

**BAYLOR MEDICAL CENTER AT IRVING
MEDICAL STAFF**

HEALTH CARE AFFILIATE MANUAL

TABLE OF CONTENTS

DEFINITIONS

SECTION 1.0 AUTHORIZATION AND CONTROL PROVISIONS

SECTION 2.0 APPLICATION PROCEDURE

SECTION 3.0 RE-EVALUATION PROCEDURES

SECTION 4.0 DISCIPLINARY ACTION

SECTION 5.0 RIGHTS OF REVIEW

1.1 Definitions

1.1.1 Health Care Affiliate.

- a. A health care affiliate (AHCA or Affiliate) is an individual who:
 - (1) Is qualified by academic and clinical training, prior and continuing experience, and current competence in a discipline which the Hospitals Board of Directors allows to practice in the Hospital; and
 - (2) Functions under the direction and supervision of a practitioner and/or pursuant to delegation by a practitioner.
- b. Categories of Affiliates Currently Authorized to Provide Services in the Hospital. The following categories of health care affiliates are authorized to provide services in the Hospital:
 - (1) Advanced Practice Nurse, Nurse Practitioner, and Clinical Nurse Specialist;
 - (2) Clinical Technician (Orthopaedics, Surgery);
 - (3) Physicians Assistant;
 - (4) Certified Perfusionist;
 - (5) Certified Pathology Assistant;

- (6) Registered Nurse or Licensed Vocational Nurse; and
- (7) Surgery Technician.
- (8) Emergency Nurse Clinician
- (9) Physician Support Technician
- (10) Psychologist
- (11) Certified Registered Nurse Anesthetist
- (12) First Assist

1.1.2 Delegating Practitioner shall be the Staff practitioner(s) required to delegate the performance of medical acts, supervise or direct the affiliate by virtue of law, Hospital policy or the terms of the affiliates authorization to practice in the Hospital.

1.2 Health Care Affiliate Committee

1.2.1 Composition. The Health Care Affiliate Committee (or Committee) shall be composed of Medical Staff members appointed by the President of the Medical Staff and appropriate Hospital employees appointed by the CEO, or his/her designee. The Chair of the Membership and Credentials Committee shall serve as chair of the Committee. The chair shall have the authorization to appoint additional members as required. All members of the Committee shall have an equal vote.

- a. Chair, Membership and Credentials Committee;
- b. Two Staff practitioners;
- c. Hospital Administration representative;
- d. Senior Director of Nursing;
- e. Medical Staff Coordinator;
- f. Director of Operating Room;
- g. Human Resources representative;
- h. Pharmacy representative; and
- i. Quality Management representative.

The Committee may appoint specialty representatives, either from the Staff or Hospital employees, as non-voting agents of the Committee when the Committee is reviewing applications from individuals who will practice in those specialty areas.

1.2.2 Function. The Committee shall be established and function as a medical peer review committee and is authorized by the Board of Directors to evaluate the quality of health care services provided by health care affiliates and delegating practitioners, including the evaluation of affiliates, initial and renewal credentialing of affiliates, and evaluation of complaints.

- 1.2.3 Meetings. Meetings shall be quarterly and otherwise as requested by the Chair.
- 1.2.4 Forum and Voting. A quorum of three (3) members, one of whom must be a member of the Medical Staff, shall be required to conduct business. A simple majority vote of the members present shall be required for action or recommendation by the Committee.

1.3 Basic Qualifications of Health Care Affiliates

Every affiliate must, at the time of initial application and, if approved, continuously thereafter, demonstrate to the satisfaction of the Hospital the following qualifications and any additional qualifications are set forth for his/her discipline:

