INSTITUTE
Initial Appointments, Reappointments, Initial FPPE Recommendation, Requests for Additional/Special Privileges and Change of Category Requests
Corporate Credentials Committee- July 6, 2026

CHANGE OF CATEGORY: ***Effective DATE*

NAME	DEPARTMENT	CATEGORY FROM	CATEGORY TO

None

THE JAMES CANCER HOSPITAL AND SOLOVE RESEARCH INSTITUTE
Initial Appointments, Reappointments, Initial FPPE Recommendation, Requests for Additional/Special Privileges and Change of Category Requests
Corporate Credentials Committee- July 20, 2026

INITIAL APPOINTMENTS:

NAME	DEPARTMENT	SPECIALTY	CATEGORY JAMES	FROM	TO
Aksas, Sana, MD	Surgery	Thoracic Surgery	Fellow	8/1/2026	6/30/2029
Alanzi, Meshaal, MD	Internal Medicine	Nephrology	Associate Attending	7/29/2026	10/31/2027
Athanasiadis, Dimitrios, MD	Surgery	General and Gastrointestinal Surgery	Associate Attending	8/1/2026	10/31/2027
Baek, Annabel E., MD	Plastic Surgery	Plastic Surgery	Associate Attending	7/28/2026	10/31/2027
Bartels, Graham C., PhD	Psychiatry	Psychology	Associate Attending	8/1/2026	10/31/2027
Bauman, Andrew J., RPh	Internal Medicine	Hospital Medicine	LHCP	9/1/2026	10/31/2027
Blake, Brandon T., RPh	Internal Medicine	Hospital Medicine	LHCP	9/1/2026	10/31/2027
Brokamp, Gabrielle A., MD	Dermatology	Dermatology	Associate Attending	9/1/2026	10/31/2027
Chander, Subhash, MBBS	Internal Medicine	Nephrology	Associate Attending	9/1/2026	10/31/2027
Coursen, Jeffrey S., MD	Internal Medicine	Palliative Medicine	Attending	8/3/2026	10/31/2027
Dart, Christine E., MD	Surgery	Surgery Critical Care, Trauma, and Burn	Associate Attending	8/1/2026	10/31/2027
Davis, Brooke H., MD	Surgery	Surgery Critical Care, Trauma, and Burn	Associate Attending	8/1/2026	10/31/2027
Freeman, Latoya, A APRN-CNP	Internal Medicine	Palliative Medicine	APP	8/24/2026	3/31/2028
Gardner, Spencer M., MD	Psychiatry	Psychiatry	Associate Attending	8/25/2026	3/31/2028
Gillespie, Michelle L., MD	Internal Medicine	Pulmonary, Critical Care and Sleep	Associate Attending	8/17/2026	3/31/2028
Gladys, Taylor E., MD	Dermatology	Dermatology	Associate Attending	9/1/2026	3/31/2028
Gray, Michelle C., GC	Internal Medicine	Human Genetics	LHCP	8/10/2026	3/31/2028
Gregory, Stephanie N., MD	Surgery	Surgical Oncology	Fellow	8/1/2026	6/30/2029
Gunderson, Sarah G., APRN-CNP	Internal Medicine	Gastroenterology, Hepatology and Nutritic	APP	9/20/2026	3/31/2028
Harr-Holter, Jody L., APRN-CNP	Internal Medicine	Hospital Medicine	APP	8/3/2026	3/31/2028
Joseph, David, RPh	Internal Medicine	Hospital Medicine	LHCP	9/1/2026	3/31/2028
Kahil, Karine, MD	Neurology	Neurology	Fellow	7/28/2026	6/30/2029
Karrick, Megan L., DO	Internal Medicine	Gastroenterology, Hepatology and Nutritic	Associate Attending	8/10/2026	3/31/2028
Klingbeil, Kyle D., MD	Surgery	Surgical Oncology	Fellow	8/1/2026	6/30/2029
Leach, Garrison A., MD	Plastic Surgery	Plastic Surgery	Associate Attending	8/1/2026	3/31/2028
Lee, John, MD	Radiology	Diagnostic Radiology	Associate Attending	8/1/2026	3/31/2028
Lyou, Jason H., MD	Internal Medicine	Palliative Medicine	Attending	8/3/2026	3/31/2028
Madding, Anna K., RPh	Internal Medicine	Pulmonary, Critical Care and Sleep	LHCP	9/1/2026	10/31/2028
Magee, Kathy M., APRN-CNP	Internal Medicine	Medical Oncology	APP	7/28/2026	10/31/2028
Meniru, Jude C., MD	Internal Medicine	Infectious Diseases	Associate Attending	7/28/2026	10/31/2028
Murphy, Morgan J., RPh	Internal Medicine	Palliative Medicine	LHCP	9/1/2026	10/31/2028
Patel, Alpa V., MD	Internal Medicine	Pulmonary, Critical Care and Sleep	Associate Attending	7/28/2026	3/31/2029
Patel, Priyanka, MD	Dermatology	Dermatology	Associate Attending	9/1/2026	3/31/2009
Patton, Ashley K., DO	Pathology	Pathology	Associate Attending	8/17/2026	3/31/2029
Reiman, Brandon T., DO	Orthopaedics	Orthopaedics	Rotating Resident	7/28/2026	6/30/2027
Rincon, Lauren E., MD	Surgery	Surgery Critical Care, Trauma, and Burn	Fellow	8/1/2026	6/30/2029
Rizzo, Mikayla M., RPh	Internal Medicine	General Medicine	LHCP	9/1/2026	3/31/2029
Robertson Patera, Jessica L., MD	Pathology	Pathology	Associate Attending	8/3/2026	3/31/2029
Sammartino, Francesco, MD	Physical Medicine & Rehabilitation	Physical Medicine & Rehabilitation	Associate Attending	7/28/2026	10/31/2027
Sapkota, Saroj, MBBS	Internal Medicine	Hospital Medicine	Associate Attending	7/28/2026	10/31/2027
Sprauer, Sarah E., MD	Internal Medicine	Hospital Medicine	Attending	8/24/2026	10/31/2027
Standring, Oliver, MD	Surgery	Surgical Oncology	Fellow	8/1/2026	6/30/2029
Steen, Adria, APRN-CNP	Psychiatry	Psychiatry	APP	8/30/2026	10/31/2027
Talavera De la Esperanza, Blanca, MD	Neurology	Neurology	Associate Attending	9/1/2026	10/31/2027
Thomas, Katryna K., MD	Surgery	Colon and Rectal Surgery	Fellow	8/1/2026	6/30/2029
Tilmans, Luke S., MD	Radiology	Diagnostic Radiology	Associate Attending	7/28/2026	10/31/2027
VanDommelen, Kyle J., MD	Internal Medicine	Medical Oncology	Attending	8/1/2026	10/31/2027
Weidrick, Chloe E., RPh	Internal Medicine	Hospital Medicine	LHCP	9/1/2026	3/31/2028
Wieland, Patrick M., MD	Surgery	General and Gastrointestinal Surgery	Associate Attending	8/1/2026	3/31/2028
Wiland, Homer O., MD	Pathology	Pathology	Associate Attending	8/3/2026	3/31/2028
Xu, Hope, MD	Plastic Surgery	Plastic Surgery	Associate Attending	7/28/2026	3/31/2028
Zavala, Baltazar A., MD	Neurological Surgery	Neurological Surgery	Associate Attending	8/3/2026	3/31/2028

THE JAMES CANCER HOSPITAL AND SOLOVE RESEARCH INSTITUTE
Initial Appointments, Reappointments, Initial FPPE Recommendation, Requests for Additional/Special Privileges and Change of Category Requests
Corporate Credentials Committee- July 20, 2026

CORRECTIONS FROM PRIOR MONTH	Department	Specialty	Category James	Summary
None				

REAPPOINTMENTS:

NAME	DEPARTMENT	SPECIALTY	CATEGORY JAMES	FROM	TO
None					

CORRECTIONS FROM PRIOR MONTH	Department	Specialty	Category James	Summary
None				

REQUESTS FOR ADDITIONAL PRIVILEGES: ** Effective DATE: 07/28/2026

NAME	DEPARTMENT	PRIVILEGES REQUESTED	CATEGORY JAMES
Alemayehu, Bethelehem Kinfu, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making	APP
Collins, Ashley K, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making	APP
Hampton, Lauren Alexis, APRN-CNP	Radiology	1. Remove tunneled central venous catheter from adult patients 2. POCUS - US guided paracentesis	APP
Holman, Kendall Chrystian, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making	APP
Hunt, Shaina Michelle, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making	APP
Ichrist, Kimberly M, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making	APP
Johnson, Heather Marie, APRN-CNP	Urology	Perform catheter exchange over guidewire for urinary or suprapubic access	APP
McKee, Aaron Jarrod, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making	APP
Morrison, Thomas Cody, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making	APP
Murray, Elizabeth Margaret, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making	APP
Osinski, Kendra, APRN-CNP	Surgery	POCUS - US guided vascular access	APP
Richardson, Christy Mae, APRN-CNP	Neurology	Assess short-term capacity for medical decision making	APP
Salameh, Naserin M, APRN-CNP	Neurology	Assess short-term capacity for medical decision making	APP
Skinner, Victoria Jane, APRN-CNP	Internal Medicine	Assess short-term capacity for medical decision making	APP
VanFossen, Jenifer, APRN-CNP	Emergency Medicine	Nurse Practitioner Acute Care Core Privileges	APP
Vester, Oana, MD	Internal Medicine	Arterial line placement	APP
Yoon, Daniel, MD	Radiology	DEXA Scan	Associate Attending
Zammit, Thomas Anthony, PA-C	Neurology	Assess short-term capacity for medical decision making	APP

THE JAMES CANCER HOSPITAL AND SOLOVE RESEARCH INSTITUTE
Initial Appointments, Reappointments, Initial FPPE Recommendation, Requests for Additional/Special Privileges and Change of Category Requests
Corporate Credentials Committee- July 20, 2026

INITIAL FPPE RECOMMENDATIONS: **Effective DATE: 07/28/2026

NAME	DEPARTMENT	SPECIALTY	CATEGORY JAMES

None

EXTENSION REQUESTED	Department	Specialty	Category James	FROM	TO	Reason

None

ADDITIONAL PRIVILEGE(S) FPPE RECOMMENDATIONS: **Effective DATE: 07/28/2026

NAME	DEPARTMENT	PRIVILEGE(S) REQUESTED	CATEGORY JAMES

None

EXTENSION REQUESTED	Department	Privilege(s) Requested	Category James	FROM	TO	Reason

None

CHANGE OF CATEGORY: ***Effective DATE: 07/28/2026*

NAME	DEPARTMENT	CATEGORY FROM	CATEGORY TO

None

THE OHIO STATE UNIVERSITY NEW ALBANY AMBULATORY SURGERY CENTER
Initial Appointments, Reappointments, Additional Privileges
Medical Executive Committee - July 21, 2026

INITIAL APPOINTMENTS:

NAME	SPECIALTY	FROM	TO
Abouhassan, William, MD	Plastic Surgery	8/1/2026	10/31/2027
Athanasiadis, Dimitrios, MD	Surgery (General Surgery)	8/1/2026	10/31/2027
Baek, Annabel E., MD	Plastic Surgery	7/28/2026	10/31/2027
Bharadwaj, Suhas R., MD	Otolaryngology	7/28/2026	10/31/2027
Dart, Christine E., MD	Surgery, Trauma Surgery, Surgical (	8/1/2026	10/31/2027
Davis, Brooke H., MD	Surgery, Trauma Surgery	8/1/2026	10/31/2027
Hadad, Matthew J., MD	Orthopaedic Surgery	9/1/2026	3/31/2028
Hanson, Mary D., MD	Pathology	7/28/2026	3/31/2028
Karrick, Megan L., DO	Gastroenterology	8/10/2026	3/31/2028
Leach, Garrison A., MD	Plastic Surgery	8/1/2026	3/31/2028
Lee, John, MD	Diagnostic Radiology	7/28/2026	3/31/2028
McDonald, Marley E., PA-C	Physician Assistant	8/10/2026	10/31/2028
McKenna, Gregory J., DO	Diagnostic Radiology	7/28/2026	10/31/2028
Mehrabi, Shadi, MD	Otolaryngology	7/28/2026	10/31/2028
Patton, Ashley K., DO	Pathology	8/17/2026	3/31/2029
Quellhorst, Max L., MD	Diagnostic Radiology	7/28/2026	3/31/2029
Robertson Patera, Jessica L., MD	Pathology	8/3/2026	3/31/2029
Sammartino, Francesco, MD	Pain Medicine	7/28/2026	10/31/2027
Seeger, Catherine E., MD	Ophthalmology	7/28/2026	10/31/2027
Sevgi, Duriye D., MD	Ophthalmology	7/28/2026	10/31/2027
Soriano, Roberto M., MD	Otolaryngology	7/28/2026	10/31/2027
Sourianarayanane, Achuthan, MBBS	Gastroenterology	9/14/2026	10/31/2027
Syed, Mubin I., MD	Diagnostic Radiology	7/28/2026	10/31/2027
Tilmans, Luke S., MD	Diagnostic Radiology	7/28/2026	10/31/2027
Urso, James A., MD	Diagnostic Radiology	7/28/2026	10/31/2027
Wang, Bryan P., MD	Diagnostic Radiology	7/28/2026	3/31/2028
Weghorst, Logan C., MD	Diagnostic Radiology	7/28/2026	3/31/2028
Wieland, Patrick M., MD	Surgery (General Surgery)	8/1/2026	3/31/2028
Wiland, Homer O., MD	Pathology	8/2/2026	3/31/2028
Xu, Hope, MD	Plastic Surgery	7/28/2026	3/31/2028
Yang, Elaine, MD	Urology	7/28/2026	3/31/2028
Zavala, Baltazar A., MD	Neurological Surgery	8/3/2026	3/31/2028

REAPPOINTMENTS:

