



POLICY ON CREDENTIALING

ALLIED HEALTH PROFESSIONALS

MEDICAL ASSOCIATES & MEDICAL ASSISTANTS



**POLICY ON CREDENTIALING
MEDICAL ASSOCIATES & MEDICAL ASSISTANTS**

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**ARTICLE 1
MEDICAL ASSOCIATES**

1.1 Qualifications for Clinical Privileges:

a) Classes of health care professionals other than physicians, dentists, and podiatrists who are approved by the Board, who are currently licensed or certified by their respective licensing or certifying agencies and who desire to provide professional services independently in the hospital, are eligible to practice as Medical Associates. Medical Associates may include clinical psychologists who practice independently when consulted by a physician member of the medical staff.

b) In order to be granted clinical privileges to practice as a Medical Associate, individuals must satisfy the following qualifications:

- 1) are located close enough to the hospital to provide timely care for their patients;
- 2) possess current, valid professional liability insurance coverage in such form and in amounts satisfactory to the hospital; and
- 3) are able to document their:
 - i) background, relevant training, experience, and current clinical competence;
 - ii) adherence to the ethics of their profession;
 - iii) good reputation and character;
 - iv) health status, including physical health, mental and emotional stability;
 - v) ability to work harmoniously with others sufficiently to convince the hospital that all patients treated by them will receive quality care and that the hospital will be able to operate in an orderly manner.

1.2 No Entitlement to Medical Staff Appointment:

Individuals applying for clinical privileges to practice as Medical Associates are not eligible for or entitled to appointment to the medical staff, or the rights or prerogatives of individuals applying for medical staff appointment.

1.3 Application for Clinical Privileges:



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- a) An application for clinical privileges to practice as a Medical Associate shall be submitted on a hospital form and shall contain a request for the specific clinical privileges desired by the applicant. The application shall include a current copy of the applicant's license to practice, Drug Enforcement Administration certification (if appropriate), and certificates from all postgraduate training programs completed.
- b) The application form shall require information about the applicant's professional qualifications including:
 - 1) the names and addresses of at least three practitioners, as appropriate, who have had recent experience in observing and working with the applicant;
 - 2) the names and addresses of the department chairpersons of any and all hospitals or other institutions at which the applicant has worked or trained;
 - 3) information as to whether the applicant's appointment or clinical privileges have ever been relinquished, denied, revoked, suspended, reduced, or not renewed at any hospital or health care facility;
 - 4) information as to whether the applicant has ever withdrawn his or her application for appointment or clinical privileges, or resigned such privileges before a final decision by the hospital's or health care facility's governing board;
 - 5) information as to whether the applicant's membership in any local, state, or national professional society, license to practice any profession in any state, or Drug Enforcement Administration certification is, or has ever been suspended, modified, terminated, restricted, or is currently being challenged;
 - 6) information as to whether the applicant has professional liability insurance coverage, the name of the insurance company, the amount and classification of such coverage, whether said insurance policy covers the clinical privileges the applicant seeks to exercise in the hospital, and a consent to the release of information from present and past professional liability insurance carriers;
 - 7) information concerning the applicant's professional liability litigation experience, specifically information concerning final judgments or settlements;
 - 8) current information regarding the applicant's physical and mental health status;
 - 9) information as to whether the applicant has ever been a defendant in a criminal action or convicted of a crime, with details about any such instance;
 - 10) information on the citizenship and/or visa status of the applicant;



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- 11) the applicant's signature; and
- 12) such other information as the hospital may require.

1.4 Burden of Providing Information:

- a) The applicant shall have the responsibility to produce information deemed relevant by the hospital for a proper evaluation of competence, character, ethics, and other qualifications and to resolve any doubts about such qualifications.
- b) The applicant shall have the burden of proving that all the statements made and information given on the application are true and correct.

1.5 Release and Immunity:

The application shall grant the hospital permission to obtain relevant information from other sources and provide relevant information to appropriate sources that request such for Credentialing purposes. The application shall also extend absolute immunity to the hospital and those functioning on its behalf for obtaining or providing such information.