- 1.3.1 Licensure/Certification/Registration.
- a. Advanced Practice Nurse: Authorization from the Texas State Board of Nurse Examiners to practice as an advanced practice nurse or as a graduate advanced practice nurse.
 - b. Clinical Technician: Certification by the National Association of Orthopedic Technicians.
 - c. Physicians Assistant: Unrestricted Texas license issued by the Texas State Board of Physician Assistant Examiners and certification by the National Commission on Certification of Physician Assistants.
 - d. Certified Clinical Perfusionist: Unrestricted Texas license issued by the Texas State Board of Examiners of Perfusionists and certification by the American Board of Cardiovascular Perfusion.
 - e. Pathology Assistant: Successful completion of fellowship examination administered by the American Association of Pathology Assistants.
 - f. Registered Nurse or Licensed Vocational Nurse: Unrestricted Texas license issued by the Board of Nurse Examiners or the Board of Vocational Nurse Examiners, respectively.
 - g. Surgery Technologist: Certification by the Liaison Council on Certification for the Surgical Technologist.
- 1.3.2 Professional Education and Training.
- a. Advanced Practice Nurse: Education as required by the Texas State Board of Nurse Examiners and board approved national certification

(unless not available in the particular specialty). For new graduates on or after 1/1/96, the graduate advanced practice nurse must achieve certification within three examinations in the first two (2) years from becoming eligible.

- b. Clinical Technician (Orthopaedics): Two years of full time experience in the orthopedic field, or graduation from an orthopedic technician program and six months experience in the orthopedics field, or graduation from an orthopedic technician program accredited by the National Association of Orthopedic Technologists.
 - c. Physicians Assistant: Satisfactory completion of a physician assistant or surgeon assistant program accredited by the American Medical Associations Committee on Allied Health Education and Accreditation (or the committees predecessor or successor entities).
 - d. Certified Clinical Perfusionist: Satisfactory completion of a perfusion education program approved by the Texas State Board of Examiners of Perfusionists.
 - e. Pathology Assistant: Satisfactory completion of a pathology assistant program approved by the American Association of Pathology Assistants, or accredited by the National Accrediting Agency for Clinical Laboratory Sciences, or the equivalent on-the-job training.
 - f. Registered Nurse or Licensed Vocational Nurse: Satisfactory completion of a professional nursing education program accredited by the Board of Nurse Examiners or graduation from high school and satisfactory completion of a course in a school for education of vocational nurses approved by the Board of Vocational Nurses, respectively.
 - g. Surgery Technician: Satisfactory completion of a surgical technology program accredited by the Accreditation Review Committee for Surgical Technologists.
- 1.3.3 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 efficiency in each Hospital setting where services are or will be provided.
- 1.3.4 Cooperativeness: Ability to work with and relate to other Staff members and allied health professionals, Hospital administration and staff, patient, 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.

- 1.3.5 Satisfaction of Obligations: Satisfactory compliance with the obligations outlined in Section 1.6 of this policy.
- 1.3.6 Professional Ethics and Conduct: Adherence to generally recognized standards of professional ethics and all applicable laws.
- 1.3.7 Health Status: Health status as necessary to provide services in the Hospital and fulfill the essential functions of health care affiliate status, with or without reasonable accommodation. In demonstrating satisfaction of the foregoing qualification, an affiliate may be required to provide such information or to submit to such examinations or tests as may be reasonably requested by the Committee Chair or the CEO, or his/her designee.
- 1.3.8 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.
- 1.3.9 Professional Liability Insurance: Possess professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the Board of Directors, issued in the name of the affiliate or to employing Staff practitioner if applicable to the affiliate.
- 1.3.10 Delegating Practitioner: Agreement by one or more Staff practitioners to provide any required delegation, supervision or direction to the affiliate.

1.4 Effects of Other Affiliations

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

- 1.4.1 Is authorized to practice in this or in any other state; or
- 1.4.2 Is a member of any professional organization; or
- 1.4.3 Is certified by any board; or
- 1.4.4 Provides, or previously provided, services at another health care facility or in another practice setting; or
- 1.4.5 Is or was employed at this Hospital; or
- 1.4.6 Is, or is about to become, affiliated with a practitioner(s), AHP(s) or affiliate(s) practicing at the Hospital through employment, contract, or otherwise.

1.5 Prerogatives of Health Care Affiliates

The prerogatives of an affiliate are to:

- 1.5.1 Perform such health care services as are specifically defined for him under the degree of supervision, direction or delegation of a Staff practitioner as stated in the authorization to provide services and consistent with any limitations stated in the policies governing the affiliate's practice in the Hospital or any other applicable Medical Staff or Hospital policies;
- 1.5.2 Serve on committees if so appointed and with vote if so specified by the appointing authority;
- 1.5.3 Attend, when invited, clinical meetings of the Staff, a department or other clinical units;
- 1.5.4 Attend educational meetings of the Staff, a department, or the Hospital; and
- 1.5.5 Exercise such other prerogatives as the Board of Directors or the Health Care Affiliate Committee, following consultation with the Medical Executive Committee, may accord affiliates in general or a specific category of affiliate.

