



# **ALLIED HEALTH PROFESSIONALS MANUAL**

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# SECTION 1. AUTHORIZATION AND CONTROL PROVISIONS

## 1.1 DEFINITIONS

### 1.1.1 Allied Health Professional (AHP)

- a. An Allied Health Professional (AHP) as defined herein is an individual who is not an employee of Baylor Medical Center at Garland (BMCG) but is an individual who:
  - (1) Is qualified by academic and clinical training, prior and continuing experience, and current competence in a discipline which BMCG's Board of Trustees allows to practice at BMCG; and
  - (2) Functions as a Physician Employed Assistant (PEA) under the direction and supervision and/or delegation of a Medical Staff member who is privileged in a similar category. The physician retains ultimate responsibility for the patient care rendered.
- b. Categories of AHPs currently authorized to provide services at BMCG include:
  - A. Credentialed and Privileged Licensed Professional
    1. Certified Registered Nurse Anesthetist (CRNA)
    2. Clinical Psychologist
    3. Licensed Professional Counselor (L.P.C.)
    4. Nurse Practitioner (N.P.)
    5. Licensed Clinical Social Worker (LCSW)
    6. Physician Assistant (PA – C)
  - B. Credentialed Licensed Professional with a Scope of Practice (not privileged)
    1. Licensed Bachelor Social Worker (LBSW)
    2. Licensed Masters Social Worker (LMSW)
    3. Licensed Perfusionist, Clinical Certified Perfusionist (L.P., C.C.P.)
    4. Nurse (R.N./L.V.N)
    5. Registered Nurse First Assistant (RNFA)
  - C. Credentialed Certified Professionals with a Scope of Practice (not privileged)
    1. Anatomic Pathology Assistant (APA)
    2. Medical Assistant (MA)
    3. Technician (OPA-C, OT-C, REEGT, Surgical Technologist, etc.)
  - D. Credentialed "on the job trained" Professionals with a Scope of Practice (not privileged, applies only to individuals appointed prior to April 6, 1999)

- 1.1.2 Delegating Medical Staff Member shall be the Medical Staff member(s) required to delegate the performance of medical acts, supervise or direct the AHP by virtue of law, BMCG's policy or the terms of the AHPs authorization to practice in BMCG. A delegating Medical Staff member shall not supervise/delegate any procedure or patient care service that the AHP is not privileged by BMCG to perform.

## 1.2 BASIC QUALIFICATIONS OF ALLIED HEALTH PROFESSIONALS

Every AHP must, at the time of initial application and, if approved, at re-appointment, demonstrate to the satisfaction of BMCG's Credentials Committee the following qualifications and any additional qualifications as set forth for the AHP's discipline Professional Education/Training/Licensure/Certification/Registration:

- 1.2.1 Required Licensure: Credentialed and Privileged Licensed Professionals refer to the appropriate privilege form. All others refer to the appropriate scope of practice form.
- 1.2.2 Experience and Professional Performance: Current clinical competency through experience and results, documenting the ability to provide patient care services at an acceptable level of quality and efficacy in each setting where services are or will be provided.
- 1.2.3 Cooperativeness: Ability to work with and relate to Medical Staff members, other AHPs, BMCG personnel, patients, visitors, and the community in general, in a cooperative, professional, non-disruptive manner that is essential for maintaining an environment appropriate to quality and efficient patient care.
- 1.2.4 Satisfaction of Obligations: Satisfactory compliance with the obligations outlined in Section 1.5 of this manual.
- 1.2.5 Professional Ethics and Conduct: Adherence to generally recognized standards of professional ethics and all applicable laws.
- 1.2.6 Health Status: Document health status as necessary to provide services at BMCG and fulfill the essential functions of AHP status. In demonstrating satisfaction of the foregoing qualification, an AHP may be required to provide such information or to submit to such examinations or tests as may be reasonably requested by the Credentials Committee or the Board of Trustees. Such examinations or tests shall be at the applicant's expense and performed by practitioners chosen or acceptable to the Credentials Committee or the Board of Trustees.
- 1.2.7 Verbal and Written Communication Skills: Ability to communicate orally and in writing, in English, in an intelligible manner, and to prepare medical record entries and other required documentation in a legible manner.
- 1.2.8 Professional Liability Insurance: Possess professional liability insurance coverage issued by a recognized company and of a type and in an amount not less than the minimum amount required by Board of Trustees, or be a named insured in a professional liability insurance policy issued by a recognized company and of a type and amount required by the Board of Trustees. Written evidence of such insurance coverage, in a form satisfactory to BMCG, shall accompany application request.
- 1.2.9 Delegating Medical Staff Member: Agreement by one or more Medical Staff members within the same area of expertise to provide required delegation, supervision or direction to the AHP.