1.6 Submission of Application:

Completed applications to practice as Medical Associates shall be submitted to the Chief Executive Officer and must be accompanied by the designated processing fee.

1.7 Application for Renewed Clinical Privileges:

- a) Clinical privileges shall be granted for a period not to exceed two years. In seeking renewed clinical privileges, Medical Associates shall be required to complete an application form for renewed privileges.
- b) Applications for requests for renewed clinical privileges shall be evaluated in the same manner, following the same procedures as initial requests for privileges.



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**ARTICLE 2
MEDICAL ASSISTANTS**

2.1 Qualifications:

- a) Categories of health care professionals other than physicians, dentists, and podiatrists who are approved by the Board, who are currently licensed or certified by their respective licensing or certifying agencies, and who provide services as employees of and under the supervision of physicians who are presently appointed to the medical staff are eligible to practice as Medical Assistants. Medical Assistants may include technicians, nurses, Physician Assistants and other specified professional personnel employed by a physician member of the Medical Staff.

To participate in patient care at the Hospital, the following points shall be considered in granting and delineation of such privileges;

- 1. Applicants approved for practice as Physician Assistants must be certified by the National Commission on Certification of Physicians Assistants. Applicants approved for practice as a Nurse Practitioner must be Board Certified in Primary Care in Adult and Family Health Nursing

Patient rounds by the Physician Assistant or Nurse Practitioner does not replace the obligation of the patient's physician to make rounds. The supervising physician shall be required to cosign all entries made by the Physician Assistant or Nurse Practitioner in a patients chart within 24 hours.

- b) In order to be eligible to practice as a Medical Assistant, individuals must satisfy the following qualifications:
 - 1) possess current, valid professional liability insurance coverage in such form and in amounts satisfactory to the hospital; and
 - 2) are able to document their:
 - i) background, relevant training, experience, and current clinical competence;
 - ii) adherence to the ethics of their profession;
 - iii) good reputation and character;
 - iv) health status, including physical health and emotional stability; and



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- v) ability to work harmoniously with others sufficiently to convince the hospital that all patients treated by them will receive quality care and that the hospital will be able to operate in an orderly manner.

2.2 No Entitlement to Medical Staff Appointment or Clinical Privileges:

Individuals applying to practice as Medical Assistants are not eligible for or entitled to appointment to the medical staff, the grant of clinical privileges, nor the rights or prerogatives of individuals applying for medical staff appointment.

2.3 Application to Practice as a Medical Assistant:

- a) An application to practice as a Medical Assistant shall be submitted on a hospital form and shall contain a request for the specific clinical privileges desired by the applicant. The application shall include a current copy of the applicant's license to practice and Drug Enforcement Administration certification (if appropriate). The application shall be completed by the individual seeking Medical Assistant status and the physician employing him or her.
- b) The application form shall require information about the applicant's professional qualifications including:
 - 1) the names and addresses of at least three (3) practitioners, as appropriate, who have had recent experience in observing and working with the applicant;
 - 2) information as to whether the applicant's right to practice has ever been relinquished, denied, revoked, suspended, reduced, or not renewed at any other hospital or health care facility;
 - 3) information as to whether the applicant has ever withdrawn his or her application to practice or resigned such practice before a final decision by the hospital's or health care facility's governing board;
 - 4) information as to whether the applicant's membership in any local, state, or national professional society, or license to practice any profession in any state is, or has ever been suspended, modified, terminated, restricted, or is currently being challenged;
 - 5) information as to whether the applicant has professional liability insurance coverage, the name of the insurance company, the amount and classification of such coverage, whether said insurance policy covers the scope of practice the applicant seeks to exercise in the hospital, and a consent to the release of information from present and past professional liability insurance carriers;
 - 6) information concerning the applicant's professional liability litigation experience, specifically information concerning final judgments or settlements;



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- 7) current information regarding the applicant's physical and mental health status;
- 8) information as to whether the applicant has ever been a defendant in a criminal action or convicted of a crime, with details about any such instance; and
- 9) such other information as the hospital may require.