NAME	SPECIALTY	FROM	TO
None			

REQUESTS FOR ADDITIONAL PRIVILEGES: ** Effective Date:7/28/2026

NAME	SPECIALTY	PRIVILEGES REQUESTED
Haisley, Kelly R., MD	Surgery (General Surgery)	CAS-Multi Port system
Hickman, Lisa C., MD	OB-GYN	CAS-Multi Port system
Meara, Michael P., MD	Surgery (General Surgery)	CAS-Multi Port system
Nekkanti, Silpa, MD	OB-GYN	CAS-Multi Port system
Perry, Kyle A., MD	Surgery (General Surgery)	CAS-Multi Port system
Renton, David B., MD	Surgery (General Surgery)	CAS-Multi Port system
Sweigert, Patrick J., MD	Surgery (General Surgery)	CAS-Multi Port system

THE OHIO STATE UNIVERSITY DUBLIN AMBULATORY SURGERY CENTER
Initial Appointments, Reappointments, Additional Privileges
Medical Executive Committee - July 21, 2026

INITIAL APPOINTMENTS:

NAME	SPECIALTY	FROM	TO
Abouhassan, William, MD	Plastic Surgery	8/1/2026	10/31/2027
Baek, Annabel E., MD	Plastic Surgery	7/28/2026	10/31/2027
Bharadwaj, Suhas R., MD	Otolaryngology	7/28/2026	10/31/2027
Hadad, Matthew J., MD	Orthopaedic Surgery	9/1/2026	3/31/2028
Hanson, Mary D., MD	Pathology	7/28/2026	3/31/2028
Karrick, Megan L., DO	Gastroenterology	8/10/2026	3/31/2028
Leach, Garrison A., MD	Plastic Surgery	8/1/2026	3/31/2028
Lee, John, MD	Diagnostic Radiology	7/28/2026	3/31/2028
McKenna, Gregory J., DO	Diagnostic Radiology	7/28/2026	10/31/2028
Mehrabi, Shadi, MD	Otolaryngology	7/28/2026	10/31/2028
Patton, Ashley K., DO	Pathology	8/17/2026	3/31/2029
Quellhorst, Max L., MD	Diagnostic Radiology	7/28/2026	3/31/2029
Robertson Patera, Jessica L., MD	Pathology	8/3/2026	3/31/2029
Sammartino, Francesco, MD	Pain Medicine	7/28/2026	10/31/2027
Soriano, Roberto M., MD	Otolaryngology	7/28/2026	10/31/2027
Sourianarayanane, Achuthan, MBBS	Gastroenterology	9/14/2026	10/31/2027
Syed, Mubin I., MD	Diagnostic Radiology	7/28/2026	10/31/2027
Tilmans, Luke S., MD	Diagnostic Radiology	7/28/2026	10/31/2027
Urso, James A., MD	Diagnostic Radiology	7/28/2026	10/31/2027
Wang, Bryan P., MD	Diagnostic Radiology	7/28/2026	3/31/2028
Weghorst, Logan C., MD	Diagnostic Radiology	7/28/2026	3/31/2028
Wiland, Homer O., MD	Pathology	8/2/2026	3/31/2028
Xu, Hope, MD	Plastic Surgery	7/28/2026	3/31/2028
Yang, Elaine, MD	Urology	7/28/2026	3/31/2028
Zavala, Baltazar A., MD	Neurological Surgery	8/3/2026	3/31/2028

REAPPOINTMENTS:

NAME	SPECIALTY	FROM	TO
None			

REQUESTS FOR ADDITIONAL PRIVILEGES: ** Effective Date:7/28/2026

NAME	SPECIALTY	PRIVILEGES REQUESTED
None		

THE OHIO STATE UNIVERSITY POWELL AMBULATORY SURGERY CENTER
Initial Appointments, Reappointments, Additional Privileges
Medical Executive Committee - July 21, 2026

INITIAL APPOINTMENTS:

NAME	SPECIALTY	FROM	TO
Allen, Kenneth D., DO	Gastroenterology	9/1/2026	10/31/2027
Bharde, Pravinkumar, MD	Diagnostic Radiology	9/1/2026	10/31/2027
Bouquet, Erin A., MD	Gastroenterology	9/1/2026	10/31/2027
Burlen, Jordan, MD	Gastroenterology	9/1/2026	10/31/2027
Burns, Hannah E., AA	Anesthesiologist Assistant	9/1/2026	10/31/2027
Burrier, Candice M., MD	Anesthesiology	9/1/2026	10/31/2027
Campagni, Michael A., MD	Anesthesiology	9/1/2026	10/31/2027
Chakraborty, Subhankar, MD	Gastroenterology	9/1/2026	10/31/2027
Chan, Megan Q., MD	Gastroenterology	9/1/2026	10/31/2027
Chiplunker, Adeeti J., MD	Gastroenterology	9/1/2026	10/31/2027
Connell, George R., MD	Anesthesiology	9/1/2026	10/31/2027
Farris, Adam W., MD	Anesthesiology	9/1/2026	3/31/2028
Fawley, Ryan K., MD	Gastroenterology	9/1/2026	3/31/2028
Frank, Jeffrey J., MD	Anesthesiology	9/1/2026	3/31/2028
Gable, Andrew W., DO	Anesthesiology	9/1/2026	3/31/2028
Hanson, Mary D., MD	Pathology	9/1/2026	3/31/2028
Hart, Philip A., MD	Gastroenterology	9/1/2026	3/31/2028
Hays, Michael J., MD	Anesthesiology	9/1/2026	3/31/2028
Hooper, Alexander R., MD	Gastroenterology	9/1/2026	3/31/2028
Karrick, Megan L., DO	Gastroenterology	9/1/2026	3/31/2028
Kelly, Sean G., MD	Gastroenterology	9/1/2026	3/31/2028
Kendig, Timothy P., AA	Anesthesiologist Assistant	9/1/2026	3/31/2028
Lee, John, MD	Diagnostic Radiology	9/1/2026	3/31/2028
Li, Na, MD	Gastroenterology	9/1/2026	3/31/2028
Lopez, Anthony R., MD	Anesthesiology	9/1/2026	3/31/2028
Mitchell, Christian A., MD	Anesthesiology	9/1/2026	10/31/2028
Nawaz, Waqas, MD	Gastroenterology	9/1/2026	10/31/2028
Park, Erica K., MD	Gastroenterology	9/1/2026	3/31/2029
Pastor, Joshua A., MD	Anesthesiology	9/1/2026	3/31/2029
Patton, Ashley K., DO	Pathology	9/1/2026	3/31/2029
Pavelko, Stephen, MD	Anesthesiology	9/1/2026	3/31/2029
Pusateri, Antoinette J., MD	Gastroenterology	9/1/2026	3/31/2029
Quellhorst, Max L., MD	Diagnostic Radiology	9/1/2026	3/31/2029
Rizk, Sam, MD	Anesthesiology	9/1/2026	3/31/2029
Robertson Patera, Jessica L., MD	Pathology	9/1/2026	3/31/2029
Romanelli, Michael J., DO	Anesthesiology	9/1/2026	3/31/2029
Skeans, Jacob M., MD	Gastroenterology	9/1/2026	10/31/2027
Sourianarayanane, Achuthan, MBBS	Gastroenterology	9/14/2026	10/31/2027
Syed, Mubin I., MD	Diagnostic Radiology	9/1/2026	10/31/2027
Tilmans, Luke S., MD	Diagnostic Radiology	9/1/2026	10/31/2027
Urso, James A., MD	Diagnostic Radiology	9/1/2026	10/31/2027
Wang, Bryan P., MD	Diagnostic Radiology	9/1/2026	3/31/2028
Weghorst, Logan C., MD	Diagnostic Radiology	9/1/2026	3/31/2028
Wiland, Homer O., MD	Pathology	9/1/2026	3/31/2028
Wilsak, David M., MD	Anesthesiology	9/1/2026	3/31/2027
Zhou, Meiqin, MD	Anesthesiology	9/1/2026	3/31/2027

REAPPOINTMENTS:

NAME	SPECIALTY	FROM	TO
None			

REQUESTS FOR ADDITIONAL PRIVILEGES: ** Effective Date:7/28/2026

NAME	SPECIALTY	PRIVILEGES REQUESTED
None		

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

APP Optional Privilege Form

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Core/Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.

Facilities

☑ **OSUHS** ☑ **The James** ☑ **ASCNA** ☑ **ASCDUB**
☑ **ASCP**

Required Qualifications

Education and Training	Master's or doctoral degree upon completion of an advanced nurse practitioner or physician assistant training program accredited by a certification entity approved by the Ohio Board of Nursing or the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) as applicable.
Certification	Applicant must hold current and continuous certification as per their education and training.
Clinical Experience - Initial	Applicant must provide documentation of required number of cases as outlined below for the past 3 years, including documentation of any additional requirements for privileges requested.
Clinical Experience - Reappointment	Must provide documentation of required number of cases as outlined below for the past 3 years, including documentation of any additional requirements for privileges requested.
Additional Qualifications	Clinical Practice: An optional privilege can only be requested if the applicant's collaborating or supervising physician(s) are already approved to perform the procedure. **AND** Credentialed Status: Applicant must hold current, approved clinical privileges at the Ohio State University Wexner Medical Center as a nurse midwife, nurse practitioner, or physician assistant. **AND** Quality Assurance: Any approved optional privilege must be monitored 100% of the time as part of the OPPE process.

General Inpatient (APRN-CNP only)

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Pronouncement of Death: Authorized to determine and confirm death through clinical evaluation and assessment. Includes documentation of time, date, and circumstances of death in the medical record, and communication with the care team and family as appropriate. Does not include the ability to sign the death certificate

Nuclear Medicine

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Administration of non-therapeutic (diagnostic) radiopharmaceuticals via HAI pump (Written confirmation by the Radiation Safety Officer or designee attesting to the applicant's approval as an Authorized User)

Cardiovascular

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Arterial puncture and blood gas sampling (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Arterial line placement and management. (NOTE: Ultrasound guided requires POCUS procedures privileges. Initial: 5 cases)(Must perform 7 every 3 Years)

Cardiovascular

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Central venous catheter placement and management. (NOTE: Ultrasound guided requires POCUS procedures privileges. Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Image-guided placement and/or exchange of non-tunneled central venous catheter on adult patients. (NOTE: Ultrasound guided requires POCUS procedures privileges. Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Image-guided placement and/or exchange of tunneled central venous catheters on adult patients. (NOTE: Ultrasound guided requires POCUS procedures privileges. Initial: 10 cases) (Must perform 15 every 3 Years)
☐	☐				Image-guided placement and/or removal of subcutaneous venous ports on adult patients (NOTE: Ultrasound guided requires POCUS procedures privileges. Initial: 10 cases)(Must perform 15 every 3 Years)
☐	☐				Remove tunneled central venous catheter from adult patients (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Intra-aortic balloon pump removal (non-surgical percutaneous device only) (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Pacemaker and ICD interrogation and evaluation. After three years with approved privilege, provider must obtain certification by the International Board of Heart Rhythm Examiners and maintain certification (Initial: 8 cases)(Must perform 60 every 3 Years)
☐	☐				Placement and removal of Implantable Loop Recorder (Initial: Must complete OSUWMC didactic training and education for Placement and removal of Implantable Loop Recorder. This includes direct observation of 2 ILR placements and 5 ILR removals, and proctoring on 10 ILR placements and 10 ILR removals. Regrant: Must provide documentation of completion of at least 7 ILR placements and 7 ILR removals in the last 3 years).
☐	☐				Sclerotherapy (Initial: 10 cases)(Must perform 15 every 3 Years)
☐	☐				Tilt Table Supervision (Initial: If competency is gained outside of OSUWMC, ten (10) case logs performed within the last 5 years, will be documented with a letter of support from the collaborating or supervising physician from the outside institution OR Didactic training and proctored cases per protocol).(Must perform 5 every 3 Years)

Digestive and Abdominal

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Anoscopy with or without biopsy (Initial: 10 cases)(Must perform 20 every 3 Years)
☐	☐				Gastric lap band adjustments (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				High Resolution Anoscopy (HRA) and biopsy (Initial: 25 cases)(Must perform 30 every 3 Years)
☐	☐				Paracentesis (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Ultrasound Free Fluid Detection (FAST) (Initial: 20 cases)(Must perform 7 every 3 Years)

Endocrine

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Implantable Subcutaneous Glucose Monitor Insertion/Removal. (Initial: Must complete respective vendor's training course or 3 cases)(Must perform 4 every 3 Years)

Endocrine - Thyroid Ultrasound (Endocrine APRNs only)

Qualifications

Education and Training	Successful completion of the OSUWMC POCUS Policies and Procedures CBL course **AND** Completion of required training course as approved by the division Ultrasound director or POCUS representative or surrogate approved by POCUS committee.
Clinical Experience (Initial)	Documentation of completing observation of at least 10 Thyroid Ultrasounds in the last 2 years. **AND** Documentation of proctoring of at least 30 Thyroid Ultrasounds under direct supervision in the last 2 years.
Clinical Experience (Reappointment)	Attestation of quality outcomes. QA audits should be completed by department per POCUS policy, AND required number of cases (reviewed by division US director or POCUS representative or surrogate approved by POCUS committee) Logs of cases must be provided.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Thyroid Ultrasound (Limited to patients requiring follow-up of previously biopsied benign nodules and patients with low risk nodules).(Must perform 30 every 3 Years)

Hematology and Oncology

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Bone marrow aspiration and biopsy (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Intraventricular reservoir access for management and administration of chemotherapy (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Lymphangiography with or without contrast or dye (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Management and administration of chemotherapy via all therapeutic routes. MUST request site access privileges. (Initial: Completion of chemotherapy/biotherapy course).(Must perform 7 every 3 Years)

Hematology and Oncology - Focused MSK Ultrasound Operator (APRN's and PA's in the Hemostasis and Thrombosis Center for Hemophilia and Von Willebrand patients)

Qualifications

Clinical Experience (Initial)	Completion of 25 documented ultrasound exams from a minimum of five different joints over the last 2 years. Each joint should have a minimum of 5 exams. (Images must be reviewed and signed off on by the POCUS representative who is credentialed to do the procedure being requested) **AND** Successful completion of the OSUWMC POCUS Policies and Procedures CBL course **AND** Proctoring Experience: The completion of a course (approved by division US director or POCUS representative or surrogate approved by POCUS committee) that includes both didactic and hands-on instruction in the privilege requested and the required number of procedures under the supervision of an expert preceptor. **OR** Clinical Experience (from outside OSU Hospitals): A letter from the department chair where the applicant has been practicing (not training) attesting to competency (as a result of quality monitoring) and completion of the required number of procedures.
Clinical Experience (Reappointment)	Documentation of completion of 15 exams every 3 years in at least 3 different body parts

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Focused MSK US Operator - Performance of basic, focused musculoskeletal exams on the appendicular skeleton as part of a specialty scope of practice to evaluate for joint effusion with indirect supervision from a credentialed physician.