## 1.3 EFFECTS OF OTHER AFFILIATIONS

An AHP is not automatically entitled to provide services merely because the AHP:

- 1.3.1 Is authorized to practice in this or in any other state; or

- 1.3.2 Is a member of any professional organization; or
- 1.3.3 Is certified by any board; or
- 1.3.4 Provides, or previously provided, services at BMCG or another health care facility or in another practice setting; or
- 1.3.5 Is or was employed at BMCG; or
- 1.3.6 Is, or is about to become, associated with a Medical Staff member(s) or AHP(s) practicing at BMCG through employment, contract, or otherwise.

#### 1.4 PREROGATIVES OF ALLIED HEALTH PROFESSIONALS

The prerogatives of an AHP are to:

- 1.4.1 Perform such health care services as the AHP has been educated and trained to perform and specifically defined for the AHP under the degree of supervision, direction or delegation of Medical Staff member as stated in the authorization to provide services and consistent with any limitations stated in the policies governing the AHPs practice at BMCG or any other applicable Medical Staff or BMCG policies;
- 1.4.2 Attend, when invited, clinical meetings of the Medical Staff, a department or other clinical units;
- 1.4.3 Attend educational meetings of the Medical Staff, a department, or BMCG; and
- 1.4.4 Exercise such other prerogatives as the Credentials Committee may accord AHPs in general or a specific category of AHP and approved by the Medical Executive Committee and the Board of Trustees.

#### 1.5 OBLIGATION OF ALLIED HEALTH PROFESSIONALS

Each AHP shall:

- 1.5.1 Provide patient care services at an acceptable level of quality with cost-effective and appropriate utilization of services;
- 1.5.2 Retain appropriate responsibility within the AHPs area of professional competence for the care of each patient at BMCG for whom the AHP is providing services;
- 1.5.3 Participate in BMCG quality management program activities appropriate to the AHPs discipline and discharge such other functions as may be required from time to time;
- 1.5.4 When requested, attend clinical and educational meetings of the Medical Staff, department, and any clinical units with which the AHP is associated and attend any individual conference requested by the Credentials Committee or its chair, any department chair, medical director of a special unit, or BMCG service director;
- 1.5.5 Abide by the Medical Staff Bylaws and related manuals, as applicable, this manual, and all other applicable standards, policies and rules of the Medical Staff and BMCG;
- 1.5.6 Prepare and complete in a timely fashion, as appropriate and authorized, those portions of the patients medical records documenting services provided and any other required records; including entering all progress reports if authorized to do so.
- 1.5.7 Provide evidence to the Medical Staff Services, prior to expiration, of renewed license/certificate to practice in this state, required professional liability insurance coverage, as well as any other required documentation requested;

1.5.8 Immediately notify the Medical Staff Services or BMCG of:

- 1) Any felony charges brought against the AHP;
- 2) Any change made or investigation involving the AHPs license/certificate/registration to practice, professional liability insurance coverage, employment by or other affiliation with a delegating Medical Staff member;
- 3) Any change made or investigation at another hospital or health care entity where the AHP practices;
- 4) Any initiation, judgment, settlement, or dismissal of a claim involving the AHP's professional performance or services; and
- 5) Any investigation or action by Medicare or Medicaid or the Office of Inspector General (OIG).

1.5.9 Refrain from any conduct or acts that are or could reasonably be interpreted as being beyond, or an attempt to exceed, the scope of practice authorized within BMCG.

Failure to satisfy any of these obligations is grounds for termination or non-renewal of the authorization to provide services or other disciplinary action as deemed appropriate under Section 4.0 of this manual.

## 1.6 TERMS OF CONDITIONS OF AFFILIATION

The AHP is subject to an initial Provisional period, formal periodic reviews and disciplinary procedures as set forth in Sections 3.0 and 4.0 of this manual. Each AHP shall be assigned by the Credentials Committee to the clinical department and/or BMCG service appropriate to the AHP's professional training and authorized scope of practice. An AHP's provision of specified services within any department or BMCG service is subject to the rules and regulations of that department/service and to the authority of its chair/director. The quality and efficacy of the care provided by an AHP within any department/service may be monitored and reviewed as part of BMCG's quality management program.

## 1.7 SCOPE OF PRACTICE

- 1.7.1 Delineation: Written guidelines defining the scope of services that may be provided by each category of AHP shall be developed by the Credentials Committee and either approved, modified or rejected, after consultation with the Medical Executive Committee and approved by the Board of Trustees. Input shall be obtained, as applicable, from the delegating Medical Staff member(s) and from representatives of the Medical Staff, BMCG administration and other professional staffs.