1.6 Obligation of Health Care Affiliates

Each affiliate shall:

- 1.6.1 Provide patient care services at an acceptable level of quality with cost-effective and appropriate utilization of services;
- 1.6.2 Retain appropriate responsibility within his/her area of professional competence for the care of each patient in the Hospital for whom he/she is providing services;
- 1.6.3 Participate in Hospital quality management program activities appropriate to his/her discipline and discharge such other functions as may be required from time to time;
- 1.6.4 When requested, attend clinical and educational meetings of the Staff, department and any clinical units with which he/she is affiliated and attend any individual conference requested by the Health Care Affiliate Committee or its Chair, any department chair, medical director of a special unit, or Hospital service director;
- 1.6.5 Abide by the Medical Staff bylaws and related manuals, as applicable, this policy, and all other applicable standards, policies and rules of the Medical Staff and Hospital;

- 1.6.6 Prepare and complete in timely fashion, as appropriate and authorized, those portions of the patients medical records documenting services provided and any other required records;
- 1.6.7 Provide evidence to the medical staff office, prior to expiration, of renewed license/certificate to practice in this state and required professional liability insurance coverage;
- 1.6.8 Immediately notify the Health Care Affiliate Committee or CEO, or his/her designee, of:
 - a. Any criminal charges brought against the affiliate (other than minor traffic violations);
 - b. Any change made or investigation involving his/her license/certificate/registration to practice, professional liability insurance coverage, employment by or other affiliation with a supervising practitioner;
 - c. Any change made or investigation at another hospital or health care entity where he/she practices;
 - d. Any initiation, judgement, settlement, or dismissal of a claim involving his/her professional performance or services; and
 - e. Any investigation or action by Medicare or Medicaid; and
- 1.6.9 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 the Hospital.

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 policy.

1.7 Terms and Conditions of Affiliation

The affiliate is subject to an initial probationary period, formal periodic reviews and disciplinary procedures as set forth in Sections 3.0 and 4.0 of this policy. Each affiliate shall be assigned by the Health Care Affiliate Committee to the clinical department and/or hospital service appropriate to his/her professional training and authorized scope of practice. An affiliates provision of specified services within any department or Hospital service is subject to the rules and regulations of that department/service and to the authority of its chair/director. The quality and efficiency of the care provided by affiliates within any department/service shall be monitored and reviewed as part of the Hospital quality management program.

1.8 Scope of Practice

1.8.1 Delineation. Written guidelines defining the scope of services that may be provided by each category of affiliate shall be developed by the Health Care Affiliate Committee, following consultation with the Membership and Credentials Committee and with input, as applicable, from the delegating practitioner(s) and from representatives of the Medical Staff, Hospital administration and the Hospitals other professional staffs.

For each category of health care affiliates, the guidelines shall include at least:

- a. Specification of the classes of patients that may (or may not) be seen;
- b. 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;
- c. Definition of the degree of assistance that may be provided to a practitioner in the treating of patients on Hospital premises and any limitations thereon;
- d. The degree of practitioner supervision, direction or delegation required for providing services; and
- e. Minimum or threshold qualifications to apply for these services.

1.8.2 Practitioner Supervision. The appropriate level and nature of supervision required from the delegating practitioner(s) for the affiliates performance of a service shall be indicated as follows:

Level 1: Practitioner is physically present to observe performance of service or task

Level 2: Practitioner is physically present in the Hospital and immediately available while the service or task is being performed

Level 3: Practitioner is available by telephone immediately while the service or task is performed

Level 4: Other (as described)

1.8.3 Limitations. Notwithstanding the apparent scope of practice permitted to any particular category of health care affiliate or any individual affiliate under state law or licensure, limitations may be placed on an affiliates authorized scope of practice in the Hospital as deemed necessary either for the efficient and effective operation of the Hospital 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 to be in the best interests of patient care in the Hospital.