Hematology and Oncology - Limited Oncology Prescribing Privilege (LOPP)

Qualifications

Education and Training	Successful completion of required training course. **AND** Passing scores on computer examination and the oncology prescribing competency written examination **AND** AND Documentation of six (6) proctored oncology treatment plan preparations, supervised by an oncology Pharmacy Specialist, a chemotherapy privileged attending physician, or an APP currently privileged in LOPP.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				LOPP Sign, adjust and modify chemotherapy regimens, cycle 2 and beyond, based on the patient- specific parameters. Monitor progress of therapy.(Must perform 36 every 3 Years)

Integumentary/Skin

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Curettage and electrodesiccation/cautery (Initial: 3 cases)(Must perform 9 every 3 Years)
☐	☐				Cutaneous foreign body removal (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Excision of superficial lesions (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Incision and drainage of palpable superficial mass (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Intradermal injection therapies (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Lesion ablation or cosmetic application of RFA (Ohmic Thermlysis) (Initial: 10 cases)(Must perform 7 every 3 Years)
☐	☐				Mole and cutaneous lesion removal (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Nail bed trephinations (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Sharp wound debridement (Initial: 5 cases)(Must perform 7 every 3 Years)

Integumentary/Skin

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Skin suturing (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Non-Ablative light-based skin rejuvenation (INITIAL: Successful completion of the OSUWMC Basic Laser Safety eLearning course and OR Fire Safety video are required. Documentation of at least 10 procedures reflective of the scope of privileges requested)(Must perform 7 every 3 Years)

Nervous System

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Assess for temporary acute cognitive dysfunction, with the determination of short-term capacity for medical decision making due to acute medical conditions.
☐	☐				Deep brain stimulation (Initial: 5 cases)(Must perform 15 every 3 Years)
☐	☐				Injections of practice approved medications for the treatment of occipital neuralgia (Initial: 10 cases)(Must perform 15 every 3 Years)
☐	☐				Injections of practice approved medications for the treatment of chronic migraines (Initial: 10 cases)(Must perform 15 every 3 Years)
☐	☐				Intrathecal drug administration via all therapeutic routes. (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Intracranial monitoring device removal (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Intradermal neuromodulator injectable therapies (Initial: 10 cases)(Must perform 15 every 3 Years)
☐	☐				Lumbar puncture (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Management of Spinal and Peripheral Nerve Stimulators (Initial: 10 Cases)(Must perform 7 every 3 Years)
☐	☐				Muscle needle biopsy (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Programmable VP and LP shunt valve adjustment (Initial: 5 cases)(Must perform 7 every 3 Years)

Nervous System

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Regional Transcranial Magnetic Stimulation following physician order (Initial: 10 cases)(Must perform 15 every 3 Years)
☐	☐				Subdural drain removal (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Trigger point injection (Initial: 10 cases)(Must perform 15 every 3 Years)
☐	☐				Vagus nerve stimulation (Initial: 5 cases)(Must perform 15 every 3 Years)
☐	☐				Ventriculostomy removal (Initial: 5 cases)(Must perform 7 every 3 Years)

Obstetrics/Gynecology

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Cervical biopsy (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Colposcopy with biopsy. Initial request requires completion of the basic colposcopy curriculum as defined by the American Society for Colposcopy and Cervical Pathology(Must perform 7 every 3 Years)
☐	☐				Contraceptive implant placement (Initial request requires completion of manufacturer training & 5 cases)(Must perform 7 every 3 Years)
☐	☐				Contraceptive implant removal (Initial request requires 5 cases)(Must perform 7 every 3 Years)
☐	☐				Endometrial biopsy (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Fetal non-stress test interpretation/electronic fetal monitoring. (Initial: Certification by the National Certification Corporation for Electronic Fetal Monitoring AND 5 cases)(Must perform 7 every 3 Years)
☐	☐				IUD insertion (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				IUD removal (not requiring intrauterine extraction) (Initial: 5 cases)(Must perform 7 every 3 Years)

Obstetrics/Gynecology

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Limited obstetric ultrasound for fetal position, cardiac activity and deepest vertical pocket (Initial: Completion of ultrasound training course AND 10 cases)(Must perform 15 every 3 Years)
☐	☐				Limited obstetric ultrasound for Biophysical Profile (Initial: Completion of ultrasound training course AND 10 cases)(Must perform 15 every 3 Years)

Orthopedic

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Aspiration/arthrocentesis of minor joint/bursa injections (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Aspiration/arthrocentesis of major joint/bursa injections (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Closed reduction of uncomplicated minor fractures and dislocations (Initial: 10 cases)(Must perform 15 every 3 Years)
☐	☐				Compartment pressure measurement and management (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				In-office removal of K-wire or other orthopedic hardware (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Tendon sheath injection (Initial: 5 cases)(Must perform 7 every 3 Years)

Otolaryngology

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Cerumen and foreign body removal (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Flexible nasopharyngoscopy/nasolaryngoscopy exam including tracheoscopy (Initial: 10 cases) (Must perform 15 every 3 Years)
☐	☐				Intratympanic steroid injection (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Mastoid cavity debridement (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Myringotomy (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Nasal cauterization (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Nasal endoscopy with debridement (Initial: 5 cases)(Must perform 15 every 3 Years)
☐	☐				Nasal endoscopy without debridement (Initial: 5 cases)(Must perform 15 every 3 Years)
☐	☐				Place pressure equalization ear tubes (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Posterior nasal packing (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Superior Laryngeal Nerve Block (Initial: 5 cases)(Must perform 7 every 3 Years)

Pulmonary

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Change and decannulation of tracheostomy tube (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Chemical pleurodesis via chest tube (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Chest tube insertion (Initial: 10 cases)(Must perform 15 every 3 Years)
☐	☐				Direct fiberoptic laryngoscopy and airway management including endotracheal intubation (Initial: 20 cases)(Must perform 15 every 3 Years)
☐	☐				Intra-operative flexible bronchoscopy (Initial: 10 cases)(Must perform 15 every 3 Years)

Pulmonary

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Thoracentesis (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Ultrasound Hemothorax and Pneumothorax Detection - eFAST (Initial: 20 cases)(Must perform 7 every 3 Years)

Surgical

Qualifications

Training Requirements for APRN's	Successful completion of an RNFA educational training program is required for all APRN-CNP's at initial grant of all Optional Surgical privileges

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Surgical First Assistant - (APRN-CNP ONLY) Act as surgical first assistant, including privileges to perform deep and simplified tissue closure/cautery, cutting tissue; application of appliances and any other action delegated and directly supervised by the physician.
☐	☐				Computer Assisted Surgery First Assist. (No clinical experience: Certificate of vendor system training as a First Assistant is required. AND Documentation of completion of 5 computer assisted surgery first assists by a provider currently credentialed in the privilege OR Previous clinical experience: A letter from the prior department chair or designee attesting the applicant was granted the privilege and deemed competent (as a result of quality monitoring) and completion of 10 computer assisted surgery first assists in the last two 2 years.(Must perform 7 every 3 Years)
☐	☐				Harvest saphenous veins via endoscope (Initial: 25 cases)(Must perform 36 every 3 Years)
☐	☐				Open harvest and prepare veins for grafting (Initial: 10 cases)(Must perform 15 every 3 Years)
☐	☐				Radial artery harvest and preparation (Initial: 10 cases)(Must perform 15 every 3 Years)

Urology

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Cystogram (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Perform flexible cystoscopy in the ambulatory setting (Initial: 10 cases)(Must perform 15 every 3 Years)
☐	☐				Pelvic floor muscle training (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Percutaneous tibial nerve stimulation (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Testosterone pellet insertion (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Urodynamic testing and interpretation (Initial: 20 cases)(Must perform 15 every 3 Years)
☐	☐				Perform catheter exchange over guidewire for urinary or suprapubic access (Initial: 5 cases)(Must perform 7 every 3 Years)

Wound Care

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Image-guided exchange of percutaneous drains (Initial: 5 cases)(Must perform 7 every 3 Years)
☐	☐				Supervise hyperbaric treatments. (Initial: Completion of approved hyperbaric medicine course recognized by the Undersea/Hyperbaric Medicine Society AND 5 cases)(Must perform 15 every 3 Years)

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated performance, I am qualified to perform, and that I wish to exercise at Ohio State University hospitals, ASC's and Clinics.

I also acknowledge I have met all requirements including but not limited to the minimum number of cases and/or CMEs. I understand that in exercising any clinical privileges granted, I am constrained by applicable hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Practitioner's Signature

OSUHS, The James, ASCNA, ASCDUB, ASCP

Final Recommendation - Privileges	
I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:	
Privilege	Condition/Modification/Deletion/Explanation

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Cardiovascular Medicine

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Core/Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.

Facilities

☑ **OSUHS** ☑ **The James**

Required Qualifications

Education/Training	Successful completion of an ACGME accredited fellowship training program in Cardiovascular Disease or an AOA accredited fellowship training program in Cardiology. A letter from the training program director attesting to training, competence, and the number of cases completed during training is required if training was completed in the last 2 years. **OR** Successful completion of an ACGME or AOA accredited fellowship training program in Pediatric Cardiology*. A letter from the training program director attesting to training, competence, and the number of cases completed during training is required if training was completed in the last 2 years. (*Exclusively for those applicants who trained only in Pediatric Cardiology and are requesting privileges limited to the diagnosis and treatment of congenital heart diseases in adults). **OR** International Training Pathway: Completion of three or more years of international graduate medical education training in Internal Medicine and Cardiovascular Disease. A letter verifying competency to practice independently may be required.
Certification	Current certification or active participation in the examination process leading to certification in Cardiovascular Medicine by the American Board of Internal Medicine or in Cardiology by The American Osteopathic Board of Internal Medicine AND/OR current subspecialty certification or active participation in the examination process leading to certification in Adult Congenital Heart Disease, Advanced Heart Failure and Transplant Cardiology, Clinical Cardiac Electrophysiology, or Interventional Cardiology by the American Board of Internal Medicine or by the American Osteopathic Board of Internal Medicine. Board certification must be achieved within five years of completion of subspecialty training. **OR** Current certification or active participation in the examination process leading to certification in Pediatric Cardiology by the American Board of Pediatrics. AND current subspecialty certification or active participation in the examination process leading to certification in Adult Congenital Heart Disease by the American Board of Internal Medicine or American Osteopathic Board. Subspecialty board certification must be achieved within five years of completion of subspecialty training. (*Exclusively for those applicants who trained only in Pediatric Cardiology and are requesting privileges limited to the diagnosis and treatment of congenital heart diseases in adults). **OR** International Training Pathway: On track to fulfill the requirements of the American Board of Internal Medicine (ABIM) - Alternate Pathway for IMG (International Medical Graduate). Board certification must be obtained within five (5) years of fulfilling requirements for certification.
ACLS	Current and continued certification in Advanced Cardiac Life Support (ACLS) approved by the American Heart Association

Core Privileges in Cardiovascular Disease (Cardiology)		
Request OSUHS	Request The James	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐	Admit to inpatient or appropriate level of care
☐	☐	Evaluate, diagnose, perform history and physical exam, and provide treatment or consultative services to patients of all ages presenting with cardiovascular disease.
☐	☐	Use of thrombolytic agents
☐	☐	Fluoroscopy (CBL required at initial)
☐	☐	Provision of care via telemedicine
		Procedures
☐	☐	Insertion and management of arterial lines
☐	☐	Insertion and management of central venous catheters, pulmonary artery catheters, and intra-aortic balloon pump
☐	☐	Elective cardioversion
☐	☐	Electrocardiogram (EKG) interpretation including ambulatory monitoring (Holter, event recorder, mobile cardiac telemetry)
☐	☐	Temporary transvenous pacemaker placement
☐	☐	Pericardiocentesis
☐		Stress testing: exercise or pharmacologic (performance and interpretation)
☐		Tilt table test

Adult Congenital Heart Disease

Qualifications

Education/Training	INTERVENTIONAL CARDIOLOGY: Successful completion of a fellowship training program in Pediatric Interventional Cardiology. ELECTROPHYSIOLOGY: Successful completion of fellowship training program in Pediatric Electrophysiology.
Clinical Experience - Initial	INTERVENTIONAL CARDIOLOGY: Documentation of at least 100 pediatric interventional cardiology procedures, reflective of the scope and complexity of privileges requested in the last 2 years is required. A letter from the training program director attesting to training, competence, and the number of cases completed during training is required if training was completed in the last 2 years. ELECTROPHYSIOLOGY: Documentation of at least 75 pediatric electrophysiology procedures, reflective of the scope and complexity of privileges requested in the last 3 years is required.
Clinical Experience - Reappointment	INTERVENTIONAL CARDIOLOGY: Documentation of at least 150 pediatric interventional cardiology procedures, reflective of the scope and complexity of privileges requested in the last 3 years is required. ELECTROPHYSIOLOGY: Documentation of at least 75 pediatric electrophysiology procedures, reflective of the scope and complexity of privileges requested in the last 3 years is required.
Other	Must be granted and maintain clinical privileges in Pediatric Cardiology at Nationwide Childrens Hospital (NCH). **AND** Approval by the appropriate OSUWMC Section Chief at initial and reappointment

Request OSUHS	Request The James	
		☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐	Privileges include the ability to admit, evaluate, diagnose, perform history and physical examination, and provide treatment or consultative services to patients of all ages presenting with congenital or acquired cardiovascular diseases.
☐	☐	Electrocardiogram (EKG) interpretation
☐	☐	Pericardiocentesis
☐	☐	Implantation of percutaneous left atrial appendage closure device and treatment of LAA peridevice leaks
		Interventional Cardiology
☐	☐	Percutaneous closure of atrial septal defect (ASD) and patent foramen ovale (PFO)
☐	☐	Percutaneous closure of ventrical septal defect (VSD)
☐	☐	Cardiac catheterization with device implantation including transeptal access
☐	☐	Transcatheter pulmonary valve replacement

☐	☐	Pulmonary artery balloon angioplasty and stenting
☐	☐	Aortic arch stenting for coarctation of the aorta
☐	☐	Intracardiac echocardiography
☐	☐	Perivalvular/Paravalvular leak closure
☐	☐	Pulmonary angiography and interventions including device placement and removal
		Clinical Cardiac Electrophysiology
☐	☐	Consulting and management of complex arrhythmias
☐	☐	Diagnostic electrophysiology testing(Must perform 5 every 3 Years)
☐	☐	Pacemaker implantation inclusive of CRT, coronary sinus pacing electrode - including programming, reprogramming and interrogation~~Implantation of CRT devices (inclusive of Pacemakers, ICDs, conduction system pacing, cardiac resynchronization leads and implantable arrhythmia monitoring devices)~~
☐	☐	Ablation including transeptal access and Intracardiac echocardiography
☐	☐	Cardioversions

Advanced Heart Failure

Qualifications

Education and Training	Successful completion of an ACGME accredited fellowship in Advanced Heart Failure and Transplant Cardiology. A letter from the training program director attesting to training, competence, and the number of cases completed during training is required if training was completed in the last 2 years.
Certification	Current certification or active participation in the examination process leading to subspecialty certification in Advanced Heart Failure and Transplant Cardiology by the American Board of Internal Medicine. Board certification must be achieved within five years of completion of subspecialty training.