2.4 Release and Immunity:

The application shall grant the hospital permission to obtain relevant information from other sources and provide relevant information to appropriate sources that request such for credentialing purposes. The application shall also extend absolute immunity to the hospital and those functioning on its behalf for obtaining or providing such information.

2.5 Submission of Application:

Completed applications to practice as Medical Assistants shall be submitted to the Chief Executive Officer and must be accompanied by the designated processing fee.

2.6 Conditions of Practice:

- a) Any activities permitted by the Board to be done at the hospital by a Medical Assistant shall be done only under the direct and immediate supervision of the physician employing that individual. Except as provided by law, "direct and immediate supervision" shall not require the actual physical presence of the employing physician.
- b) Should any hospital employee who is licensed or certified by the state have any question regarding the clinical competence or authority of the Medical Assistant either to act or to issue instructions outside the physical presence of the employing physician in a particular instance, such hospital employee has the right to require that the Medical Assistant's employer or supervisor validate, either at the time or later, the instructions of the Medical Assistant. Any act or instruction of the Medical Assistant shall be delayed until such time as the hospital employee can be certain that the act is clearly within the scope of the Medical Assistant's activities as permitted by the Board. At all times the employing physician will remain responsible for all acts of the Medical Assistant while at the hospital.
- c) The number of Medical Assistants acting as employees of one physician, as well as the acts they may undertake, shall be consistent with applicable state statutes and regulations, the rules and regulations of the medical staff, and the policies of the Board.
- d) Physician Assistants and Nurse Practitioners may perform the following functions only;



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1. Perform history and physicals on patients admitted by the supervising physician
2. Make chart entries on the patient's progress notes
3. Assist in Hospital rounds
4. Serve as an assistant in surgery to perform tasks listed and approved on their Clinical Privileges sheet
5. Write orders (to be countersigned by the sponsoring physician within 24 hours)

e) Appropriately credentialed Physician Assistants and Nurse Practitioners in the Emergency Department may perform medical assessments.

2.7 Application for Renewed Clinical Privileges:

- a) Medical Assistants shall file an application for renewed request for permission to practice at least every two years.
- b) Applications for renewed request for permission to practice shall be evaluated in the same manner and following the same procedures as initial applications.

ARTICLE 3

A. Timely Processing and Consideration of Applications:

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.

Applications for clinical privileges submitted by an AHP shall be processed and considered in a timely manner by all persons and committees required by the Allied Health Professional Manual to act thereon.



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While special or unusual circumstances may constitute good cause and warrant exceptions, the following time periods provide a guideline for routine processing and consideration of applications:

Evaluation, review and verification of application and all supporting documents: one month after receipt of all necessary documentation.

Review and recommendation by the Credentials Committee: No later than 90 days after receipt of all necessary documentation and the application is deemed complete.

Review and decision by the Executive Committee: No later than 60 days after the date on which the recommendation of the Credentials Committee is received.

Review and decision by the Board of Trustees: No later than 30 days after the date on which the recommendation of the Executive Committee is received.

B. Notice of Final Action on Application:

Administration of Baylor Medical Center of Grapevine will notify the AHP applicant in writing of the final action of the Board of Trustees on the application submitted by the AHP, including any reason for the denial or restriction of the privileges requested. The AHP applicant shall not be entitled to an appeal in accordance with the mechanism set forth in Section E of this policy and procedure.

C. Notice of Modification or Revocation of Clinical Privileges:

Baylor Medical Center at Grapevine shall not modify or revoke clinical privileges granted to an AHP in accordance with the Allied Health Professional Manual without providing the AHP written notice specifying the reasons for the modification or revocation of such privileges.

D. Effective Date of Modification or Revocation of Clinical Privileges:

The modification or revocation of clinical privileges granted to an AHP shall be effective as of the date specified in the notice which may include being effective upon receipt of such notice. An AHP receiving such notice modifying or revoking his or her clinical privileges shall be entitled to appeal the modification or revocation of such privileges as set forth in Section E.