For each category of AHP, the guidelines shall include at least:

- 1) Specification of the classes of patients that may (or may not) be seen;
- 2) Description of the services to be provided and procedures to be performed, including any special equipment, procedures or protocols that specific tasks may involve, and responsibility (if any) for charting services provided in the patients medical record;
- 3) Definition of the degree of assistance that may be provided to a Medical Staff member in the treating of patients on BMCG premises and any limitations thereon;
- 4) The degree of Medical Staff member supervision, direction or delegation required for providing services (as outlined in 1.7.2) and;

5) Minimum or threshold qualifications to apply for these services.

1.7.2 Medical Staff Member Supervision: The level and nature of supervision required from the delegating Medical Staff member(s) for the AHP's performance of a service shall be within the privileges that the Medical Staff member has been granted to perform by BMCG and shall be delineated as follows:

Level 1: Medical Staff member is physically present to observe performance of service or task

Level 2: Medical Staff member is physically present at BMCG and immediately available while the service or task is being performed.

Level 3: Medical Staff member is available by telephone immediately while the service or task is being performed.

Level 4: Other (as described).

1.7.3 Limitations: Notwithstanding the apparent scope of practice permitted to any particular category of AHP or any individual AHP under state law or licensure, limitations may be placed on an AHP's authorized scope of practice at BMCG as deemed necessary either for the efficient and effective operation of BMCG or any of its departments or services, or for management of personnel, services and equipment, or for quality or efficient patient care, or as otherwise deemed by the Board of Trustees to be in the best interest of patient care at BMCG.

1.7.4 Emergency: In case of an emergency in which serious permanent harm or aggravation of injury or disease is imminent, or in which the life of a patient is in immediate danger, and any delay in administering treatment could add to that danger, and AHP is authorized to do everything possible to save the patients life or to save the patient from serious harm, to the degree permitted by the AHP's license or certificate regardless of the authorized scope of services. In such an emergency, the AHP shall summon all consultative assistance deemed necessary and to relinquish care of the patient to a Medical Staff member or other appropriate professional as soon as possible.

1.75 Prohibitions: Unless expressly stated in a scope of practice, and AHP may not:

- ❖ Perform any duties that are defined as the practice of medicine in the Texas Medical Practice Act.
- ❖ Prescribe medications or treatments or write orders in the medical record unless they are received directly from the physician
- ❖ Use independent judgment in the medical care or treatment of a patient.
- ❖ Perform history and physical examinations for inclusion in the medical record
- ❖ Make rounds in substitution for the supervising practitioner
- ❖ Perform any surgical operation
- ❖ Perform any portion of surgical procedures for which the AHP has not been previously approved
- ❖ Perform any anesthesia procedure or portion thereof, excluding cardiac perfusionist
- ❖ Admit patients to BMCG

- ❖ Perform any direct patient care activities in the Operating Room and the Emergency Department unless the supervising Medical Staff member is physically present.
- ❖ Replace a physician in surgery where requirements exist for a physician to serve as first assistant

## 1.8 DELEGATING MEDICAL STAFF MEMBERS OBLIGATIONS

Unless otherwise provided by law, BMCG policy or the authorization for a particular AHP or AHP category, the delegating Medical Staff member(s) by virtue of the member's status as such, agrees to:

- 1.8.1 Full legal and ethical responsibility for directing or supervising the AHPs performance;
- 1.8.2 Accept full responsibility for the proper conduct of the AHP within BMCG, for the AHP's observance of all Bylaws, policies, procedures, rules and regulations of BMCG and Medical Staff, and for the correction and resolution of any problems that may arise;
- 1.8.3 Provide the supervision as set forth in the authorization to provide services;
- 1.8.4 Maintain ultimate responsibility for directing the course of the patient's medical treatment and provide active and continuous overview of the AHPs activities at BMCG to ensure that directions and advice are being implemented;
- 1.8.5 Assure that the AHP maintains the necessary qualifications and competency to provide services in accordance with accepted medical standards; provide written evaluations of the AHP performance at appointment and reappointment;
- 1.8.6 Delegate the performance of any medical acts in accord with applicable law and BMCG policy;
- 1.8.7 Abide by all Bylaws, policies and rules governing the use of AHPs at BMCG and utilize the AHP in accord with the AHPs authorized scope of practice;
- 1.8.8 Assure the AHP has valid and current professional liability coverage as required in Section 1.2.8;
- 1.8.9 Immediately notify the Medical Staff Services office and BMCG in the event any of the following occur:
  - 1) Termination of an agreement to serve as a delegating Medical Staff member or employment of the AHP;
  - 2) The Medical Staff members approval to supervise the AHP is revoked, limited, or otherwise altered by action of the applicable state licensing board or any other entity, or
  - 3) The Medical Staff member is notified of investigation of the AHP or of the AHPs supervision of the AHP by the applicable state licensing board or any other entity.