Request OSUHS	Request The James	
		☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐	Management and care of durable cardiac support device (Initial: 3 cases in the last 12 months)(Must perform 5 every 3 Years)
☐	☐	Management and care of mechanical left ventricular and right ventricular assist devices (Initial: 3 cases in the last 12 months)(Must perform 5 every 3 Years)
☐	☐	Act as consultant on use, supervision and clinical management of ECMO/ECLS
☐		Doppler study interpretation and reprogramming of pacemaker AV and VV intervals for optimizing cardiac resynchronization therapy (Initial: 5 in the last 3 years).
☐		Transplant: independent management of heart transplant patients, including immunosuppression management

Echocardiography

Qualifications

Education/Training	Confirmation of completion of Level II training in Echocardiography. A letter from the training program director attesting to the number of echo's completed during training is required if training was completed in the last 2 years. **OR** If currently practicing, a letter from the current Echo Lab Chair or designee at your primary hospital, attesting to training and competency in the privileges requested. Must attest to the number of echo's completed in the last 2 years.
Clinical Experience - Initial	TRANSTHORACIC (TTE): Applicant must provide documentation of the interpretation of at least 300 TTE's ~~and the performance of 150 TTE's per year~~ over the last 3~~2~~ years. STRESS ECHO (SE): - Pharmacologic and exercise. Applicant must provide documentation of ~~completion of at least~~ 100 Stress Echo's supervised/interpreted. ~~per year over the last 2 years.~~ TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE): - Applicant must provide documentation of completion of at least 75~~25~~ TEE's ~~per year~~ over the last 3~~2~~ years. Must be granted Moderate Sedation privileges.
Clinical Experience - Reappointment	TRANSTHORACIC (TTE): Documentation of 450 TTE's, in the last 3 years is required. STRESS ECHO (SE): Documentation of 75 SE's, in the last 3 years is required. TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE): Documentation of 75 TEE's, in the last 3 years is required. Must be granted Moderate Sedation privileges. **AND** Approval by the Echo Lab Director attesting to compliance with current accreditation~~IAC/Echo~~ standards for ongoing practice experience and CME requirements.
Certification - Reappointment	Must be designated as a Testamur or Diplomat by the National Board of Echocardiography if initially credentialed on or after 7/1/2023.

Request OSUHS	Request The James	
		☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐	Transthoracic echocardiography (TTE)
☐		Stress echocardiography (SE)
☐	☐	Transesophageal Echocardiography (TEE). Must be granted Moderate Sedation privileges.

Cardiac CT or CT Angiography of the heart

Qualifications

Education/Training	Successful completion of an ACGME or AOA residency or fellowship program that included Level 2 training in cardiac CT and CTA. A letter from the training program director attesting to training, competence, and the number of cases completed during training is required if training was completed in the last 2 years. **OR** Applicant is qualified by virtue of recent clinical experience (see "Clinical Experience - Initial")
Clinical Experience - Initial	Applicant must provide documentation of clinical practice including 250 interpreted cases with 65 involved in patient preparation, data acquisition, and image reconstruction. **AND** Applicant must meet the training requirements of the American College of Radiology for the Certificate of Advanced Proficiency in Cardiac CT. **OR** Applicant must meet requirements for certification in Cardiac CT by the Certification Board of Cardiovascular Computed Tomography (CBCCT)
Clinical Experience - Reappointment	Documentation of 150 cases, reflective of the scope and complexity of privileges requested in the last 3 years is required. **AND** Approval by the Advanced Imaging Lab Director or designee attesting to compliance with current standards for ongoing practice experience and CME requirements.

Request OSUHS	Request The James	
		☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐	Cardiac CT or CTA

Cardiac MR or MRA and Vascular MR

Qualifications

Education/Training	Successful completion of an accredited ACGME or AOA fellowship program in Cardiology that included Level 3 training in cardiac MR and MRA. A letter from the training program director attesting to training, competence, and the number of cases completed during training is required if training was completed in the last 2 years. **OR** 12 months formal training under the supervision of a level 3 trained laboratory director; mentored interpretation of 300 cases with 100 involved in patient preparation, data acquisition, and image reconstruction (level II)
Clinical Experience - Initial	CARDIAC MR: Formal Training: 300 cases interpreted with 100 involved in patient preparation, data acquisition, and image reconstruction OR Professional experience: Applicant must provide documentation of clinical practice representative of the scope of clinical privileges requested during the previous 2 years including interpretation of 300 cases with 100 involved in patient preparation, data acquisition, and image reconstruction. **OR** Professional experience: Applicant must provide documentation of clinical practice representative of the scope of clinical privileges requested during the previous 2 years including interpretation of 300 cases with 100 involved in patient preparation, data acquisition, and image reconstruction. VASCULAR MR: 50 mentored cases under supervision of level III trained director AND 100 cases from teaching files and/or CME courses, reviewed independently or under supervision.
Clinical Experience - Reappointment	CARDIAC MR: Documentation of 300 cases performed/interpreted, in the last 3 years is required. VASCULAR MR: Documentation of 150 cases performed/interpreted, in the last 3 years is required. **AND** Approval by the Cardiac MRI Lab Director attesting to compliance with current accreditation standards for ongoing practice experience and CME requirements.

Request OSUHS	Request The James	
		☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐		Cardiac MR or MRA
☐		Vascular MR

Carotid Ultrasound Interpretation

Qualifications

Education/Training	Successful completion of an ACGME or AOA fellowship program that included training in carotid ultrasound interpretation. A letter from the training program director attesting to training, competence, and the number of cases completed during training is required if training was completed in the last 2 years. **OR** Completion of a formal training program that included supervised experience in the interpretation of 100 carotid ultrasounds. A letter attesting to training and competency is required.
Clinical Experience - Initial	Applicant must provide documentation of interpretation of carotid ultrasounds in the last 2 years or completion of training in the past year.
Clinical Experience - Reappointment	Documentation of 150 Carotid Ultrasound Interpretations, in the last 3 years is required.

Request OSUHS	Request The James	
		☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐	Carotid ultrasound interpretation

Nuclear Medicine

Qualifications

Education/Training	Board certified (or Board eligible but within two years of finishing training) in cardiology and completion of a minimum of a four-month formal training program in nuclear cardiology [Level 2 as outlined in the ACC/ASNC COCATS Training Guidelines (2006 revision)]. This requirement applies only to cardiologists who began their cardiology training in July 1995 or later. **OR** Board certified in cardiology and training equivalent to Level 2 training or at least one year (full-time equivalent) of nuclear cardiology practice experience with independent interpretation of at least 800 nuclear cardiology studies. This requirement applies only to cardiologists who began their cardiology training before July 1995. **OR** Certification in nuclear cardiology by the Certification Board of Nuclear Cardiology (CBNC).

Request	OSUHS	The James	
			☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐			Interpret the results of diagnostic examinations of patients using unsealed radionuclides and radiopharmaceuticals.

Invasive Cardiology

Qualifications

Clinical Experience - Initial	Applicant must provide documentation of provision of invasive cardiology services reflective of the scope and complexity of privileges requested during the previous 2 years. A letter from the training program director attesting to training, competence, and the number of cases completed during training is required if training was completed in the last 2 years.
Clinical Experience - Reappointment	Documentation of invasive cardiology procedures, reflective of the scope and complexity of privileges requested in the last 3 years is required.
Additional Qualifications	Must be qualified for and granted Core Privileges in Cardiovascular Disease.

Request OSUHS	Request The James	
		☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐		Diagnostic and therapeutic cardiac catheterization and angiography including left and/or right heart cath. (Initial: 300 cases over the last 2 years)(Must perform 150 every 3 Years)
☐		Placement of PA pressure hemodynamic sensor monitoring device (i.e., CardioMEMS). (Initial: 3 proctored cases; Reappointment: Must perform 3 cases and 50 right heart caths every 3 years. MUST maintain right heart cath privileges at initial and reappointment).
☐		Endomyocardial biopsy (Initial: 50 in the last year)(Must perform 45 every 3 Years)
☐		Right heart catheterization

Interventional Cardiology

Qualifications

Education/Training	Successful completion of an ACGME or AOA accredited fellowship training program in Interventional Cardiology. A letter from the training program director attesting to training, competence, and the number of cases completed during training is required if training was completed in the last 2 years.
Certification	Current certification or active participation in the examination process leading to certification in Interventional Cardiology by the American Board of Internal Medicine or Interventional Cardiology by the American Osteopathic Board of Internal Medicine. Board certification must be achieved within five years of completion of specialty training.
Clinical Experience -Initial	Applicant must provide documentation of provision of clinical services during the previous 2 years (100 cases), reflective of the scope and complexity of privileges requested.
Clinical Experience - Reappointment	Documentation of at least 150 Interventional Cardiology procedures, reflective of the scope and complexity of privileges requested in the last 3 years is required.
Additional Qualifications	Must be qualified for and granted Core Privileges in Cardiovascular Disease.

Reque	The OSUHS	
		☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐		Coronary angioplasty and/or stent placement
☐		Coronary flow reserve, fractional flow reserve
☐		Coronary atherectomy (rotational, directional, orbital, laser, other)
☐		Fractional flow reserve
☐		Intracoronary thrombolysis
☐		Intracoronary thrombectomy
☐		Coronary Imaging including Intravascular ultrasound (IVUS), optical coherence tomography
☐		Placement/removal of percutaneous (left and right) mechanical circulatory support device
☐		Transseptal left heart catheterization
☐		Catheter embolization
☐		Peripheral angiography and/or interventions
☐		Placement of vascular access including VV and VA
☐	☐	Pulmonary angiography and interventions including device placement and removal

Structural Heart Disease

Qualifications

Education/Training	Successful completion of an ACGME or AOA Interventional Cardiology Fellowship. A letter from the training program director attesting to training, competence, and the number of cases completed during training is required if training was completed in the last 2 years. **AND** When applicable, the practitioner must complete manufacturer designated training that may include didactic, observational, simulation and supervised implantation.
Certification	Current certification or active participation in the examination process leading to certification in Interventional Cardiology by the ABIM or AOA. Board certification must be achieved within five years of completion of specialty training.
Clinical Experience - Initial	Applicant must provide documentation of performance of structural heart cases reflective of the scope of privileges requested (100 procedures).
Clinical Experience - Reappointment	Documentation of at least 60 cases, reflective of the scope and complexity of privileges requested during the previous 3 years is required.

Request OSUHS	Request The James	
		☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐		Adult balloon valvuloplasty
☐		Perivalvular/Paravalvular leak closure
☐		Alcohol septal ablation
☐		Intracardiac echocardiogram
☐		Percutaneous closure of ASD/PFO/VSD/PDA
☐		Transeptal puncture/Percutaneous septal procedures
☐		Transcatheter mitral or tricuspid valve repair and/or replacement
☐		Transcatheter Aortic Valve Replacement (TAVR)
☐		Transcatheter Pulmonic Valve Replacement
☐		Implantation of percutaneous left atrial appendage closure device and treatment of LAA peridevice leaks

Peripheral Vascular Interventions

Qualifications

Education/Training	Successful completion of an ACGME or AOA accredited fellowship in Interventional Cardiology. **AND** A letter from the training program director attesting to peripheral catheter-based interventional training, competence, and the number of cases completed during training is required if training was completed in the last 2 years. **OR** A letter from the department chair or designee at the applicant's current primary hospital attesting to competence, and the number of cases completed during the last 2 years.
Clinical Experience - Reappointment	Recommendation from the Director of Peripheral Vascular Interventions or designee based on review of quality data from the last 3 years.

Request OSUHS	Request The James	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐		Diagnostic angiography
☐		Peripheral interventions
☐		Thrombectomy and thrombolysis
☐		Atherectomy
☐		Grafts
☐		Filter placement
☐		Fistula repair/creation
☐		Interpretation of non-invasive vascular studies

Clinical Cardiac Electrophysiology

Qualifications

Education/Training	Successful completion of an ACGME accredited fellowship training program in Clinical Cardiac Electrophysiology or an AOA accredited fellowship training program in Cardiac Electrophysiology. A letter from the training program director attesting to training, competence, and the number of cases completed during training is required if training was completed in the last 2 years.
Certification	Current certification or active participation in the examination process leading to certification in Clinical Cardiac Electrophysiology by the ABIM or AOA. Board certification must be achieved within five years of completion of specialty training.
Clinical Experience - Initial	Applicant must provide documentation of provision of clinical services during the previous 2 years (175 cases), reflective of the scope and complexity of privileges requested. **AND** Approval by the EP Lab Director is required.
Clinical Experience - Reappointment	Documentation of at least 75 EP cases, reflective of the scope and complexity of privileges requested during the previous 3 years is required. If ablation privileges are requested the total number of cases must include the performance of a minimum of 20 ablation cases during the previous 3 years. **AND** Approval by the EP Lab Director is required.
Additional Qualifications	Applicant must apply for and maintain privileges in both moderate and deep sedation.