E. Mechanism for Appeal:

1. **Initiation of Appeal:** The AHP shall have thirty (30) days following the date of receipt of the notice specified in section C of this policy and procedure within which to initiate an appeal. The notice of appeal shall be in writing to the administration of Baylor Medical Center at Grapevine. Failure to initiate the appeal as set forth herein shall be deemed a waiver of the right to appeal and



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acceptance of the modification or revocation of privileges, which modification or revocation shall then become final.

2. **Submission of Written Materials:** Upon initiation of an appeal in accordance with this section, the AHP shall have sixty (60) days following the date of receipt of the notice specified in section C of this policy and procedure within which to submit written materials in support of the AHP appeal. The AHP shall submit only materials relevant to the reasons for the modification or revocation of privileges specified in the notice.
3. **No Attorney Representation:** The AHP requesting an appeal shall not be entitled to representation by an attorney in the appeal process.
4. **Appearance of AHP:** In its sole discretion, the Executive Committee or Board of Trustees may allow the AHP to personally appear and make oral argument.
5. **Basis of Decision:** The Executive Committee or Board of Trustees shall affirm its decision to modify or revoke the privileges of an AHP unless the AHP proves that the decision is arbitrary, capricious or not supported by substantial evidence.
6. **Notice of Decision:** The Executive Committee or Board of Trustees shall notify the AHP of its decision within 120 days of the date of receipt of the notice specified in section C.

F. Notice of Termination of Employment By Medical Staff Member:

To the extent the Medical Staff grants clinical privileges to an AHP conditioned on the AHP being employed or otherwise having a sponsoring or collaborating relationship with a medical staff member of Baylor Medical Center at Grapevine and that relationship ceases to exist, the AHP and the medical staff member shall provide written notice to the Credentials Committee of Baylor Medical Center at Grapevine that the relationship no longer exists. Upon receipt of such notice, the Credentials Committee shall be deemed to have met its obligations under this policy and procedure by notifying the AHP in writing that the AHP's clinical privileges no longer exist at Baylor Medical Center at Grapevine and the AHP shall not be entitled to an appeal in accordance with Sections D and E.

**ARTICLE 4
Re-Evaluation Procedures**

Probationary Period:

Each AHP newly approved for services shall be subject to a probationary period of twelve (12) months. Any granting of additional services to an existing AHP shall also be subject to a probationary period of not less than ninety (90) days nor more than twelve (12) months as recommended by the Credentials



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Committee. 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.

1. **Application:** At least sixty (60) days prior to the end of the probationary period for the new AHP and at least forty-five (45) days prior to the end of a probationary period for the AHP who has increased services, the AHP and, when applicable, the delegating Medical Staff member(s) must submit in writing to the Committee a summary of the AHP's practice in the Medical Center to date and request termination of the probationary period review process. Failure to utilize the Medical Center during the probationary period or to request termination of the probationary period as required shall cause the authorization to provide services to automatically terminate at the end of the probationary period, with no right to review under this policy or otherwise.
2. **Department Chief/Director Review:** Upon receipt of a timely request, the Credentials Committee shall delegate a portion of its review function by directing that the AHP's file, any significant findings from Medical Center quality management activities, and the summary of the AHP's practice be forwarded to each applicable department chief or director for review.

At least thirty (30) days prior to the end of the probationary period, each applicable department chief or director shall review the information on the AHP's practice in the Medical Center and transmit to the Credentials Committee a statement as to whether or not, based on that information, the AHP's clinical performance is acceptable, whether he/she has complied with the obligations of this policy, and of any incidents that have occurred in connection with the AHP's provision of services that indicate actual or potential problems.

3. **Committee Action:** The Credentials Committee shall review the information on the AHP's practice in the Medical Center, the statements under this section and other information available in the AHP's file, and formulate a recommendation as to whether the probationary period has or has not been successfully completed.