1.8.4 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, an affiliate 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 affiliates license or certificate regardless of the authorized scope of services. In such an emergency, the affiliate is obligated to summon all consultative assistance deemed necessary and to relinquish care of the patient to a practitioner or other appropriate professional as soon as possible.

1.9 Delegating Practitioners Obligations

Unless otherwise provided by law, Hospital policy or the authorization for a particular affiliate or affiliate category, the delegating practitioner(s) must:

1.9.1 Accept full legal and ethical responsibility for directing or supervising the affiliates performance;

1.9.2 Accept full responsibility for the proper conduct of the affiliate within the Hospital, for the affiliates observance of all bylaws, policies and rules of the Hospital and medical staff, and for the correction and resolution of any problems that may arise;

1.9.3 Provide the level of supervision as set forth in the authorization to provide services;

- 1.9.4 Maintain ultimate responsibility for directing the course of the patients medical treatment and provide active and continuous overview of the affiliates activities in the Hospital to ensure that directions and advice are being implemented;
- 1.9.5 Assure that the affiliate maintains the necessary qualifications and competency to provide services in accordance with accepted medical standards;
- 1.9.6 Delegate the performance of any medical acts in accord with applicable law and Hospital policy;
- 1.9.7 Abide by all bylaws, policies and rules governing the use of affiliates in this Hospital and utilize the affiliate in accord with the affiliates authorized scope of practice in the Hospital;
- 1.9.8 Immediately notify the Health Care Affiliate Committee or CEO, or his/her designee, in the event any of the following occur:
 - a. Termination of an agreement to serve as a delegating practitioner or employment of the affiliate;
 - b. The practitioners approval to supervise the affiliate is revoked, limited, or otherwise altered by action of the applicable state licensing board; or
 - c. The practitioner is notified of investigation of the affiliate or of his/her supervision of the affiliate by the applicable state licensing board or any other entity; and
- 1.9.9 Obtain consent from all patients (or their legally authorized representatives) to be treated by the affiliate in accord with the general hospital admission consent.

1.10 Identification

At all times while on Hospital premises, the affiliate shall wear a name tag clearly identifying himself by name and the type of health care affiliate he/she is as set forth in the authorization to provide services.

SECTION 2.0 APPLICATION PROCEDURE

2.1 Application

An application for specified services must be submitted by the affiliate in writing, signed and completed on an original Hospital-approved form. Applications shall only be provided to individuals in a health care affiliate category approved by the Board of Directors. The Board of Directors may decline to provide an application or to process an

application based on the Hospitals inability to provide adequate facilities, resources or support services for additional affiliates in a particular category, lack of need for additional affiliates, or the existence of a contractual or other arrangement for the provision of the services offered by that category of affiliate. An affiliate who enters into a contract with the Hospital shall be subject to the qualifications and application procedures in this policy, provided that the contract shall control in the event of any conflict with this policy.

2.2 Content of Form

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

- 2.2.1 Personal Information: Full name, social security number, addresses and telephone numbers for office, and travel time from office and residence;
- 2.2.2 Delegating Practitioner Information: Name of the medical staff member/group who employs the affiliate, if applicable, and/or the names of the delegating practitioner(s) under whose direction and supervision the affiliate 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 relevant to the category of health care affiliate for which applying;
- 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 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 in relationship to the services being requested;
- 2.2.7 Professional Society Memberships: Name, 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, or Medicare/Medicaid provider status, 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;
- 2.2.10 Health Status: Information on health status as necessary to provide professional services and fulfill the essential obligations of affiliate status, with or without reasonable accommodation;
- 2.2.11 Criminal Charges: Listing of every current or past charge, date and resolution involving any criminal matter (other than motor vehicle violations);
- 2.2.12 Authorization and Release: Signed authorization and release from affiliate applicable to consideration of the affiliates application to practice in the Hospital and obtaining information from third-parties;
- 2.2.13 Acknowledgment: Signed acknowledgment from affiliate to abide by the applicable bylaws and related manuals, rules and regulations, policies and procedures of the Medical Staff and Hospital in all matters relating to the affiliates practice in the Hospital;
- 2.2.14 Acknowledgment from Delegating Practitioner: Signed acknowledgment from all delegating practitioners to comply with obligations in this policy to include assuming and carrying out the obligations required by and any others specific to the particular category of affiliate or individual affiliate;
- 2.2.15 References: The names of at least three (3) practitioners or other health care professionals who have personal knowledge of the affiliate's qualifications based on observation within the past three years of the affiliate'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; and
- 2.2.16 Other: Such other information as may be established by the Health Care Affiliate Committee.