Request OSUHS	Request The James	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐		Diagnostic electrophysiology studies including tilt table testing
☐		Catheter ablation of supraventricular tachycardia, atrial fibrillation and atrial flutter
☐		Catheter ablation of ventricular tachycardia/PVC's
☐		Electrical cardioversion
☐		Transeptal access
☐		Epicardial access
☐		Implantation of percutaneous left atrial appendage closure device and treatment of LAA peridevice leaks
☐		Pacemaker implantation inclusive of CRT, coronary sinus pacing electrode - including programming, reprogramming and interrogation
☐		Implantation of leadless pacemaker - atrial and ventricular
☐		Implantation of ICD inclusive of CRT, including programming, reprogramming and interrogation/follow up

☐		Implantation of subcutaneous / substernal leadless ICD
☐		Lead extraction
☐		Implantation of implantable loop recorder
☐		Intracardiac echocardiogram
☐		Implantation of transvenous neuro stimulator (Certificate of device training required at initial appointment).

Moderate and/or Deep (Procedural) Sedation

Qualifications

Initial Appointment requirements	Completion of on-line competency course and exam (1 hour course on the OSU CME website) **AND** Current ACLS certification approved by the American Heart Association or ATLS certification. **AND** Current DEA certificate
Reappointment requirements	Current ACLS certification approved by the American Heart Association or ATLS certification. **AND** Current DEA certificate

Request OSUHS	Request The James	
		☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐	MODERATE Sedation - This level of sedation produces a drug-induced decrease of consciousness during which patients respond purposefully to verbal commands, with or without tactile stimulation. A patent airway and spontaneous ventilation are adequate without intervention. Cardiovascular status is usually maintained.(Must perform 5 every 3 Years)
☐	☐	DEEP sedation (requires approval from Anesthesiology Department Chair) - This level of sedation produces a drug-induced decrease of consciousness during which patients cannot be easily aroused, but respond purposefully following repeated or painful stimulation. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be impaired or inadequate.(Must perform 15 every 3 Years)

Laser

Qualifications

Education/Training	The applicant must be able to demonstrate successful completion of an approved residency program in a surgical specialty (with exceptions made for procedure based medical specialties). The applicant must have participated in at least 8 to 10 hours of residency/post graduate education that is consistent with the recommendations of the American Society for Lasers in Medicine and surgery as follows: 2-3 hours of "Basic Laser Science" training consisting of didactic training on 1) laser biophysics, 2) laser tissue interactions, and 3) laser safety on various types of lasers, plus hands-on inanimate instruction for the lasers/procedures requested on general operation and control of the laser device(s). Additionally, 6-7 hours of clinical training on aspects of indications, contra-indications, techniques of laser use, complications, and management of complications, obtained during clinical experience and use of lasers on patients. **AND** Successful completion of the OSUWMC Basic Laser Safety eLearning course and OR Fire Safety video are required at initial appointment.
Clinical Experience - Initial	The applicant must provide evidence that during the education/training, hands-on application of the laser was included. The suggested level of activity for initial granting of privileges is ten (10) laser procedures in the last 2 years. **OR** A physician with current laser privileges at another institution must submit a letter of reference from the department chairman or another appropriate physician at the hospital/organization where the physician currently holds laser privileges. If training was completed within the last year a letter of reference must come from the director of the physician's residency program, or continuing medical education course director.
Clinical Experience - Reappointment	Documentation of at least seven (7) laser procedures, reflective of the scope of privileges requested in the last 3 years is required. If the number of procedures performed falls below the threshold above, additional FPPE may be required.
Additional Qualifications	Applicant agrees to restrict device usage to only those devices (models) for which they have received orientation and training.

Request OSUHS	Request The James	☐ - Newly Requested privileges ☐ - Currently Granted privileges
		Laser Privileges
☐	☐	Use of laser

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated performance, I am qualified to perform, and that I wish to exercise at Ohio State University hospitals, ASC's and Clinics.
I also acknowledge I have met all requirements including but not limited to the minimum number of cases and/or CMEs. I understand that in exercising any clinical privileges granted, I am constrained by applicable hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Practitioner's Signature

OSUHS, The James

Final Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Colon and Rectal Surgery

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Core/Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.

Facilities

☑ **OSUHS** ☑ **The James** ☑ **ASCNA** ☑ **ASCDUB**
☑ **ASCP**

Required Qualifications

Education/Training	Completion of an ACGME accredited Residency training program in Surgery-General. **AND** Completion of an ACGME accredited Fellowship training program in Colon and Rectal Surgery.
Certification	Current certification in Surgery by the American Board of Surgery. **AND** Current certification or active participation in the examination process leading to certification in Colon and Rectal Surgery by the American Board of Colon and Rectal Surgery. Board certification must be achieved within five years of completion of subspecialty training. **OR** Current certification in Proctology by the American Osteopathic Board of Proctology.

Core Privileges in Colon and Rectal Surgery

Description: Evaluate, diagnose, provide consultation, treat and medically and surgically manage patients with various diseases of the intestinal tract (and other organs and tissues such as the liver, urinary, and female reproductive system involved with primary intestinal disease), colon, rectum, anal canal, and perianal area.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Admit to inpatient or appropriate level of care.
☐	☐	☐	☐	☐	Perform history and physical examination.

☐	☐	☐	☐	☐	Evaluation, diagnosis and treatment of patients presenting with diseases, injuries, and disorders of the intestinal tract, colon, rectum, anal canal and perianal areas by medical means including intestinal disease involvement of the liver, urinary, and female reproductive systems. Privileges include: insertion, removal and management of central venous catheter, arterial lines, catheters, pumps, and ports.
☐	☐				Provision of care via telemedicine
☐	☐	☐	☐	☐	Surgical first assist
					Procedures
					Endoscopy
☐	☐	☐	☐	☐	Diagnostic sigmoidoscopy including biopsy
☐	☐	☐	☐	☐	Therapeutic sigmoidoscopy including fulguration; detorsion or decompression of volvulus, stricture or pseudo-obstruction
☐	☐	☐	☐	☐	Diagnostic colonoscopy including biopsy and removal of polyp
☐	☐	☐	☐	☐	Therapeutic colonoscopy including fulguration; detorsion or decompression of volvulus, stricture or pseudo-obstruction
					Anus and rectum
☐	☐	☐	☐		Incision and drainage of abscess
☐	☐	☐	☐		Sphincterotomy
☐	☐	☐	☐		Anoplasty for stricture or ectropion
☐	☐	☐	☐		Local and transanal excision, biopsy, and ablation of benign and malignant anorectal lesions and cysts
☐	☐	☐	☐		Repair incontinent anal sphincter
☐	☐	☐	☐		Hemorroidectomy, fissurectomy, fistulotomy, and fistula repair
☐	☐	☐	☐		Stapled Transanal Rectal Resection
☐	☐	☐	☐		Anal rectal manometry and physiology
☐	☐	☐	☐		Anoscopy
☐	☐	☐	☐		High resolution anoscopy
					Pilonidal procedures
☐	☐	☐	☐		Incision and drainage, excision
					Prolapse procedures
☐	☐	☐	☐		Perineal procedure for rectal prolapsed (resection, circlage, etc.)
☐	☐	☐	☐		Resection or fixation of rectal prolapsed or intussusception
					Bowel and other incidental procedures
☐	☐	☐	☐		Neuromodulation for bowel control (InterStim)
☐	☐				Colectomy
☐	☐				Small bowel resection

☐	☐				Revision or closure of ileostomy or colostomy
☐	☐				Procedures related to creation, revision, or resection of ileal pouch
☐	☐	☐	☐		Appendectomy
☐	☐	☐	☐		Resection or biopsy of lymph nodes
☐	☐	☐	☐		Lysis of adhesions
☐	☐				Kidney, bladder and ureteral surgery including repair and complete excision incidental to a colon and rectal surgery procedure
☐	☐				Hysterectomy, salphingo-oopherectomy and drainage of abscess of genitalia incidental to a colon and rectal surgery procedure
☐	☐				Cholecystectomy or common duct exploration incidental to a colon and rectal surgery procedure.
☐	☐				Repair or excision of the spleen incidental to a colon and rectal surgery procedure.
☐	☐				Repair or excision of the liver incidental to a colon and rectal surgery procedure.
☐	☐				Gastric procedures excluding bariatric surgery, incidental to colon rectal procedures
☐	☐				Repair or excision of the stomach incidental to a colon and rectal procedure
☐	☐				Proctectomy and rectal procedures
☐	☐				Incisional or excisional livery biopsy as related to colorectal procedures
☐	☐				Repair of injury or perforation of small bowel, colon, or rectum
☐	☐				Drainage intra-abdominal abscess
☐	☐				Abdominal wall reconstruction
☐	☐				Exploratory laparotomy
☐	☐	☐	☐		Ventral, parastomal, or incisional hernia repair
☐	☐	☐	☐		Creation of myofascioucutaneous flaps
					Laparoscopic Procedures
☐	☐	☐	☐		Appendectomy
☐	☐				Repair of injury or perforation of small bowel, colon, or rectum
☐	☐	☐	☐		Lysis of adhesions
☐	☐				Small bowel procedures
☐	☐	☐	☐		Colon procedures
☐	☐				Colectomy
☐	☐				Cholecystectomy incidental to a colon and rectal surgery procedure.
☐	☐				Performance of advanced or complex laparoscopic or minimally invasive technique/approach in a procedural area not previously listed where the applicant is a concurrent privilege holder.
☐	☐				Revision, or closure of ileostomy or colostomy
☐	☐				Procedures related to creation, revision. or resection of ileal pouch

☐	☐				Proctectomy and rectal procedures
☐	☐				Drainage intra-abdominal abscess
☐	☐	☐	☐		Exploratory laparoscopy

Moderate and/or Deep (procedural) Sedation

Qualifications

Initial Appointment requirements	Completion of on-line competency course and exam (1 hour course on the OSU CME website) **AND** Current ACLS certification approved by the American Heart Association or ATLS certification. **AND** Current DEA certificate
Reappointment requirements	Current ACLS certification approved by the American Heart Association or ATLS certification. **AND** Current DEA certificate

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐	☐	☐	☐	MODERATE Sedation - This level of sedation produces a drug-induced decrease of consciousness during which patients respond purposefully to verbal commands, with or without tactile stimulation. A patent airway and spontaneous ventilation are adequate without intervention. Cardiovascular status is usually maintained.(Must perform 5 every 3 Years)
☐	☐				DEEP sedation (requires approval from Anesthesiology Department Chair) - This level of sedation produces a drug-induced decrease of consciousness during which patients cannot be easily aroused, but respond purposefully following repeated or painful stimulation. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be impaired or inadequate.(Must perform 15 every 3 Years)

Robotic Assisted Surgery

Qualifications

Education/Training	Completion of an ACGME or AOA accredited residency or fellowship training program in a surgical specialty or obstetrics/gynecology .
Certification	Current certification in the applicable ABMS or AOA board or its equivalent or completion of training within the past five years unless the physician has been granted a waiver of the board certification requirement.
Clinical Experience (Initial)	FORMAL TRAINING: Didactic and hands-on experience in a course during accredited residency or fellowship program that incorporates robotic-assisted surgery into the program. Required documentation includes a letter from the training director attesting to experience and a log of ten cases performed as the primary operator. **OR** CLINICAL EXPERIENCE: A letter from department chair attesting that surgeon had privileges and was deemed competent (as a result of quality monitoring) and a log of ten cases performed as the primary operator. **OR** PROCTORING EXPERIENCE: The completion of a course* in robotic-assisted surgery comprised of didactic education, training and practice experience with large animal robotic-assisted surgery and/or surgery on cadavers, and/or surgery techniques or experimental models under the supervision of an expert preceptor. For multi-port system, a minimum of at least five procedures under the supervision of an expert preceptor; for endoluminal bronchoscopy system, a minimum of at least two procedures under the supervision of an expert preceptor; for single port system (for physicians currently privileged for multi-port system) a minimum of at least two procedures under the supervision of an expert preceptor. New surgeons without multi-port privileges must obtain a minimum of five procedures with a preceptor on the single-port system. *The course must meet the standards adopted by the Credentials Committee of The Ohio State University Health System A preceptor is defined as a physician who has full and unrestricted privileges for the conduct of robotic-assisted surgery.
Clinical Experience (Reappointment)	Applicant must provide documentation of performance of at least five cases for each type of surgery (single port, multi-port, or endoluminal bronchoscopy system) each year (15 cases every 3 years) with a satisfactory outcome, meeting or exceeding the quality standards established by the clinical department at the time of reappointment.
Additional Qualifications	Candidate requesting privileges in robotic-assisted surgery must have full and unrestricted privileges in performing the specific privileges (procedures) either by open approach or endoscopic approach. INITIAL FPPE: Five cases must be reviewed for evidence of competency after initial granting of privileges for each type of robotic surgery (single port, multi-port, endoluminal bronchoscopy system)

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Multi-port system
☐	☐				Single port system

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated performance, I am qualified to perform, and that I wish to exercise at Ohio State University hospitals, ASC's and Clinics.
I also acknowledge I have met all requirements including but not limited to the minimum number of cases and/or CMEs. I understand that in exercising any clinical privileges granted, I am constrained by applicable hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Practitioner's Signature

OSUHS, The James, ASCNA, ASCDUB, ASCP

Final Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Surgery (General/GI; Transplant; Surgical Oncology; Trauma, Critical Care & Burn)

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Core/Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.