## 1.9 IDENTIFICATION

At all times while on BMCG premises, the AHP shall wear a non-BMCG name tag clearly identifying the AHP by name, the AHP's employer, sponsoring Medical Staff member(s), group name, or department and the category the AHP is in, as set forth in the authorization to provide services.

## SECTION 2. APPLICATION PROCEDURE

### 2.1 APPLICATION

An application for specified services must be submitted by the AHP in writing, signed and completed on an original BMCG approved form. Applications shall only be provided to individuals in an AHP category approved by the Board of Trustees. BMCG may decline in its sole discretion to provide an application or to process an application based on its inability to provide adequate facilities, resources or support services for additional AHPs in a particular category or the existence of a contractual or other arrangement for the provision of the services offered by that category of AHP. An AHP who enters into a contract with the BMCG shall be subject to the qualifications and application procedures in this manual, in addition to any additional requirements set forth in the contract.

### 2.2 CONTENT OF FORM

The application shall require complete and accurate information concerning the following:

- 2.2.1 Personal Information: Full name, social security number, addresses and telephone numbers (office and home);
- 2.2.2 Delegating Medical Staff Member Information: Name of the Medical Staff member/group who employs the AHP, if applicable, and/or the names of the delegating Medical Staff member(s) under whose direction and supervision the AHP will function;
- 2.2.3 Education: School name and location, major, degrees awarded and dates attended for all undergraduate and/or professional/other graduate schools;
- 2.2.4 Postgraduate/Continuing Education: Institution/school name and location, title and summary description of content of program, program director, dates attended, date completed;
- 2.2.5 Professional Licenses/Registration/Certifications: Type, state where held (if applicable), number, whether current or not, date of certification by the professional college or board where applicable (e.g., National Commission of Registration of Physician Assistants), copy of current or temporary license/registration/certification to practice in this state, and copy of current professional college/board certificate (if applicable);
- 2.2.6 Chronology of Professional Career (all present and prior): Date, name and location of each hospital affiliation, other institutional practice affiliations, employment with solo/group/partnership practice, to include experience at each (please account for every year since high school graduation whether medically related or not, any time gap of more than 3 months must be accounted for);
- 2.2.7 Professional Society Memberships: Name and dates of membership, both current and pending;
- 2.2.8 Disciplinary Actions: Any pending or completed denials, revocations, suspensions, reductions, limitations, probations, non-renewals, voluntary relinquishments of or withdrawals of an application or investigations for any of the following: professional license/registration/certification, hospital or other institutional practice affiliation, authority to provide services, professional society membership, professional liability insurance, Medicare/Medicaid provider status, or Office of Inspector General sanctions with full details of any affirmative answers provided in the form requested;

- 2.2.9 Professional Liability Insurance: Current coverage amount with documentation, listing of any claims, suits, settlements or arbitration proceedings pending or concluded, and names of past insurance carriers with dates of coverage. Professional Liability Insurance shall not be less than the minimum amount required by the Board of Trustees of BMCG;
- 2.2.10 Health Status: Information on health status as necessary to provide professional services and fulfill the essential obligations of AHP status;
- 2.2.11 Criminal Charges: Listing of every current or past charge, date and resolution involving any felony criminal matter;
- 2.2.12 Authorization and Release: Signed authorization and release from AHP applicable to consideration of the AHP's application to practice at BMCG and obtaining information from third-parties;
- 2.2.13 Acknowledgment: Signed acknowledgment from AHP to abide by the applicable Bylaws and related manuals, rules and regulations, policies and procedures of the Medical Staff and BMCG in all matters relating to the AHP's practice at BMCG;
- 2.2.14 Acknowledgment from Delegating Medical Staff Member: Signed agreement from all delegating Medical Staff member(s) acknowledging the obligation to comply with all requirements of this manual, particularly Section 1.8, as well as all obligations required by BMCG and all applicable departments thereof, and as may otherwise be necessary for the particular category of AHP or individual AHP;
- 2.2.15 References: The names of least 2 Medical Staff members or other health care professionals who have personal knowledge of the AHP's qualifications based on observation within the past three years of the AHP's professional performance over a reasonable period of time (preferably in the acute care hospital setting) and who will provide specific written comments on these matters upon request;
- 2.2.16 Services: A list of all services the AHP seeks to provide patients at BMCG; and the areas of BMCG where the AHP will be performing duties (operating room, patient care areas, ancillary departments, etc.): and
- 2.2.17 Other: Such other information as may be established by the Credentials Committee.