2.3 Effect of Application

The affiliate 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 in the Hospital;
- 2.3.2 Signifies his/her 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 policy and all applicable bylaws and related manuals, rules, regulations, policies, and procedure manuals of the Medical Staff and the Hospital;
- 2.3.4 Agrees to maintain an ethical practice and to refrain from misrepresenting his/her position, status or scope of authorized practice to any individual;
- 2.3.5 Agrees to notify, promptly and in writing, the Health Care Affiliate Committee or CEO, or his/her designee, of any change in any of the information provided on the application;
- 2.3.6 Authorizes and consents to Hospital representatives consulting with any individuals or entities who may have information bearing on his/her qualifications and competence and consents to the disclosure and inspection of all records and documents that may apply to said qualifications and competence by third-parties; and
- 2.3.7 Releases from any liability all those who, without malice, review, act on or provide information regarding the affiliate's qualifications.

For purposes of this section, the term Hospital representative means: the Board of Directors and any member of committee thereof; the CEO, or his/her designee, or designee; the Health Care Affiliate Committee or any member or agent thereof; the Medical Staff and any member, officer, agent, department or committee thereof; employees of the Hospital; and any individual authorized by any appropriate authority of the Medical Staff or the Hospital to perform specific information gathering, analysis, use, investigation or disseminating functions.

2.4 Processing the Application

- 2.4.1 Burden of Proof. The affiliate shall have the burden of producing adequate information for a proper evaluation of the affiliates qualifications, resolving

any doubts, and satisfying any requests for information or clarification made by appropriate Committee or Hospital representatives.

- 2.4.2 Verification of Information. A completed, original application, accompanied by a complete list of the services the affiliate seeks to provide in the Hospital, must be submitted to the Medical Staff Coordinator. The Medical Staff Coordinator, as a member and on behalf of the Health Care Affiliate Committee, shall collect and verify the information submitted and promptly notify the affiliate in writing by special notice of any problems in obtaining the information required or additional information needed. Upon such notification, it shall be the affiliate'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 Medical Staff Coordinator shall present the application to the Health Care Affiliate Committee.
- 2.4.3 Health Care Affiliate Committee Evaluation. The Health Care Affiliate Committee reviews and investigates the application, the supporting documentation, and any other relevant information available to it. The Committee may, at its sole discretion, consult with the applicable department chair and/or interview the applicant. The Committee shall take one of the following actions on the application with the effect as described:
- a. Deferral: If the Committee requires further information, it may defer transmitting its report but must notify the affiliate by special notice, of the deferral. If the affiliate is to provide additional information or a specific release/authorization to allow Hospital 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 2.3.2 above.
 - b. Recommendation: A recommendation on the affiliate's application is transmitted promptly, with all supporting information, to the Medical Executive Committee as set forth in Section 2.3.4 below.
- 2.4.4 Medical Executive Committee Consultation. At its next regular meeting, the Medical Executive Committee shall be presented with the recommendation and may, as a part of its medical peer review function, comment on the application. The comments of the Medical Executive Committee, if any, shall be included with the Health Care Affiliate Committee's recommendation and

forwarded to the Board of Directors. If, in the deliberations pursuant to this Section 2.3.4, the Medical Executive Committee determines that it requires further information, it may defer action for up to thirty (30) days and the Medical Staff Coordinator shall notify the affiliate and the Chair of the Health Care Affiliate Committee in writing of the deferral and the reason. If the affiliate is to provide additional information or a specific release/authorization to allow Hospital 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 2.3.2 above.