Facilities

☑ **OSUHS** ☑ **The James** ☑ **ASCNA** ☑ **ASCDUB**
☑ **ASCP**

Required Qualifications

Education/Training	Successful completion of an ACGME or AOA accredited residency program in General Surgery. **OR** International Training Pathway: Successful completion of international training plus at least 2 years of surgery specialty/subspecialty clinical training at an ACGME or AOA accredited institution. A letter verifying competency to practice independently is required.
Certification	Current certification or active participation in the examination process leading to certification in General Surgery by the American Board of Surgery or the American Osteopathic Board of Surgery. Board certification must be achieved within five years of completion of specialty training.

Core Privileges in Surgery - General

Description: Diagnosis and preoperative, operative, and postoperative management of patients to correct or treat diseases, disorders and injuries of the alimentary tract, abdomen and its contents, skin and soft tissue and endocrine system.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
					General privileges
☐	☐				Admit to inpatient or appropriate level of care
☐	☐	☐	☐	☐	Perform history and physical examination

☐	☐	☐	☐	☐	Evaluate, diagnose, consult, and provide pre- and post-operative care to patients, to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract, abdomen and its contents, extremities, breast, skin and soft tissue, head and neck, and endocrine systems
☐	☐	☐	☐	☐	Basic endoscopy (intraoperative endoscopy to evaluate anatomy)
☐	☐	☐	☐		Basic diagnostic ultrasound (including trans-abdominal and lap ultrasound)
☐	☐	☐	☐		Ultrasound for central IV access
☐	☐				Paracentesis
☐	☐	☐	☐		Fluoroscopy (CBL required at initial credentialing)
☐	☐				Provision of care to surgical patient via telemedicine
☐	☐	☐	☐	☐	First assist surgeon
					Vascular access procedures
☐	☐	☐	☐		Insertion and management of central venous catheter, arterial lines, dialysis access, pulmonary artery catheters, pumps and ports
					Abdominal and pelvic procedures
☐	☐	☐	☐		Biliary tract surgery including cholecystectomy and common duct exploration; biliary enteric anastomosis
☐	☐				Drainage intra-abdominal abscess
☐	☐	☐	☐		Fine needle aspiration
☐	☐				Splenic procedures including splenectomy
☐	☐				Incidental kidney, bladder and ureteral surgery including repair and complete excision.
☐	☐				Incidental hysterectomy, salphingo-oopherectomy and drainage of abscess of genitalia
☐	☐				Adrenalectomy
☐	☐				Drainage pancreatic abscess
☐	☐				Pancreaticoduodenectomy
☐	☐				Pancreaticojejunostomy
☐	☐				Resection of pancreas
☐	☐				Abdominal wall reconstruction and creation of myofasciocutaneous flaps
☐	☐				Retroperitoneal pelvic node dissection
☐	☐				Repair of diaphragmatic hiatal hernia
☐	☐	☐	☐		Inguinal hernia repair
					Liver procedures
☐	☐				Drainage liver abscess
☐	☐				Liver biopsy and excision
☐	☐				Liver resection
☐	☐				Portosystemic shunts

					Skin/soft tissue procedures
☐	☐				Head and neck surgery including thyroidectomy; parathyroidectomy; tracheotomy; excision of thyroglossal duct and branchial cleft cysts; neck dissection; removal of salivary gland tumors and repair and biopsy of tongue and oral mucosal lesions.
☐	☐	☐	☐		Skin biopsy, excision, soft tissue repair, treatment of burns, muscle biopsy and graft placement
☐	☐	☐	☐		Lymphatic excisions including cervical, supraclavicular, axillary, retroperitoneal and extremities
					Additional thoracic procedures available to the general surgeon
☐	☐	☐	☐		Thoracotomy, thoracostomy and insertion of chest tubes. (Thoracotomy and thoracostomy not performed at ASC's)
☐	☐				Thoracentesis
☐	☐				Thymectomy
☐	☐				Sympathectomy
☐	☐	☐	☐		Vagotomy
☐	☐				Rib Plating (INITIAL: If training completed in the last 2 years, documentation of completion of at least 10 rib plating procedures is required. Proctoring of first 2 cases required after granting of privilege; OR if training wasn't completed in the last 2 years, submit documentation of completion of rib plating course as approved by the OSUWMC or OSUE Director of Trauma Services and completion of proctoring for 3 cases. Proctoring completion and signed off required for privileges; OR if currently performing procedure at another healthcare organization, documentation of completion of at least 15 rib plating procedures in the last 3 years is required, or a letter from the Chair of Surgery/Quality officer at previous institution of proctoring role) (REAPPOINTMENT: Documentation of completion of at least 7 rib plating procedures in the last 3 years is required)
					Laparoscopy
☐	☐	☐	☐		Basic laparoscopic procedures, including appendectomy, cholecystectomy, bile duct, closure of intestinal perforations; biopsy; and hernia repair
☐	☐	☐	☐		Performance of advanced or complex laparoscopic or minimally invasive technique/approach in a procedural area not separately delineated where the applicant is a concurrent privilege holder.
					Chest
☐	☐				Repair and resection of diaphragm and esophagus
☐	☐				Reconstruction, replacement and repair of esophagus
☐	☐				Thoracotomy, trauma to chest, lungs, diaphragm and heart, pericardiocentesis, mediastinal lesions.
					Breast
☐	☐	☐	☐		Incision and drainage (breast abscess, hematoma)

Bariatric Surgery

Description: Bariatric surgery is a type of procedure performed on people who are dangerously obese, for the purpose of losing weight. This weight loss is usually achieved by reducing the size of the stomach with an implanted medical device (gastric banding) or through removal of a portion of the stomach (gastric bypass surgery).

Qualifications

Education/Training	Concurrent privileges to perform advanced laparoscopic surgery. **AND** Formal didactic training in bariatric surgery, including preoperative evaluation and patient selection, operative techniques, and postoperative follow-up consistent with ACS or ASMBS requirements. **OR** Participation in a structured bariatric program with long-term follow-up if training occurred greater than 12 months ago.
Continuing Education	Participation in 30 hours of bariatric specific CME every 3 years.
Clinical Experience (Initial)	Evidence of the performance of 50 bariatric operations with satisfactory outcomes in the past 12 months (of which at least 25 should be stapling or anastomotic if those privileges are requested); OR evidence of completion of formal training in bariatric procedures that included supervised training on human subjects in the past 12 months.
Clinical Experience (Reappointment)	Documentation of the performance of at least 150 bariatric operations in the previous 3 years reflective of the scope and complexity and privileges requested.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐	☐	☐		Laparoscopic adjustable gastric band
☐	☐				Laparoscopic and open bariatric procedures involving transection of the GI tract, sleeve gastrectomy, gastric bypass, duodenal switch and other similar procedures included in bariatric reconstruction of the GI tract
☐	☐				Laparoscopic and open revisional surgery
☐	☐				Open gastric bypass
☐	☐				Placement of vagal nerve stimulator for neuromodulation of hunger (aka vBloc)
☐	☐	☐	☐		Endoluminal bariatric therapy (i.e., gastric balloon placement)
☐	☐	☐	☐		Endoluminal revisional bariatric surgery (i.e., pouch reduction post Roux-en-Y)

Basic Endoscopic Procedures

Description: Use of an endoscope to look inside the body to make a diagnosis or to treat abnormalities. The endoscope has a tiny camera on the tip of a long tube that is passed through an opening, such as the mouth or anus.

Qualifications

Education/Training	Program director of general surgery residency or fellowship program must confirm that practitioner was trained in the specific endoscopy procedure AND provide log of required cases. **OR** Clinical Experience: Must have current endoscopy privileges. **OR** Proctored for number of required cases by physician with endoscopy privileges.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Diagnostic bronchoscopy, biopsy and foreign body removal.
☐	☐	☐	☐	☐	Esophago-gastro-duodenoscopy (EGD) including biopsy
☐	☐	☐	☐	☐	Sigmoidoscopy with biopsy and polypectomy
☐	☐	☐	☐		Colonoscopy with/without biopsy/polypectomy
☐	☐	☐	☐	☐	Percutaneous endoscopic gastrostomy (PEG)
☐	☐	☐	☐	☐	Endoflip or Esoflip
☐	☐	☐	☐	☐	Esophageal manometry and pH testing

Advanced Endoscopic Procedures

Description: Use of an endoscope to look inside the body to make a diagnosis or to treat abnormalities. The endoscope has a tiny camera on the tip of a long tube that is passed through an opening, such as the mouth or anus.

Qualifications

Education/Training	Program director of general surgery residency or fellowship program must confirm that practitioner was trained in the specific endoscopy procedure. **AND** Must have Basic endoscopy privileges. **OR** Clinical Experience: Must have current endoscopy privileges and required log of cases. **OR** Proctored for number of required cases by physician with endoscopy privileges.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐	☐	☐	☐	Upper gastrointestinal endoscopy device placement including stent or Bravo (Initial: 3 cases in the last 3 years)(Must perform 3 every 3 Years)
☐	☐	☐	☐	☐	ERCP including sphincterotomy, stent placement, stone removal and stricture dilation (Initial: 36 cases in the last 3 years)(Must perform 36 every 3 Years)
☐	☐				Peroral Endoscopic Myotomy (POEM) (Initial: 5 cases in the last 3 years)(Must perform 3 every 3 Years)

Complex Breast Disease Privileges

Description: Diagnosis and preoperative, operative, and postoperative management of patients with diseases, injuries, and disorders of the breast. Evaluate and manage arm lymphedema and side effect of breast cancer treatment.

Qualifications

Education/Training	Successful completion of a Society of Surgical Oncology approved fellowship program in breast. **OR** Successful completion of a 2-year ACGME accredited fellowship program in Complex General Surgical Oncology that included breast. **OR** Successful completion of a Society of Surgical Oncology accredited fellowship program in Surgical Oncology that included breast.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Evaluate, treat and manage patients, including interdisciplinary treatment planning with multiple disciplines (radiology, plastic and reconstructive surgery, medical oncology, radiation oncology and pathology).
					Procedures
☐	☐				Lymph node excision and dissection (deep lymphadenectomy) including sentinel lymph node biopsy
☐	☐				Biopsies, including percutaneous core biopsy, ultrasound-guided vacuum-assisted rotational cutting biopsy
☐	☐				Nipple exploration with or without duct excision
☐	☐				Partial and total mastectomy
☐	☐				Ultrasound guided breast cryotherapy, radiofrequency ablation
☐	☐				Ultrasound guided breast procedures including placement of localizing wires, clips, and irradiation catheters
☐	☐				Injection radioactive tracer and intraoperative identification of lymph node with dye injection. (INITIAL: Requires written confirmation by the Radiation Safety Officer or designee attesting to the applicant's approval as an Authorized User Physician).
☐	☐				Chest wall resection
☐	☐				Local tissue re-arrangement/ adjacent tissue transfer
☐	☐				Removal breast implant with capsulectomy
☐	☐				Placement and removal of central venous access with port (including mediport)
☐	☐				Skin graft including full and split thickness

Surgical Critical Care (Trauma) Privileges

Description: Management and treatment of the critically ill and postoperative patient, particularly the trauma victim, and treating and supporting patients with multiple organ dysfunction, hemodynamic instability, and complex coexisting medical problems.

Qualifications

Education/Training	Successful completion of an ACGME or AOA accredited fellowship program in Surgical Critical Care.
Certification	Current certification or active participation in the examination process leading to certification in Surgical Critical Care by the American Board of Surgery or by the American Osteopathic Board of Surgery. Board certification must be achieved within five years of completion of specialty training.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Evaluate, diagnose, treat and provide consultation to patients presenting with multiple organ dysfunction and in need of surgical critical care for life threatening disorders
					Procedures This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.
☐	☐				Intubation and ventilator management -- all modes
☐	☐				Surgical treatment (repair or excision) of penetrating or crush injuries where soft tissue, musculo-skeletal or organ trauma has occurred in the chest, abdomen, pelvis and extremities -- open or minimally invasive
☐	☐				Drainage sub/extradural hematoma and intracranial pressure monitoring
☐	☐				Reduction and stabilization of maxillofacial fractures, muscle and soft tissue injury
☐	☐				Emergent vascular repair
☐	☐				Replantation
☐	☐				Investigational or focused ultrasound (FAST)
☐	☐				Temporary transvenous pacemaker insertion
☐	☐				Determination of brain death (CBL required for initial privileges)

Burn

Qualifications

Education/Training	Successful completion of an accredited fellowship program in Surgical Critical Care or Burn. **OR** At least 2 years' experience in the management of patients with acute burns. Documentation of number of cases managed in the last 2 years will be required at initial appointment.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Comprehensive evaluation, management and therapy for all patients with burns and critical care including trauma, emergency and general surgery patients.

Complex Surgical Oncology Privileges

Description: Diagnosis and preoperative, operative, and postoperative management of patients with benign and/or malignant tumors within the esophagus, chest, abdomen, ano-rectal, alimentary or renal systems. This cluster includes specialized privileges that were not previously listed in the Primary Privileges Cluster.

Qualifications

Education/Training	Successful completion of an ACGME or Society of Surgical Oncology accredited fellowship program in Surgical Oncology. **OR** Successful completion of a fellowship program in Endocrine Surgery from an ACGME or AOA accredited institution. **OR** Successful completion of a Society of Surgical Oncology approved fellowship program in breast.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Admit to inpatient or appropriate level of care. Perform history and physical examination. Evaluate, diagnose, consult, and provide pre- and post-operative care to patients, to correct or treat various conditions, diseases, disorders, and injuries including but not limited to the alimentary tract, abdomen and its contents, extremities, breast, skin and soft tissue, head and neck, and endocrine systems. Insertion and management of central venous catheter, arterial lines, dialysis access, pulmonary artery catheters, pumps and ports.