## **2.3 EFFECT OF APPLICATION**

The AHP must sign the application and in so doing:

- 2.3.1 Attests to the correctness and completeness of all information furnished and acknowledges that any misstatement or misrepresentation in or omission from the application, whether intentional or not, constitutes grounds for denial or termination of authorization to provide services at BMCG;
- 2.3.2 Signifies the AHP's agreement to provide any requested information and to appear for interviews in connection with the application;
- 2.3.3 Agrees to abide by the terms of this manual and all applicable Bylaws and related manuals, rules, regulations, policies, and procedure manuals of the Medical Staff and BMCG;
- 2.3.4 Agrees to maintain an ethical practice and to refrain from misrepresenting the AHP's position, status or scope of authorized practice to any individual;
- 2.3.5 Agrees to notify, promptly and in writing, the Medical Staff Services office, Credentials Committee, or BMCG of any change in any of the information provided on the application;

2.3.6 Authorizes and consents to the BMCG representatives consulting with any individuals or entities who may have information bearing on the qualifications and competence of the AHP and consents to the disclosure and inspection of all records and documents that may apply to said qualifications and competence; and

2.3.7 Releases from any liability all those who review, act on or provide information regarding the AHP's qualifications.

For purposes of this section, the term BMCG Representative means: the Board of Trustees and any member of committee thereof; BMCG or designee; the Credentials Committee or any member or agent thereof; the Medical Staff and any member, officer, agent, department or committee thereof; employees of BMCG; and any individual authorized by any appropriate authority of the Medical Staff or BMCG or any committee thereof to perform specific information gathering, analysis, use, investigation or disseminating functions.

## 2.4 PROCESSING THE APPLICATION

2.4.1 Burden of Proof: The AHP shall have the burden of producing adequate information for a proper evaluation of the AHPs qualifications, resolving any doubts, and satisfying any requests for information or clarification made by appropriate Committee or BMCG representatives.

2.4.2 Verification of Information: The AHP shall provide to BMCG a completed, original application. After collecting and verifying the information submitted, the AHP shall be promptly notified, in writing, by the Medical Staff Services office of any additional information needed or of any problems in obtaining the information required. Upon such notification, it shall be the AHP's obligation to obtain the required information. Failure to provide the information by the deadline specified shall terminate any further processing of the application and is deemed a withdrawal of the application. Failure to document compliance of any minimum or threshold criteria for requested service shall result in non-processing of the application as to that service. When collection and verification is accomplished, the application shall be presented to the Credentials Committee.

### 2.4.3 CNO Review of Nursing AHPs:

Upon a determination that an application is complete, the application and all supporting documentation will be forwarded to the Chief Nursing Officer (CNO), for the purpose of reviewing the application. The facility CNO may personally or through a designee conduct a personal or telephone interview with the Practitioner. The CNO shall evaluate all matters that he/she deems relevant to arriving at a recommendation regarding clinical privileges or scope of service of nursing AHPs. The CNO may contact other individuals with personal knowledge of the practitioner's qualifications. After reviewing all pertinent information (but in no event later than 30 days after receiving the completed application), the CNO shall make a written recommendation to the Credentials Committee regarding department appointment and clinical privileges and/or scope of service to be granted, if any, along with any special conditions.

2.4.4 Credentials Committee Evaluation: The Credentials Committee reviews and investigates the application, the supporting documentation, and any other relevant information available to it. The Committee shall consult with and obtain a recommendation from the applicable department chair. The Committee may also at its sole discretion interview the applicant. The Committee shall take one of the following actions on the application:

2.4.4.1 Deferral: If the Committee requires further information, it may defer transmitting its report and will notify the AHP of the deferral. If the AHP is to provide additional information or a specific release/authorization to allow BMCG or Committee representatives to obtain information, the notice must so state and must include a request for the specific information or release/authorization required and the deadline for response. Failure to respond in a satisfactory manner by that date shall terminate further processing of the application and is deemed a withdrawal of the application in accord with Section 2.4.2 above.

2.4.4.2 Recommendation: A recommendation on the AHP's application is transmitted promptly, with all supporting information, to the Medical Executive Committee as set forth in Section 2.4.4 below. The recommendation shall be one of the following alternatives: 1) grant authorization to practice as an AHP, scope of services to practice, level of delegating Medical Staff members supervision, department assignment, and any conditions on the AHP's practice; or 2) deny authorization to practice as an AHP.

2.4.5 Medical Executive Committee: At its next regular meeting, the Medical Executive Committee shall consider the recommendation of the Credentials Committee and make a recommendation to the Board of Trustees whether authorization to practice should be granted and, if so, the approved scope of services, level of delegating Medical Staff member's supervision, department assignment, and any conditions on the AHP's practice. If, in the deliberations pursuant to this Section 2.4.4, the Medical Executive Committee determines that it requires further information, it may defer action for up to 30 days and the AHP and the Chair of the Credentials Committee shall be notified of the deferral and the reason. If the AHP is to provide additional information or a specific release/authorization to allow BMCG or Committee representatives to obtain information, the notice must so state and must include a request for the specific information or release/authorization required and the deadline for response. Failure to respond in a satisfactory manner by that date is deemed a withdrawal of the application in accord with Section 2.4.2 above.

2.4.6 Board Action: Upon receipt, the Board of Trustees shall issue a final decision on the AHP's application. BMCG shall notify the AHP and any designated delegating Medical Staff member(s) in writing within 20 days of the Board's decision. If the decision is adverse as defined in Section 5.2, the notice shall also advise the AHP of the right to review as outlined in Section 5.2.

## 2.5 ORIENTATION OF THE ALLIED HEALTH PROFESSIONALS

The AHP shall attend and complete an orientation program within 90 days after approval by the Board of Trustees. Failure to satisfactorily complete the orientation program may result in termination of practice. The orientation program shall include:

- 2.5.1 Certification in CPR training if the AHP is not already certified, unless exempted based on the nature of the services the AHP is to provide;
- 2.5.2 Familiarization with appropriate procedures and protocols at BMCG and, as applicable, those of the clinical department and BMCG unit under which the AHP will provide services;
- 2.5.3 Orientation to nursing activities specific to any of the units/departments of BMCG where the AHP will function (e.g., surgical suite); and
- 2.5.4 Orientation to medical records requirements;

- 2.5.5 Orientation to policies and procedures on HIPPA and patient confidentiality; and
- 2.5.6 Orientation to policies and procedures on Patient Abuse, Exploitation, and Neglect.

## SECTION 3. EVALUATION PROCEDURES

### 3.1 PROVISIONAL PERIOD

Each AHP newly approved for services shall be subject to a provisional period of 12 months. Any granting of additional services to an existing AHP shall also be subject to a provisional period of 12 months. An AHP's provision of services during the probationary period is subject to any conditions or limitations imposed as part of the grant of services.

### 3.2 REAPPOINTMENT

The Credentials Committee shall evaluate each AHP for reappointment. Appointment to provide services at BMCG shall not exceed 24 months. At least 90 days prior to the AHP's reappointment date, the AHP must, on a BMCG-approved form, fully update the information on the application form, including external continuing education activities, and submit a request for authorization to continue to provide services for the upcoming term, including any basis for changes from the services currently authorized. BMCG's Medical Staff Services for the specific purpose of providing information to the Credentials Committee for this reappointment will compile for the AHP's file information regarding the AHP's satisfaction of the obligations in this manual and the frequency, quality and efficacy of services the AHP is providing. Upon receipt of a timely application for reappointment, the Committee shall delegate a portion of its review function by directing that the AHP's file, any significant findings from BMCG quality management office or Medical Staff Quality Improvement Committee, and the summary of the AHP's practice be forwarded to each applicable department chair and appropriate BMCG service director for review. Upon completion of such review a statement shall be transmitted to the Credentials Committee whether or not, based on that information the AHP's clinical performance is acceptable, whether the AHP has complied with the obligations in this manual, and any incidents that have occurred in connection with the AHP's provision of services that indicate actual or potential problems. Processing is as described in Sections 2.4.2 through 2.4.6 of this manual. Failure to submit a completed renewal application or to supply requested information shall result in termination of the authorization to provide services on the expiration date, with no right to review under this manual or otherwise.

### 3.3 REQUESTS FOR MODIFICATIONS OF SERVICES

An AHP may, either in connection with renewal or at any other time, request modification of services by submitting a written request to Medical Staff Services. The request must contain all requested information supportive of the request and is processed according to the procedures outlined in Section 2.0 of this manual, including verification with primary sources external to BMCG and compilation of internal data as necessary to properly evaluate the request.

An AHP who decides to resign or to restrict or limit the provision of services, which the AHP has been granted, shall send written notice to the Medical Staff Services office, which shall, in turn, notify the applicable department chair, the Credentials Committee, the Medical Executive Committee, the Board of Trustees, and the applicable BMCG service directors. A copy of this notice shall be included in the AHP's file.

### 3.4 CONTRACTED SERVICES

Upon non-renewal or termination of an exclusive contract or severance of the affiliation between an AHP and a group, BMCG may terminate or otherwise limit or qualify the scope of practice of all AHPs associated with the contract or the group, and such AHPs shall not have a right to a hearing or appeal procedure. The rights of BMCG under this section shall supersede any contrary terms as may be established in the bylaws, rules or regulation, or policies of BMCG medical staff.

### 3.5 QUALITY MANAGEMENT

Evaluation of the practice of AHP's and compliance with any conditions on such practice shall be included as an element of BMCG quality management program and the results of such evaluations shall be provided to the Credentials Committee prior to renewal of the AHP's scope of practice.

## SECTION 4. DISCIPLINARY ACTION

### 4.1 ROUTINE ACTION

An AHP's authority to practice may be terminated if: the AHP fails to continue to satisfy the basic qualifications for authority to practice or obligations of AHP, the AHP's practice fails to comply with the conditions placed on the AHP's practice, the AHP violates this manual or any Medical Staff, BMCG, or department requirement, the AHP fails to provide services in accord with accepted professional standards, or the AHP takes any action that jeopardizes patient care or BMCG operations.

- 4.1.1 Initiation: The Credentials Committee shall be responsible to receive, investigate and review, and issue a recommendation as to any written complaint or inquiry regarding an AHP or the AHPs practice at BMCG within 30 days of receipt of the complaint. The Committee shall advise the AHP, and the delegating Medical Staff member(s) if appropriate, in writing if a written complaint is received and may require the AHP and/or Medical Staff member(s) to answer any questions by appearing before the Committee in person or through submission of a written statement, in the Committee's sole discretion. Failure of the AHP to appear and/or provide requested information shall automatically terminate the AHP's authority to practice at BMCG, with no right of review under this manual or otherwise.
- 4.1.2 Investigation: In investigating any complaint, the Credentials Committee shall have the authority to interview any persons with knowledge, review any BMCG records or other documents, consult with any third parties, and take such other steps as are necessary to obtain the needed information. The Committee may also authorize a subcommittee or persons, whether committee members or not, to conduct the investigation.
- 4.1.3 Recommendation: The Credentials Committee shall submit its recommendation to the Medical Executive Committee for action. The Medical Executive Committee shall evaluate the Credentials Committee report and submit its recommendation to the Board of Trustees.
- 4.1.4 Final Action: At a subsequent regular meeting following receipt of a recommendation from the Medical Executive Committee, the Board of Trustees shall review this recommendation and make a final decision. BMCG shall notify the AHP and any

delegating Medical Staff member(s) in writing within 20 days of the Board of Trustees final decision. If the decision is adverse as defined below, the AHP shall be entitled to a review under Section 5.0.

## 4.2 AUTOMATIC ACTION

4.2.1 Grounds: The authority of an AHP to practice is automatically terminated, effective immediately, if:

- 1) The AHP's licensure, registration or certification (if any) is terminated, revoked or suspended;
- 2) The AHP has not maintained the required professional liability insurance coverage;
- 3) The AHP does not have a delegating Medical Staff member with the necessary clinical privileges to supervise, direct or delegate to the AHP;
- 4) The AHP violates the terms of a return to work agreement signed as part of BMCG's impaired practitioner program;
- 5) The AHP's sponsoring physician resigns; or
- 6) A decision to terminate an exclusive contract shall result in the termination of the scope of practice of the AHP services.

4.2.2 Felony Conviction: Whenever an AHP is convicted of a felony; the authority to practice may be automatically terminated as of the date of such conviction.

4.2.3 No Right to Review: BMCG shall notify the AHP and the delegating Medical Staff member, if applicable, in writing of this termination. An automatic action in accord with this Section is not an adverse action and shall not entitle the AHP to any review under this manual or otherwise.

## 4.3 SUMMARY ACTION

In addition to the provisions above, the Chair of the Credentials Committee, Chairman of the AHP's assigned clinical department, Chairman of the Medical Executive Committee or the President of BMCG or designee shall have the authority to limit or terminate an AHP's authority to practice, effective immediately, if such action is necessary to protect the health and safety of patients or BMCG's personnel or others, or to reduce a substantial and imminent likelihood of significant impairment to the life, health, safety of any patient, prospective patient, or other person, or to maintain BMCG's operations. The AHP and any delegating medical staff member(s) shall be notified in writing of such action. The Credentials Committee shall investigate and review such action within 15 days and recommend to the Medical Executive Committee whether such termination or limitation should be permanently imposed. The Medical Executive Committee shall evaluate the Credentials Committee's recommendation and shall within 15 days submit its recommendation to the Board of Trustees. The Board of Trustees shall make a final decision within 30 days of receipt. BMCG shall notify the AHP and any delegating Medical Staff member(s) in writing within 20 days of the Board of Trustees final decision. If the decision is adverse as defined below, the AHP shall be entitled to a review under Section 5.0.

#### 4.4 CORRECTIVE ACTION AGAINST MEDICAL STAFF MEMBER

If a Medical Staff member fails to comply with any limitation of privileges imposed on the AHP, or utilizes an AHP in a manner not authorized by the Board of Trustees or not consistent with this manual or accepted professional standards, the matter may be referred for corrective action as provided in Section 9 of the Bylaws of the Medical Staff.