- 2.4.5 Board Action. Upon receipt, the Board of Directors shall issue a final decision on whether authorization to practice should be granted and, if so, the approved scope of services, level of delegating practitioner supervision, department assignment, and any conditions on the affiliate's practice. The CEO, or his/her designee, shall notify the affiliate and any designated delegating practitioner(s) in writing within twenty (20) days of the Board's decision. If the decision is adverse as defined in Section 5.2, the notice shall also advise the affiliate of his/her right to review.

2.5 Orientation of Health Care Affiliate

Approval of an affiliate's application to provide service shall be contingent upon satisfactory completion within 90 days of an orientation program established by the Health Care Affiliate Committee which shall include:

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

SECTION 3.0 RE-EVALUATION PROCEDURES

3.1 Probationary Period

Each affiliate newly approved for services shall be subject to a probationary period of twelve (12) months. Any grant of additional services to an existing affiliate 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 Health Care Affiliate Committee. An affiliate's provision of services during the probationary period is subject to any conditions or limitations imposed as part of the grant of services.

- 3.1.1 Application. At least sixty (60) days prior to the end of the probationary period for the new affiliate and at least forty-five (45) days prior to the end of a probationary period for the affiliate who has increased services, the affiliate and, when applicable, the delegating practitioner(s) must submit in writing to the Committee a summary of the affiliate's practice in the Hospital to date and request termination of the probationary period review process. Failure to utilize the Hospital 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 of review under this policy or otherwise.
- 3.1.2 Department Chair/Service Director Review. Upon receipt of a timely request, the Committee shall direct that the affiliate's file, any significant findings from Hospital quality management activities, and the summary of the affiliate's practice be forwarded to each applicable department chair and Hospital service director for review.
- At least thirty (30) days prior to the end of the provisional period, each applicable department chair and Hospital service director (or their respective designees) shall review the information on the affiliate's practice in the Hospital and transmit to the Committee a statement as to whether or not, based on that information, the affiliate's clinical performance is acceptable, whether he/she has complied with the obligations in this policy, and of any incidents that have occurred in connection with the affiliate's provision of services that indicate actual or potential problems.
- 3.1.3 Committee Action. The Health Care Affiliate Committee reviews the information on the affiliate's practice in the Hospital, the statements under Section 3.1.2 and other information available in the affiliate's file, and formulates a recommendation as to whether the probationary period has or has not been successfully completed. The matter then follows the course outlined in Sections 2.3.3 through 2.3.5 above.

3.2 Renewal of Authorization to Practice

Re-evaluation of each affiliate will be accomplished on a biannual basis beginning with the successful conclusion of the probationary period or concurrent with the reappraisal of the medical staff member who employs or is affiliated with the affiliate. At least ninety (90) days prior to the affiliate's renewal date, the affiliate must, on the Hospital-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. The Medical Staff Coordinator will compile for the affiliate's file information regarding his/her satisfaction of the obligations in this policy and the frequency, quality and efficiency of services he/she is providing. Processing is as

described in Sections 2.3.3 through 2.3.5 of this policy, provided that an evaluation of the affiliate shall be obtained from the appropriate department chair and/or Hospital service director and considered in the renewal process. 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 of review under this policy or otherwise.

3.3 Requests for Modification of Services

An affiliate may, either in connection with renewal or at any other time, request modification of services by submitting a written request to the Health Care Affiliate Committee. 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 policy, including verification with primary sources external to the Hospital and compilation of internal data as necessary to properly evaluate the request.

An affiliate who decides to resign or to restrict or limit the provision of services which he/she has been granted shall send written notice to the CEO, or his/her designee, who shall, in turn, notify the applicable department chair, the Health Care Affiliate Committee, the Medical Executive Committee, the Board of Directors, and the applicable Hospital service directors. Copy of this notice shall be forwarded to the medical staff office for inclusion in the affiliate's file.

3.4 Quality Management

Evaluation of the practice of health care affiliates, and compliance with any conditions on such practice, shall be included as an element of the Hospital's quality management program and the results of such evaluations shall be provided to the Health Care Affiliate Committee on at least a quarterly basis.

SECTION 4.0 DISCIPLINARY ACTION

4.1 Routine Action

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

- 4.1.1 Initiation. The Health Care Affiliate Committee shall be responsible to receive, investigate and review, and issue a recommendation as to any written complaint or inquiry regarding an affiliate or his/her practice in the Hospital within thirty (30) days of receipt of the complaint. The Committee shall advise the affiliate, and the delegating practitioner(s) if appropriate, in writing

if a written complaint is received and may require the affiliate and/or practitioner 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 affiliate to appear and/or provide requested information shall automatically terminate the affiliate's authority to practice in the Hospital, with no right of review under this policy or otherwise.

- 4.1.2 Investigation. In investigating any complaint, the Committee shall have the authority to interview any persons with knowledge, review any Hospital 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 to conduct the investigation.
- 4.1.3 Recommendation. The Committee shall recommend if limitation or termination of the affiliate's authority to practice is indicated and shall forward the recommendation to the Medical Executive Committee, who will issue any comments within thirty (30) days. The Health Care Affiliate Committee's recommendation and Medical Executive Committee's comments shall be forwarded to the Board of Directors.
- 4.1.4 Final Action. The Board of Directors shall make a final decision within thirty (30) days of receipt. The CEO, or his/her designee, shall notify the affiliate and any delegating practitioner(s) in writing within twenty (20) days of the Board of Directors' final decision. If the decision is adverse as defined below, the affiliate shall be entitled to a review under Section 5.0.

4.2 Automatic Action

- 4.2.1 Grounds. The authority of an affiliate to practice is automatically terminated, effective immediately, if:
- a. The affiliate's licensure, registration or certification (if any) is terminated, revoked or suspended;
 - b. The affiliate has not maintained the required professional liability insurance coverage; or
 - c. The affiliate does not have a delegating practitioner with the necessary clinical privileges to supervise, direct or delegate to the affiliate.
- 4.2.2 No Right to Review. The CEO, or his/her designee, shall notify the affiliate and the supervising practitioner in writing of this termination. An automatic action in accord with this Section is not an adverse action and shall not entitle the affiliate to any review under this policy or otherwise.

4.3 Summary Action

In addition to the provisions above, the Chair of the Health Care Affiliate Committee or the President of the Medical Staff and the CEO, or his/her designee, shall have the authority to limit or terminate an affiliate's authority to practice, effective immediately, if the Chair or the President of the Medical Staff and CEO, OR HIS/HER DESIGNEE, believes that such action is necessary to protect the health and safety of patients or Hospital staff or to maintain Hospital operations. The Health Care Affiliate Committee shall investigate and review such action within fifteen (15) days and recommend to the Medical Executive Committee and Board of Trustees whether such termination or limitation should be permanently imposed. The procedures shall be as set forth in Section 4.1 above.

4.4 Corrective Action Against Practitioner

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

SECTION 5.0 RIGHTS OF REVIEW

5.1 Scope

The affiliate shall not be entitled to any procedural rights, including the right to a hearing, provided to applicants for Staff appointment, Staff members or allied health professionals, as set forth in the Medical Staff Bylaws, or to those rights afforded to employees pursuant to Hospital policy. The right of an affiliate to a review or appeal of any decision is specifically limited to an adverse action and to the rights set forth in this policy.

5.2 Adverse Action

An "adverse action" is a decision by the Board of Trustees to:

- 5.2.1 Deny the affiliate's application, whether initial or renewal, for authority to practice in the Hospital, except as authorized in Section 4.3 of this policy; or
- 5.2.2 Impose a limitation on the services to be provided by an individual affiliate that is not applicable to all affiliates in that category.

5.3 Review

An affiliate notified of an adverse action must deliver a request, in writing to the CEO, or his/her designee, within ten (10) days of receipt of the notice, that the Health Care Affiliate Committee afford him an opportunity to address the Committee and request reconsideration. Such appearance shall not constitute a hearing and the affiliate shall not

be entitled to be accompanied by an attorney or other representative at the appearance. Within thirty (30) days of the appearance, the Committee shall notify the affiliate of confirmation of the decision or of any recommended change as a result of the appearance.

Any recommended change must be submitted to the Medical Executive Committee and approved by the Board of Trustees to be effective.

5.4 Time Guidelines

The times provided for in this policy for the Health Care Affiliate Committee, department Chairs, Hospital service director, Medical Executive Committee, Board of Trustees, and CEO, or his/her designee, 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 affiliate.

5.5 Reapplication After Adverse Action

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