☐	☐				Intraoperative ultrasound
☐	☐				Nephrectomy
☐	☐				Diaphragm resection/reconstruction, including hiatal hernia
☐	☐				Peritonectomy
☐	☐				Hyperthermic intraperitoneal chemotherapy
☐	☐				Ventral or incisional hernia repair
☐	☐				Vascular resection/reconstruction
☐	☐				Exploratory laparotomy
☐	☐				Abdominal wall reconstruction and creation of myofasciocutaneous flaps
☐	☐				Laparoscopic procedures
☐	☐				Thoracentesis
☐	☐				Thoracotomy, thoracostomy and insertion of chest tubes.
☐	☐				Fluoroscopy (CBL required at initial credentialing)
☐	☐				Reconstructive procedures to repair surgical defects including grafts, flaps and implants
☐	☐				Cytoreductive surgery
☐	☐				Surgery of the scrotum including orchiectomy and testis biopsy
☐	☐				Exenteration - pelvic or abdominal
☐	☐				Hysterectomy, salphingo-oopherectomy, vaginectomy and vulvectomy
☐	☐				Bladder surgery including repair,excision and suprapubic cystostomy
☐	☐				Sentinel lymph node biopsy
☐	☐				Ureteral surgery including repair and complete excision
☐	☐				Administration of non-therapeutic (diagnostic) radiopharmaceuticals (Written confirmation by the Radiation Safety Officer or designee attesting to the applicant's approval as an Authorized User)
☐	☐				Upper GI Esophagectomy; Total/partial gastrectomy; Gastrojejunostomy; Duodenectomy; Duodenotomy; Total/partial splenectomy; Gastrostomy tube placement; Jejunostomy tube placement; Vagotomy; Cystgastrostomy
☐	☐				Pancreas Pancreatoduodenectomy; Total or partial pancreatectomy, including enucleation; Pancreatic necrosectomy; Autoislet cell transplantation
☐	☐				Hepatobiliary - Partial hepatectomy; Right/left (extended) hemihepatectomy; Cholecystectomy and Cholecystostomy; Bile duct exploration and resection; Cholangiogram; Liver biopsy; Hepatic artery infusion pump placement; Hepatico/choledochoenterostomy; Hepatic cyst fenestration; Image guided Microwave ablation and/or Radiofrequency ablation; Portosystemic shunts
	☐				Histotripsy [INITIAL APPOINTMENT: Certificate of completion of histotripsy training (via manufacturer). AND must be granted privileges for Image-guided tumor ablation procedures OR proctoring on 5 histotripsies.

☐	☐				Lower GI- Partial colectomy; Total abdominal colectomy; Proctectomy; Colostomy; Ileostomy; Small bowel resection; Small bowel bypass; Omentectomy; Enterolysis; Appendectomy; Diverticulectomy; Intra-abdominal abscess drainage

☐	☐				Endocrine Neck-- Thyroidectomy;Parathyroidectomy including auto-transplantation; Tracheotomy and tracheal resections and repair; Excision of thyroglossal duct and branchial cleft cysts; Neck dissection; Repair of thoracic duct and lymphatics; Removal of salivary gland tumors and repair and biopsy of tongue and oral mucosal lesions; Thymectomy; Bedside cervical ultrasound and fine needle aspiration; Ethanol injection of cervical lesions. Abdomen--Adrenalectomy
☐	☐				Melanoma/Sarcoma--Skin/soft tissue - Skin biopsy, excision, soft tissue repair, treatment of burns, muscle biopsy and graft placement; Lymphatic excisions including cervical, supraclavicular, axillary, retroperitoneal and extremities; Sentinel lymph node biopsy; Skin graft, myofasciocutaneous flap construction. Nervous System--Repair, resection of peripheral nerves, autonomic nerves, ganglionectomy, sympathectomy Musculoskeletal-- Amputations; Resection of skeletal lesions, including chest wall resection Abdominal-- Retroperitoneal mass excision; Retroperitoneal pelvic node dissection

Radiofrequency Ablation of Neck Lesions

Qualifications

Education/Training	Documentation of training in residency or fellowship program or thyroid/neck RFA training course with letter from program director or certificate of course completion (didactic and hands-on practical sessions) and proof of at least 2 cases performed **OR** If previously credentialed at another hospital, letter from Department/Division Director attesting to privilege competency and at least 2 cases performed **OR** Certificate of course completion (didactic and hands-on practical sessions) and 2 cases proctored/supervised by a thyroid/neck RFA credentialed physician

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	
					☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Radiofrequency Ablation of Neck Lesions (Initial: 3 cases in the last 3 years; Reappointment: 3 cases in the last 3 years)

Transplant Surgery Privileges

Description: Diagnosis and preoperative, operative, and postoperative management of patients with end stage liver, pancreas or renal disease who are candidates for transplant surgery.

Qualifications

Education/Training	Successful completion of a formal abdominal surgical transplant fellowship program that meets guidelines from the American Society of Transplant Surgeons and UNOS membership criteria that included supervised human subjects training in the specific privileges requested.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐				Liver/split liver transplant surgery
☐	☐				Renal transplant surgery
☐	☐				Donor nephrectomy - open or laparoscopic
☐	☐				Pancreas transplant surgery
☐	☐				Islet cell transplant
☐	☐				Laparoscopic or open nephrectomy
☐	☐				Living donor hepatectomy
☐	☐				Surgical opening and closing of excision site. Procurement of organ: liver, kidney, pancreas.
☐	☐				Percutaneous biopsy of transplanted kidneys
☐	☐				Placement of venous and arterial vascular access devices, catheters, and grafts
☐	☐				Fistula repair/creation
☐	☐				Thrombectomy
☐	☐				Peritoneal dialysis access - placement, removal, revision, and management
☐	☐				Cystoscopic removal of in dwelling ureteral stent (Initial: - 2 years of experience in Urologic training or practice and 10 cases. Reappointment: 15 cases in the last 3 years)

Robotic Assisted Surgery

Qualifications

Education/Training	Completion of an ACGME or AOA accredited residency or fellowship training program in a surgical specialty or obstetrics/gynecology .
Certification	Current certification in the applicable ABMS or AOA board or its equivalent or completion of training within the past five years unless the physician has been granted a waiver of the board certification requirement.
Clinical Experience (Initial)	FORMAL TRAINING: Didactic and hands-on experience in a course during accredited residency or fellowship program that incorporates robotic-assisted surgery into the program. Required documentation includes a letter from the training director attesting to experience and a log of ten cases performed as the primary operator. **OR** CLINICAL EXPERIENCE: A letter from department chair attesting that surgeon had privileges and was deemed competent (as a result of quality monitoring) and a log of ten cases performed as the primary operator. **OR** PROCTORING EXPERIENCE: The completion of a course* in robotic-assisted surgery comprised of didactic education, training and practice experience with large animal robotic-assisted surgery and/or surgery on cadavers, and/or surgery techniques or experimental models under the supervision of an expert preceptor. For multi-port system, a minimum of at least five procedures under the supervision of an expert preceptor; for endoluminal bronchoscopy system, a minimum of at least two procedures under the supervision of an expert preceptor; for single port system (for physicians currently privileged for multi-port system) a minimum of at least two procedures under the supervision of an expert preceptor. New surgeons without multi-port privileges must obtain a minimum of five procedures with a preceptor on the single-port system. *The course must meet the standards adopted by the Credentials Committee of The Ohio State University Health System A preceptor is defined as a physician who has full and unrestricted privileges for the conduct of robotic-assisted surgery.
Clinical Experience (Reappointment)	Applicant must provide documentation of performance of at least five cases for each type of surgery (single port, multi-port, or endoluminal bronchoscopy system) each year (15 cases/3 years) with a satisfactory outcome, meeting or exceeding the quality standards established by the clinical department at the time of reappointment.
Additional Qualifications	Candidate requesting privileges in robotic-assisted surgery must have full and unrestricted privileges in performing the specific privileges (procedures) either by open approach or endoscopic approach. INITIAL FPPE: Five cases must be reviewed for evidence of competency after initial granting of privileges for each type of robotic surgery (single port, multi-port, endoluminal bronchoscopy system)

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐	☐			Multi-port system
					Single port system
					Endoluminal bronchoscopy system

Laser

Qualifications

Education/Training	The applicant must be able to demonstrate successful completion of an approved residency program in a surgical specialty (with exceptions made for procedure based medical specialties). The applicant must have participated in at least 8 to 10 hours of residency/post graduate education that is consistent with the recommendations of the American Society for Lasers in Medicine and surgery as follows: 2-3 hours of "Basic Laser Science" training consisting of didactic training on 1) laser biophysics, 2) laser tissue interactions, and 3) laser safety on various types of lasers, plus hands-on inanimate instruction for the lasers/procedures requested on general operation and control of the laser device(s). Additionally, 6-7 hours of clinical training on aspects of indications, contra-indications, techniques of laser use, complications, and management of complications, obtained during clinical experience and use of lasers on patients **AND** Successful completion of the OSUWMC Basic Laser Safety eLearning course and OR Fire Safety video are required at initial appointment.
Initial Appointment	The applicant must provide evidence that during the education/training, hands-on application of the laser was included. The suggested level of activity for initial granting of privileges is fifteen (15) laser procedures in the last 3 years. **OR** A physician with current laser privileges at another institution must submit a letter of reference from the department chairman or another appropriate physician at the hospital/organization where the physician currently holds laser privileges. If training was completed within the last year a letter of reference must come from the director of the physician's residency program, or continuing medical education course director.
Reappointment	Documentation of at least seven (7) laser procedures, reflective of the scope of privileges requested in the last 3 years is required. If the number of procedures performed falls below the threshold above, additional FPPE may be required.
Additional Qualifications	Applicant agrees to restrict device usage to only those devices (models) for which they have received orientation and training.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
					Laser Privileges
☐	☐	☐	☐		Use of laser

Moderate and/or Deep (procedural) Sedation

Description:

Qualifications

Initial Appointment requirements	Completion of on-line competency course and exam (1 hour course on the OSU CME website) **AND** Current ACLS certification approved by the American Heart Association or ATLS certification. **AND** Current DEA certificate
Reappointment requirements	Current ACLS certification approved by the American Heart Association or ATLS certification. **AND** Current DEA certificate

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐	☐	☐	☐	MODERATE Sedation - This level of sedation produces a drug-induced decrease of consciousness during which patients respond purposefully to verbal commands, with or without tactile stimulation. A patent airway and spontaneous ventilation are adequate without intervention. Cardiovascular status is usually maintained.(Must perform 5 every 3 Years)
☐	☐				DEEP sedation (requires approval from Anesthesiology Department Chair) - This level of sedation produces a drug-induced decrease of consciousness during which patients cannot be easily aroused, but respond purposefully following repeated or painful stimulation. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be impaired or inadequate.(Must perform 15 every 3 Years)

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated performance, I am qualified to perform, and that I wish to exercise at Ohio State University hospitals, ASC's and Clinics.
I also acknowledge I have met all requirements including but not limited to the minimum number of cases and/or CMEs. I understand that in exercising any clinical privileges granted, I am constrained by applicable hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Practitioner's Signature

OSUHS, The James, ASCNA, ASCDUB, ASCP

Final Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:	
Privilege	Condition/Modification/Deletion/Explanation

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Urology

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Core/Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.

Facilities

☑ **OSUHS** ☑ **The James** ☑ **ASCNA** ☑ **ASCDUB**

Required Qualifications

Education/Training	Completion of an ACGME or AOA accredited Residency training program in Urology. **OR** International Training Pathway: Successful completion of an international residency in Urology with Board Eligibility or Board Certification in the native country AND At least 2 years of subspecialty training in Urology within the United States or recognized international eminence. At least three letters verifying competency to practice independently will be required.
Certification	Current certification or active participation in the examination process leading to certification in Urology by the American Board of Urology or urology by the American Osteopathic Board of Surgery. Board certification must be achieved within five years of completion of US specialty training. **OR** On track to fulfill the requirements of the American Board of Urology (ABU) - Alternate Pathway for IMG (International Medical Graduate). Board certification must be obtained within five (5) years of fulfilling requirements for certification.

Core Privileges in Urology

Description: Evaluate, diagnose, provide consultation, treat and medically and surgically manage patients with congenital and acquired conditions (benign or malignant) of the genitourinary system and contiguous structures including the adrenal gland.

Request				
OSUHS	The James	ASCNA	ASCDUB	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐	☐	☐	Admit to inpatient or appropriate level of care

☐	☐	☐	☐	Perform history and physical examination
☐	☐	☐	☐	Evaluate, diagnose, consult and provide care to patients presenting with congenital and acquired medical and surgical disorders of the genitourinary system and its contiguous structures
☐	☐	☐	☐	Provide urological care to patients via telemedicine
☐	☐	☐	☐	Surgical first assist
				Kidney Procedures
☐	☐	☐	☐	Open nephrotomy, nephrolithotomy, nephrostomy, pyelolithotomy, pyelostomy, pyeloplasty, Pyeloureteroplasty, exploration/incision and drainage of perinephric abscess or hematoma, renorrhaphy
☐	☐	☐	☐	Nephrectomy [simple, radical (including thoracoabdominal approach) or partial donor]; nephrectomy with vena caval thrombectomy; open renal biopsy; excision, decortication or marsupialization of renal cyst; (at ASCs thoracoabdominal approach and nephrectomy with vena caval thrombectomy procedures are not available).
☐	☐	☐	☐	Percutaneous renal biopsy and aspiration
☐	☐	☐	☐	Percutaneous nephrostomy, nephroscopy, and nephrolithotomy including stone manipulation, tube placement, biopsy and excision
☐	☐	☐	☐	Percutaneous endopyelotomy
☐	☐	☐	☐	Extracorporeal Shock Wave Lithotripsy (ESWL)
☐	☐	☐	☐	Open living donor transplant nephrectomy
☐	☐			Laparoscopic living donor transplant nephrectomy
				Ureteral Procedures
☐	☐	☐	☐	Ureteroscopy; flexible and rigid - including stone manipulation, biopsy and excision, or ablation; Endoscopic ureterocelectomy; Endopyelotomy
☐	☐	☐	☐	Surgery of the ureter including ureterotomy, ureterostomy, ureterolithotomy, ureterectomy, ureteroplasty, ureterolysis, ureterocelectomy and stent placement
☐	☐	☐	☐	Ureteral anastomosis to pelvis, calyx, ureter, buccal mucosa, appendix, small or large bowel or bladder; ureteral substitution
☐	☐	☐	☐	Insertion/removal of ureteral stent
				Bladder Procedures
☐	☐	☐	☐	Bladder surgery including cystolithotomy; cystectomy (partial or radical, to include anterior pelvic exenteration with hysterectomy, salpingectomy and/or oophorectomy incidental to cystectomy); diverticulectomy; and bladder neck surgery, continent and incontinent urinary diversion, cystostomy, cystotomy, vesicostomy; (at ASCs - cystectomy (partial or radical), continent and incontinent urinary diversion procedures are not available).
☐	☐	☐	☐	Cystoscopic and percutaneous bladder procedures including endoscopic stone and tumor removal
☐	☐	☐	☐	Incontinence surgery with or without prosthesis including mesh, collagen and implant; Female stress incontinence and/or salpingectomy: abdominal approach, vaginal approach, with or without anterior, posterior repair; Fistula repair; Uterosacral/Sacrospinous ligament suspension; Colpocleisis
☐	☐	☐	☐	Neuromodulation for bladder control (InterStim)