#### 4.5 MENTAL OR PHYSICAL IMPAIRMENT

Whenever an AHP's actions, demeanor, conduct, or information provided by any person, indicates that the AHP's current mental or physical status, including suspected impairment from alcohol and drugs, is detrimental to patient safety or to the delivery of quality patient care within the BMCG campus, such AHP may be asked at any time by the Administration, the Credentials Committee, Medical Executive Committee, Chief of Staff, Chairman of the involved department, Practitioner Behavior and Health Issues subcommittee, or Board of Trustees to provide evidence of current health status through physical or mental examination. Such mental or physical examination shall be at the expense of the affected AHP, shall be provided by a practitioner selected by the Practitioner Behavior and Health Issues Subcommittee, and may include a blood and/or urine analysis for AHP's suspected impairment from alcohol or drugs.

Despite the status of any physical or mental examination, or if the results of such physical or mental examination indicate impairment, any action may be taken as may be warranted by the circumstances, as outlined in Section 4.

## SECTION 5.0 RIGHTS OF REVIEW

#### 5.1 SCOPE

The AHP shall not be entitled to any procedural rights, including the right to a hearing, as set forth in the Bylaws of the Medical Staff, or to those rights afforded to employees pursuant to BMCG's policy. The right of an AHP to a review or appeal of any decision is specifically limited to an adverse action and to the rights set forth in this manual.

#### 5.2 ADVERSE ACTION

An Adverse Action is:

- 5.2.1 A decision by the Board of Trustees to deny the AHP's application, whether initial or renewal, for authority to practice at BMCG, except as authorized in Section 4.3 of this manual;
- 5.2.2 A decision by the Board of Trustees to impose a limitation on the services to be provided by an individual AHP that is not applicable to all AHP's in that category. A limit on scope of authority at the time of initial application is not to be construed and is not an adverse action as defined herein; or
- 5.2.3 A decision by the Board of Trustees to limit or terminate an AHP's authority to practice pursuant to the summary action process defined in Section 4.3.

### 5.3 REVIEW

An AHP notified of an adverse action must deliver a request, in writing, to BMCG within ten (10) days of receipt of the notice, that the Credentials Committee affords the AHP an opportunity to address the Committee and request reconsideration. The AHP shall not be entitled to be accompanied by an attorney or other representative at the appearance. The Credentials Committee shall submit to the Medical Executive Committee and the Board of Trustees at their next regular meeting a report of the review to include a confirmation of the decision or any recommended change as a result of the review. The Board of Trustees may affirm, reverse, or modify the previous decision. The Board of Trustees reconsideration of the adverse action subsequent to the review by the Credentials Committee shall constitute an appellate review. BMCG shall notify the AHP and any delegating Medical Staff member(s) in writing within 20 days of the Board of Trustees' final decision.

### 5.4 TIME GUIDELINES

The time frames set forth in this manual for the Department Chair, Credentials Committee, Medical Executive Committee, and the Board of Trustees are guidelines only and may be extended if necessary by the respective committee or individual. Compliance with the times may not be compelled by the AHP.

### 5.5 REAPPLICATION AFTER ADVERSE ACTION

An AHP who has received a final adverse decision based on professional competence or conduct is not eligible to reapply for services for a period of 1 year from the effective date of the final adverse decision or the AHP's resignation or application withdrawal in lieu of an adverse action.

## Section 6.0 Amendment

### 6.1 Annual Review and Amendment

This manual shall be reviewed at least annually to determine if it reflects current practices and functioning of AHPs and may be amended in the following manner:

(a) Amendments shall first be presented to the Credentials Committee for review and approval by a two-thirds vote of all members of the Credentials Committee.

(b) If approved by the Credentials Committee, amendments shall be presented to the Medical Executive Committee at its next meeting for review and adoption by a two-thirds vote of all members of the Medical Executive Committee.

(c) Adoption by the Medical Executive Committee is subject to the review and approval of the Board of Trustees, which approval shall not be unreasonably withheld.

## 6.2 Mandated Changes to Manual

Notwithstanding the above requirements for amendments to this manual, this manual may be amended as required to comply with any state or federal law, rules and/or regulations of applicable state or federal agencies, or the requirements of the Joint Commission of the Accreditation of Healthcare Organizations as follows:

(a) Proposed amendments, along with documentation evidencing required compliance, shall be presented to the Credentials Committee followed by the Medical Executive Committee and must be adopted by at least a two-thirds vote of all members of the respective committees.

(b) Adoption by the Medical Executive Committee is subject to the review and approval of the Board of Trustees, which approval shall not be unreasonably withheld.

## 6.3 Notification of Changes

Members of the medical staff and AHP shall be notified that amendments have been made to the manual and such amended manual shall be made available to AHPs and members of the Medical Staff or members of a specific department involved, and shall be compiled and maintained in a convenient form in the Medical Staff Services Office, readily available for reference.