☐	☐	☐	☐	Cystocele repair
☐	☐	☐	☐	Bladder augmentation with bowel, ileal ureter
☐	☐	☐	☐	Artificial urinary sphincter replacement at bladder neck
☐	☐	☐	☐	Appendicovesicostomy
				Urethral Procedures
☐	☐	☐	☐	Urethrotomy, urethrectomy, urethral diverticulectomy (male or female); Fulguration of urethral valves simple/open (suprapubic/retropubic); Meatotomy (male or female); Perineal urethrostomy; Repair of fistula; Repair of injured urethra; Incision / Dilation of Urethral stricture; Drainage of urethral abscess
☐	☐	☐	☐	Urethropexy, open and endoscopic suspension
☐	☐	☐	☐	Repair of hypospadias; distal
☐	☐	☐	☐	Biopsies or fulguration of urethral lesions, including prolapsed caruncles, skenes
☐	☐	☐	☐	Urethroplasty; all stages and types
☐	☐	☐	☐	Urethral reconstruction including epispadias and hypospadias repair, and related penoplasty
☐	☐	☐	☐	Injection of urethral bulking agents
				Prostate Procedures
☐	☐	☐	☐	Prostate biopsy, simple prostatectomy - any approach
☐	☐	☐	☐	Prostatectomy; radical; any approach
☐	☐	☐	☐	Transurethral lifting or repositioning of the prostate (Documentation of completion of manufacturer designated training followed by supervised cases on human subjects required)
☐	☐	☐	☐	Brachytherapy with Radiation Oncology
☐	☐	☐	☐	Prostate ultrasonography
☐	☐	☐	☐	Simple resection, ablation, or incision of the Prostate, including transurethral prostate surgery (any approach / technique/ or energy)
				Genital Surgery
☐	☐	☐	☐	Impotency surgery; injection therapy; revascularizations and penile prosthesis
☐	☐	☐	☐	Performance of circumcision, dorsal slit
☐	☐	☐	☐	Penectomy; partial or complete
☐	☐	☐	☐	Penile biopsy
☐	☐	☐	☐	Repair of Peyronie's Disease/Chordee including graft procedures
☐	☐	☐	☐	Repair and reconstruction of the penis
☐	☐	☐	☐	Priapism surgery; injection therapy; all revascularization and shunts
☐	☐	☐	☐	Surgery of the scrotum including orchiectomy; orchiopexy; excision of hydrocele or spermatocele; reduction of torsion; epididymectomy; varicocelectomy; biopsy of scrotum, testis (including aspiration) or cord; scrotal reconstruction; vasectomy; incision and drainage of abscess; inguinal hernia repair; insertion of testicular prosthesis; and reconstruction of the vas and / or epididymis

				Miscellaneous Procedures
☐	☐	☐	☐	Urinary diversion
☐	☐	☐	☐	Basic diagnostic laparoscopy including pelvic lymphatic dissection; varicocelectomy; incidental biopsy and tissue removal
☐	☐	☐	☐	Ablative surgery -- all modes
☐	☐			Lymphadenectomy, Retroperitoneal
☐	☐	☐	☐	Lymph node dissection or biopsy: inguinal, pelvic or retroperitoneal; (at ASCs retroperitoneal lymph node dissection procedures are not available).
☐	☐	☐	☐	Abdominal wall hernia repair incidental to urologic procedure
☐	☐	☐	☐	Adrenalectomy and other adrenal surgeries
☐	☐	☐	☐	Closure of evisceration/dehiscence; Exploratory laparotomy
☐	☐	☐	☐	Diagnostic Procedures including Cystoscopy; Retrograde and antegrade urethrography, cystography and pyelography; Urodynamics; Urological ultrasound; Ureteropyeloscopy; Nephroscopy; Antegrade Ureteropyeloscopy
☐	☐			Transcatheter gallstone lithotripsy with Interventional radiology (completion of endourology fellowship and must have privileges for lithotripsy).
☐	☐	☐	☐	Administration of hormone or hormone modulating therapy for benign and malignant conditions (by any therapeutic route)
☐	☐	☐	☐	Administration of intraurethral or intracavernosal agents for diagnosis and treatment of urologic disease
☐	☐	☐	☐	Administration of intravesical, ureteral, and pyelocaliceal therapies for benign and malignant conditions

Advanced Laparoscopic Procedures

Description: Minimally invasive surgery

Qualifications

Education/Training	Formal training during urology residency in advanced laparoscopy. Program Director must validate training and competency. **OR** Post residency training supervised by an experienced advanced laparoscopic surgeon.
Clinical Experience (Initial)	Applicant must provide documentation of provision of advanced laparoscopic procedures representative of the scope and complexity of the privileges requested during the previous 24 months (waived for applicants who completed training during the previous year).
Additional Qualifications	Applicant must qualify for and be granted primary privileges in urology.

Request				
OSUHS	The James	ASCNA	ASCDUB	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐	☐	☐	Simple nephrectomy
☐	☐	☐	☐	Radical or partial nephrectomy
☐	☐	☐	☐	Adrenalectomy
☐	☐	☐	☐	Nephroureterectomy
☐	☐	☐	☐	Renal cyst decortication
☐	☐	☐	☐	Ureterolithotomy
☐	☐	☐	☐	Ureterolysis
☐	☐	☐	☐	Retroperitoneal lymph node dissection
☐	☐	☐	☐	Pyeloplasty
☐	☐	☐	☐	Ureteroureterostomy, Ureteral reimplantation or other ureteral reconstructive surgery including use of Boari Flap
☐	☐	☐	☐	Bladder reconstructive surgery
☐	☐	☐	☐	Prostatectomy
☐	☐	☐	☐	Renal ablative surgery
☐	☐	☐	☐	Surgery for undescended testicle
☐	☐	☐	☐	Diagnostic Laparoscopy
☐	☐	☐	☐	Varicocele surgery

Non-Hormonal Chemotherapeutics

Applies to all sites of oncology practice

Qualifications

Education/Training	Successful completion of a fellowship in urologic oncology with training in the delivery of systemic anticancer drugs. Applicants must have documented experience prescribing and administering systemic therapy, including the assessment and management of treatment-related adverse events within the last 5 years. A letter from the applicant's current department chair or designee, or Fellowship Director (if training completed in the last 12 months), attesting to clinical competency in treatment and management of systemic oncologic drugs is required.
Additional Qualifications	Applicant must qualify for and be granted core privileges in urology.
Clinical Experience (Reappointment)	Documentation of provision of clinical services representative of the scope and complexity of privileges requested during the last 3 years.

Request				
OSUHS	The James	ASCNA	ASCDUB	☐ - Newly Requested privileges ☐ - Currently Granted privileges
	☐			Select, order and administer systemic chemotherapeutic and other anticancer agents for urologic malignancies via all therapeutic routes

Urogynecology Procedures

Description: A subspecialty of urology or gynecology dedicated to the study and management of structural and functional changes of the urologic system in women.

Qualifications

Education/Training	Completion of an ACGME accredited fellowship in Female Pelvic Medicine and Reconstructive Surgery. **OR** Completion of SUFU approved fellowship in female urology OR evidence of prior training and experience in the specific procedure during ACGME or AOA accredited urology residency.
Certification	Current or pending eligibility to apply for certification in Female Pelvic Medicine and Reconstructive Surgery by the American Board of Urology.
Clinical Experience (Initial)	Applicant must provide documentation of provision of urolgynecology surgery services representative of the scope and complexity of the privileges requested during the previous 24 months (waived for applicants who completed training during the previous year).

Request				
OSUHS	The James	ASCNA	ASCDUB	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐	☐	☐	Enterocele, perineoplasty/ Perineorrhaphy and vaginal vault repair
☐	☐	☐	☐	Hysterectomy, including salpingectomy, as part of a pelvic floor reconstruction
☐	☐	☐	☐	Salpingectomy, salpingo-oophorectomy, salpingostomy, oophorectomy and/or resection of ovarian cyst in the context of a pelvic floor reconstruction.
☐	☐	☐	☐	Sacrocolpopexy / Sacral hysteropexy

Kidney Transplant

Description: Kidney transplantation or renal transplantation is the organ transplant of a kidney into a patient with end-stage renal disease.

Qualifications

Education/Training	Completion of a one year transplant fellowship program that meets guidelines from the American Society of Transplant Surgeons and UNOS membership criteria that included supervised training on human subjects in the specific privileges requested. **OR** If training occurred greater than 5 years ago must provide evidence of ongoing clinical practice in the specific privileges requested.
Clinical Experience (Initial)	Applicant must provide documentation of provision of transplant surgery services representative of the scope of privileges requested in that includes the specific organ transplant privileges requested, during the previous 24 months.

Request				
OSUHS	The James	ASCNA	ASCDUB	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐	☐	☐	Kidney Transplantation (with approved transplantation fellowship and in association with the Division of Transplant Surgery)

Laser

Qualifications

Education/Training	The applicant must be able to demonstrate successful completion of an approved residency program in a surgical specialty (with exceptions made for procedure based medical specialties). The applicant must have participated in at least 8 to 10 hours of residency/post graduate education that is consistent with the recommendations of the American Society for Lasers in Medicine and surgery as follows: 2-3 hours of "Basic Laser Science" training consisting of didactic training on 1) laser biophysics, 2) laser tissue interactions, and 3) laser safety on various types of lasers, plus hands-on inanimate instruction for the lasers/procedures requested on general operation and control of the laser device(s). Additionally, 6-7 hours of clinical training on aspects of indications, contra-indications, techniques of laser use, complications, and management of complications, obtained during clinical experience and use of lasers on patients. **AND** Successful completion of the OSUWMC Basic Laser Safety eLearning course and OR Fire Safety video are required at initial appointment.
Initial Appointment	The applicant must provide evidence that during the education/training, hands-on application of the laser was included. The suggested level of activity for initial granting of privileges is ten (10) laser procedures in the last 2 years. **OR** A physician with current laser privileges at another institution must submit a letter of reference from the department chairman or another appropriate physician at the hospital/organization where the physician currently holds laser privileges. If training was completed within the last year a letter of reference must come from the director of the physician's residency program, or continuing medical education course director.
Reappointment	Documentation of at least seven (7) laser procedures, reflective of the scope of privileges requested in the last 3 years is required. If the number of procedures performed falls below the threshold above, additional FPPE may be required.
Additional Qualifications	Applicant agrees to restrict device usage to only those devices (models) for which they have received orientation and training.

Request				
OSUHS	The James	ASCNA	ASCDUB	☐ - Newly Requested privileges ☐ - Currently Granted privileges
				Laser Privileges
☐	☐	☐	☐	Use of laser

Robotic Assisted Surgery

Qualifications

Education/Training	Completion of an ACGME or AOA accredited residency or fellowship training program in a surgical specialty or obstetrics/gynecology .
Certification	Current certification in the applicable ABMS or AOA board or its equivalent or completion of training within the past five years unless the physician has been granted a waiver of the board certification requirement.
Clinical Experience (Initial)	FORMAL TRAINING: Didactic and hands-on experience in a course during accredited residency or fellowship program that incorporates robotic-assisted surgery into the program. Required documentation includes a letter from the training director attesting to experience and a log of ten cases performed as the primary operator. **OR** CLINICAL EXPERIENCE: A letter from department chair attesting that surgeon had privileges and was deemed competent (as a result of quality monitoring) and a log of ten cases performed as the primary operator. **OR** PROCTORING EXPERIENCE: The completion of a course* in robotic-assisted surgery comprised of didactic education, training and practice experience with large animal robotic-assisted surgery and/or surgery on cadavers, and/or surgery techniques or experimental models under the supervision of an expert preceptor. For multi-port system, a minimum of at least five procedures under the supervision of an expert preceptor; for endoluminal bronchoscopy system, a minimum of at least two procedures under the supervision of an expert preceptor; for single port system (for physicians currently privileged for multi-port system) a minimum of at least two procedures under the supervision of an expert preceptor. New surgeons without multi-port privileges must obtain a minimum of five procedures with a preceptor on the single-port system. *The course must meet the standards adopted by the Credentials Committee of The Ohio State University Health System A preceptor is defined as a physician who has full and unrestricted privileges for the conduct of robotic-assisted surgery.
Clinical Experience (Reappointment)	Applicant must provide documentation of performance of at least five cases for each type of surgery (single port, multi-port, or endoluminal bronchoscopy system) each year (15 cases in the last 3 years) with a satisfactory outcome, meeting or exceeding the quality standards established by the clinical department at the time of reappointment.
Additional Qualifications	Candidate requesting privileges in robotic-assisted surgery must have full and unrestricted privileges in performing the specific privileges (procedures) either by open approach or endoscopic approach. INITIAL FPPE: Five cases must be reviewed for evidence of competency after initial granting of privileges for each type of robotic surgery (single port, multi-port, endoluminal bronchoscopy system)

Request				
OSUHS	The James	ASCNA	ASCDUB	☐ - Newly Requested privileges ☐ - Currently Granted privileges
☐	☐			Multi-port system
☐	☐			Single port system
☐	☐			Endoluminal bronchoscopy system

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated performance, I am qualified to perform, and that I wish to exercise at Ohio State University hospitals, ASC's and Clinics.
I also acknowledge I have met all requirements including but not limited to the minimum number of cases and/or CMEs. I understand that in exercising any clinical privileges granted, I am constrained by applicable hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Practitioner's Signature

OSUHS, The James, ASCNA, ASCDUB

Final Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation